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Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 25 SEPTEMBER 2013 AT 9.00 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Health and Wellbeing Board Members
Leo Madden (Chair), Rob Wood, Mike Hancock CBE MP, Sandra Stockdale, Jim Patey, Neill Young.
Dr James Hogan (Vice Chair), Dr Tim Wilkinson, Dr Andrew Mortimore, Julian Wooster, Innes Richens, Mark Orchard, Finance Director, NHS England (Wessex) Tony Horne

Standing Deputies for Lib Dem councillor members:- Councillor David Fuller, Councillor Eleanor Scott, Councillor Gerald Vernon-Jackson, Councillor Jason Fazackarley

Standing Deputy for Labour councillor member:- Vacant

Standing Deputy for Conservative councillor member:- Vacant

Standing Deputies for non councillor members:- Dr Dapo Alalade and Dr Elizabeth Fellows.

Non voting members: David Williams

Telephone enquiries to Vicki Plytas
Email: vicki.plytas@portsmouthcc.gov.uk

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

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.

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

A G E N D A

1 Welcome and introductions – (Chair) Councillor Leo Madden

2 Apologies for Absence

3 Declarations of Members' Interests

4 Minutes of the meeting held on 26 June 2013

RECOMMENDED that the Minutes of the meeting of the Health and Wellbeing Board held on 26 June 2013 be confirmed and signed by the Chair as a correct record.

5 Winterbourne View response (for information only) (Pages 1 - 12)

(A presentation from John Attrill, Portsmouth Learning Disability Champion and Angela Dryer, Assistant Head of Adult Social Care, PCC will be given on the day)

The purpose of the report is to inform the Health and Wellbeing Board, as set out in appendix A, of:

- the actions underway in response to the Winterbourne View report
- the proposal that the HWB formally receive the joint strategic plan focussing on support for those with challenging behaviour in May 2014

6 Joint Health and Wellbeing Strategy 2012/13-2013/14, Monitoring Report (Pages 13 - 26)

The purpose of this report is to inform the Health and Wellbeing Board of Portsmouth's position on the outcomes listed in the national outcome frameworks for the NHS, Adult Social Care and Public Health and the national indicator set for CCGs in order to:

- Identify areas of improving trends
- Identify areas of concern
- Identify issues of concern which are not currently a priority for the HWB.

RECOMMENDED that

(1) The Health and Wellbeing Board note Portsmouth's position against the relevant national outcomes frameworks

(2) The HWB are asked to consider the extent to which the following issues are addressed through the current JHWS, or through other Partnership Boards:

- **Lifestyle issues impacting on health and wellbeing e.g. smoking, healthy weight**
- **Ensuring that socio-environmental factors impact positively on**

health and wellbeing e.g. use of open spaces, the built environment, employment, the economy, housing and winter warmth

- **Children are the subject of a specific Objective. No partnership body is responsible for identifying and taking strategic decisions about improving the health and wellbeing of adults' or of older persons' age groups.**

7 Joint Strategic Needs Assessment - draft Annual Summary (Pages 27 - 38)

Andrew Mortimore, Director of Public Health, and Joanna Kerr, Head of Public Health Intelligence, Public Health Portsmouth will provide a presentation which will be circulated to HWB members on the day and will be available electronically after the meeting.

8 Creating a sustainable and thriving local health and social care system for Portsmouth

Dr Jim Hogan, Chief Clinical Officer, Portsmouth Clinical Commissioning Group will provide a presentation at the meeting.

9 Date of the Next Scheduled Meeting

The next scheduled public meeting of the Health and Wellbeing Board will be held on 4 December 2013.

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Agenda Item 5

Portsmouth CITY COUNCIL

THIS ITEM IS FOR INFORMATION ONLY

Agenda item:

Title of meeting:	Health and Wellbeing Board (HWB)
Subject:	Winterbourne View Response
Date of meeting:	25th September 2013
Report by:	John Attrill, Portsmouth Learning Disability Champion Gemma Rainger, Integrated Commissioning Unit
Wards affected:	All

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1. Requested by

Cllr Leo Madden, Chair of the HWB

2. Purpose

To inform the Health and Wellbeing Board, as set out in appendix A, of:

- the actions underway in response to the Winterbourne View report
- the proposal that the HWB formally receive the joint strategic plan focussing on support for those with challenging behaviour in May 2014

3. Information Requested

The information set out in appendix A informs the Health and Wellbeing Board of actions underway in response to the Winterbourne View report and will be supported by a presentation to the Health and Wellbeing Board by John Attrill, Portsmouth Learning Disability Champion and Angela Dryer, Assistant Head of Adult Social Care at Portsmouth City Council.

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Signed by

THIS ITEM IS FOR INFORMATION ONLY

Appendices: Appendix A - Winterbourne View response report

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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Appendix A - Report to the Health and Well Being Board on - Winterbourne View Response, 25 September 2013

The final report of the Department of Health's review into the events at Winterbourne view was published in December 2012. The report set out a clear programme of national and local action to ensure better care is provided for people with a Learning Disability and Autism, where there is also challenging behaviour present.

Within Portsmouth we have eight individuals who are currently on our local register of people with behaviour that challenges admitted into a specialist hospital All eight individuals are closely monitored and reviewed between the Integrated Learning Disability Team, Portsmouth Clinical Commissioning Group (CCG) commissioning and the Specialist Commissioning team supported by NHS England.

One of the key aims of the Winterbourne Review is to ensure that where possible those with a learning disability who display challenging behaviour can receive support and care within the community. Within the city we have commissioned a range of services to support people within inpatient settings and who display challenging behaviour.

Existing services supporting people within Inpatient Settings who Display Challenging Behaviour

The specialist learning disability nurses support people with challenging behaviour through their intensive outreach service. The team provide intensive peripatetic clinical support to facilitate assessment and direct nursing interventions to meet the healthcare needs of learning disability residents including people who display challenging behaviour to enable individuals to live within the community.

In addition the team also support learning disability liaison nurses within the general hospital. The team aim to support wards and departments at Queen Alexandra Hospital to provide an improved service to people with learning disabilities by making reasonable adjustments and providing practice based support. The nurses provide advice and consultation to clinical teams to improve assessment and treatment, aid safe discharge and reduce the likelihood of un-necessary re-admission.

Requirements for June 2014

During the next few months we will be developing a joint strategic plan focusing on how we support those with a learning disability who exhibit challenging behaviour. This plan will be developed through a sub-group of the safeguarding board and will include key elements including housing and safeguarding training.

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Within Portsmouth we are fortunate to have a wide multi-disciplinary team passionate about improving services for people with a learning disability taking forward the Winterbourne agenda.

Next Steps:

1. Continue to monitor all people with a learning disability or autism who are in a placement outside of the city, especially if they display challenging behaviour.

2. Create a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in Portsmouth by June 2014.

3. Improving the transition pathway from children to adult services.

4. Develop an employment strategy for those with a learning disability, including supporting those with challenging behaviour to obtain long term paid employment.

Recommendations:

1. To formally acknowledge the joint strategic plan focussing on the support for those with challenging behaviour in May 2014.

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Winterbourne View Response

Angela Dryer
John Attrill

“The abuse of patients at Winterbourne View hospital was appalling, and those directly responsible have rightly been dealt with by the Courts. This report into the events at Winterbourne View shows clearly that there have also been many faults in the wider care system

Children and adults with learning disabilities or autism and who have mental health conditions or behaviour regarded as challenging have too often received poor quality and inappropriate care.

We know there are examples of good practice around the country, but we also know that too many people are admitted to hospital unnecessarily in hospital and they are staying there for too long.

This must stop”

Department of Health Final Report, December 2012

Concordat : Programme of Action

- Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014
- •Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.
- •There will be national leadership and support for local change.
- •Planning will start from childhood improving the quality and safety of care
- •Accountability and corporate responsibility for the quality of care will be strengthened
- •Regulation and inspection of providers will be tightened
- •Progress in transforming care and redesigning services will be monitored and reported:

Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.

••These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

••This joint plan will be part of the Joint Health and Well-Being Strategy for implementation from April 2014.

••The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done

Safeguarding

- Excellent communication between safeguarding teams is vital especially when someone has been placed out of area.

- Multi-agency working can help to ensure that individuals are kept safe in out of area inpatient placements.

Employment

- Employment can be found for people who display challenging behaviour
- Employment is can be a vital element of an individuals life allowing them to become more confident and to play an active part within the community.
- Employment can enable people to feel empowered to have control of their lives.

Key Links to Reports

- Department of Health Winterbourne Response and Concordat

https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response

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Agenda item:

Title of meeting:	Health and Wellbeing Board
Date of meeting:	25th September 2013
Subject:	**Joint Health and Wellbeing Strategy 2012/13-2013/14, Monitoring Report**
Report From:	Director of Public Health
Report by:	Joanna Kerr, Head of Public Health Intelligence, Public Health Portsmouth Matt Gummerson, Principal Strategy Adviser, Strategy Unit
Wards affected:	All
Key decision:	No
Full Council decision:	No

1. Purpose of report

1.1 The purpose of this Report is to inform the HWB of Portsmouth's position on the outcomes listed in the national outcome frameworks for the NHS, Adult Social Care and Public Health and the national indicator set for CCGs in order to:

- Identify areas of improving trends
- Identify areas of concern
- Identify issues of concern which are not currently a priority for the HWB.

2. Recommendations

2.1. The Health and Wellbeing Board are recommended to note Portsmouth's position against the relevant national outcomes frameworks.

2.2. The HWB are asked to consider the extent to which the following issues are addressed through the current JHWS, or through other Partnership Boards:

- Lifestyle issues impacting on health and wellbeing e.g. smoking, healthy weight
- Ensuring that socio-environmental factors impact positively on health and wellbeing e.g. use of open spaces, the built environment, employment, the economy, housing and winter warmth

- Children are the subject of a specific Objective. No partnership body is responsible for identifying and taking strategic decisions about improving the health and wellbeing of adults' or of older persons' age groups.

3. Introduction

3.1 Portsmouth's Joint Health and Wellbeing Strategy (JHWS) has four objectives:

Objective 1 Enhance quality of life for people with dementia

Objective 2 Support people to maintain their independence and dignity

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

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

3.2 Monitoring the implementation of the JHWS has two strands:

a) Annual monitoring of the National Outcomes Framework indicators (this Report)

b) Regular reports from lead officers with responsibilities for these objectives to provide assurance that targets for action and achievement are be delivered. The table below shows the dates of the Health and Wellbeing Board (HWB) meetings when the objectives were discussed:

Objective		**Agenda item and date(s) of Joint Health and Wellbeing Board meeting**
1	Enhance quality of life for people with dementia	Dementia summary, April 2013
2	Support people to maintain their independence and dignity	Integrated care update, June 2013
3	Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 year old age group	Pre-birth to 5 years old progress update, December 2012 Future commissioning of pre-birth to 5 years old services, July 2013
4	Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety of, all services	Portsmouth Safeguarding Children Board Annual Report, May 2013 Safeguarding Adults Annual Report, May 2013 Winterbourne View Response, July 2013

3.3 The purpose of this Report is to inform the HWB of Portsmouth's position on the outcomes listed in the national outcome frameworks for the NHS, Adult Social Care and Public Health and the national indicator set for CCGs in order to:

- Identify areas of improving trends
- Identify areas of concern
- Identify issues of concern which are not currently a priority for the HWB.

4 Context and overall picture

4.1 There are several hundred outcomes listed in the three national Outcomes Frameworks (Public Health, Adult Social Care and NHS) and one national Indicator Set (CCG). The 'map' showing Portsmouth's performance across all Frameworks is at: http://www.portsmouth.gov.uk/media/API_STR_JSNA_SUMMARY_LinksToNhsCcgAscofOutcomeFrameworksJul13v4.pdf

4.2 The nationally published 2012/13 data for the Adult Social Care Outcome Framework is provisional and may be subject to change.

4.3 Key themes for Portsmouth's performance in the Public Health Outcome Framework are:

- Comparatively poor performance on socio-environmental outcomes such as community safety, housing, education
- Comparatively poor performance on lifestyle choices affecting an individual's health (or that of their children) such as smoking at time of delivery, childhood obesity, physical activity
- Combined negative impact of socio-environmental and lifestyle choices on long term Public Health outcomes relating to preventable premature mortality.

A grid ('tartan rug') showing Portsmouth's performance in the Public Health Outcomes Framework is here: http://www.portsmouth.gov.uk/media/API_STR_JSNA_SUMMARY_TartanRugAug13v2.pdf

4.4 Specifically, the Public Health Outcome Framework measures where Portsmouth performs poorly (i.e. significantly worse than England **AND** is in the worst four of a group of 12 comparable LAs) are:

Improving wider determinants

- Pupil absence
- 16-18 not in education, employment or training
- Killed and seriously injured on the roads
- Violent crime
- Re-offending
- Statutory homelessness

Health improvement

- Mothers smoking at time of delivery
- Physically inactive adults

- Cervical cancer screening
- Take-up of NHS HealthChecks
- Self-reported wellbeing - feeling worthwhile

Health protection
- MMR for 5 year olds

Healthcare public health and preventing premature mortality
- Overall mortality rate from causes considered to be preventable
- Premature mortality rate from cardiovascular diseases
- Premature mortality rate from cancer
- Premature mortality rate from respiratory disease considered preventable
- Preventable sight loss - age related macular degeneration
- Preventable sight loss - diabetic eye disease
- Excess winter deaths.

4.5 This list would be even longer if one just examined the outcomes where Portsmouth compares significantly worse than England. Portsmouth's performance in the Public Health Outcomes Framework illustrates the range of problems facing the city. Socio-environmental and lifestyle outcomes are not especially highlighted in the current JHWS.

5 JHWS objectives and Outcome Frameworks

Looking specifically at the Outcome Frameworks and the objectives in the JHWS (Appendix 1):

5.1 Objective 1 Enhance quality of life for people with dementia

5.1.1 There are three indicators across the Outcome Frameworks relating to dementia:
- Estimated diagnosis rate (in CCG, NHS and Public Health outcome frameworks)
- Measure of effectiveness of post-diagnosis care in sustaining independence and improving quality of life (in NHS and Adult Social Care outcome frameworks)
- People with dementia prescribed anti-psychotic medication (CCG outcome framework).

5.1.2 The 'official' statistics for these indicators within the outcome frameworks have not yet been released.

5.1.3 However, we know from internal analysis of the first indicator (diagnosis rate) that there are about 1,000 people in Portsmouth who are predicted to have dementia but who have not yet been diagnosed. We also know that these people are more likely to have 'mild' or be in the early stages of dementia. Actions to increase early diagnosis are a key part of the national and local strategies.

5.1.4 Although the data has not been officially released for the third indicator, the local target is to reduce the percentage of people with dementia who are prescribed anti-psychotic medication from 14.8% (2011/12) to 12% by March 2014.

5.1.5 The HWB received a presentation about progress in achieving this Objective in April 2013.

5.2 Objective 2 Support people to maintain their independence and dignity

5.2.1 Portsmouth's achievement on these outcomes is mixed but can be examined along a pathway from enabling living at home through to avoiding hospital admission and facilitating timely hospital discharge.

5.2.2 In terms of aspects of enabling vulnerable people to **live at home**, Portsmouth is achieving better than England rates for:

- Gap in the employment rate between those with a long-term health condition and the overall employment rate
- Adults with mental health problems living independently with or without support
- Patient assessment of total health gain after elective hip or knee replacements.

5.2.3 But adults with a learning disability or with mental health problems continue to experience inequalities of employment opportunity.

5.2.4 In terms of **preventing hospital admission**, compared to England, Portsmouth is achieving better rates of older people and people at risk being vaccinated against 'flu and against pneumococcal infection (PPV).

5.2.5 Outcomes for those with conditions that should usually be managed in primary or community care setting are good as the most recent quarterly trend shows Portsmouth has comparatively low rates of adult emergency admission for acute conditions that should not usually require hospital admission (e.g. ear/nose/throat infections, kidney/urinary tract infections, heart failure) and also low rates of unplanned hospitalisation for chronic ambulatory care sensitive conditions (e.g. asthma, diabetes, heart failure, chronic obstructive pulmonary disease, dementia).

5.2.6 However, Portsmouth is performing less well on two measures which are influenced to a greater extent by environmental factors: admissions of older people due to injuries caused by falls and excess winter deaths.

5.2.7 In terms of **discharge from hospital**, compared to England, Portsmouth is achieving better (lower) rates of delayed transfers of care from hospital and better rates of those delays in transfer that are attributable to Adult Social Care. On both measures, Portsmouth has the lowest rate of the Adult Social Care comparator group of local authorities.

5.2.8 In terms of **preventing readmission to hospital**, Portsmouth has better rates of:

- Proportion of over 65s who were still at home 91 days after discharge from hospital into re-ablement/rehab services (measure of people being offered the service)

5.2.9 But is achieving worse rates of:

- Emergency readmissions within 30 days of discharge from hospital
- Proportion of over 65s who were still at home 91 days after discharge from hospital into re-ablement/rehab services (measure of service effectiveness). This is probably related to Portsmouth's comparatively high rates of people being offered the service.

5.2.10 Key themes are to continue to:

- Exploit potential in socio-environment to improve health and wellbeing e.g. employment opportunities for vulnerable groups, quality of housing stock
- Improve the experience of people receiving re-enablement or rehabilitation after hospital admission.

5.2.11 The HWB received an update about achievement of actions in this priority area in June 2013.

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

5.3.1 The measures in the Outcome Frameworks that relate to under-5s also show a mixed picture. Portsmouth is achieving better rates than England for:

- Neonatal and infant mortality, and stillbirths
- Percentage of babies born with a low birthweight
- Emotional wellbeing of looked after children

5.3.2 The city achieved comparatively poor results for:

- Children living in poverty
- Women smoking at time of delivery
- Emergency admissions for children with lower respiratory tract infections - a continuing problem with admissions for respiratory conditions for this age group

5.3.3 Breastfeeding initiation rates have fallen slightly whilst the percentage of women who are still breastfeeding at 6-8 weeks has increased slightly. The national breastfeeding profiles[1] relate higher rates of breastfeeding with lower rates of hospital admissions for respiratory tract infections and for gastroenteritis.

5.3.4 Key themes are to continue to:

[1] Breastfeeding profiles. http://atlas.chimat.org.uk/IAS/dataviews/breastfeedingprofile Child and Maternal Health Intelligence Network. Accessed 20 August 2013

- Exploit potential in socio-environment to improve health and wellbeing eg reduce poverty, increase employment opportunities
- Reduce maternal smoking rates/promote healthy lifestyle choices.

5.3.5 The HWB received an updates about achievement of actions in this priority area in December 2012 and July 2013.

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

5.4.1 On the key outcome measures that relate to safeguarding, Portsmouth is performing comparatively well on:

- Proportion of people who use Adult Social Care service who say those services have made them feel 'safe' or 'safe and secure'
- Children and young people aged 0-14 years admitted to hospital with unintentional and deliberate injuries (this includes childhood accidents).

5.4.2 There is scope for improvement in terms of hospital inpatient services used by Portsmouth residents.

5.4.3 The HWB received the annual reports on children's and adults safeguarding in May 2013.

6. Conclusions

6.1 The Outcome Frameworks are still in development and it is too early to say whether or not Portsmouth is making the changes needed to effect substantial improvement in health and wellbeing.

6.2 Several of the 'Red' Public Health Outcome Framework indicators relate to socio-environmental factors and are not directly related to the objectives in the current set of objectives.

6.3 However, overall Portsmouth is performing comparatively well in the key indicators chosen to monitor the JHWS. There are a few areas of concern:, smoking at time of delivery, respiratory admissions for under 15s, hospital readmission rates and excess winter deaths, and employment rates for people with mental health problems. This latter one fits with discussions at recent meetings which considered including mental health as a priority in future iterations of the JHWS.

7. Reasons for recommendations

7.1. The Health and Wellbeing Board are recommended to give consideration to the issues raised in this report which relate to the board's duty to oversee the production and implementation of a Joint Health and Wellbeing Strategy

8. Equality impact assessment (EIA)

8.1. A full EIA has been completed on the Joint Health and Wellbeing Strategy. A separate EIA is not required on monitoring reports such as this.

9. City Solicitor comments

9.1 The report has incorporated legal implications and accordingly there are no other immediate legal implications arising from this report

10. Head of finance's comments

10.1. PCC will need to have sufficient staff resources (and therefore budget) to be able to carry out the identified tasks.

……
Signed by: Andrew Mortimore, Director of Public Health

Appendices:

Appendix A - detailed performance data against outcome framework indicators

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

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

Title of document	Location

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

……

Signed by: Name and Title

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Codes	Indicator	Baseline Date	Previous performance Date	Latest performance Date	Direction of travel	Previous ONS comparator group rank (of 12 LAs where 1 is worst)	Latest ONS comparator group rank (of 12 LAs where 1 is worst)	Latest compared to England	Comments
Objective 1: Enhance quality of life for people with dementia									
NHS 2.6i CCG 2.13 PH 4.16	Estimated diagnosis rate for people with dementia								Data not yet released for these outcomes
NHS 2.6ii ASC 2F	Effectiveness of post-diagnosis care for people with dementia in sustaining independence and improving quality of life								
CCG 2.14	People with dementia prescribed anti-pyschotic medication								
Objective 2: Support people to maintain their independence and dignity									
NHS 2 CCG 2.1	Health-related quality of life for people with long-term conditions (average health status score)								Data not yet released for these outcomes
ASC 1A	Social care-related quality of life (average quality of life score based on responses to the Adult Social Care Survey)		19.3 2011/12	19.2 2012/13	↓			Better	Provisional data for 2012/13
NHS 2.1 CCG 2.2	Proportion of people feeling supported to manage their condition (GP Patient Survey)								Data not yet released for these outcomes
PH 1.08i	Gap in the employment rate between those with long term health condition and the overall employment rate (% point gap in the two employment rates)			3.10% 2012		12	12	Better	No previous performance data
NHS 2.2	Difference in the employment rate between total population and people with a long term condition	21.2% Jul-Sep 2006	9.5% Jan-Mar 2011	10.7% Apr-Jun 2011	↑	6	6	Better	Data available quarterly since Sept 2006
ASC 1H	Percentage of adults in contact with secondary mental health services living independently with or without support		16.5% 2011/12	68.0% 2012/13	↑			Significantly better	Provisional data for 2012/13
ASC 1E	Proportion of people with learning disability in paid employment		9.0% 2011/12	9.2% 2012/13	↑			No significant difference	Provisional data for 2012/13
PH 1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate (% point gap in the two employment rates)			64.0% 2011/12			3	Worse	No previous performance data
ASC 1F	Proportion of adults with mental health problems in paid employment - % those receiving secondary mental health services recorded in paid employment		3.0% 2011/12	2.1% 2012/13	↓			Significantly worse	Provisional data for 2012/13
ASC 2A(2	Rate of permanent admission of older people to residential and nursing homes (rate per 100,000 population aged 65+yrs)		856.3 2011/12	878.1 2012/13	↑			No significant difference	Provisional data for 2012/13

Codes	Indicator	Baseline Date	Previous performance Date	Latest performance Date	Direction of travel	Previous ONS comparator group rank (of 12 LAs where 1 is worst)	Latest ONS comparator group rank (of 12 LAs where 1 is worst)	Latest compared to England	Comments
ASC 1C(1)	Proportion of people using social care who receive self-directed support (as % of all receiving community-based/carer-specific services)		24.9% 2011/12	30.4% 2012/13	↑			Significantly worse	Provisional data for 2012/13
ASC 1C(2)	Proportion of people using social care who receive direct payments (as % of all receiving community-based/carer-specific services)		5.70% 2011/12	10.50% 2012/13	↑			Significantly better	Provisional data for 2012/13
NHS 3.1i	Patient assessment of health gain after elective hip replacement		0.43 Oct-Dec 2010	0.40 Jan - Mar 2011	↓			Better	Data not released for CCG version of this indicator. NHS data for PCT not LA
CCG 3.3a			0.41 2010/11	0.42 2011/12	↑			#N/A	Most recent England data 2010/11 mismatch to most recent CCG data 2011/12
PH 3.03xiv	Uptake of 'flu vaccine by over 65s		74.4% 2010/11	75.2% 2011/12	↑	7	4	Significantly better	
PH 3.03xv	Uptake of 'flu vaccine by people at risk of 'flu (% 'at risk' individuals aged 6+ months to 64 yrs vaccinated)		51.7% 2010/11	53.1% 2011/12	↑	8	8	Significantly better	
NHS 3a	Emergency admissions for acute conditions that should not usually require hospital admission (rate per 100,000 population)		264.2 Oct-Dec 2011	282.4 Jan - Mar 2012	↑	7	8	Significantly better	Quarterly data available for Portsmouth LA/PCT compared with annual data in CCG version
CCG 3.1			930.3 2010/11	945.3 2011/12	↑			Significantly worse	
NHS 2.3i	Unplanned hospital admissions for chronic ambulatory care sensitive conditions (rate per 100,000 population)		166.80 Oct-Dec 2011	143.20 Jan - Mar 2012	↓	11	11	Significantly better	Quarterly data available for Portsmouth LA/PCT compared with annual data in CCG version
CCG 2.6			701.30 2010/11	594.48 2011/12	↓			Significantly better	
PH 2.24i	Admissions of older people due to injuries caused by falls (rate per 100,000 population aged 65+ yrs)		1995.4 2010/11	2034.8 2011/12	↑	6	6	Significantly worse	
PH 4.15	Excess winter deaths (Excess of deaths in winter compared with non-winter months as a percentage)		26.1% 2006/2009	26.6% 2007/10	↑	1	1	Significantly worse	
NHS 2.4	Health-related quality of life for carers								Data not available

Codes	Indicator	Baseline Date	Previous performance Date	Latest performance Date	Direction of travel	Previous ONS comparator group rank (of 12 LAs where 1 is worst)	Latest ONS comparator group rank (of 12 LAs where 1 is worst)	Latest compared to England	Comments
ASC 2C(1)	Delayed transfers of care from hospital per 100,000 population		5.4 2011/12	2.8 2012/13	↓			Significantly better	Provisional data for 2012/13
ASC 2C(2)	Delayed transfers of care from hospital attributable to social care per 100,000 population		2.2 2011/12	0.7 2012/13	↓			Significantly better	Provisional data for 2012/13
ASC 2B(2) NHS 3.6ii	Proportion of over 65s who were still at home 91 days after discharge from hospital into re-ablement/rehab services (measure of being offered the service)		3.3% 2011/12	5.5% 2012/13	↑			Significantly better	Data not released for NHS version of this indicator - Using ASCOF data (provisional for 2012/13)
NHS 3b	Emergency readmissions within 30 days of discharge from hospital (% of emergency admissions)		12.15% 2010/11	12.49% 2011/12	↑	7	5	Significantly worse	
CCG 3.2				12.65% 2010/11				Significantly worse	No previous performance data
ASC 2B(1) NHS 3.6i	Proportion of over 65s who were still at home 91 days after discharge from hospital into re-ablement/rehab services (service effectiveness)		70.8% 2011/12	71.6% 2012/13	↑			Significantly worse	Data not released for NHS version of this indicator - Using ASCOF data (propvisional for 2012/13)
Objective 3: Ensure all children get the best possible start in life by concentrating on the pre-birth to 5 yrs age group									
PH 1.01	Children living in poverty (% of children living in households where income is less than 60% of household income before housing costs)			25.6% 2010			6	Significantly worse	No previous performance data
PH 1.11	Domestic abuse								Indicator in development
NHS 4.5	Women's experience of maternity services								Only currently available at national level
PH 2.03	Women smoking at time of delivery (% of mother smoking at time of delivery of all births)		17.7% 2010/11	17.5% 2011/12	↓	4	4	Significantly worse	
PH 2.01	Low birthweight of full term babies			2.0% 2010		12	12	Significantly better	No previous performance data
PH 2.02i	Breastfeeding initiation (% of all mothers who breastfeed their babies in the first 48hrs after delivery)		75.4% 2010/11	73.6% 2011/12	↓	5	6	No significant difference	
PH 2.02ii	Breastfeeding at 6-8 weeks (% of all infants due a 6-8 week check that are totally or partially breastfed)		44.4 2010/11	46.1 2011/12	↑	6	7	No significant difference	

Codes	Indicator	Baseline Date	Previous performance Date	Latest performance Date	Direction of travel	Previous ONS comparator group rank (of 12 LAs where 1 is worst)	Latest ONS comparator group rank (of 12 LAs where 1 is worst)	Latest compared to England	Comments
PH 2.05	Child development at 2-2.5 yrs								Indicator in development
PH 2.06i	Proportion of children aged 4-5 years classified as overweight or obese	27.7% 2006/07	24.33% 2010/11	23.00% 2011/12	↓	4	6	No significant difference	
NHS 3.2 CCG 3.4	Emergency admissions for children with lower respiratory tract infections per 100,000 population		305 Oct-Dec 2011 556.7 2010/11	101.70 Jan - Mar 2012 560.90 2011/12	↓ ↑	2	9	Significantly worse Significantly worse	Only quarterly data available for Portsmouth LA/PCT Only Portsmouth CCG financial year data available
NHS 4.8	Improving children and young people's experience of health care								Placeholder - Indicator still in development
Objective 4: Improve outcomes for local people's health and wellbeing by driving up the quality, and ensuring the safety, of all services									
ASC 4A	Proportion of people who use services who feel safe (Adult Social Care Survey respondents)		69.4% 2011/12	67.7% 2012/13	↓			Better	Provisional data for 2012/13
ASC 4B	Proportion of people who use services who say those services have made them feel safe and secure (Adult Social Care Survey respondents)		85.5% 2011/12	87.9% 2012/13	↑			Better	Provisional data for 2012/13
PH 2.07i	Rate of hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years per 10,000 resident population		115.7 2010/11	114.4 2011/12	↓	7	9	No significant difference	
NHS 4.2	Responsiveness to inpatients' needs (scoring from National Inpatient Survey respondents)		65.9 2011/12	67.10 2012/13	↑			Worse	Can't rank as values are by provider
NHS 4.9 ASC 3E	Improving people's experience of integrated care								Indicator in development
ASC 3B	Overall satisfaction of carers with social services (Adult Social Care Survey respondents)			44.3% 2012/13				No significant difference	Provisional data for 2012/13. No previous performance data
NHS 4.6	Bereaved carers' views on quality of care in the last 3 months of life (National Bereavement Survey (VOICES) respondents)								Only available at national level and SHIP cluster. SHIP performing in middle 60% of PCT clusters

Joint Strategic Needs Assessment

Dr Matt Smith, Associate Director, Public Health

Health and Wellbeing Board, 25th September 2013

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What is the JSNA?

- The 'big picture' of health, well-being and inequality needs of the local population
- The main point of reference for all local strategic planning and commissioning for health
- A description of both current and future needs (as far as this is possible)
- Evidence-based
- A statutory requirement:
  - Since April 2008 for local authorities and primary care trusts (Local Government and Public Involvement in Health Act 2007)
  - From April 2013 for local authorities and clinical commissioning groups (Health and Social Care Act 2012)
- Informs the Joint Health and Wellbeing Strategy and incorporates the needs assessments underpinning other plans e.g. Children's Trust and SPP

Underpinning the Joint Health and Wellbeing Strategy (JHWS)

- The monitoring report on the JHWS shows how the board is doing on the priorities it has already identified against national outcomes measures

- The JSNA itself gives a lot more detail:
  - It shows how our performance has changed over time, comparison to statistical neighbours etc
  - It breaks down Portsmouth data into much more detail e.g. dementia diagnosis by GP practice
  - Its mapping tools and other interactive features let you interrogate the data

Underpinning the Joint Health and Wellbeing Strategy (JHWS) continued.

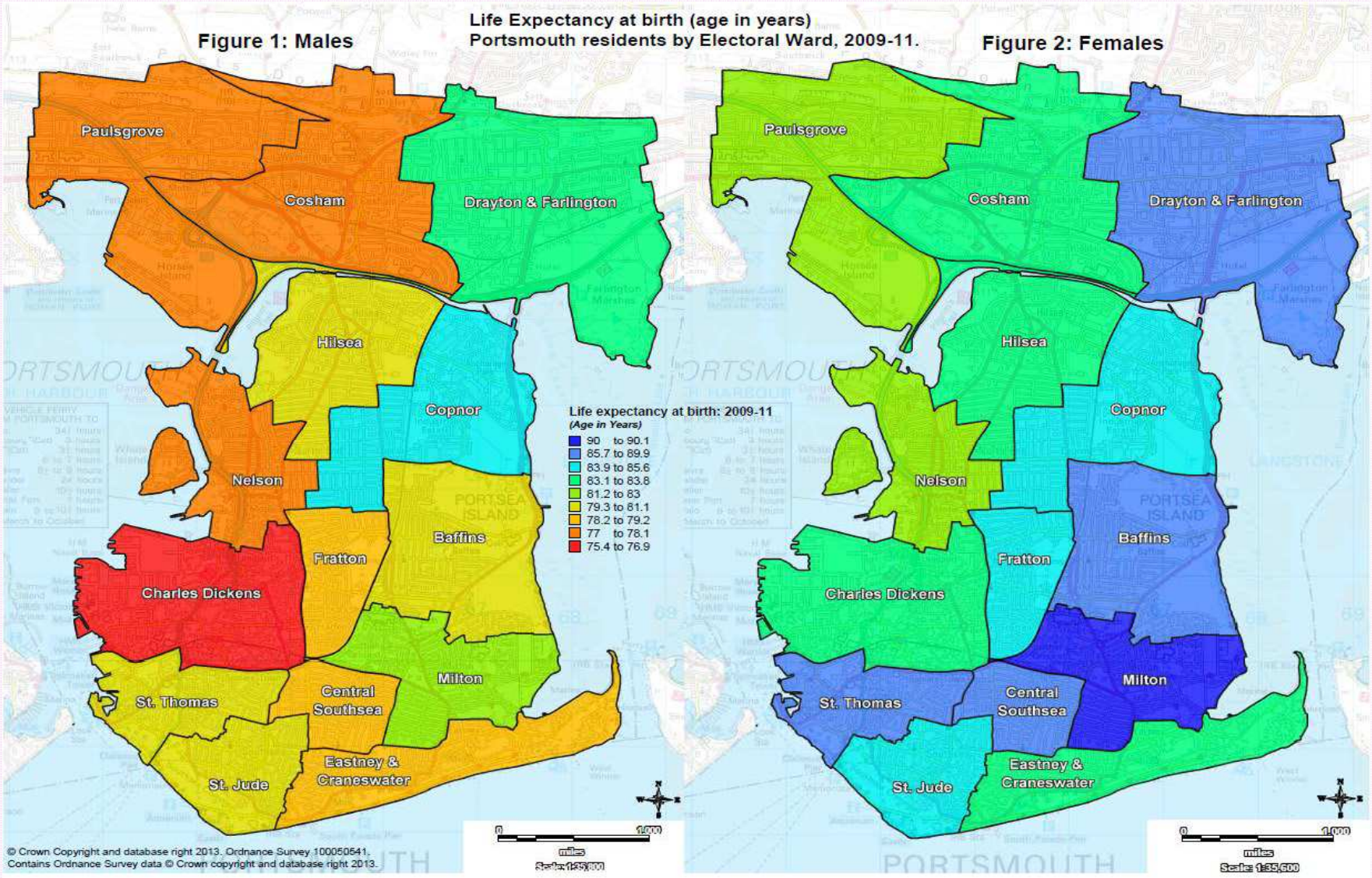
- JSNA highlights other areas for the HWB to consider as new priorities
- You have already been asked to think about some other issues that could be priorities in the strategy
  - mental health
  - lifestyle issues
  - place
  - Here are a couple of very quick snapshots of what we know from the JSNA summary…

Snapshot from the JSNA - Mental Health

Locally, deprivation is strongly correlated with the level of adults receiving services from Adult Social Care for mental health problems

Wider Determinants of Health		Local value	Eng. value	Eng. worst*	England Range	Eng. best*
The wider determinants have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. They determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet needs and deal with changes to their circumstances.						
1	Percentage of 16-18 year olds not in employment, education or training, 2011	7.2	6.2	11.9		1.9
2	Episodes of violent crime, rate per 1,000 population, 2010/11	25.1	14.6	34.5		6.3
3	Percentage of the relevant population living in the 20% most deprived areas in England, 2010	23.7	19.8	83.0		0.3
4	Working age adults who are unemployed, rate per 1,000 population, 2010/11	63.4	59.4	105.2		8.3
5	Rate of hospital admissions for alcohol attributable conditions, per 1,000 population, 2011/12	22.4	23.0	38.6		11.4
6	Numbers of people (aged 18-75) in drug treatment, rate per 1,000 population, 2011/12	5.7	5.2	0.8		18.4
Risk Factors						
A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease, injury or mental health problem. Some examples of the more important risk factors in mental health are under and over weight, low levels of physical activity, drug abuse, tobacco and alcohol consumption, and homelessness.						
7	Statutory homeless households, rate per 1,000 households, all ages, 2010/11	4.78	2.03	10.36		0.13
8	Percentage of the population with a limiting long term illness, 2001	16.2	16.9	24.4		10.2
9	First time entrants into the youth justice system 10 to 17 year olds, 2001 to 2011	758	876	2,436		343
10	Percentage of adults (16+) participating in recommended level of physical activity, 2009/10 to 2011/12	12.7	11.2	5.7		17.3

Snapshot from the JSNA – healthy lifestyles

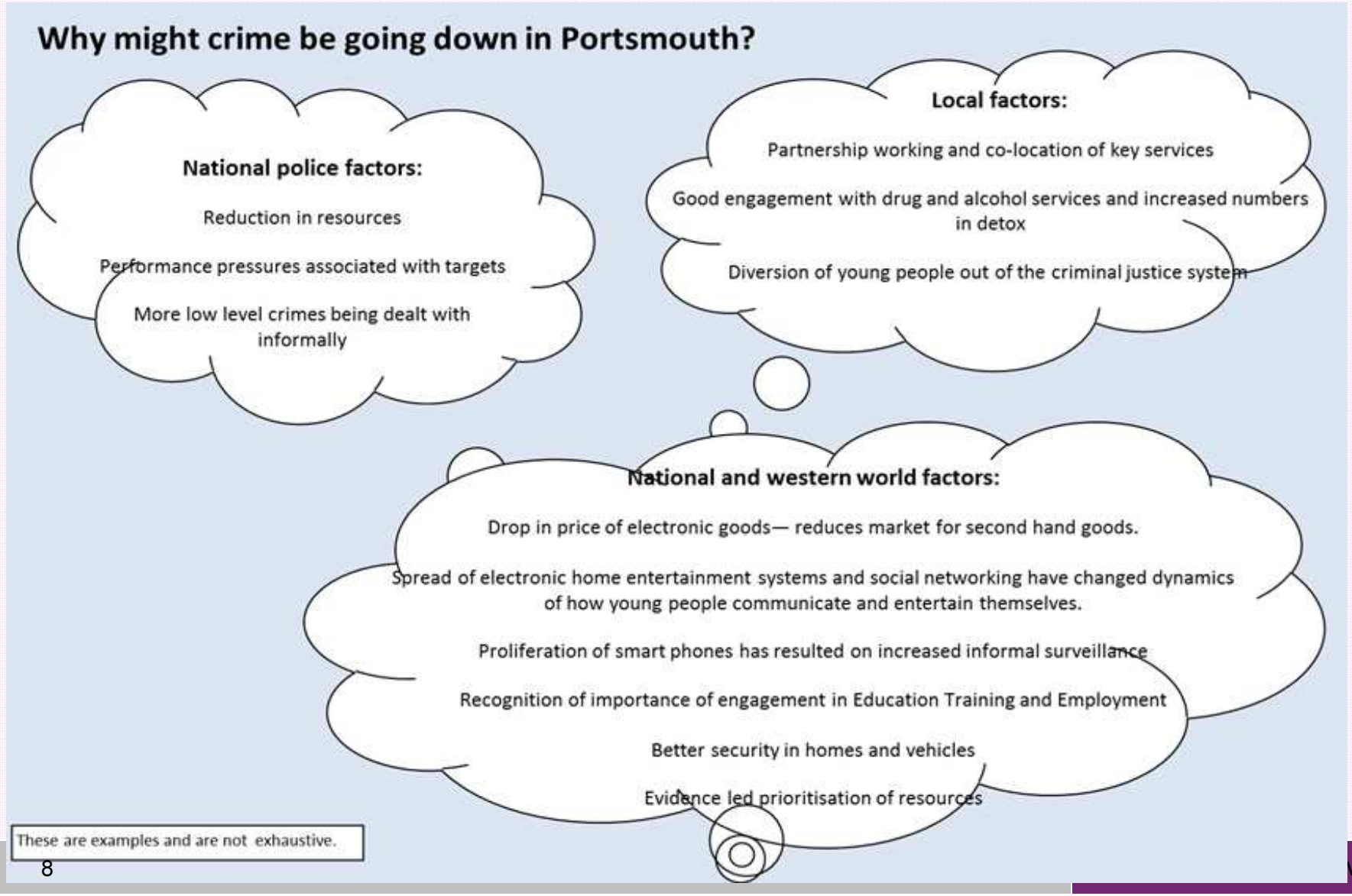


Snapshot from the JSNA – healthy lifestyles weight

Encourage healthy lifestyles by helping people to: Be a healthy weight

- Obesity prevalence is estimated – 23.8% of Portsmouth adults are estimated to be obese (not significantly different to England) However, we do not have enough information about adult obesity in the city – particularly what motivates people to keep to a healthy weight
- Healthy weight strategy in development.
- Key driver: From national research we know that being overweight or obese places people at significant disadvantage in terms of their life opportunities (educational attainment, choice of employment, health status)
- Key strategic theme is 'making the healthy choice, the easy choice': The environment – promoting ways to make healthy choices eg outdoor spaces which encourage day-to-day activity to food outlets which encourage healthy eating etc
- Workplace health – benefiting the local economy by working with employers to improve workforce health
- Early prevention – working with families so that the healthy choice is the usual choice
- Access to a range of healthy weight services – including surgical options for a few people

JSNA also shows evidence underpinning some of the other key strategies across the city e.g. SPP…



…and the Children's Trust…

Getting the best possible start in life

All pregnant women who **smoke** are offered smoking cessation advice and/or referred to smoking cessation services.

Last year, 62 pregnant women used NHS Smoking Cessation services to set a quit date and 42 successfully quit.

463 women were still smoking at the time their babies were born

Obesity rates are improving. But 23% of children are overweight or obese when they start primary school, and 36% are overweight or obese when they leave

Boys in both age groups are more likely to be overweight or obese than girls

74% of Portsmouth new mums start **breastfeeding** their babies

But only 42% are still breastfeeding 6-8 weeks later

Households in City Centre, Somerstown, Palmerston and Seafront areas were most **overcrowded**

Domestic abuse remains the largest driver of violence – accounting for 1,102 assaults (29% of all assaults)

12% of households in Buckland, 11% of households in Wymering and 9% of households in City Centre had no adults in **employment** and had dependent children

Teenage conception rates are improving.

In the most recent rolling quarter there were 39.9 conceptions per 1,000 girls aged 15-17 years (about 34 conceptions)

More deprived areas have higher teenage conception rates

JSNA annual summary – engagement process

- The data and analysis in the JSNA is constantly updated
- Public Health Portsmouth produce an annual summary of the JSNA with input from PCC services, partners and partnerships
- This will be sent in draft to the HWB in early October as part of a wide consultation with a range of stakeholders
- The finished JSNA Annual Summary will be presented to the Health and Wellbeing Board in December 2013

New aligned process across 3 partnerships

- Public Health and partnership support officers working to align strategy processes across HWB / SPP / CTB
- Will be discussed in detail by partnerships / Responsible Directors Autumn 2013
- We will build on what we have already e.g. JSNA…
- Aim for joined up three-year cycle of strategies…
- underpinned by a fully joined up JSNA…
- supported by a shared research and analysis programme – 1st step will be workshop for data owners and analysts to explore some of the 'causes of the causes'

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