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Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 26 NOVEMBER 2014 AT 9.00 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Joanne Wildsmith CCDS Tel: 9283 4057
Email: email: Joanne.Wildsmith@portsmouthcc.gov.uk

Health and Wellbeing Board Members
Councillors Frank Jonas (Chair), Donna Jones, Luke Stubbs, Neill Young, Gerald Vernon-Jackson and John Ferrett
Dr James Hogan (Vice-Chair), Tony Horne, Ruth Williams, Innes Richens, David Williams, Julian Wooster and Dr Janet Maxwell

Plus one other PCCG Executive Member: Dr L Collie, Dr E Fellows, Dr D Alalade, Dr T Wilkinson

Non voting members: J Wooster & D Williams

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

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

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

A G E N D A

1 Apologies for Absence

2 Introductions and Declarations of Interest

3 Previous Minutes - 3 September 2014 and Matters Arising (Pages 1 - 10)

RECOMMENDED that the attached minutes of the meeting of the Health & Wellbeing Board held on 3 September 2014 be approved as a correct record, to be signed by the Chair.

4 PSCB Annual Report and Business Plan 2014-17 (Pages 11 - 48)

Report attached by Helen Donelan to introduce the Annual Report 2013-14 and Business Plan 2014-17 of the Portsmouth Safeguarding Children Board (PSCB).

RECOMMENDATION: Members of the Health and Wellbeing Board are invited to receive the Portsmouth Safeguarding Children Board Annual Report and Business Plan and to note areas of progress and challenges identified in the context of services being planned and commissioned.

5 Adult Safeguarding Annual Report and update on the Care Act in relation to Safeguarding (Pages 49 - 118)

Information report attached by Angela Dryer/Lorraine Burton to provide updates and information in relation to Safeguarding by way of an annual report and also plan for implementation of the Care Act in relation to Safeguarding.

6 Joint Health and Wellbeing Strategy report (Pages 119 - 132)

The information report by Matt Gummerson seeks to inform the board of the baseline positions on the outcome measures being addressed through the Joint Health and Wellbeing Strategy 2014 -17 (JHWS) and to clarify the areas where the board will focus its attention. (Some A3 copies of the appendices will be available at the meeting.)

7 Portsmouth Dementia Action Plan 2014-16 (Pages 133 - 138)

Information report attached by Preeti Sheth, Head of Integrated Commissioning Unit, to update the HWB on the Portsmouth Dementia Action Plan 2014/15 and to set out the direction of travel for 2015/16.

8 Training Opportunity - Dementia Friends

Straight after the meeting, there will an opportunity for HWB members and those in the public gallery to take part in Dementia Friends training provided by the Alzheimer's Society as part of Portsmouth's plan to become a dementia friendly community. This will take place from 11:00 to 11:30 in the Executive Meeting Room.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at

meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 3 September 2014 at 9.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Councillor Frank Jonas (in the Chair)

Councillor Luke Stubbs
Councillor Neill Young
Councillor Gerald Vernon-Jackson
Councillor John Ferrett

Tony Horne
Mark Orchard
Innes Richens
David Williams
Julian Wooster
Dr Janet Maxwell

Non-voting members

David Williams & Julian Wooster

17. Apologies for absence (AI 1)

Apologies for absence had been submitted by Councillor Donna Jones and Dr James Hogan.

18. Declaration of Members' Interests (AI 2)

There were no declaration of members' interests.

19. Minutes of previous meeting - 2 July 2014 - and matters arising (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board meeting held on 2 July 2014 were approved as a correct record, to be signed by the chair, and there were no matters arising that were not covered elsewhere on the agenda.

20. Disabled Children's Charter (AI 4)

Matt Gummerson reported that this subject had been discussed at a previous HWB meeting, and the Portsmouth Disability Forum had requested that the

Health and Wellbeing Board sign up to this document (as attached to the report). The charter had also been discussed by the Children's Trust Board.

Councillor Gerald Vernon- Jackson suggested that the HWB be provided with an update on the new statementing regime; Dr Janet Maxwell agreed that this could be brought to both the HWB and the Children's Trust Board.

RESOLVED that the Health and Wellbeing Board sign the Disabled Children's Charter as a statement of their commitment "to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions".

21. Influenza - Health Protection (AI 5)

The report by Dr Janet Maxwell as Director of Public Health gave an overview of the role of the local authority in health protection issues and topical updates would be brought to the HWB, the first concerning influenza (flu).

Barbara Skinner explained the importance of the flu vaccination programme for the local population. Although PCC is no longer responsible for the commissioning it undertakes a supportive role to NHS England, and challenges and undertake surveilleiance.

The report set out the target groups (those most at risk at paragraph 7.1), and she reported that for the Over 65 group the take-up rate was above the 75% target (at 75.7%), form under 65s this was below 75% and there had been a decrease for pregnant women. For children there is no comparison information available yet. It was reported that all PCC staff dealing with the public would be offered vaccination and at Portsmouth hospitals the take-up had risen from 46 to 59.9%.

Questions were raised regarding the risks associated with a low take up of MMR vaccination, and it was reported that the rate exceeded 95% with a lower level for the 2nd vaccination, but staff are working to help maximise take-up.

In response to Cllr Ferrett's question on the cost of PCC staff being vaccinated the following information was later provided:

Potential Costs for Staff Flu Vaccination by Service

Service	Headcount at 1/4/2014	Cost by Uptake Rate (Based on £8.33 per staff member)				
		20%	**40%**	**60%**	**80%**	**100%**
Adult Social Care	849	£1,414.43	£2,828.87	£4,243.30	£5,657.74	£7,072.17
Chief Executive Service	21	£34.99	£69.97	£104.96	£139.94	£174.93
Children's Social Care and Safeguarding	373	£621.42	£1,242.84	£1,864.25	£2,485.67	£3,107.09
City Development and Cultural Services	233	£388.18	£776.36	£1,164.53	£1,552.71	£1,940.89
Corporate Assets, Business and Standards	182	£303.21	£606.42	£909.64	£1,212.85	£1,516.06
Customer, Cummunity and Democratic Services	129	£214.91	£429.83	£644.74	£859.66	£1,074.57
Education and Strategic Commissioning	241	£401.51	£803.01	£1,204.52	£1,606.02	£2,007.53
Finance	181	£301.55	£603.09	£904.64	£1,206.18	£1,507.73
Health, Safety and Licensing	147	£244.90	£489.80	£734.71	£979.61	£1,224.51
Housing and Property Services	769	£1,281.15	£2,562.31	£3,843.46	£5,124.62	£6,405.77

HR, Legal and Performance	147	£244.90	£489.80	£734.71	£979.61	£1,224.51
Information Services	118	£196.59	£393.18	£589.76	£786.35	£982.94
Integrated Commissioning Unit	31	£51.65	£103.29	£154.94	£206.58	£258.23
Port	85	£141.61	£283.22	£424.83	£566.44	£708.05
Revenues and Benefits	145	£241.57	£483.14	£724.71	£966.28	£1,207.85
Transport and Environment	337	£561.44	£1,122.88	£1,684.33	£2,245.77	£2,807.21
Schools	4211	£7,015.53	£14,031.05	£21,046.58	£28,062.10	£35,077.63
PCC Exc Schools	**3988**	**£6,644.01**	**£13,288.02**	**£19,932.02**	**£26,576.03**	**£33,220.04**
Total (inc Schools)	**8199**	**£13,659.53**	**£27,319.07**	**£40,978.60**	**£54,638.14**	**£68,297.67**

Members' attention was drawn to the conclusions (paragraph 10) setting out the need for more work to be done across health, social care, workplace and community organisations to improve vaccination rates in clients, patients, staff and residents and this will involve responsible organisations' willingness and leadership to improve uptake. Ultimately, improved vaccination rates will reduce illness and deaths due to influenza infection and will reduce winter pressures on health and social care organisations. In order to drive this and other health protection issues it is important that the Health and Well-being Board have oversight of the Health Protection Agenda.

It was therefore RESOLVED that the Director of Public Health escalates any concerns relating to the protection of the health of the population to the Health and Wellbeing Board. The Director of Public Health may request an annual report from the Health Protection Assurance Group or escalate on the basis of the ongoing surveillence and reporting which underpins the work of the Health Protection Assurance Group.

It was further noted that it is anticipated that opportunities will continue to arise from the public health transfer to local authorities and working in

partnership with services to influence the wider determinants of health which will allow greater improvement in health protection outcomes.

22. Healthwatch Annual Report (AI 6)

Tony Horne presented this report, with Zoe Gray and Simon Haill for Healthwatch Portsmouth, which was a year into their contract. Zoe Gray explained that the Portsmouth model incorporates NHS complaints advocacy services, whereas other areas don't. Examples of successful public engagement events included 'Putting Patients First' in October, with over 70 attendees. Their website had been recognised for its accessibility providing one portal for access to health and social care service information in the city. They were also commended for involvement in the dementia pathways review nationally. Challenges faced included the transition from an appointed to an elected Board and the change of paid staff, however the profile was being raised, the team had doubled and the Board was developing. Their annual focus areas were due to be published shortly.

Simon Haill gave a 4 slide update (made available to view with the HWB papers on the PCC website) covering the achievements of Healthwatch during its first year of existence which included:

- Service directory - one stop directory hosted on the HW website
- Signposting of the public to local health and social care services in Portsmouth
- 60 events of public engagement
- The website had increased usage - 2048 (October 2013) to 9384 visitors (by the end of March 2014)

Their priorities included: cancer services, mental health services, medical equipment, dementia, plus community research projects on GP services and A&E waiting times. Healthwatch wished to be seen as the consumer's champion, advocating for the public and remaining independent.

The Chair thanked them for their presentation, the contents of which were noted.

23. Better Care Fund (AI 7)

Innes Richens, Chief Operating Officer, Portsmouth Clinical Commissioning Group (PCCG) introduced Jo York the Head of Better Care at the PCCG, with their report being circulated at the meeting. She explained that the programme had originally been submitted in April but they were now seeking approval for their resubmission for 19 September, and in the meantime they were receiving regular guidance relating to the submission.

The PCCG's presentation (made available with the HWB papers on the PCC website) showed the rising demand for services, with an ageing demographic of more complex needs whilst there were diminishing financial resources. Integration was a key driver locally and nationally.

The BCF is an ambitious national programme, to move the health and social care system away from sickness and towards wellness and independence. It aimed to bring budgets together into an integrated system, with the reduction in duplication of services.

The board's attention was drawn to a short video explaining the benefits of integration sought through Better Care which can be viewed at http://www.kingsfund.org.uk/audio-video/joined-care-sams-story.

In Portsmouth this integration of health and social care services is not a new concept, for example the Integrated Commissioning Unit which works on behalf of PCC and PCCG and the Reablement Team based at QA Hospital. Since 2012 Portsmouth has had a single assessment process, so improvements have already been implemented. The BCF will take this further, with a shift from managing crises to working for earlier intervention and prevention. There would also be close working with the voluntary sector.

There are 3 interconnected projects:

- Establishing fully integrated locality based health and social care community teams
- Review of current bed based provision
- Increase delivery of Reablement services to maximise independence

Budget: nationally the scheme is worth £3.9b. In Portsmouth there is a total pooled budget of £15.195m in 2014/15 and £16.409 in 2015/16 - approximately £7m of which is existing funding (£5m relating to community services). An additional £2m could be invested to fund integration) but there is financial risk attached of £1.1m for the CCG (the local payment for the performance element relating to reducing emergency admissions).

Members raised the following questions:

- The area of risk for the CCG - it was reported that the A&E performance target at QA Hospital had been a reduction of 3% over the last 3 years.
- Were the discharges from hospital undertaken in a supported way? Innes Richens responded that the Reablement Team is in place to make improvements at the hospital with social care and health workers working together. There are other issues that impact on discharge such as the need for prescribed drugs, specialist equipment etc.
- Sharing of information between agencies - Innes Richens responded that there were improvements with IT projects to have joint access to files, with shared information happening more for children's cases.

- 7 day working to assist in the discharge process - Innes Richens responded that the PCCG try to ensure that key services are offered over 7 days a week in the community.

- How the funding was calculated: this would be given in proportion to how near the target was met. Janet Maxwell stressed that there was the need to respond to the trends of people living longer through preventative work; there was some support of the preventative agenda through the Public Health grant.

The following questions were raised by members of the public:

- What would be the likely impact on other areas of the CCG funding and the hospitals? Innes Riches responded that the £1.1m figure assume the reduction in emergency activity was achieved - whilst this was similar to the previous level of reduced emergency admissions if the target was not met efficiencies would need to be made elsewhere, which would be subject to reports to the appropriate bodies, including the HWB.
- How to quantify the next cohort of the local population needing to make changes in their lifestyles? Janet Maxwell responded that this work was taking place to look at the prevalence of developing conditions (such as diabetes, COPD, heart). There was also the need to undertake more work to tackle young people smoking, reduce drinking in the city and increase physical activity; public health were working closely with colleagues in primary care for an integrated lifestyle approach.

- How these changes could be sustained by involvement of communities - Janet Maxwell confirmed that there is a shift to working on a locality level, including work with schools and workplaces.

As the revised version of the Better Care Fund (BCF) Plan was not yet ready but would need resubmission to NHS England by 19 September 2014 it was:

RESOLVED that The Chair and Vice-Chair of the Health and Wellbeing Board be authorised to sign-off the plan prior to its resubmission by 19 September 2014.

24. Care Act 2014 (AI 8)

Rob Watt, Head of Adult Social Care PCC and his Assistant Head of ASC Angela Dryer gave a presentation on the key points of the Care Act, which modernises and rationalises 60 years of law in social care. This is against a background of reduced public sector funding and includes the assessment of deprivation of liberty (especially with the rise of dementia). Confirmation of the national eligibility criteria was expected in October.

Personalisation was a key consideration with personal budgets being included in the legislation, to give individuals flexibility and choice as well as the right to review arrangements.

There are changes to how care is paid for and capping on how much needs to be paid by an individual towards their costs, with deferred payments (so homes would not need to be sold within their lifetime). A £72k cap (for those of pensionable age) would come in from April 2016. It is not known how many are self-funding currently.

The concerns included the need to ensure there is general awareness of changes; there may be a great demand for assessment. For the assessments there will be involvement of the family and advocacy where required.

There is also flexibility given to the local authority which can delegate the responsibility of Adult Social Care services; but whilst retaining the legal responsibility.

Members then raised questions relating to the following issues:

- How young adults were assessed where there were court awards - it was reported that if they had a disability prior to being 18 they do not pay care costs but this does not apply if the disability is acquire after the age of 18 where they are eligible to pay towards their costs (but guidance was still being sought on this).
- How the implications were being considered - officers were working on consultation guidance and were awaiting feedback to ensure that the financial structure is right as it needs to be in place by April 2015. Work is taking place with neighbouring local authorities. There would also be national and local campaigns to raise public awareness of the changes.

David Williams suggested that the Health and Wellbeing Board work jointly with other HWBs to lobby the national decision makers on key concerns.

The presentation was noted.

25. Joint Health and Wellbeing Strategy 2014-17 (AI 9)

Matt Gummerson reported that the draft strategy had been covered in depth at the previous meeting and the final version now needed the Board's approval.

Councillor Young asked how the delivery of this would be scrutinised, as there were different governing bodies. Officers had previously explained where there is governance by another body, such as the Children's Trust Board and update reports would be brought back to the HWB when required. Julian Wooster suggested that the HWB should be informed of how the assurance process will be completed.

RESOLVED that the Health and Wellbeing Board:

(1) Approved the final version of the Joint Health and Wellbeing Strategy (JHWS)v 2014 2017 (as set out in appendix A of the report) for publication.

(2) Agreed that minor revisions can be made in future as plans for individual workstreams are developed, subject to agreement by the Chair and Vice-Chair.

The Chair closed the meeting by thanking members of the Board, officers and members of the public for their participation.

26. Dates of future meetings (AI 10)

These were noted as 26 November 2014 at 9am (in the Guildhall) and 25 February 2015 at 10am (at St.James' hospital).

The meeting concluded at 10.47 am.

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Councillor Frank Jonas
Chair

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THIS ITEM IS FOR INFORMATION ONLY

Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health and Wellbeing Board
Subject:	PSCB Annual Report 2013/14 and Business Plan 2014-17
Date of meeting:	Wednesday 26th November
Report by:	Helen Donelan
Wards affected:	All

1. Purpose of report

1.1 To introduce the Annual Report 2013-14 and Business Plan 2014-17 of the Portsmouth Safeguarding Children Board (PSCB)

2. Recommendations

2.1 Members of the Health and Wellbeing Board are invited to receive the Portsmouth Safeguarding Children Board Annual Report and Business Plan and to note areas of progress and challenges identified in the context of services being planned and commissioned.

3. Background

3.1 The 'Protocol setting out the relationship between the Portsmouth Health and Wellbeing Board and the Portsmouth Safeguarding Children Board and Portsmouth Safeguarding Adults Board' was agreed in 2014.

3.2 The protocol sets out the expectation that between September and November each year the PSCB Annual Report will be presented to the Health and Wellbeing Board to provide the HWB the opportunity to:

- scrutinise and challenge the performance of the PSCB
- draw across any data to be included in the JSNA
- reflect on key issues that need to be incorporated in the refresh of the JHWS

4. Key points on the report

4.1 Over 2013/14 the PSCB focused its attention on six priority areas which set the context for the work of its committees:

- Evaluating impact
- Developing scrutiny
- Early help
- Allegations management
- Reduction in repeat Child Protection Plans
- NHS reforms

4.2 The committees had considerable success throughout the year:

- In the identification of and response to child sexual exploitation (CSE), including the development of a multi-agency CSE strategy, the establishment

of a multi-agency CSE operational panel, and the development of a process for gathering and recording multi-agency data around CSE and children who are missing

- The appointment of the LADO, responsible for managing allegations against people working with children
- Joint work to significantly reduce the number of repeat Child Protection Plans has led to a sustained reduction
- Reaching 3000 children with the Lurking Troll campaign aimed at raising awareness among children of on-line risks
- The development of a robust and comprehensive dataset to enable the PSCB to better understand and analyse the effectiveness of safeguarding across the city
- The successful dissemination of learning from the Serious Case reviews into children C and D

4.3 The Annual Report concludes with key messages for individuals, groups and bodies to highlight and challenge them in their role in improving the well-being and safety of children in Portsmouth.

4.4 In December 2013 the PSCB appointed a new Independent Chair, Reg Hooke

5. The PSCB Business Plan 2014-17

5.1 The PSCB Business Plan 2014-17 outlines the Board's four priorities:

- Improving the effectiveness of agencies and the community in addressing neglect
- Communication: improving the awareness of safeguarding, including the work of the Board, amongst practitioners and the community, with a particular focus on at risk communities
- Ensuring that the voice of children influences learning and best practice
- Governance: increasing the effectiveness of the PSCB with clear evidence of improved outcomes for children

5.2 The delivery of the Business Plan is being led by the PSCB committees and through links with participating agencies.

5.3 Implementation and impact of the plan is regularly monitored and the priorities will be reviewed and by the Board annually

6. Links to the Health & Well-being Board

6.1 The primary objectives of the PSCB are directed at both coordinating and evaluating the task of partner agencies in promoting the wellbeing of children in Portsmouth, particularly in relation to the priority areas outlined in the Business Plan. The planning and commissioning tasks of the Health & Wellbeing Board are vital in supporting these objectives.

THIS ITEM IS FOR INFORMATION ONLY

Portsmouth CITY COUNCIL

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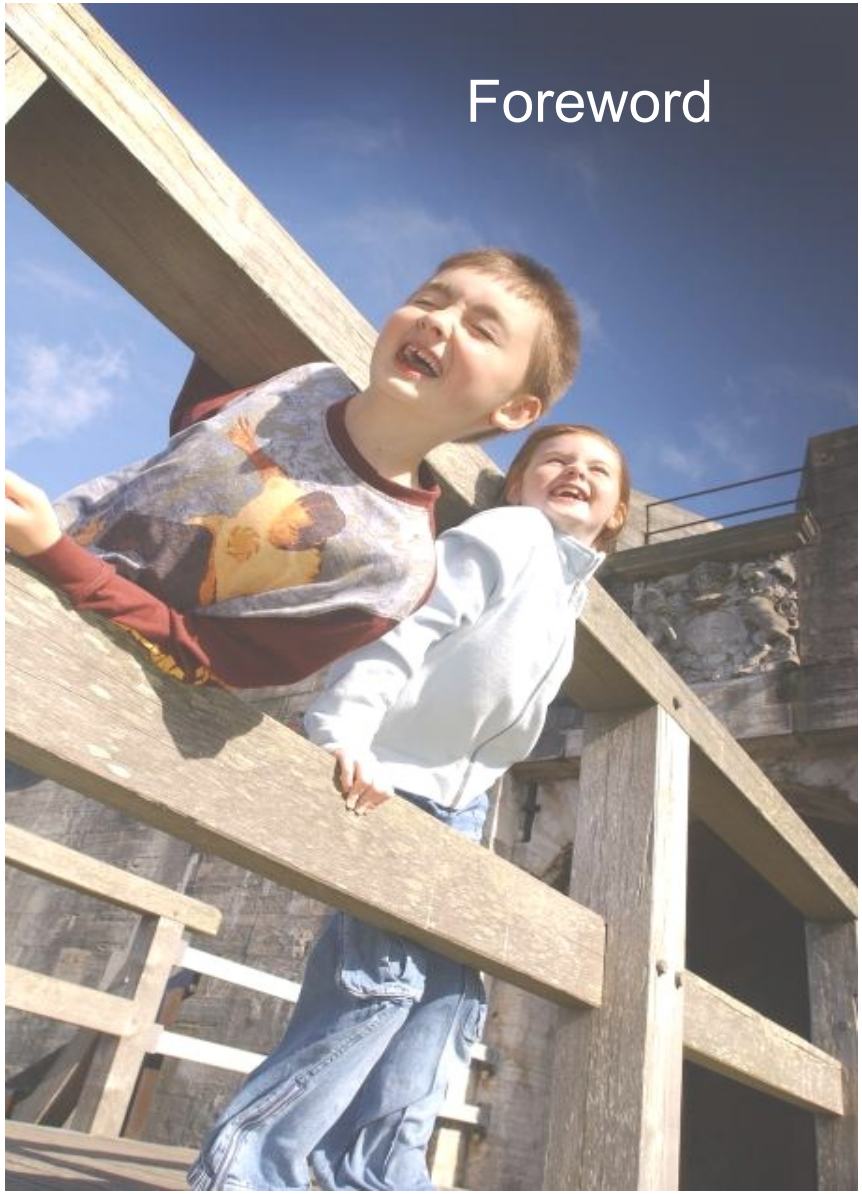
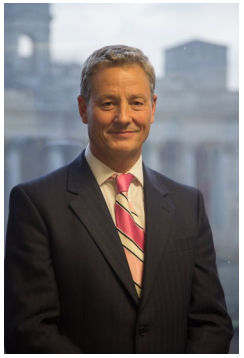
PSCB Annual Report 2013/14

PSCB
Portsmouth Safeguarding Children Board
Protecting Portsmouth's Children

Safeguarding the children of Portsmouth



A FOREWARD FROM THE INDEPENDENT CHAIR
Reg Hooke



I am pleased to present to you the annual report of the Portsmouth Safeguarding Children Board (PSCB) 2013/14. The PSCB is a partnership that works to safeguard and promote the welfare of children in Portsmouth.

We concentrate our attention on the safety of the most vulnerable and at risk of harm and ensure that positive outcomes for children remain a priority. During this year we worked to improve the effectiveness of child protection plans, reducing the number who had to return to a plan again and are developing much better ways of protecting children from child sexual exploitation. Our E-safety Sub-Committee has also led a highly successful programme 'Beware of Lurking Trolls' to educate children, parents and professionals in staying safe on-line.

" In July 2014, Ofsted judged PSCB to be **'Good'.** I would like to thank members of PSCB and its committees for their energy, hard work and commitment to safeguarding children, individually and collectively. Through some challenging times people have always put doing the best for children in Portsmouth first and I look forward to building on that in this year."

Reg Hooke

Incorporated in this Annual Report is the Business Plan for 2014-17. During this period we will be focussing on specific areas that agencies and partners have identified as the most important for Portsmouth and we will be giving greater attention to making sure we are being effective in improving situations for *all* children and their families in Portsmouth.

We will continue to hold all agencies to account through audit of cases, analysis of data and visiting front line settings to ensure children are protected and action is taken by staff working in health, social care, police, probation and education settings as well as charity and voluntary sector organisations working with children in Portsmouth.

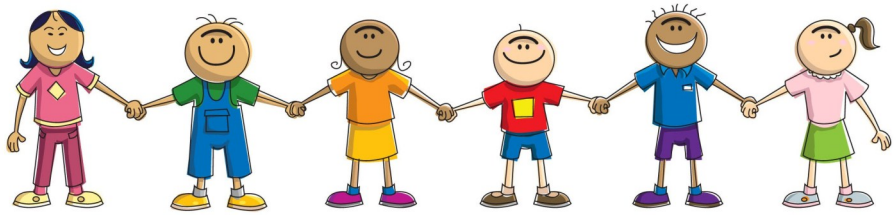
All public services continue to face increasing resource constraints. Agencies in Portsmouth have demonstrated great willingness to change, to work in ever closer partnership to protect children and to find new and better ways to provide efficient, effective and accessible services. Current and planned collaborative initiatives running across the spectrum of need convince me that the future remains a bright and improving one in spite of the challenges.

PSCB's ambition is to ensure that arrangements to safeguard children in Portsmouth are outstanding. By working together and engaging our whole community I am confident we can do this.

Reg Hooke, Independent Chair

Our four main tasks for 2014/2015

- Children living in situations of neglect are likely to suffer significant and long term damage. PSCB will prioritise improving the effectiveness of agencies and the community in tackling situations where children are neglected or are at risk of neglect
- PSCB will improve communication across Portsmouth using technology, meetings and consultation so that appropriate knowledge of safeguarding is available to all and so that PSCB are hearing the views of professionals and from children, families and communities from all parts of the city
- Knowing what children need or want is often a simple case of asking them! This all too often gets overlooked and so we will ensure PSCB consultation, audits, analysis, and recommendations have at the heart of them the views of children
- PSCB needs to constantly challenge itself to ensure it is being effective in improving situations for children and families so we will improve the way we manage our business and how we measure the impact PSCB has



Local Demographics

Portsmouth is a port city located on the south coast of Hampshire. It is the most densely populated area in the UK outside of London, with an estimated population of 208,900 residing within 15.5 square miles.

There are an estimated 50,400 children aged 0-19 children and young people living in Portsmouth, making up 24% of the usual resident population.

Portsmouth has a predominantly White British ethnic population; 84% . Of the 16% Black and Minority Ethnic population the ethnicities with the highest representation are Bangladeshi, Indian, Chinese, Black African, Mixed White and Asian and Other White.

Portsmouth is ranked 76th most deprived out of 326 local authorities in England (Indices of Multiple Deprivation 2010), with 15% of the city's population experiencing income deprivation. The latest child poverty data shows 24.4% of all dependent children under the age of 20 in Portsmouth are living in poverty, compared with the national average of 20.1%.

Vulnerable Groups

It is impossible to offer a complete picture of children whose safety is at risk in Portsmouth because some abuse or neglect may be hidden, despite the best efforts of local services to identify, step in, and support children who are being harmed or are at risk of being harmed.

Many groups of children in Portsmouth are vulnerable. These include children who are missing from home and children missing from education; children who live in households where there is domestic violence, substance misuse and / or parents who are mentally ill; children whose offending behaviour places them at risk of significant harm. At any one point there are around 1.400 children that require a statutory safeguarding response.

This annual report starts by looking at the categories of children and young people in Hampshire who have been identified by the local authority and other agencies as in need of protection as they are more vulnerable.

Table of Contents

PSCB contacts details

Tel: 02392 841540

Email: pscb@portsmouthcc.gov.uk

Website: www.portsmouthscb.org.uk

Children exposed to domestic abuse

29% of all violent crime in Portsmouth is domestic related. In 2013/14, 61% of child protection cases highlighted domestic violence and abuse as a feature.

Reducing domestic abuse is a priority for the Safer Portsmouth Partnership and is recognised by the Children's Trust Board as having a significant impact on children and young people. The Domestic Abuse review in 2012 led to a number of recommendations which were completed in 2013/14:

- Improving agencies' understanding of their responsibility for supporting victims of domestic violence and abuse
- Introducing a co-ordinated community response which led to a significant increase in professionals recognising how they can support victims of domestic violence and abuse
- Media campaign to raise the public's awareness of this type of abuse, including how to make safe decisions and where to access support
- Increasing the amount of support available to people experiencing domestic violence and abuse
- Ensuring people who work with families are trained in delivering support around domestic violence and abuse

We will be continuing to raise awareness among services of the need refer concerns to MARAC (multi-agency risk assessment conferences), as currently 76% of referrals are made by Police.

Children who are Privately Fostered

Parents may make their own arrangements for children to live away from home. These are privately fostered children. The local authority must be notified of these arrangements.

In 2013/14 there were 17 new notifications of private fostering arrangements in Portsmouth. The reported numbers of privately fostered children are considered to be under-representative of the actual number. The local authority and the PSCB will continue to raise awareness of the need to notify the local authority of these arrangements.

It is important to increase awareness across the workforce so that children in private fostering arrangements can be identified and supported. Throughout 2014-15 we are delivering a targeted communications campaign aimed at School Nurses, School Governors, Head teachers and school admissions staff, faith communities and Language schools.

Child sexual exploitation, missing and trafficked children

The PSCB has responded to the risks highlighted by the Children's Commissioner during 2012 to children at risk of child sexual exploitation (CSE).

Multi-agency work to identify children at risk of CSE in Portsmouth is on-going. Work at a local level is coordinated by the CSE committee of the PSCB, and at a county-wide level by the 4LSCB MET (Missing, Exploited, Trafficked) group. Further information about CSE can be found on page 18.

CHAPTER 1

Safeguarding in Portsmouth

Young people who offend or are at risk of offending

In 2013/14 the Portsmouth Youth offending team delivered 286 new interventions to 180 young people alongside the 107 interventions continuing from the previous year. Between 10 and 20% of these young people are children in care, and an additional 5-10% are care leavers. The number of young people receiving custodial sentences and being remanded in custody reduced this year.

In February 2014 the Portsmouth Youth Offending team was inspected and received a critical report which identified a number of areas requiring improvement. A robust Post Inspection Improvement Plan and new Performance Framework is now in place and being monitored monthly by the Youth Justice Board and the Portsmouth YOT Management Board.

The number of young people reoffending in Portsmouth remains a concern. However Safer Portsmouth Partnership re-offending measures suggest some progress is being made. For example, in 2011/12, 62 young people committed more than 5 offences. This reduced to 43 between 2013/14. Agencies are now working together to support this group of young people to reduce their offending.

Children in Care and Care Leavers who offend or are at risk of offending

The PSCB is committed to reducing the number of children in care and care leavers who offend. Throughout 2013/14 the following approaches have been taken:

- Utilising restorative justice approaches wherever possible, so that children in care are not unnecessarily criminalised
- Identifying priority young people to ensure multi-agency preventative strategies are in place
- In recognition of the correlation between substance misuse and / or mental health problems and offending behaviour we have introduced a new health screening tool. The tool will also assist in the identification of speech, language and communication needs

CHAPTER 2

What is the Portsmouth Safeguarding Children Board?

About the PSCB

The PSCB is the partnership body responsible for coordinating and ensuring the effectiveness of services in Portsmouth for protecting and promoting the welfare of children.

The Board is made up of senior representatives from all the main agencies and organisations in Portsmouth with responsibility for keeping children safe.

We coordinate local work by:

- Developing robust policies & procedures
- Participating in the planning and commissioning of services for children in Portsmouth
- Communicating the need to safeguard and promote the welfare of children and explaining how this can be done

We ensure the effectiveness of local work by:

- Monitoring what is done by partner agencies to safeguard and promote the welfare of children
- Undertaking serious case reviews and other multi-agency case reviews, audits and deep-dives and sharing learning opportunities
- Collecting and analysing information about child deaths
- Publishing an Annual Report on the effectiveness of local arrangements to safeguard and promote the welfare of children in Portsmouth

The PSCB has three tiers of activity:

1. Main Board

This is made up of representatives of the members agencies. Board members must be sufficiently senior so as to ensure they are able to speak confidently and sign up to agreements on behalf of their agency, and make sure that their agency abides by the polices, procedures and recommendations of the PSCB.

2. Executive

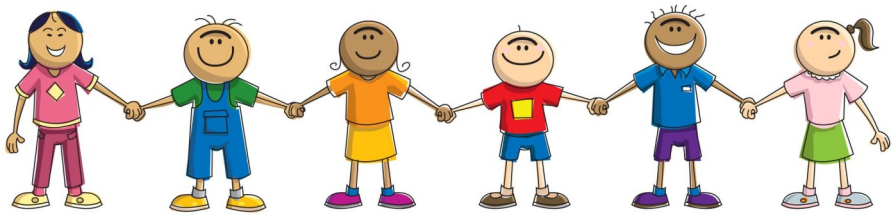
The Executive Committee manages the business and operations of the PSCB , ensuring there are clear governance arrangements in place and drives forward the strategic priorities as outlined in the Business Plan.

3. Committees

Membership of the committees is made up of staff from bodies or agencies represented at the PSCB, who are co-opted to ensure each group has the relevant expertise and knowledge to deliver the PSCB Business Plan. Membership of committees can include Board Members themselves.

4 LSCB Arrangement

Portsmouth, Hampshire, Isle of Wight and Southampton each has its own LSCB, but come together under the 4LSCB umbrella in order to share procedures and policies, skills, knowledge, resources and learning.



CHAPTER 2

What is the Portsmouth Safeguarding Children Board?

Key Roles

Independent Chair

The PSCB is led by an Independent Chair. In December 2013 Reg Hooke was appointed to the role

The Chair is subject to an annual appraisal to ensure the role is undertaken competently and that the post holder retains the confidence of the PSCB members. The Chief Executive of Portsmouth City Council appoints the Chair and managerial support is provided by the Director of Children and Adults' Services.

Portsmouth City Council

Portsmouth City Council is responsible for establishing and maintaining the Safeguarding Children Board (PSCB).

The Director of Children and Adults' Services is required to sit on the Main Board of the PSCB as this is a pivotal role in the provision of adult's and children's social care within the local authority. This post is held by Julian Wooster and he has the responsibility to make sure that the PSCB functions effectively and liaises closely with the Independent Chair who keeps him updated on progress.

Leader of Portsmouth City Council

The ultimate responsibility for the effectiveness of the PSCB rests with the Leader of Portsmouth City Council, Councillor Donna Jones.

Lead Member for Children's Services

This role is held by Neill Young, a locally elected Councillor with responsibly for making sure that the local authority fulfils its legal responsibilities to safeguard children and young people. The Lead Member contributes to the PSCB as a participating observer and is not part of the decision-making process.

Partner Agencies

All partner agencies in Portsmouth are committed to ensuring the effective operation of the PSCB. This is supported by our Constitution which sets out the governance and accountability arrangements.

Designated Professionals

Health commissioners should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to safeguarding children across the local area. Designated professionals are a vital source of professional advice on safeguarding children matters to partner agencies and the PSCB. There is a Designated Doctor and Nurse in post.

Lay Members

PSCB has appointed three local residents as Lay Members to support stronger public engagement in local child protection and safeguarding issues and contribute to an improved understanding of the PSCB's work in the community.

CHAPTER 2 What is the Portsmouth Safeguarding Children Board?

Key Relationships

Children's Trust

The Portsmouth Children's Trust is a partnership of agencies in the city committed to working together to improve all outcomes for children.

The Trust is governed by a Board with formal responsibility for strategic planning, commissioning services, and promoting effective integrated working.

The Children's Trust is responsible for producing the Children's Trust Plan which outlines how improvements in service delivery and design will be made.

The PSCB reports annually to this body and we hold them to account to ensure they commission the services that are needed based on what we have highlighted as safeguarding priorities.

Health and Wellbeing Board

This Board was established in Portsmouth in 2012/13. It brings together leaders from the County Council, NHS and partner agencies to develop a shared understanding of local needs, priorities and service developments.

The PSCB reports annually to the Health and Well-being Board and will hold it to account to ensure that it tackles the key safeguarding issues for children in Portsmouth.

Joint Protocol

The PSCB, Children's Trust and Health and Well-being Board have established a joint protocol outlining working arrangements between the three Boards.

Police and Crime Commissioner

The Police and Crime Commissioner (PCC) is elected by residents of Hampshire & the Isle of Wight and charged with securing efficient and effective policing across the two counties. On behalf of the public he sets policing priorities for Hampshire Constabulary and holds the Chief Constable to account for the quality of policing service offered to the community. The PCC is committed to enabling good community cohesion and effective multi-agency relationships wherever policing and crime prevention have a role to play.

Members Agencies' Management Boards

PSCB Board members are senior officers within their own agencies providing a direct link between the PSCB and various agencies' boards.

During 2012/13 NHS agencies underwent significant reform and lines of communication changed. Throughout 2013/14 the working links were built between the Management Boards under the new structure and the PSCB.

Clinical Commissioning Groups

The Clinical Commissioning Group, NHS England and Health Services across Portsmouth have been important contributors to the PSCB during 2013/14.

CHAPTER 2

What is the Portsmouth Safeguarding Children Board?

Financial arrangements

Board partners continue to contribute to the PSCB budget in addition to providing a variety of resources in kind.

Contributions from partners for 2013/14 were £148,835.00.

An underspend of £37033.75 was carried for ward for the previous financial year, making the total income available to the Board £185,868.75.

This has ensured that the overall cost of running the PSCB has been met.

The board has agreed to carry forward the underspend from 2013/14 to the 2014/15 budget.

Income	Funding	Income Received	Outstanding
Carry forward 2012/2013	£37,033.75	£37,033.75	£0.00
Portsmouth City Council	£107,600.00	£107,600.00	£0.00
Portsmouth NHS Clinical Commissioning Group (CCG)	£27,000.00	£27,000.00	£0.00
Police	£11,445.00	£11,445.00	£0.00
Probation	£2,000.00	£2,000.00	£0.00
Naval Personnel & Family Service	£240.00	£240.00	£0.00
CAFCASS	£550.00	£550.00	£0.00
Total Funding	**£185,868.75**	**£185,868.75**	**£0.00**

Expenditure	Allocation	Expenditure to Date	Variance
Staffing costs	£118,973.10	£118,973.10	£0.00
Serious Case Review	£384.10	£384.10	£0.00
Non staffing costs	£3,500.00	£2,446.60	£1,053.40
HCC - on line CP procedures maintenance	£656.25	£656.25	£0.00
Tri-ex - website maintenance	£700.00	£700.00	£0.00
Contribution to Chronolator Licence - Hampshire CC	£406.00		£406.00
Publicity & Promotions	£6,300.00	£2,124.55	£4,175.45
E-Safety Awareness Campaign	£12,000.00	£11,614.50	£385.50
Child Sexual Exploitation	£6,000.00	£2,115.00	£3,885.00
Child Death Overview Process to HCC	£12,439.00	£12,439.00	£0.00
Monitoring Evaluation & Scrutiny Committee	£5,000.00	£5,000.00	£0.00
PSCB Development Day	£1,466.66	£1,466.66	£0.00
LADO Consultancy	£5,000.00	£5,000.00	£0.00
Carry Forward to 2014/2015	£13,043.64	**£22,948.99**	-£9,905.35
Total Expenditure	**£185,868.75**	**£185,868.75**	**-£0.00**

CHAPTER 3

The child's journey through the system in Portsmouth

Child Assessment Framework (CAF)

The CAF is single shared inter-agency assessment and planning tool to enable those working with a child or family to gain a holistic view of their needs and bring together the right services to meet those needs. Key to the CAF process is that needs are understood prior to targeted and specialist agency involvement. The CAF has three aspects to it;

- the gathering of information
- the analysis of that information to form a view of needs and strengths
- a clear plan

Following a CAF a multi-agency team of practitioners is brought together as a result of the analysis of the CAF findings. These are known as TAC (Team Around the Child or TAF (Team Around the Family) meetings. Where possible these involve families directly and consider the analysis of needs and strengths and using the 'planning' parts of the CAF paperwork to set clear actions for the family and agencies.

The lead professional leads the TAC or TAF and keeps the family and agencies to the agreed multi-agency plan. The lead professional also maintains a relationship with the child and family.

In 2013/14 there were 718 CAFs recorded as completed in Portsmouth.

Joint Action Team (JAT)

The JAT is a multi-agency triage service aimed at supporting the wider children and families' workforce in delivering effective early intervention and safeguarding, so that the right children access the right services at the right time.

A co-located team, the JAT consists of key seconded representatives from across the adult and children's workforce. JAT team members use their existing knowledge, skills and relationship from their home agencies to assist information sharing and to challenge and support professionals to carry out early help interventions.

Established in 2012, the JAT has continued to be developed throughout 2013/14. Police and education representation on the team has now been secured and the JAT now holds responsibility for managing the CSE and Missing children's processes.

Early Help in the Children's Trust Plan

The PSCB has been providing support and challenge to the Children's Trust Board in the development and implementation of particular priorities in the Children's Trust Plan 2011-2014.

In particular, the PSCB has been monitoring the numbers of CAFs, which agencies carry them out and looking at evidence of impact. The PSCB audit programme (known as Section 11) is a continuous process and includes a section on agency compliance with Early Help processes and practice and the Children's Trust Board receives the data on the results of the audit.

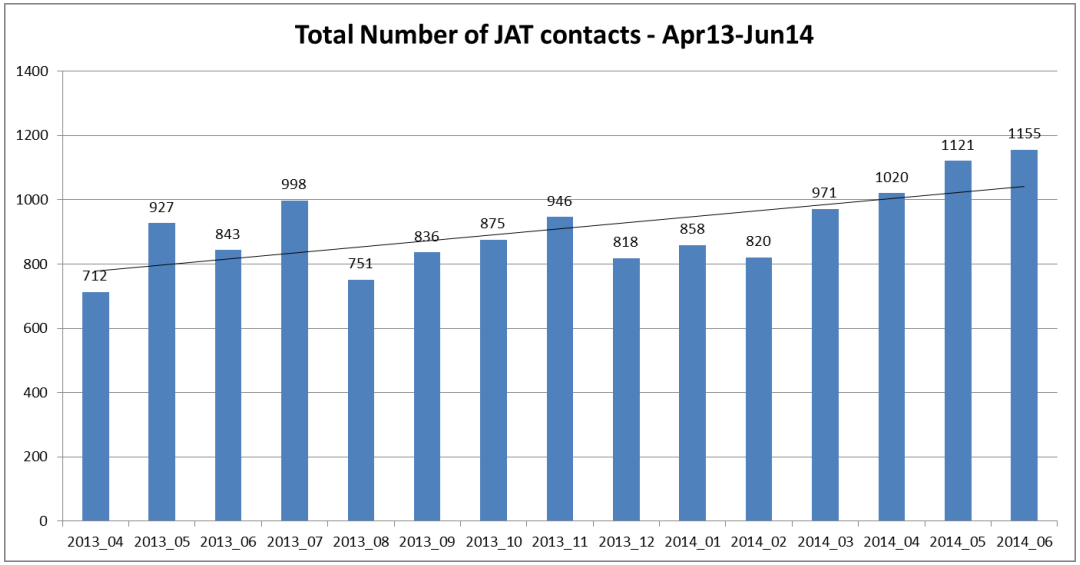
The Children's Trust Plan describes the commissioning of key services to provide early help to children and families. These include the Health Visiting and Children's Centres, the Family Intervention project, the Multi-Systemic Therapy team and the Integrated Targeted Youth Service.

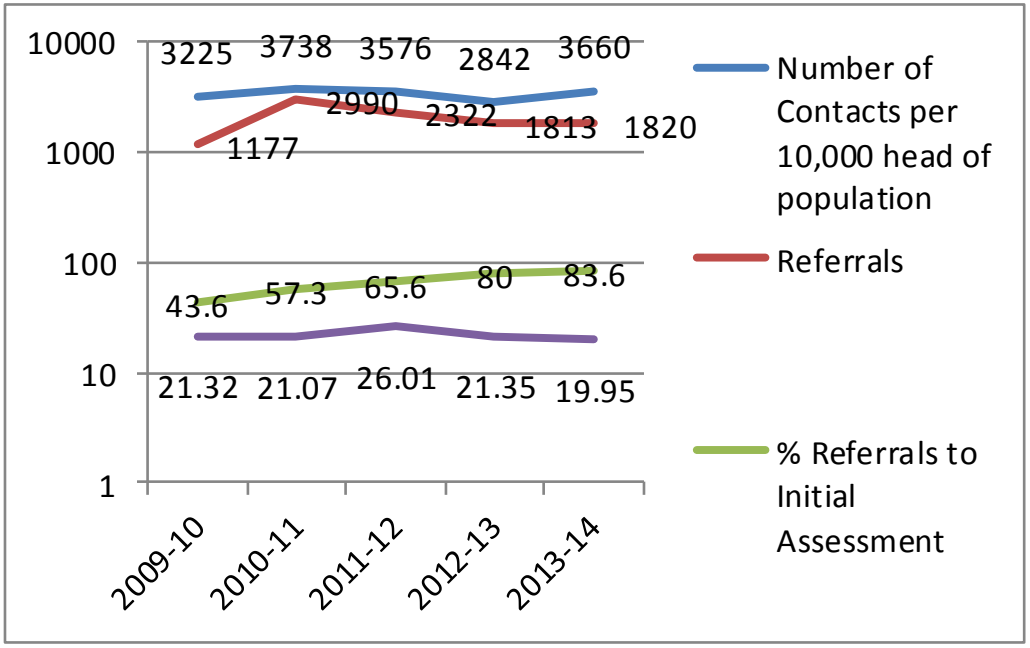
CHAPTER 3

The child's journey through the system in Portsmouth

Children's Social Care contacts and referrals in numbers

	2012/13	2013/14
Number of referrals to Children's Social Care	1813	1820
% of referrals into children's social care which progressed to initial assessment	79.98	83.52
% of repeat referrals	21.35	19.95





In 2013/14 there were 10,363 contacts to JAT involving children. This is an increase on the previous year and includes those contacts requesting a both a social care and early help response. This is an indication that communication with JAT has been successfully embedded in the safeguarding practice across agencies in Portsmouth.

PSCB Portsmouth Safeguarding Children Board
Protecting Portsmouth's Children

CHAPTER 3 The child's journey through the system in Portsmouth

Children with a Child Protection Plan

Children who have a Child Protection Plan are considered to be in need of protection from either neglect, physical, sexual or emotional abuse, or a combination of one or more of these factors.

The Child Protection Plan details the main area of concern, what action will be taken to reduce those concerns; how the child will be kept safe, and how we will know when progress is being made.

- Between April 2013 and April 2014, 242 children became subject to child protection plans. This is an increase on the previous year
- 53% of children subject to a child protection plan are pre-birth to 5 years old
- 71% of children's plans have neglect as a main focus

There has been considerable multi-agency effort to reduce the number of repeat child protection plans. This has led to a steady decline over 2013 - from 22.83% in April 2013 to 10.74% in March 2014. In conjunction with this many children's plans are staying open for longer to ensure their needs can be fully addressed before their plans are closed.

Feedback from parents has generally been positive. Clearer directions and refreshments in the conference have been introduced as a result of parent feedback.

There is still room for improvement and over the next year the PSCB will be focusing on ensuring:

- Improvement in the quality of plans particularly in cases of neglect and domestic abuse
- The effective use of assessment tools for neglect to promote earlier and more effective planning and to provide a baseline from which progress can be evaluated
- The management of all cases where children are on a plan for more than nine months is reviewed to ensure the potential for drift is addressed
- Ensuring reports to conference by all agencies are submitted to the Chair 48 hours in advance of the conference

CHAPTER 3

The child's journey through the system in Portsmouth

Children in Care

Children in care are commonly referred to as Looked after Children. Portsmouth City Council aims to support children and young people within their own families and communities. For some children this is not possible or in their best interests and they require alternative short or longer term care.

Children and young people move to the care of the Local Authority either by a Court Order or with the agreement of the child's parent or guardian. A child or young person may come into care as a result of temporary or permanent problems facing their parents, as a result of abuse or neglect or a range of difficulties.

Children and young people in care are individuals, come from all walks of life and have different aspirations, ambitions and cultural identities. Corporate parenting is the term used for the collective responsibility of the Council and its partners to ensure safe, meaningful and effective protection of children and young people in care, and care leavers.

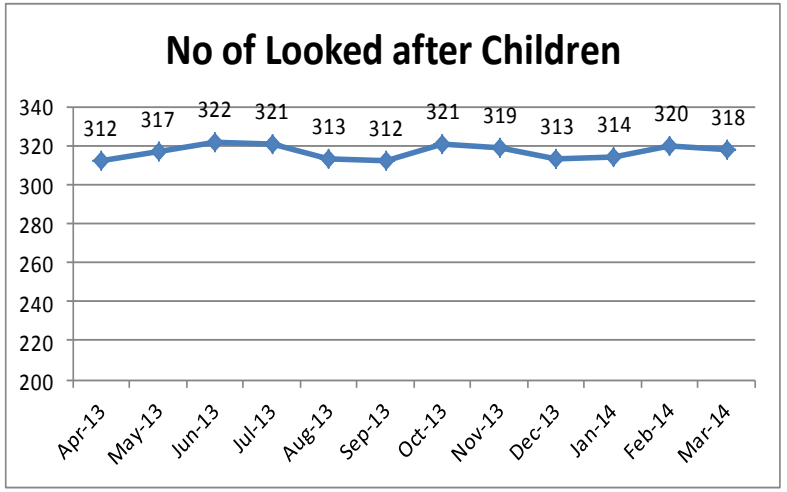
Many Looked After Children are at greater risk of social exclusion than their non looked after peers, both because of their experiences prior to coming into care, and by virtue of the fact that they are in care. It is essential, therefore, that the Council and partner agencies, as Corporate Parents, ensures that their experience of being in care is a positive and supportive one and maximises their full potential, including:

- feeling safe and well cared for
- having health needs met
- ensuring we all do everything we can to help with educational achievement
- ensuring we all promote skills, talents and interests that a child or young person has

At any one time there are approximately 300 Looked After Children and Young people in Portsmouth.

Most children who are looked after return to their parents or family networks. Some are adopted where there is no prospect of a safe return to family or some remain looked after for a longer period. Most children who are looked after are cared for by foster carers. For a very small number of older children with more specialist needs children's homes are provided.

The graph below outlines the numbers of children in our care over time. A trend of more younger children coming into Local Authority care is evident. This is in line with earlier intervention and identification of need. Children are spending less time within Local Authority care as they move to permanent care arrangements within the community.



CHAPTER 4

Progress over 2013/2014

Over 2013/14 the PSCB has focused its attention on key priority areas:

Evaluating impact

To establish and develop a clearer focus on evaluating and understanding the impact of interventions and expected outcomes in both plans for individual children and young people to support the Board's strategic evaluation activity.

Developing Scrutiny

To strengthen and develop the Board's data collection to support analysis and scrutiny of safeguarding arrangements and ensure a better understanding of the child's journey.

Early Help

To promote and strengthen the engagement of universal services in early help and intervention process such as team around the child and the common assessment framework.

Allegations Management

To secure enhanced capacity and leadership for dealing with allegations against adults working with children, to promote cross agency awareness and maintain consistency in managing such allegations.

Reduction in Repeat Child Protection Plans

To support multi-agency work to reduce the number of children who require a child protection plan for the first time

NHS Reforms

To ensure that health parents and commissioning arrangements are adequately focussed on the safeguarding children agenda at a time of NHS organisational change that inevitably brings risks to safeguarding partnerships.

These priorities set the context for agreeing objectives and work planning for the Executive and other Committees of the PSCB. The Chairs of the Executive and other Committees were asked to identify up to four objectives for the work of their committee over 2013/14 and to link these to any of the above priorities.

CHAPTER 4

Progress over 2013/2014

Executive Committee

- Steps have been taken to improve the PSCB's evaluation of impact of interventions, including through the development of a Learning and Improvement Framework and Learning and Improvement cycle. Work to embed this will continue throughout 2014/15
- This year saw the appointment of Denise Lingham as the Portsmouth Local Authority Designated Officer (LADO) who has responsibility for managing allegations
- We now have a joint protocol in place outlining the reporting arrangements between the PSCB, the Health & Well-being Board and the Children's Trust. There are strong working relationships between the PSCB, Portsmouth CCG and NHS England

Monitoring, Evaluation and Scrutiny Committee

- The PSCB dataset continued to be developed over this period. The comprehensive dataset is regularly presented to the Board, accompanied by robust analysis, to support informed decision–making
- A series of themed inspection or 'Deep Dives' were implemented. Deep Dive 3 aimed at better understanding the reasons for high levels of repeat Child Protection Plans successfully supported a reduction in the number. Deep Dive 4 was initiated to focus on Children with Disabilities
- The single agency self audit Section 11 programme for 2013 had a good response rate from over 100 organisation and agencies. Work is ongoing to strengthen arrangements for follow up with agencies who did not respond or who have highlighted gaps in their safeguarding arrangements

Serious Case Review Committee

- To ensure our processes and procedures are in-line with Working Together 2013 joint work has been undertaken with 4LSCB partners to update our 4LSCB procedures in relation to serious case reviews and a new PSCB Serious Case Review process has been developed
- Learning from Serious Case Reviews into Child C and D was successfully disseminated across teams through a range of activities including training, briefings, and awareness raising campaigns. Summaries of case reviews conducted by the committee are routinely sent to participating agencies to ensure learning is communicated to all appropriate staff
- The PSCB is exploring the use of reflective practice approaches in case reviews. Members of the Board and committees attended training run by the Social Care Institute of Excellent (SCIE) which was funded by NHS England. This supports a systems approach to Serious Case Reviews. Work is continuing to build these approaches into PSCB processes

CHAPTER 4

Progress over 2013/2014

E-Safety Committee

- The PSCB appointed an E-Safety Officer to support the work of the committee. The role is responsible for building a network of E-Safety leads across agencies to improve awareness of E-safety concerns and best practice responses
- The Lurking Troll campaign aimed at raising awareness among children of on-line risks and what to do if you encounter them has been hugely successful. The campaign includes:
  - ◊ Printed material, including a Lurking Trolls book which was distributed to all primary schools
  - ◊ A Troll advert accompanied by a Troll song; played on the Portsmouth big screen
  - ◊ A programme of assemblies in schools led by the Digital Librarian
- Work to deliver E-safety messages to families and agencies is continuing

Professional Practice Committee

- The Committee led a multi-agency audit of Child Protection to evaluate compliance with process and procedures. A number of actions were identified as a result of this and have been successfully implemented. Work will continue to raise awareness of the on-line procedures to ensure they are used effectively by teams
- The joint work to reduce the number of repeat Child Protection Plans led by this group has been very successful, with the significant reduction in the numbers being sustained
- Key 4LSCB and local protocols, procedures and guidance have been disseminated through the professional practice group throughout the year, including the protocol for the management of actual or suspected bruising in infants who are not independently mobile, the Protocol for resolving professional differences, and guidance on working with resistant families

Child Sexual Exploitation Committee

- 2013/14 was a busy year for the CSE committee who led on the delivery of a number of events aimed at raising awareness and improving practice around the issue, this included a CSE conference, an awareness campaign in partnership with Community Safety, and the development of a multi-agency risk assessment tool
- The development of a multi-agency CSE strategy detailing how agencies in Portsmouth will work together to address CSE
- The CSE committee established a multi-agency operational panel to ensure coordination of the identification, assessment and planning for children and young people at risk of or experiencing CSE
- To support the work of the operational group a process for gathering and recording multi-agency data around CSE and missing has been developed
- Work to improve the provision of support and quality of data gathered around children who are missing will be a priority throughout 2014/15

CHAPTER 4

Progress over 2013/2014

LADO

The role of the LADO is set out in Working Together to Safeguard Children (2013). The LADO provides advice and guidance to employers and voluntary organisations that have concerns about a person working or volunteering with children and young people who may have behaved inappropriately or if information has been received that may constitute an allegation.

2013/2014 saw the LADO role established with Children's Social Care. There has been an increase in activity this year which has resulted in significant changes. Referrals to the LADO have increased from 43 in the previous 12 month period to 138 in this period. Referrals have come from a wide range of partner agencies, including the voluntary sector.

Local training for designated officers working across all agencies in the city has been established, and feedback from these has been very positive.

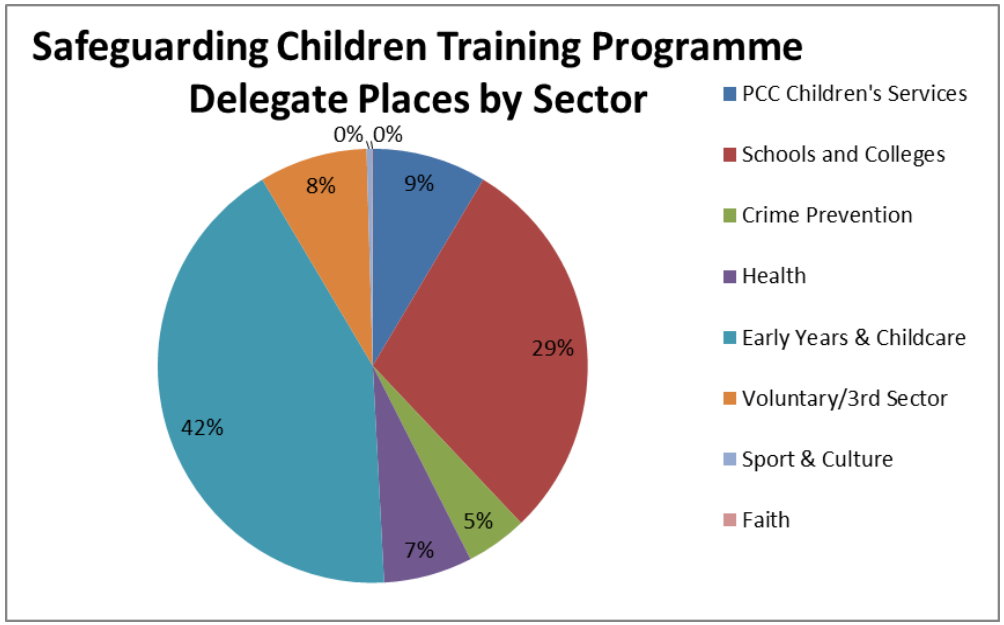
The LADO is now focusing on reducing the amount of referrals which do not reach the LADO criteria and resolving 80% of cases within one month as stated in the DfE guidance.

Multi-agency training

Portsmouth Safeguarding Children Board has a statutory responsibility to ensure that appropriate training on safeguarding and promoting the welfare of children and young people is provided in Portsmouth to meet local need.

This covers both the training provided by single agencies to their own staff and multi-agency training where staff from different agencies train together.

In 2013/14 1140 managers and practitioners attended bespoke single service training, and 776 attended the multi-agency training. See below for breakdown of attendees by sector.



CHAPTER 5

What happens when a child dies or is seriously harmed in Portsmouth?

Child Deaths Reviews in Portsmouth

The Child Death Overview Panel (CDOP) is a sub group of the 4LSCBs of Portsmouth, Hampshire, Isle of Wight and Southampton and enables the LSCBs to carry out their statutory functions relating to child deaths.

CDOP undertakes a systematic review of all child deaths to help understand why children die and help prevent future deaths. The unexpected deaths of children allow for further exploration of a death and CDOP can recommend any interventions it considers appropriate to help improve child safety and welfare and assists in the updating of policy and procedures to reflect the need of services. These findings are reported to the DfE annually and this data is used to assist in national initiatives and research which informs local practice.

With a business manager in post during 2013/14 the backlog of child death reviews from previous years has been addressed and these are significantly lower. The remainder are likely to be reviewed during 2014/15 when sufficient information is known to fully review these deaths.

Portsmouth received 7 child death notifications this year, of which 1 was unexpected. CDOP reviewed 11 deaths of which modifiable factors were identified in approximately 3. Safe sleeping arrangements for children, teen suicide, deaths caused by dangerous driving and deaths from asthma and epilepsy have been key messages both locally and nationally.

When a child dies unexpectedly a Rapid Response process is set in motion to review the circumstances of the child's death. CDOP and other key agencies have recognised that there is some inconsistency across the area and the process requires updating. A review of the rapid response procedure has taken place during 2013/14.

Further information can be found in the CDOP Annual Report 2013/14.

CHAPTER 5

What happens when a child dies or is seriously harmed in Portsmouth?

Serious Case Reviews in Portsmouth

LSCBs are required to consider holding a Serious Case Review (SCR) when abuse or neglect is known or suspected to be a factor in a child's death and there are concerns about how professionals may have worked together.

The purpose of an SCR is to establish whether there are lessons to be learnt from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children.

During 2013/14 the PSCB did not undertake any Serious Case Reviews, however the PSCB is committed to undertaking smaller scale reviews for instances where the case does not meet the criteria for a Serious Case Review but it is considered that there are lessons for multi-agency working to be learnt.

During 2013/14 7 cases were bought to the attention for the PSCB Serious Case Review committee for discussion. Notes of the discussions are circulated to all participating agencies for dissemination to support learning.

Child D (SCR published in 2012)

Child D was 3 weeks old when she died in 2011. At the time of her death the courts had made her subject to an Interim Supervision Order and she was living with extended family. On the night that she died she had been left sleeping in circumstances which were not safe. Her death did not result in any criminal prosecution.

A Serious Case review in to the death of Child D was published in 2012. Throughout 2013/14 the work to deliver the recommendations from this review continued.

- The PSCB maintains a multi-agency programme of deep-dives to quality assure practice around key areas
- Safe Sleep information is heavily promoted by Health services and Children's Centres
- The Out of Hours service was reviewed and the Board was assured of its adequacy and effectiveness

The review highlighted a number of themes which have been incorporated into the PSCB multi-agency training programme, including: neglect; parental substance misuse, domestic violence and mental health, and the confidence of practitioners to challenge decision–making.

CONCLUSION

What next for child protection in Portsmouth?

Message for everyone

Be tenacious in your efforts to safeguard children. If you are concerned that a child or group of children are not getting the care or support they deserve persist in your efforts to engage them, their families and networks of support around them.

Messages for Elected Members

Demand the best for our children. Use your role as Corporate Parents to ensure that Looked After Children in Portsmouth get the high level of care and support they deserve.

Expect agencies to provide robust evidence from children and young people that the support they receive is improving their lives.

Scrutinise plans and reports and challenge safeguarding service delivery if it is not good enough.

Get to know Portsmouth from a child's point of view. Understand the risks children in Portsmouth face and the support they receive to address them.

Take advantage of training and development opportunities on safeguarding and promoting the welfare of children and young people.

Message for Children and Young People

Children and young people are at the heart of the child protection system. Your voices are the most important of all. The PSCB is developing better ways of hearing children and young people's views.

Messages for The Police and Crime Commissioner

Ensure Police commit fully to the delivery of the PSCB CSE strategy, which includes children who are missing and trafficked.

Ensure that there is an effective multi-agency response to incidents of child neglect, reducing the likelihood of the children suffering significant and long term damage.

Messages for Clinical Commissioning Groups

CCGs in the health service have a key role in scrutinising the governance and planning across a range of organisations.

You are required to discharge your safeguarding duties effectively and ensure that services are commissioned for the most vulnerable children.

Message for the Community

Remember that children in our community are all our responsibility. If you have concerns about a child contact the Joint Action Team on 0845 6710271.

Messages for the City Council

Continue your work to improve outcomes for children leaving care and increase their engagement in education, employment and training.

Messages for the Children's Trust

Make sure the plans for early help assessment promote the identification of and effective support for families experiencing neglect.

In your decision-making around structuring early help services ensure new arrangements promote links with the local community, particularly with those groups who find engaging with services challenging.

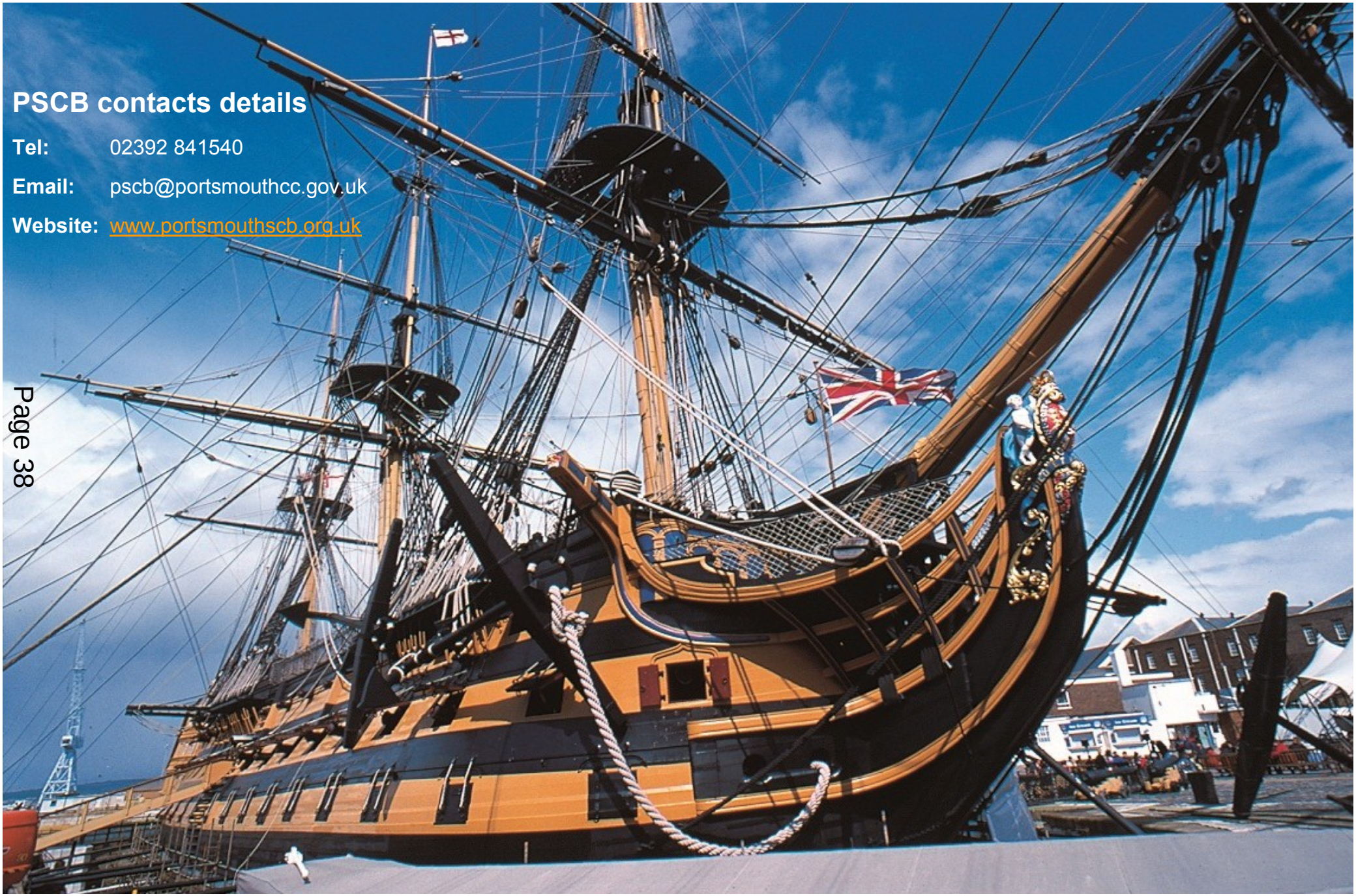
Messages for the Children's Workforce

Keep yourself up to date with national and local processes, practices and issues around Early Help and Safeguarding.

If you are concerned about the professional decision making around a child, challenge it, and escalate if it hasn't been resolved.

Membership of the PSCB as at date of publication

Board Members	Title	Agency
Reg Hooke	PSCB Chair	PSCB
Louise Boyle	Vice Chair	Portsmouth Voluntary Sector
Noah Carter, Lorna Stringer, Jenni Wessels	PSCB Lay members	
Julian Wooster	Director of Children's & Adults' Services	Portsmouth City Council
Jason Hogg	DS Public Protection Department	Hampshire Constabulary
Sarah Beattie	Director of Offender Management	Probation
Barbara Sawyer	Operational Director, Hampshire & IOW CRC	Probation
Ellen McNicholas	Deputy Director Nursing & Allied Professionals	Solent NHS Trust
Nicola Lucey	Acting Director of Nursing (shared membership)	P/mouth Hospital NHS Trust
Pam Aspinall	Named Nurse Safeguarding Children (shared membership)	P/mouth Hospital NHS Trust
Dapo Alalade	Clinical Executive	Portsmouth Clinical Commissioning Group
Lorraine Smith	Consultant Designated Nurse	Portsmouth Designated Nurse
Nicola Priest	Assistant Director of Nursing (Patient Experience)	NHS England
Grant Williams	Service Manager	CAFCASS
Cllr Neill Young	Cabinet Member for Children and Education	Lead Member for Children's Services
Stephen Kitchman	Head of Children's Social Care & Safeguarding, Children's' Social Care	Children's Social Care-Portsmouth City Council
Robert Watt	Head of Adult Social Care, Adult Social Care	Adult Social Care -Portsmouth City Council
Barry Dickinson	Commissioning Manager, Substance Misuse	Substance Misuse Services Portsmouth City Council
Bruce Marr	Service Manager, Hidden Violence & Young People	Domestic Abuse Services-Portsmouth City Council
Elaine Bastable	Options Manager, Housing	Housing -Portsmouth City Council
Hayden Ginns	Commissioning & Partnerships Manager	Children's Trust Board
Sandra Gibb	St Georges Beneficial C of E Primary School, Portsmouth	Portsmouth Primary Schools
Sara Spivey	Headteacher, Springfield Secondary School, Portsmouth	Portsmouth Secondary Schools
Helen Brennan	Head of Student Support Services, Highbury College, Portsmouth	Portsmouth Colleges
Carla Johnson	South Central Immigration, Compliance & Enforcement Team	UK Border Agency
Clare Ansell	Director of Operations, Motiv8	Portsmouth Voluntary Sector
Ian Berry	Diocesan Safeguarding Advisor, Anglican Diocese	Diocese
Tim Churchill	Designated Lead Professional for Safeguarding	South Central Ambulance Service
Sheila Owens-Cairns	Area Officer	Naval Personnel & Family Service, Eastern & O/seas



PSCB contacts details

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Portsmouth Safeguarding Children's Board Business Plan
2014-2017

Welcome to the PSCB Business plan for 2014-17.

The PSCB is responsible for:

- co-ordinating what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority by which it is established;
- ensuring the effectiveness of what is done by each such person or body for that purpose.
- promoting greater understanding of the need to safeguard children and promote their welfare.

This Business plan is being produced in consultation with all PSCB partners and describes our priorities as a Board over the next three years. It will be renewed on an annual basis to ensure the priorities remain relevant.

PSCB Business Plan 2014-17 Draft Priorities

Priority Area 1: Improve the effectiveness of agencies and the community in addressing Neglect
Priority Area 2: Communication - Improve the awareness of Safeguarding, including the work of the Board, amongst practitioners and the community, with a particular focus on at risk communities
Priority Area 3: Ensuring that the voice of children influences Learning and Best Practice
Priority Area 4: Governance - Increasing the effectiveness of the PSCB with clear evidence of improved outcomes for Children

We have placed a particular focus on further embedding our approach to learning and improvement, including developing our understanding of where we are making a difference to children and families in Portsmouth.

PRIORITY AREA 1: IMPROVE THE EFFECTIVENESS OF AGENCIES AND THE COMMUNITY IN ADDRESSING NEGLECT				
What do we want to have achieved by 2017 or earlier?	**Action Plan and Milestones** **[How will we get to where we want to be?]**	**Outcome Indicators** **[How will we know when we've arrived & will we assure ourselves?]**	**Lead**	**RAG**
• All agencies, including adult mental health services; drug and alcohol services; police and social work services working with families where there is domestic abuse; and services for adults with learning difficulties, work effectively together to assess and agree plans for children who experience neglect • Every agency has in place robust management oversight of neglect cases, so that drift and delay are identified and there is intervention to improve the outcomes for children where the risk of harm or actual harm, remains or intensifies. • Interventions are effective in improving outcomes for children from neglect.	*Serious Case Review Committee* • Thematically review the embedding of lessons from local Serious Case Reviews in respect of neglect concerns. *Monitoring, Evaluation & Scrutiny Committee* • Review the assurance information data set to ensure the Board is able to effectively monitor the quality of practice in relation to neglect across early help, child in need and child protection interventions *Professional Practice Committee* • Identify key learning from contemporary research and best practice in working with neglect to inform the workforce and the work of the Training committee • Review that all staff are aware of their duty to escalate concerns when they consider that a child is not appropriately protected and/or is suffering from neglect. *Training Committee* • Prioritise the training and development of front-line practitioners, focusing on the skills needed to o engage in direct work with families o develop good assessments that	• Step-up/down & early help plans concerning neglect cases evidence timely, assured and measurable interventions to safeguard children's welfare *(PSCB response to Annual report from CSC)* • Plans to support and protect children suffering or at risk from neglect, set out clearly, with timescales, what needs to change and the consequences of no or limited change; plans are subject to routine management oversight given the demands on practitioners of work with families where there is a risk of child neglect. *(PSCB response to Annual report from CSC)* • Evidence from evaluation programmes that practice across all agencies is being positively influenced by a Multi-agency Learning & Development Programme. *(Training impact assessment)* • Annual programme of inter-agency audits in place to monitor the effectiveness of practice to address	Professional practice Ctte	

	describe what life at home is like for children o develop outcome focused plans that support sustainable change • Ensure that practitioners and their managers have access to high-quality training on o the recognition and management of neglect, parental non- compliance and disguised compliance o providing quality supervision effective in addressing drift or delay in the delivery of support *Executive Committee* • Communication Strategy focussing on 'neglect'. *PSCB Board Members* • Review and challenge local bodies to ensure neglect is prioritised in commissioning decisions	neglect concerns. *(Monitoring, Evaluation & Scrutiny Ctte Deep dive)* • Evidence of community awareness via audit and agency referral data		

PRIORITY AREA 2: IMPROVING COMMUNICATION				
What do we want to have achieved by 2017 or earlier?	**Action Plan and Milestones** **[How will we get to where we want to be?]**	**Outcome Indicators** **[How will we know when we've arrived & will we assure ourselves?]**	**Lead**	**RAG**
Parents, carers, practitioners, children understand what keeps children safe and well, in-line with learning from messages identified through the work of the PSCB	*Training Committee* • Deliver the PSCB safeguarding week delivering a range of activities aimed at promoting safeguarding among professionals and the public *Executive Committee* • Develop PSCB website to improve communication with professionals and the public and increase the public profile of the PSCB. *CSE Committee* • Identify priority groups for training and deliver targeted campaigns to improve awareness of CSE to enable people to recognise the signs and know what to do as a result across a range of sectors • Develop and implement a strategy for communicating with children and their parents through a variety of mediums to support them in recognising and avoiding sexual exploitation *All sub-committees & PSCB Board Members* • Implement Communications strategy and Learning Improvement Framework to ensure the identification of learning from PSCB work streams, and plans for	• PSCB has an increased public profile and a programme of activities to promote safeguarding, accessible to staff and professionals as appropriate • Children's feedback shows improved understanding of key PSCB messages • PSCB member agencies are aware of the key PSCB messages and their role in communicating them to different sections of the public	Business Unit & Lay Members	

	communicating the learning to professionals and public			
Practitioners in all agencies are able to use messages on how to keep children safe and well in everyday practice, including in their responses to those from vulnerable groups	*Professional practice Committee* • Establish a PSCB multi-agency staff Champions forum. To provide feedback from staff, and increase the profile of the PSCB and implementation of learning across teams *Training Committee* • Establish a Training sub-committee to take strategic responsibility for the PSCB training programme and scrutiny of single agency training, and the implementation of the PSCB training strategy. (June 2014)	• Frontline staff feedback shows evidence of awareness of the role of the PSCB • Deep-dives, audits, case-reviews and feedback evidence improved practice in identified areas • Learning from case reviews informs the strategic direction of single and multi-agency training programmes and scrutiny plans	Business Unit	
The PSCB is able to communicate effectively to all sections of the community, and has improved communication with faith groups to support best safeguarding practice	*Monitoring, Evaluation & Scrutiny Committee* • Develop a Portsmouth profile showing general child population in Portsmouth and children with social care involvement by key groupings e.g. ethnicity, religion, SEN (Sept 2014) *Business Unit & Chair* • Build relationships with community, cultural and faith groups to support improved communication with a diverse range of groups and the dissemination of cultural specific messages	• The PSCB has a shared understanding of the Portsmouth community profile and levels of need across the city to support the targeting of key messages • The PSCB has working links with representatives from all main faith groups in Portsmouth to support the dissemination of key messages • Feedback from faith groups shows the PSCB is communicating priority safeguarding messages effectively	Business Unit & Lay members	

PRIORITY AREA 3: THE VIEWS OF CHILDREN ARE CONTRIBUTING TO LEARNING AND BEST PRACTICE				
What do we want to have achieved by 2017 or earlier?	**Action Plan and Milestones** **[How will we get to where we want to be?]**	**Outcome Indicators** **[How will we know when we've arrived & will we assure ourselves?]**	**Lead**	**RAG**
The views of children are informing PSCB decision making	*Business Unit & Chair / Sarah Read* • Working links established with the Children in Care Council and the Portsmouth Youth Parliament • Consultation process established with a diverse range of children through existing forums *All PSCB members* • Constitution updated to include consultation with children as a role expectation of Board members *E-safety Committee* • Identification and development of child and young person appropriate information about the PSCB, safeguarding and key themes (such as FGM and CSE) to be added to the PSCB website • Development of e-mechanisms for children to feedback regarding safeguarding *Business Unit & Chair / Sarah Read* Recruitment of a young apprentice to aid e-communication with children	• There is a direct line of feedback between the PSCB board and a range of groups of children, and evidence that the PSCB is actively encouraging the children to feedback on their decisions • PSCB members participate in a consultation activity with children who use their service at least once a year to support their scrutiny of the effectiveness of safeguarding within their service • There is easily accessible child and young person appropriate e-information covering safeguarding and the work of the PSCB. Children are able to e-communicate with the PSCB	Business Unit & lay members	

	PSCB and all sub-committees • Process for providing feedback from children to all committees for inclusion in discussions and decision-making	• Scrutiny of minutes of the PSCB and sub-committees evidence that the views of children are included when making decisions		
The views of children on Child in Need, Child Protection plans and CAFs are consistently contributing to and influencing their individual plans	*Monitoring, Evaluation & Scrutiny Committee* • Development of an Annual Children's Involvement report to the Board to allow scrutiny of the involvement of children in the development of their individual plans *Monitoring, Evaluation & Scrutiny Committee & PSCB members* • Review of single agency audits to scrutinise individual services' practice in including children's voices in planning *Monitoring, Evaluation & Scrutiny Committee* • Review the Children's Trust plans for quality assurance of early help assessments to ensure they provide adequate scrutiny of the involvement of children's voices	• Annual Children's Involvement report included in the PSCB scrutiny programme and informing the development of the PSCB Business Plan • Evidence from individual member agency audits and the Children's Trust strategic plans show that the voices of children are increasingly contributing to and influencing their individual plans and that steps are being taken to further increase their involvement	Monitoring, scrutiny & evaluation ctte	
Effective mechanism to gather the views of children to inform and influence service delivery and organisational decision making	*Monitoring, Evaluation & Scrutiny Committee* • Annual Children's Involvement report to the Board, includes evidence of children informing and influencing service delivery and organisational decision-making	• Annual Children's Involvement report included in the PSCB scrutiny programme and informing the development of the PSCB Business Plan	Monitoring, scrutiny & evaluation ctte	

PRIORITY AREA 4: GOVERNANCE: The PSCB is a truly effective agent for change that has real impact for Children				
What do we want to have achieved by 2017 or earlier?	**Action Plan and Milestones** **[How will we get to where we want to be?]**	**Outcome Indicators** **[How will we know when we've arrived & will we assure ourselves?]**	**Lead**	**RAG**
The PSCB has a comprehensive system of assessment and scrutiny that is highly effective and consistent in identifying and reducing issues of risk to children and that high risk areas are prioritised (e.g. LAC and FGM)	*Monitoring, Evaluation & Scrutiny Committee* • Further develop the multi-agency dataset • Integrate quarterly quantitative and qualitative data analysis to identify risk areas for Executive Committee attention *PSCB Business Manager* • Rigorous management of PSCB reporting & decision making Professional Practice Committee & Business Unit • Ensure front line staff and children's views are integrated to analysis process (Linked to Priority3)	• Inspections • Independent audit • Peer review of the PSCB • Feedback from PSCB members	PSCB Chair	
The PSCB and constituent agencies lead a learning culture where transparency, a culture of shared responsibility, accountability and supportive challenge are the norm.	*PSCB Board Members* • Embedding of the PSCB learning culture framework across agencies • Senior managers routinely promote best practice examples in multi-agency problem solving identified by Professional Practice Ctte (Professional Practice Ctte to monitor)	• PSCB and sub-committee attendance and member fulfilment of their role in learning, support and challenge • Senior management participation in multi-agency training • Timeliness and response to SCRs and	PSCB Chair	

	Training Committee • Review of current multi-agency senior management training *Serious Case Review Committee* • SCRs and serious cases are evaluated for their effectiveness in supporting learning.	other critical incidents • Progress of Priorities 2 and 3		
Engagement with other statutory bodies (Childrens Trust, H&WB, ASB, Safer Communities, Cabinet) including scrutiny and challenge, ensuring that child safeguarding is properly resourced and that managers and workers with children see safeguarding as everyone's responsibility	*PSCB Chair* • Introduction of strategic agency protocol on engagement, report sharing and scrutiny with H&WB, ASB and CT and partnership boards accountability arrangements *Executive Committee* • PSCB scrutiny and challenge of partner Boards annual reports (as per Board Planner) • PSCB review and documented challenge of the effectiveness of other partnership Boards *Monitoring, Evaluation & Scrutiny Committee* • Sec 11 Audit evaluation • Conduct front line audits (linked to P3 and P2)	• Formal response to strategic reports • Qualitative and quantitative data audits of front line staff.	PSCB Chair	

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Agenda Item 5

THIS ITEM IS FOR INFORMATION ONLY

Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health and Wellbeing Board
Subject:	Annual Safeguarding Report and update on the Care Act in relation to Safeguarding
Date of meeting:	28th November 2014
Report by:	Lorraine Burton, Safeguarding Board Manager for Adults Angela Dryer, Assistant Head of Adult Social Care.
Wards affected:	All

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1. Requested by: Julian Wooster, Director of Children's and Adults Services

2. Purpose: To provide updates and information in relation to Safeguarding by way of an annual report and also plan for implementation of the Care Act in relation to Safeguarding **.**

3. Information Requested

3.1 Annual Safeguarding Adults Report.

Members of the Health and Wellbeing board are asked to note the attached report.

We would like to bring members attention to the following:-

1. The report is a summary of the activity from Safeguarding in Portsmouth over the last year, where possible it includes updates on activity from our partner agencies.
2. From April 2015 , there will be a statutory duty (under the Care Act) , to have a Safeguarding Board and therefore reports and action plans on work will be produced accordingly , we have also endeavoured to take forward actions from the Peer Review as well ,and are addressing them under one report .
3. PSAB (Portsmouth Safeguarding Board), have set up a serious of sub-groups, alluded to in the main report as a way of forward planning and taking forward the actions required in a multi-agency format, where possible the chairs of the sub groups, will be a multi-agency lead.
4. In advance of planning for next year's Annual report and the planning and governance around this report, an Editorial group has just been set up.

3.2 Update on The Care Act in relation to changes in Safeguarding for Health and Wellbeing Board

The Care Act – Protecting adults from abuse or neglect

This information is about how the Act will, for the first time, set out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect.

What is "safeguarding"?

"Adult safeguarding" is the process of protecting adults with care and support needs from abuse or neglect. It is an important part of what many public services do, and a key responsibility of local authorities.

Safeguarding is mainly aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases, local services must work together to spot those at risk and take steps to protect them.

Why has the law changed?

Although local authorities have been responsible for safeguarding for many years, there has never been a clear set of laws or regulations behind it. As a result, it has often been very unclear who is responsible for what in practice.

This Act aims to put this right by creating a legal framework so key organisations and individuals with responsibilities for adult safeguarding can agree on how they must work together and what roles they must play to keep adults at risk safe.

What does the Act do?

Safeguarding Adults Boards

Safeguarding is everyone's business, and it is important that organisations work together to protect people who need help and support. Yet one of the biggest challenges is how to bring together the huge number of teams and organisations involved in keeping people safe.

That's why this Act requires local authorities to set up a Safeguarding Adults Board (SAB) in their area, giving these boards a clear basis in law for the first time.

The Act says that the SAB must:

"include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues; develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations; publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way.

Safeguarding enquiries by local authorities

The Act also requires local authorities to make enquiries, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in

their area and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult.

What the Act does not do though is give local authorities any new powers to enter a person's property. The Government did consult on whether there should be a specific power of entry. However, opinions were split on the issue and the Government decided that there was not a strong enough case in favour of a new law.

Safeguarding Adult Reviews

When there is any failure in safeguarding, the results can be severe and tragic and therefore demand a strong response.
That is why the Act says that SABs must arrange a Safeguarding Adults Review in some circumstances – for instance, if an adult with needs for care and support dies as a result of abuse or neglect and there is concern about how one of the members of the SAB acted.
The Reviews are about learning lessons for the future. They will make sure that SABs get the full picture of what went wrong, so that all organisations involved can improve as a result.

Supply of information

It is important that organisations share information related to abuse or neglect with SABs. Not doing so could prevent them from being able to tackle problems quickly and learn lessons to prevent them happening again.
The Act is therefore clear that if an SAB requests information from an organisation or individual who is likely to have information which is relevant to SAB's functions, they must share what they know with the SAB. This is so any problems can be tackled quickly, and lessons can be learnt to prevent them happening again in the future.

FURTHER INFORMATION

Any questions or further information can be gained by contacting:-

Lorraine Burton - Safeguarding Board Manager (Adults) - lorraine.burton@portsmouthcc.gov.uk, or
Angela Dryer - Assistant Head of Adult Social Care - angela.dryer@portsmouthcc.gov.uk

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Signed by

Appendices: **A - Annual Safeguarding Report 2014**
B - PCC Safeguarding Adults Yearly report 2013/14

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

Safeguarding Annual Report

2014

Angela Dryer

Assistant Head of Adult Social Care

And

Lorraine Burton

Safeguarding Board Manager

Contents

Foreword

To meet the challenges faced by public sector services, in particular how we continue to meet the growing demand of Health and Social Care services whilst improving the customer experience, two major government initiatives were introduced in 2013/14. First, The Better Care Fund which has created a pooled fund for Health and Social Care and has amongst its priorities protection of social care with a health benefit, as well as integration of health and social care to make best use of the resources and better outcomes for customers. Secondly, The Care Act which amongst other things, reforms how care and support is to be paid for, sets a new eligibility criteria and has a strong focus on prevention and support for carers. Both will radically change how services are delivered in future.

The Care Act also for the first time puts Adult Safeguarding Boards on a statutory footing and creates a duty to appoint an independent chair, putting adult safeguarding on the same footing as for children and families. As a result, membership of the Portsmouth Board has been reviewed and we are pleased to welcome David Cooper as our new Independent Chair.

In 2014 we also saw Portsmouth engaged in a peer review of safeguarding services across the city. The review focussed on how well the health and social care system works together and how the safeguarding process can become more person centred, it provided an opportunity to reflect upon the effectiveness of current systems and areas for development. With a greater awareness in the general population about safeguarding matters there comes an increase in the number of alerts we receive. The review will help us to determine how everyone can work better to improve how the whole system responds to safeguarding concerns.

Robert Watt, Head of Adult Social Care, Portsmouth City Council

Introduction from the Independent Chair

Looking ahead to 2014/15

I am delighted to have been appointed as the Independent Chair of the Portsmouth Safeguarding Adults Board. Having met with Board members, I have been impressed with the commitment of all partner agencies represented on the Board to safeguarding adults and the strong partnership approach of this Board. It is a testimony to Robert Watts' leadership that the Board is ready to take on new challenges and opportunities with energy, and significant collective knowledge and experience.

In 2014/15 the Board will need to work closely with the Health and Wellbeing Board to align responsibilities and to ensure that learning from national and local reviews are understood and acted on by both partnership boards.

The Francis report into Mid Staffordshire Hospitals enquiry found a whole systems failure in protecting patients from unacceptable harm. A lack of openness, secrecy and a failure to put patients first, contributed to a negative culture where poor practice went unchallenged.

The recent review of the Francis report "One Year On" showed that whilst there has been significant progress, there is still much to do. Changing the culture was never going to be easy or a short one off task.

It is important that the Portsmouth Safeguarding Adults Board is therefore able to demonstrate cultural leadership through an approach of candour, openness and transparency.

It is for this reason that the Board will be looking closely at how it identifies risk, accountability and seeks assurance that appropriate actions are being taken. An on-going audit of the Safeguarding Adult Board will be taking place in 2014/15 involving all the key agencies represented on the Board.

Another way of measuring effectiveness will be looking at whether a person's outcomes have been met as a result of adult safeguarding interventions. Putting people at the centre of safeguarding, so that they feel in control and achieve the outcomes that they want, is an important priority for the Board. We are therefore looking forward to the planned peer review of safeguarding as an opportunity to develop our learning, and help shape our approach to improve the experience of people who have been the subject of safeguarding investigations or concerns.

The Board is well placed to respond to the statutory changes which will place adult safeguarding on a statutory footing over the coming year. Improvements in governance will further strengthen our state of readiness.

Other priorities for 2014/15 are highlighted in the report, they include:

- Ensuring the Board is ready for the changes in the Care Act 2014
- Understanding the external environment implications, including public sector fund and wider government initiatives such as a move to integrated services in-line with the Better Care Fund
- Aligning operation process across organisational boundaries, acknowledging differing statutory roles and responsibilities.
- Ensuring an effective workforce strategy that ensures staff working within health, social care and other partner agencies receive effective training relevant to their role to ensure safeguarding is fully understood and imbedded in practice.
- Working across geographical as well as organisational boundaries where appropriate, particularly in the establishment of sub-groups to make best use of limited resources.

I am greatly looking forward to working with the Board over the coming year and will report on progress in next year's annual report.

David Cooper - Independent Chair of Portsmouth Safeguarding Adults Board

Executive Summary

This report provides a background to safeguarding work within Portsmouth and a summary of work undertaken by the Portsmouth Safeguarding Adults Board between April 2013 and summer 2014.

During the last year, there have been changes to the structure and governance arrangements in terms of Board membership. The decision and appointment of an Independent Chair will enable the Board to move forward and ensure that all statutory partners are held to account in their duty to cooperate when dealing with safeguarding situations.

There have been changes with the establishment of Clinical Commissioning Groups (CCG's), and within Portsmouth the creation of a Safeguarding Lead Nurse has assisted in providing assurance to the CCG, as to the effectiveness of safeguarding in the area. The role is also key within the wider whole system approach to safeguarding.

2014/15 will prove to be a challenging year as there is a continued move towards integrating health and social care services, against a backdrop of significant financial pressures. Lessons learnt from Mid Staffordshire Hospitals as highlighted in the Francis Report and more recently The Francis Report "One Year On" still indicates that there is a greater need for transparency and joint working in ensuring the safety of people accessing health services.

Following on from the Winterbourne View enquiry there was a requirement to develop a joint strategic plan focusing on how locally we will support those with a learning disability who exhibit challenging behaviour. This strategic plan has been submitted to NHS England via the integrated commissioning unit who led on this work. The existing commitment at all levels working across statutory agencies, means that Portsmouth is well placed to make the necessary changes required during the current transition phase enabling the board to review its membership and consolidate its existing relationship with partner agencies.

National Developments

Government Policy

In May 2011 the Government issued a statement of policy for safeguarding vulnerable adults. It included principles for use by Local Authority Social Services and Housing, Health, the Police and other agencies for both developing and assessing the effectiveness of their local safeguarding arrangements. The policy objective is stated as to prevent and reduce the risk of significant harm to vulnerable adults from abuse or other types of exploitation, whilst supporting individuals in maintaining control over their lives and in making informed choices without coercion.

The Government believes that safeguarding is everybody's business with communities playing a part in preventing, detecting and reporting neglect and abuse. Measures need to be in place locally to protect those least able to protect themselves. Safeguards against poor practice, harm and abuse need to be an integral part of care and support and should be achieved through partnerships between local organisations, communities and individuals.

The key Principles are:

Empowerment - presumption of person led decisions and informed consent

Protection - support and representation for those in greatest need

Prevention - it is better to take action before harm occurs

Proportionality – proportionate and least intrusive response appropriate to the risk Presented

Partnership - local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse

Accountability - accountability and transparency in delivering safeguarding

The Government's Policy document suggests a range of measures that might indicate the outcomes for people using safeguarding adults' services and these have been incorporated by the LSAB into the Strategic Plan actions being developed with partner agencies.

Care Act 2014

As part of the Care Act the government has legislated for there to be Safeguarding Adults Boards (SABs).

Key changes of this new legislation which affect Safeguarding are :-
(i) Local Authorities confirmed as the lead agency; (ii) mandatory participation by Local Authority, NHS Clinical Commissioning Groups and the Police in Safeguarding Boards; (iii) Safeguarding Boards will have a high level of local discretion as to their

focus and role, with a primary function being to protect adults from abuse or neglect by providing leadership, ownership and coordination of multiagency working at local level; and (iv) Boards will be required to publish an annual strategic plan, and an annual report.

In the place of Serious Case Reviews, Boards will be required to commission 'safeguarding adults reviews' –

- where an adult experiencing abuse or neglect dies,
- or there is reasonable cause for concern about how the Board, or one of its members, or someone else involved in the case had acted

There will be a statutory duty on Local Authorities to enquire (or cause an enquiry) into allegations of abuse , although there will be no regulations defining the nature or details of such enquires .
To be the subject of an inquiry someone must need care or support (whether or not met by the local authority), be experiencing or be at risk of abuse or neglect, and be unable to protect themselves because of their care or support needs.

There will be no definition of a 'vulnerable adult' or 'adult at risk', but instead adult safeguarding will focus on abuse and neglect i.e. where adults in vulnerable situations are hurt because of the actions (or inactions) of others.

Self-harm will not be included, as the intention of safeguarding will be to address situations caused by the actions or inactions of others (but Safeguarding Boards may locally decide to include self-harm if they wish). In Portsmouth a separate multi-agency protocol "Working With Difficult to Engage Vulnerable Adults (including chronic hoarders) will be developed as part of our revised governance arrangements.

"No Secrets" Review

The review of "*No secrets - g*uidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse" was carried out by four government departments: the Department of Health (DH), the Home Office (HO), the Ministry of Justice (MoJ) and the Attorney General's Office (AGO) and ran from 16th October 2008 to 31st January 2009. The consultation involved 12,000 participants, including 3,000 members of the public (many of whom were adults to whom the guidance applied or their carers) and 9,000 professionals from this area of work.

Key messages from the participation of older people, adults with learning or other disabilities and people with mental health needs included:

- safeguarding must be built on empowerment – or listening to the victim's voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self determination and the right to family life

- everyone must help to empower individuals, but safeguarding decisions should be taken by the individual concerned. People wanted help with

options, information and support. However, they wanted to retain control and make their own choices

- safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children

- the participation/representation of people who lack capacity is also important

Disclosure and Barring Service (DBS)

The Home Office's Disclosure and Barring Service was created with the merger of the Criminal Records Bureau (CRB) and the Independent Safeguarding Authority. It was established under the Protection of Freedoms Act 2012 and its primary role is to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups including children.

The DBS searches police records and, in relevant cases, barred list information and then issues a DBS certificate to the applicant and employer to help them make an informed recruitment decision.

DBS checks are only available where an employer is entitled to ask exempted questions under the Exceptions Order to the Rehabilitation of Offenders Act (ROA) 1974.

The Exceptions Order acts as the gateway for access to the DBS checking service and lists those occupations, professions and positions considered to be exempt from the ROA.

The checking service currently offers two levels of DBS check; standard and enhanced. The order allows for applications to be submitted to a standard level. To be eligible for an enhanced level DBS check, the position **must** be included in both the ROA Exceptions Order **and** in Police Act Regulations.

The range of groups that are required or empowered to make referrals are: regulated activity providers (employers and volunteer managers); personnel suppliers; local authorities; education and library boards; health and social care trusts; keepers of registers (e.g. General Medical Council, Nursing and Midwifery Council) and supervisory authorities (e.g. Care Quality Commission, Ofsted)

Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS)

Under the Mental Capacity Act 2005 a person is assumed to have capacity to make a decision unless proven otherwise. 'All practicable steps' must be taken to give them information in a way they understand and support them to make such decisions. People may be able to make some decisions and not others and capacity may fluctuate. No one can 'give consent' on behalf of an adult.

Where a person is unable to make a particular decision about a safeguarding issue it may be necessary for the investigating officer to consult with the person and those who know them best and make a 'best interests' decision. Carers or significant

others have a vital contribution to make to this. Ill-treatment or neglect of a person who lacks capacity is a crime.

People with limited capacity may benefit from access to advocacy - there is a legal right to this if an important decision has to be made and a person without capacity to make it has no family or friend to support them – the Independent Mental Capacity Advocate (IMCA) Service.

The LSAB has identified a need to further embed use of the Mental Capacity Act in safeguarding adults at risk work. This will be addressed through the training programme and ongoing briefing sessions/Best Practice Forums.

In April 2013, the Supervisory Body responsibility for Deprivation of Liberty Safeguards (DOLS) relating to NHS facilities/funded services transferred from the NHS to the Local Authority. Actions for the effective and smooth transition of these arrangements had been prioritised.

In March 2014, as a result of a Supreme Court judgement the definition of what constituted a Deprivation of Liberty was amended. A person was now considered to be deprived of their liberty, if they were:

1. Subject to continuous supervision

2. Not free to leave.

The person's compliance, or lack of objection, the relative normality of the placement and/or the reason or purpose behind the placement, were no longer considered to be relevant. This change in the definition of what constitutes a deprivation has led to a significant increase in referrals into all local authorities. In Portsmouth this has meant an increase in requests for assessments from approximately 6-8 referrals per month in 2013/14 to between 75 and 90 per month.

This increase in work has placed significant pressure on the current arrangements in place to undertake this work as they were made based on a significantly lower rate of referrals. An action plan has been developed and implementation will be monitored through steering group which will be up and running at the beginning of 2015. In addition there will be an increased workload will bring cost pressures to Adult Social Care.

Safeguarding and the Prevention of Abuse

In Section 7 of the “No Secrets” guidance, the Department of Health outlines a number of suggested approaches which will be effective in contributing to preventing the abuse of adults at risk. These alongside the recommendations from research taken from other documents will form the basis of a Portsmouth” Safeguarding and Prevention strategy”, which will be drafted as part of the Board Strategic Plan for 2015.

Equality, Diversity and Human Rights Impact Assessment

Portsmouth City Council wants to ensure that equality considerations are imbedded in our decision-making process and applied to everything we do, from the services we design and deliver, the policies we design, the way we carry our public functions, the way we commission and buy from others to the way we treat our staff.

So we have a corporate system of equality impact assessments that we carry out on all major council services, functions, projects and policies to assess any potential adverse implications.

Public equality duty

The public equality duty requires us to have due regard to the need to:

- eliminate discrimination
- promote equality of opportunity
- foster good relation between different communities.

This means that, in the formative stages of our services or policies, we need to take into account what impact our decisions will have on people who are protected under the Equality Act 2010 (people who share a protected characteristic of age, sex, race, disability, sexual orientation, gender reassignment, pregnancy and maternity, and religion or belief). These considerations must genuinely influence the decision-making and not just be a tick-box exercise.

Although Equality impact assessments (EIAs) in their written form are not a legal requirement under the Equality Law, the Equality and Human Rights Commission advises that written records of how Equality Duty is considered by public authorities in their decision-making process would provide evidence of compliance with that Duty.

Why we use equality impact assessments

We have decided to continue with the EIA process as it helps us to:

- Develop a better understanding of the community we serve;
- Make better decisions, based on principles of fairness and equality;
- Ensure our services and policies are inclusive and accessible to everyone;
- Ensure we use our resources efficiently based on the identified needs of our residents;
- Identify any potential disadvantage to certain community groups in our city with an aim of eliminating or mitigating it by seeking alternative non-discriminatory solutions;
- Identify positive action initiatives, wherever possible and permitted by the law, in order to meet specific needs of the vulnerable and disadvantaged members of our community;

- Identify improvements to our services, policies or the way we perform our functions;
- Identify ways of promoting cohesion and social inclusion in the city.

Winterbourne View

The final report of the Department of Health's review into the events at Winterbourne View was published in December 2012.[1] The report sets out a clear programme of national and local actions to ensure that better care is provided for people with a learning disability and challenging behaviour. An action plan was presented to the Safeguarding Adults Board by partner agencies in summer 2013, and as required by NHS England a self-assessment was completed and submitted indicating the city's position in respect of the recommendations which came out of the Winterbourne View report.

The report also recommended the establishment of a new NHS and local government-led joint improvement programme to support the transformation that will be necessary to achieve the required improvements.

The requirement, ensuring Clinical Commissioning Groups (CCGs) work with local authorities to ensure vulnerable people, particularly those with learning disabilities and autism receive appropriate, safe, high quality care.

As previously indicated, work is currently underway in delivering a Joint Strategy for supporting individuals with a learning disability and challenging behaviour . This needs to be completed and published in summer 2014.

Who is a Vulnerable Adult?

A vulnerable adult is defined in 'No Secrets'[2] as

"A person aged 18 years or over, who is in receipt of or may be in need of community care services by reason of mental or other disability, age or illness and who is unable to take care of him or herself or unable to protect him or herself from significant harm or exploitation" (Department of Health 2000)

The Safeguarding Vulnerable Groups Act (2006) recognises that any adult receiving any form of healthcare is vulnerable.

There is no formal definition of vulnerability within health care although some people receiving health care may be at greater risk from harm than others, which may be due to a complication of their presenting condition or individual circumstances.

Abuse can be physical, emotional, sexual, financial or a hate crime and can occur in

[1] Transforming Care: A National Response to Winterbourne View Hospital Department of Health Report December 2012

[2] No Secrets - Department of Health 2000

the person's own home, institutional settings or public places. The increasing awareness of Disability Hate Crime, where people with physical or learning disabilities are victimised for appearing to be different and unable to protect themselves and Mate Crime, where people are victimised by people they believed to be their friends, has added a new dimension to the traditional abuse suffered by vulnerable people.

Adult Social Care Safeguarding Team

Within Adult Social Care, a specialist safeguarding team was established in 2009 to provide arrangements to triage safeguarding referrals and lead on investigations relating to institutional abuse, and concerns raised, involving a potential crime. Part of the team's remit was also to raise awareness of safeguarding, and to work proactively with providers, alongside health colleagues, to promote best practice and reduce the likelihood and instances of institutional abuse. The team have now worked in this way for 5 years. During June this year the local safeguarding arrangements were the subject of a Peer Review. Overall the review was positive, noting the specialist expertise sitting within the safeguarding team and that partnership working was good. However the review highlighted the need to re-examine our current arrangements, in particular the way we record our work and the role of the community teams. The Care Act is also a driver for change.

There is a move locally to work towards developing a Multi- Agency Safeguarding Hub (MASH) which could see a multi-agency team to include the police, adult social care and health colleagues triaging safeguarding referrals and acting as first point of contact for any safeguarding queries. In 2014 Portsmouth City Council signed up to the Making Safeguarding Personal work programme led by the Local Government Association (LGA) in partnership with the Department of Health (DOH). The programme is one of the ways in which sector led improvement is being championed within adult social care. The Safeguarding Team, alongside colleagues within Health and Social ,), will be undertaking some project work which will focus on ensuring that everything we do is person centred and that we involve vulnerable adults in recognising and managing risk and to identify with the outcomes they wish to achieve.

Over the years there has been a steady increase in the number of alerts received by the team. An Alert *is a concern that a person is at risk or may be a victim of abuse, neglect or exploitation. An alert may be the result of a disclosure, an incident, or other signs or indications.*

For 2012/13 the number of alerts received by the team was 710, an increase of 17.9%% on the 2011/12 figure (602). Of the alerts received during 2012/13 186 became referrals. A Referral - *"an alert becomes a referral when it is passed on to a safeguarding adults referral point and accepted as a safeguarding adults referral"*

In 2013/14 the number of alerts received was 1300. Of the 1300 alerts received in 2013/14, 403 became referrals. These were investigated under the safeguarding pan Hampshire procedure.

The conversion rate of alerts to referrals in 2013/14 is 31%. In 2012/13 the rate was 30%. The increase in alerts received in 2013/14, indicates greater awareness of concerns about vulnerable people. This has had a significant impact on the workload

of the team. Alerts that are not taken into safeguarding may be picked up by other social work teams, information and advice given or just noted depending on the case.

Abuse by neglect rose by nearly 10% and again the largest client abuse groups were Older Persons and Learning Disabilities.

Primary/Secondary and Community Health staff was the largest reporting group when alerting the team too abuse-over 35% of referrals came from them.

The largest age group for reported abuse was between 40 to 60 years of age and 48% of abuse was reported to have happened in the clients own home

Where enquiries were conducted by the safeguarding team 44% of cases were either partially or fully substantiated. 32% were not substantiated and 24% were inconclusive.

Please see appendix 1 for a copy of the Safeguarding Yearly Report 2013/14.

Current Governance Arrangements

Prior to the appointment of an independent chair of the Portsmouth Safeguarding Executive Board in March 2014, the Board was chaired by the Head of Adult Social Care, and comprised senior managers from Health, the Police and the Council. The Board was supported by an operational Safeguarding Adults Board, with representatives of local agencies. While safeguarding operates within the context of the Pan Hampshire multi agency Policy (2013).

Sitting outside of the local Board arrangements is an Inter-Agency Management Committee, which comprises the local authority Board Chairs, and Safeguarding Leads across Portsmouth, Southampton, Hampshire, and the Isle of Wight, and senior representatives from the Police and Health. The committee overseas changes in Policies and Procedures, provides a forum for monitoring emerging issues/themes, and supports the Serious Case Review arrangements across the Safeguarding Adult Boards.

In preparation for the implementation of the Care Act in 2015, the Executive Board undertook a brief review of local multi agency arrangements. There was concern that the separation between an Executive and an Operational Board was not the most efficient use of resources, and there was universal support for the proposal to move to a single Board, henceforward titled The Portsmouth Safeguarding Adults Board (PSAB) and supported by a number of subgroups.

On the 18th June 2014 The Portsmouth Safeguarding Adults Board held a Development Day for existing Executive and Operational Board members, and other local strategic partners. The purpose of the day was to consider and prioritise major challenges faced by Local Strategic Partners over the next 3 years, discuss the proposed changes to the Board membership and to determine how they (LSP) would respond to these and ensure the PSAB provides the kind of leadership and direction expected of a successful Adult Safeguarding Board.

The Development Day reviewed current working arrangements within the PSAB, and identified some key priorities to take forward the work of the Board over the next 3 years. These have subsequently been reviewed by key senior managers to ensure that they can be supported by all the major statutory agencies, and that there is capacity to deliver them within the resources available.

Vision

“Portsmouth is a city where adults at risk of harm are safe and empowered to make their own decisions and where safeguarding is everyone's business”

Key Principles

The PSAB partners will safeguard the welfare of adults at risk by working together in the six key areas of the Governments statement of policy on safeguarding. These are; empowerment, protection, prevention, proportionality, partnership and accountability

The six key areas will ensure that:

- there is a culture that does not tolerate abuse (protection)
- dignity and respect are promoted so that abuse is prevented wherever possible (prevention)
- there is active engagement with all sections of the local community so that they are well informed about safeguarding issues (partnership)
- adults at risk are supported to safeguard themselves from harm and can report any concerns they have (empowerment)
- quality commissioned, regulated and accredited services are provided by staff with the appropriate level of training (accountability)
- there is a robust outcome focused process and performance framework so that everyone is undergoing safeguarding procedures receives a consistent high quality service which is underpinned by multiagency cooperation and continuous learning (accountability)
- victims are supported to stop the abuse continuing, access the services they need, including advocacy and victim support (proportionality)
- there is improved access to justice (empowerment)

Functions of the Board

“Providing good governance across the partnership agencies that work with adults at risk of harm”.

The functions of the Board are therefore:

Strategic planning - by agreeing shared priorities for improving outcomes for people at risk of harm

Setting standards and guidance - through agreed policies and procedures and protocols

Assuring quality - through activity reporting, data analysis, and learning lessons from case audit and case review, including Serious Case Review

Promoting participation - of people who receive services, their carers, and advocates and agencies such as Healthwatch

Raising Awareness - particularly public awareness of how to recognise vulnerability and abuse, and how to report it

Building capacity and training - ensuring staff and volunteers working with people at risk have appropriate values and skills to assess and meet their needs

Relationship management - developing partnerships that respond in a joined up, person centred way to ensure good outcomes for each person who has experienced harm

Inter Agency Working

The PSAB plan 2013- 2016 will set out the directions of travel for partnership working, building on the progress to date and looking forward to both national requirements and locally agreed priorities. The actions take over the period of the plan aim to achieve continuous improvements in the effectiveness of the PSAB.

Key Priorities and Action Plans

At its annual Development Day 2014, Local strategic partners agreed the following Four key work streams/subgroups over the next 3 years:

- Effective Governance (including strategy, and roles and responsibilities)
- Communication and Promotion of safeguarding
- Making Safeguarding Personal
- Quality Assurance and Performance

And endorsed a number of cross Regional and Inter-Board work streams:

- training, development and learning
- Safeguarding Adult Review coordination
- joint working between the LSAB and the LSCB
- fire and safety
- MAPPA SCR subgroup
- Communication and media

The actions in this section of the report will be taken forward by themed subgroups, led by senior strategic partners, that will report progress to the PSAB at its meetings and at the end of the year in the Boards Annual Report.

Resource Implications

At the Safeguarding Adults Board meeting in March 2014 the Independent Chair presented a paper which outlined the challenges facing the Board, and areas for development. It was agreed that to minimise risk and to support the delivery of the key objectives of the Board, there needed to be good professional and business support to the Board (which was lacking). This was also required to prepare the Board for undertaking its new statutory functions from April 2015.It was recognised that this would have resource implications for all partner agencies; reflecting the shared responsibilities for safeguarding.

The Independent Chair was therefore asked to give consideration to the possible interim funding implications for 2014/15.

Title	**Salary**	**Days**
Independent chair	£10,000	17-20 days per annum
Board Manager/coordinator	£30,000 (£45,000)	3 days per week
Board Administrator	£15,000 (£18,000)	2.5 days per week
Support Serious Case Reviews	£5,000	2-3 cases per annum
Board events, support lay member	£5,000	
TOTAL	**£65,000**	

At the Board meeting some partner agencies commented that funding should be provided by key statutory partners, including PCC, CCG (in there commissioning capacity) and Police and that other partner agencies (Providers) would provide support in kind.

The Independent Chair subsequently met with key statutory partners and proposed funding on a shared basis, and PCC and CCG agreed to funding of a Third (£22k x 2). However the Police have only agreed to funding of 11% (£7,150), and suggested that PCC and CCG meet the balance of the budget.

The chair has also met with the chairs of the local SAB's (Southampton, Hampshire and IoW), and we have explored a number of opportunities to develop closer working, and shared efficiencies, whilst maintaining a local focus.

We have appointed a part time Business Manager and Administrator.

Whilst this funding is most welcome, it will not be sufficient to meet the demands on the Board to address the current challenges, and take on the new statutory functions from April 2015. The independent chair will be tabling a further funding report to the Board in December, once the Business Plan is finalised, and future work pressures on the Board are clarified.

Partnership Profiles

Portsmouth Hospitals NHS Trust: Adult Safeguarding 2013/14

Key developments

The Trust has declared full compliance with Care Quality Commission Outcome 7. This was supported by the most recent full inspection in March 2013.

- Establishment of an overarching Trust Safeguarding Committee in January 2013 to ensure that the Trust is fulfilling its responsibilities for the safeguarding of adults and children.
- As of 31/03/2014 Adult Safeguarding training compliance was 96.5% (target >85%).
- Departmental Safeguarding Leads continue a programme of attendance at multiagency training:
    - Adult safeguarding training which includes a module on domestic abuse
    - Mental Capacity Act And Deprivation of Liberty Safeguards (DoLS)
- The Trust continues to have a healthy reporting culture and numbers of safeguarding alerts continues to rise year on year, with the majority of concerns (approximately 75%) relating to pre-admission or community provided care.
- The number of applications for DoLS Authorisations is also increasing each year. This will be further impacted by the Supreme Court ruling in March 2013 giving an 'Acid Test' which effectively lowers the threshold for determining if someone is deprived of their liberty whilst in hospital or a care home.
- In October 2013 the Trust held its first organisational Adult Safeguarding Awareness Week. This was aimed at professionals and patients / general public attending the hospital with the intention of raising general awareness about adult safeguarding, to provide resources and useful tips for clinical staff / areas. It is anticipated this will be an annual event.
- Trust sign-up to the Department of Health Responsibility Deal, pledge HO9: Domestic Violence.
- In conjunction with external partners, an updated domestic abuse and violence training programme has been developed. Key staff groups such as the Emergency Department have been the initial focus.

NHS Portsmouth Clinical Commissioning Group

NHS Portsmouth Clinical Commissioning Group (CCG) became a statutory body of the National Health Service in April 2013 following the re-organisation of Primary Care Trusts (PCTs) to CCGs. The CCG is responsible for commissioning a variety of health services for the population of Portsmouth in conjunction with NHS England and its City Council partners.

The CCG puts patient safety, safeguarding and quality at the heart of all its business and is committed to promoting the welfare of adults, with care and support needs experiencing or at risk of abuse or neglect. The CCG ensures that adult safeguarding is embedded within the CCG governance structure and all our commissioning activity, including quality contracts.

The CCG looks forward to the enactment of the Care Bill 2014 and for Safeguarding Adults Boards being put on a statutory footing. The CCG remains committed to the Board and its work in ensuring adults at risk receive the best possible service from all its partners.

During 2013/2014, we have:

- Recruited to a Designated Nurse for Safeguarding Adults, which has allowed for greater partnership working and enhanced integrated adult safeguarding arrangements to be developed and embedded into practice
- Developed a CCG combined safeguarding adult and children policy
- Developed a CCG combined safeguarding adult and children strategy
- Developed a dedicated safeguarding page on the CCG's website
- Commissioned an internal audit which reviewed the CCG safeguarding Arrangements which demonstrated that we had appropriate systems in place for safeguarding

In 2014/2015, our priorities will be:

- Continue to develop, expand and embed safeguarding practice into the work of the CCG
- Further develop partnership working with the City Council, local health providers, the Care Quality Commission and NHS England
- Continue the community wide pressure ulcer prevention work that was commenced in 2014
- Continue regular attendance and participation at the Portsmouth Safeguarding Adults Board
- Ensure that the consideration of mental capacity/consent is embedded into clinical practice across the health economy
- Ensure that the new Supreme Court ruling for DoLS is understood by providers so that patients are not unlawfully deprived of their liberty

Hampshire Constabulary

Throughout 2014 Hampshire Constabulary has continued to work to a demanding and comprehensive Organisational Change Programme that will be delivered well into 2015 to meet the needs of Portsmouth partners and communities.

This has involved:

- The restructure of departments, including the Public Protection Department to meet the demands across the different unitary authorities it works with.
- The identification of the relevant senior leaders for the respective LSAB and equivalent Boards for effective leadership.
- the placement of senior leaders for the local neighbourhoods and LSPs
- To adequately resource and be prepared for the Care Act and its implementation with partners through Safeguarding work.
- To continue to work towards and establish a MASH (Multi-Agency Safeguarding Hub) in each area so as to give consistent, excellent and efficient service.

By delivering further training to investigators and Neighbourhood officers into 2015, the awareness of the Care Act and partnership working will continue to be taken further forward with victims and witnesses at the centre of policing. Scrutiny of our work is undertaken by both the Crime Standards Team and the Serious Case Review Team who also maintain oversight of continuous learning from the national picture over what can be seen as complex business -whilst following the objectives of No Secrets.

Peer Review

Self-evaluation is becoming an increasingly popular and a critical element of local government's performance improvement agenda. The Carer Review recommended a move towards more outcome focused self-assessment, and this will support the ongoing development of outcome and performance driven Single Outcome Agreements.

With the principles of self-evaluation at its core, the Peer Review Framework is one tool which will help councils drive forward change and continuous improvement in the delivery of their services. Peer Reviews will identify both where a service is doing well and areas where improvements could be made.

One of the key strengths of the Peer Review Framework is the inclusion of officers from other local authorities, and potentially other public organisations, in the Peer Review Team which undertakes the review of the service. These officers will bring to the review their excellent working knowledge of the legislative and policy context within which the service being reviewed operates, giving the findings and recommendations of the Peer Review Team a high degree of legitimacy.
The Peer Review Framework provides an effective process by which the service being reviewed can drive forward change, achieve Best Value and improve its efficiency. It will also contribute to the promotion of a culture of excellence in Scotland's public services, through the sharing of best practice amongst organisations participating in a Peer Review.

What is a Peer Review?
Peer review processes have become an established part of the public sector improvement agenda in recent years. The peer review model supports the improvement process within a local authority by:

- providing a 'critical friend' assessment of a service;
- identifying areas for improvement within the service;
- supporting change and improvement within the service; and
- facilitating the exchange of ideas and good practice.

A peer review is not an inspection or audit of a service - it is a supportive review process designed to help identify areas for improvement and to aid a service's capacity to change.

What are the objectives of a Peer Review?

A peer review assesses a service against four key areas: leadership and governance, stakeholder management, performance management and organisational development.

Peer review of Adult Social Care in Portsmouth

Scope

Theme 1: Working together - interagency contact and partnership working at the investigation stages, consequent safeguarding meetings and case conclusion. Co-operation and feedback between, public, private and third sector groups and internal (PCC) departments and teams.

Theme 2: Outcomes for those who experience safeguarding interventions - To look at the experiences of those who have been the subject of safeguarding investigations and/or safeguarding concerns and if a person led approach is employed by those involved and that the outcomes achieved were those identified at the outset of the intervention.

Main outcomes to take forward

Portsmouth City Council Adult Social Care:

- Performance, quality data and key indicators –improvements to data entry/co-ordination of information
- Auditing of SVA
- Awareness and understanding of roles and responsibilities within PCC ASC:
    - Safeguarding team and some ASC community teams (push/pull);
    - Commissioning/contracting
- Impact of Care Act; BCF and DOLS needs to be factored in to future debate. Perception from outside of ASC that resources are 'thin' which was perceived to have reduced communication from ASC

Partners:

- Pushing at an open door - all partners want to make things better " (PCC and SVA) are looking to improve…I feel a lot of hope…things will change.."
- Governance structure that includes performance, quality data and key indicators
- Ensuring that the whole system is not overly reliant on individuals/relationship

Next steps

The way forward with the peer review will result in a separate full report and action plan that will follow and be shared .

Progress on priorities for previous year

2013/14 Priorities - Progress to date , below is an in indication of where the priorities of the last year have been met , where the items have been partially met then these will be carried over into the PSAB for the next year as actions .

Priority Issue	Progress to Date
Finalise Citywide Safeguarding Strategy	This has been developed and the plan sets out the vision for safeguarding adults in Portsmouth as well as the citywide commitment to safeguarding adults that agencies sign up to through their membership of the PASB. It seeks to ensure that all organisations and their staff understand their role, and the expectations on their organisations, in safeguarding adults
Agreement and sign off of the Safeguarding Adults, Multi-agency Policy, Procedures and Guidance, Southampton, Hampshire Isle of Wight and Portsmouth April 2013	Completed - Policy, Procedures and Guidance taken to relevant boards for noting and Policy launched July 2014
Locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour to be developed in line with DH recommendations following Winterbourne View report	All agencies presented plans to PASB in May 2013. Concordant Plan submitted to NHS England - June 2013
Ensure the governance arrangements for adult safeguarding meet local requirements and proposals in the Care and Support Bill and linkage to Health & Wellbeing Board	Governance arrangements for boards reviewed and agreement reached to have single Adult Safeguarding Board with agreed sub-groups Protocol in joint working arrangements between H&WBB, CBB and ASB agreed
Review of PASEB Sub-Groups to clarify governance and reporting arrangements	Completed - superseded by previous priority
Review of Training	Completed - New training courses developed to meet new Policy requirements. TNA completed and agreement reached on what training which staff require
Cross geographical and agency working	Completed - In principal agreement for cross geographical sub-groups established to ensure best practice is shared and best use of resources maintained.

Awareness raising and media campaign	Partially Achieved - Media and communications sub-group established.
Knowing how effective adult safeguarding is -	National Minimum Data Set currently provides only Key Performance Indicator (KPI) Data.
Information Governance and Information Sharing	Partially Achieved - review and updated Information Sharing Protocol developed between health and social care. Appropriate process are in place for information sharing between Police and LA as part of Safeguarding Processes

Key priorities for 2014 / 2017

The priorities for 2014 - 2017 and going to be covered by a PSAB business plan that will meet the direction and travel of Safeguarding for Portsmouth City Safeguarding and rather than an action plan from these priorities we have developed a robust plan for the PSAB which we will take forward these priorities and ensure governance

Below is a summary of the priorities to date.

Priorities for 2014 / 2015 for the Portsmouth Safeguarding Adults Board

Priority Areas and Action

The PSAB has an agreed vision, objectives and terms of reference, with 4 subgroups and 3 regional and inter-Board work streams taking forward its agreed priorities. It has formally agreed to work to Pan Hampshire multi agency policies and procedures to safeguard adults from harm. The key areas to be taken forward under this theme are;

The table below summarises the priority areas for the PSAB to progress through its work in 2014-15. It also indicates who is responsible for leading the action on the priority areas and those that will support this within the PSAB structure. Individual Board Members and other partnership and strategic boards will also support the delivery of these.

	Summary of priority areas	Lead	Supported by
1	Develop effective governance arrangements for the PSAB	DC	Board
2	Communications and promotion of safeguarding	TBC	Board
3	Personalisation (making Safeguarding personal)	RW	Board
4	Quality Assurance	IR	Board
5	Strategy and Performance	FW	Board
6	Training Development and learning	TBC	Board
7	Develop and implement relevant policies and procedures to improve practise	LB	Board
8	Develop and deliver Serious case reviews , ensure clear process for managing reviews and disseminating learning (learn from other cases that do not meet the threshold of SCR	TK	Board

	to ensure continued learning)		
9	Joint working between the LSAB and the LSCB	LB/ HD	Board
10	Continuation of Fire Safety Development group (Covers 4 LSABs)	LB	Board

Appendix 1

Portsmouth CITY COUNCIL

Safeguarding Adults

Yearly report 2013/14

Summary	Number of cases
Total Number of Alerts Received	1300
Number of Referrals	378
Number of Repeat Referrals	25
Number Not Investigated	897

Number of Last years referrals closed in this period.	76

Meetings	Number	Percentage
Strategy Meetings	29	9%
Case Conferences	159	51%
MDT Meetings	17	5%
Family conferences	2	1%
Unannounced Visits	99	32%
Management Meeting	5	2%
TOTAL	**311**	

Working Days	254
Alerts per day	0
Meetings per day **inlcuding Unannounced visits**	1.224409449

Please note: these figures do not include referrals or alerts relating to service providers where there are multiple VA's.

2. Nature of Abuse

Table 2.0

Nature of Abuse	Number of cases	Percentage
Physical	601	22%
Financial	234	8%
Institutional	321	12%
Sexual	71	3%
Neglect	950	34%
Psychological	477	17%
Discriminatory	25	1%
Self Harm	15	1%
Self Neglect	90	3%
TOTAL	**2784**	
Of which included Multiple abuse	730	26%

Figure 2.0

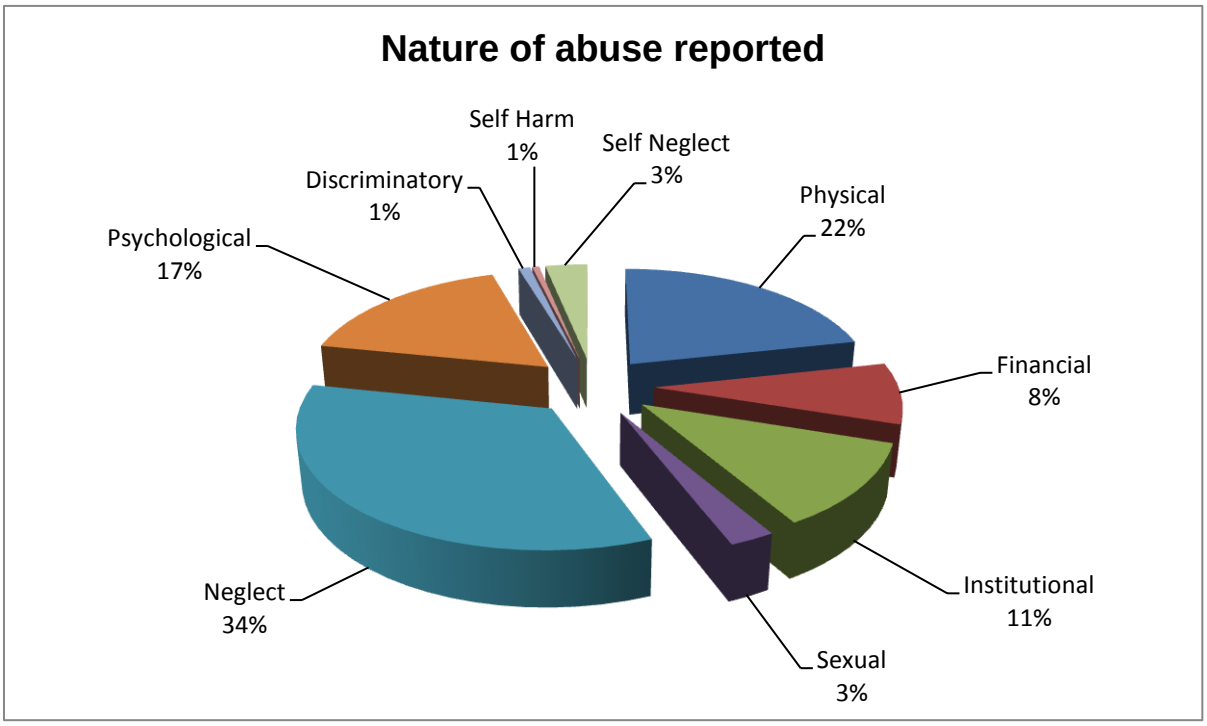


Figure 2.1

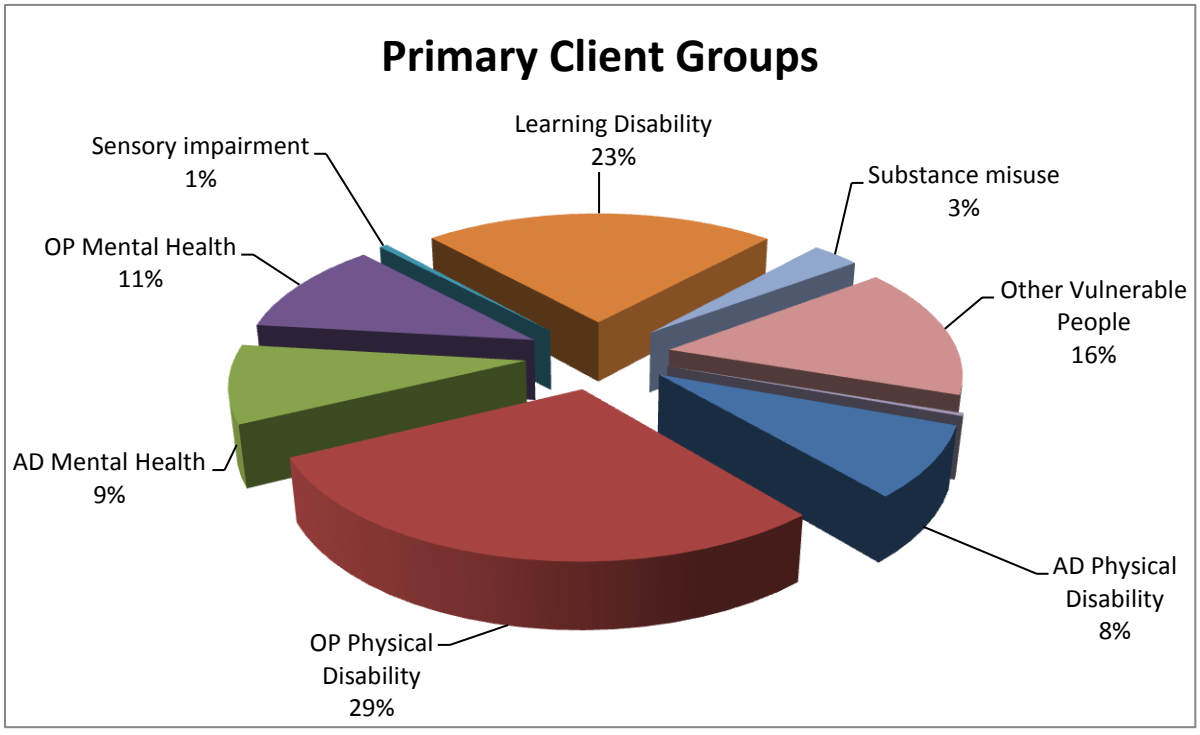
Hate Crimes	Number of Cases
LD	0
Racial	0
Religious	0
Other	0
Total	**0**

3. Safeguarding clients by Primary client group

Table 3.0

Client Group	Number of Cases	Percentage
AD Physical Disability	107	8%
OP Physical Disability	377	29%
AD Mental Health	118	9%
OP Mental Health	144	11%
Sensory impairment	7	1%
Learning Disability	302	23%
Substance misuse	41	3%
Other Vulnerable People	200	15%
Unknown	0	0%
Institution	4	0%
TOTAL	**1300**	

Figure 3.0

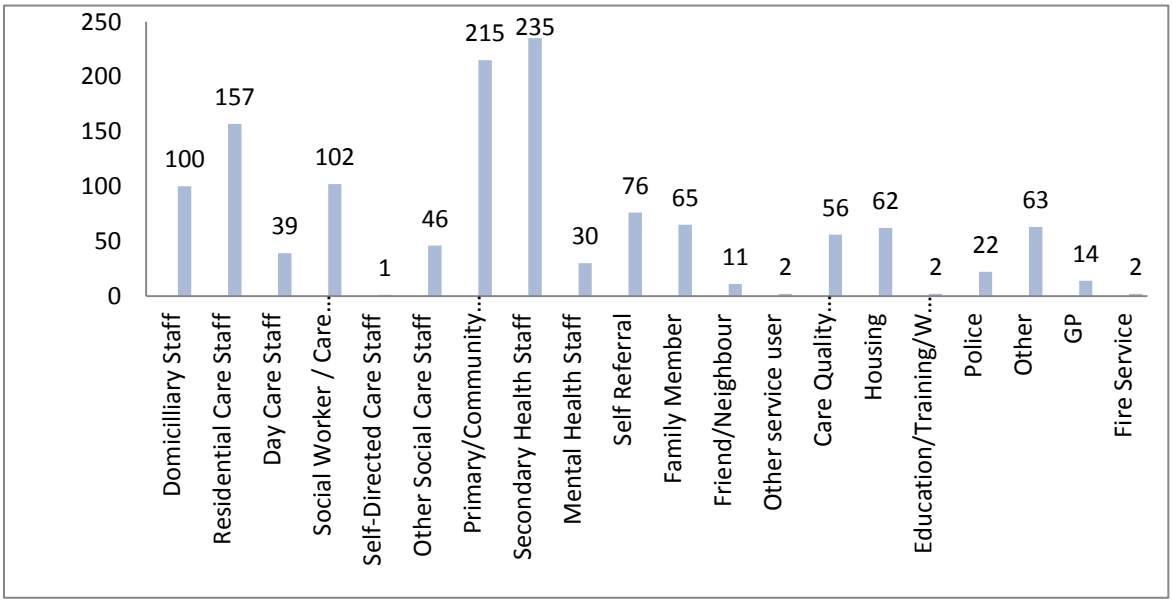


4. Referral source

Table 4.0

How did these Allegations come to light	Number of Cases	Percentage
Domicilliary Staff	100	8%
Residential Care Staff	157	12%
Day Care Staff	39	3%
Social Worker / Care Manager	102	8%
Self-Directed Care Staff	1	0%
Other Social Care Staff	46	4%
Primary/Community Health Staff	215	17%
Secondary Health Staff	235	18%
Mental Health Staff	30	2%
Self Referral	76	6%
Family Member	65	5%
Friend/Neighbour	11	1%
Other service user	2	0%
Care Quality Commission	56	4%
Housing	62	5%
Education/Training/Workplace Establishment	2	0%
Police	22	2%
Other	63	5%
GP	14	1%
Fire Service	2	0%
TOTAL	**1300**	

Figure 4.0 **Total number of referrals from each source**



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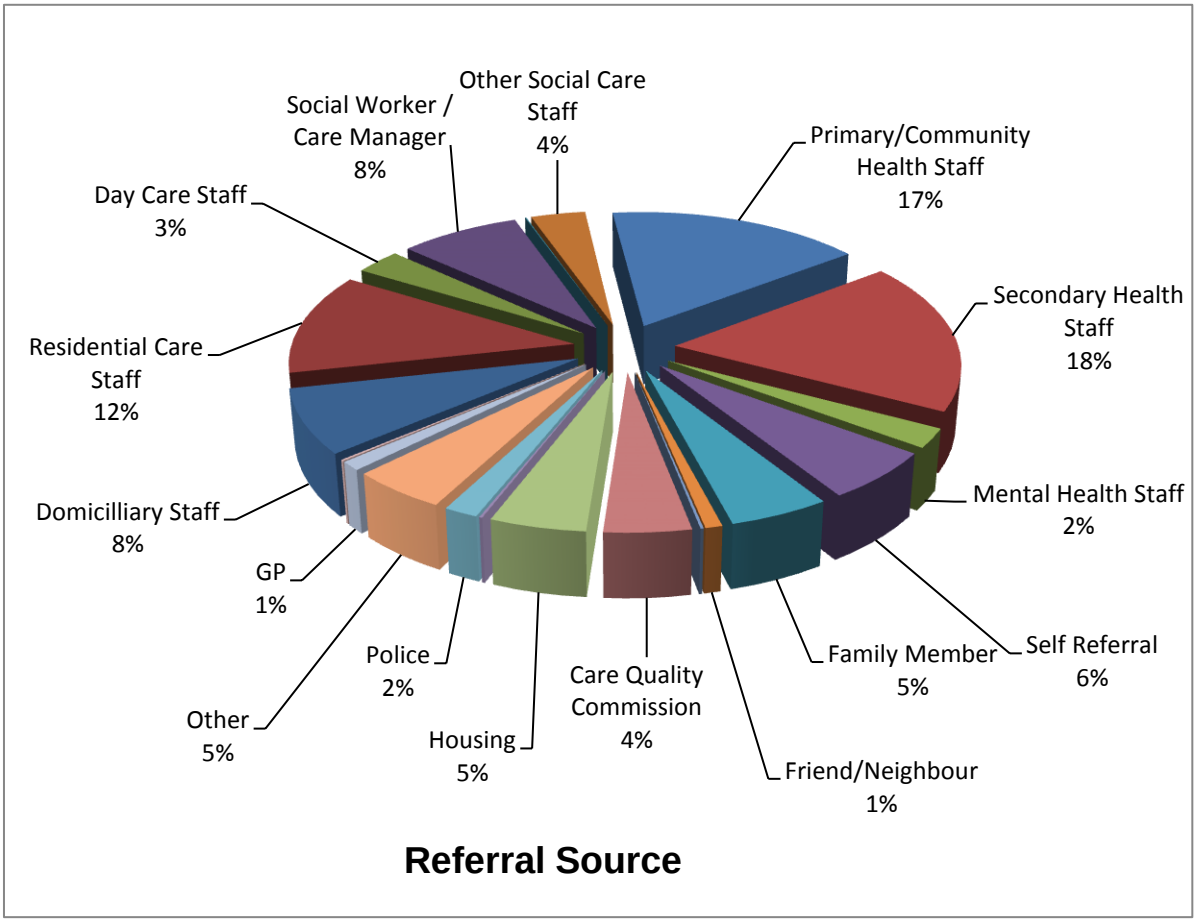
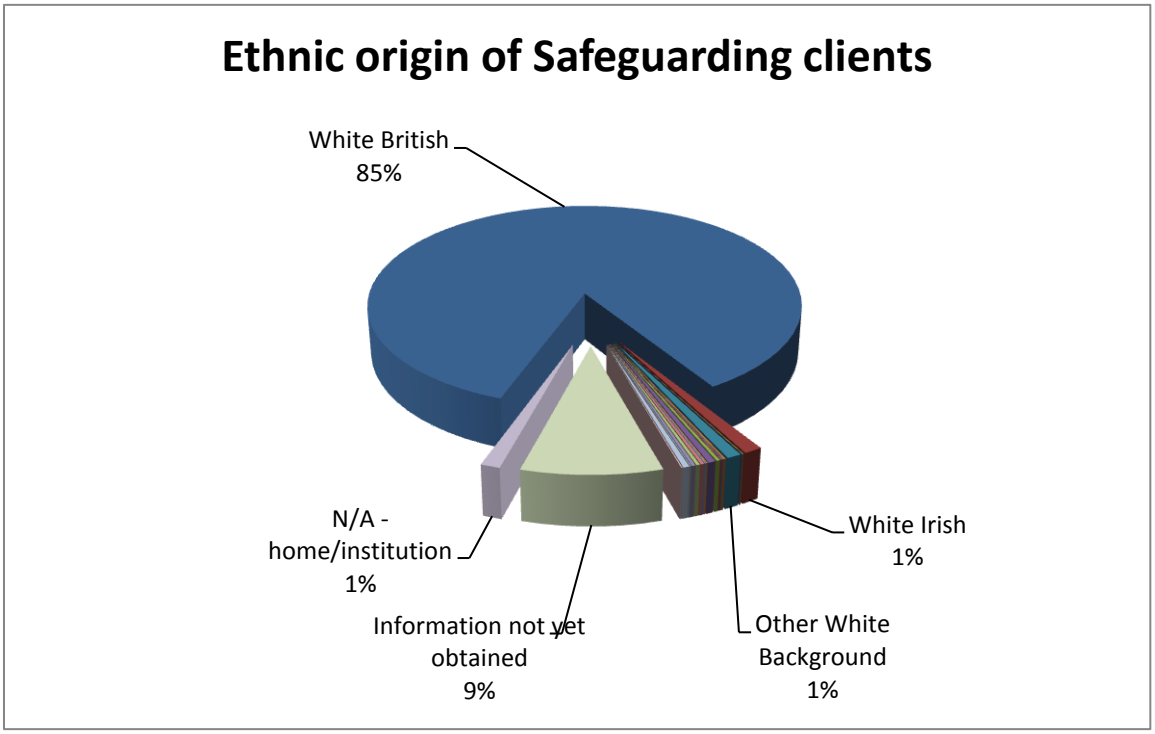

Other Social Care Staff 4%
Social Worker / Care Manager 8%
Day Care Staff 3%
Primary/Community Health Staff 17%
Secondary Health Staff 18%
Residential Care Staff 12%
Mental Health Staff 2%
Domicilliary Staff 8%
GP 1%
Police 2%
Other 5%
Housing 5%
Care Quality Commission 4%
Family Member 5%
Self Referral 6%
Friend/Neighbour 1%
Referral Source

5. Client Ethnicity

Table 5.0

Ethnicity of VA	Number of Cases	Percentage
White British	1111	85%
White Irish	15	1%
Traveller of Irish Heritage	1	0%
Gypsy/Roma	0	0%
Other White Background	12	1%
Mixed White and Black Caribbean	2	0%
Mixed White and Black African	1	0%
Mixed White and Asian	1	0%
Other Mixed background	3	0%
Indian	6	0%
Pakistani	0	0%
Bangladeshi	1	0%
Chinese	1	0%
Other Asian Background	3	0%
Black Caribbean	3	0%
Black African	3	0%
Any Other Black background	1	0%
Arab	0	0%
Any Other Ethnic Group	5	0%
Refused	1	0%
Information not yet obtained	114	9%
N/A - home/institution	16	1%
TOTAL	**1300**	

Figure 5.0



6. Client Age

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Client age	Number of Cases	Percentage
Under 18	1	0%
18 to 29	135	10%
30 to 39	102	8%
40 to 64	320	25%
65 to 74	156	12%
75 to 84	217	17%
85 plus	277	21%
Not recorded	86	7%
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TOTAL	**1300**	

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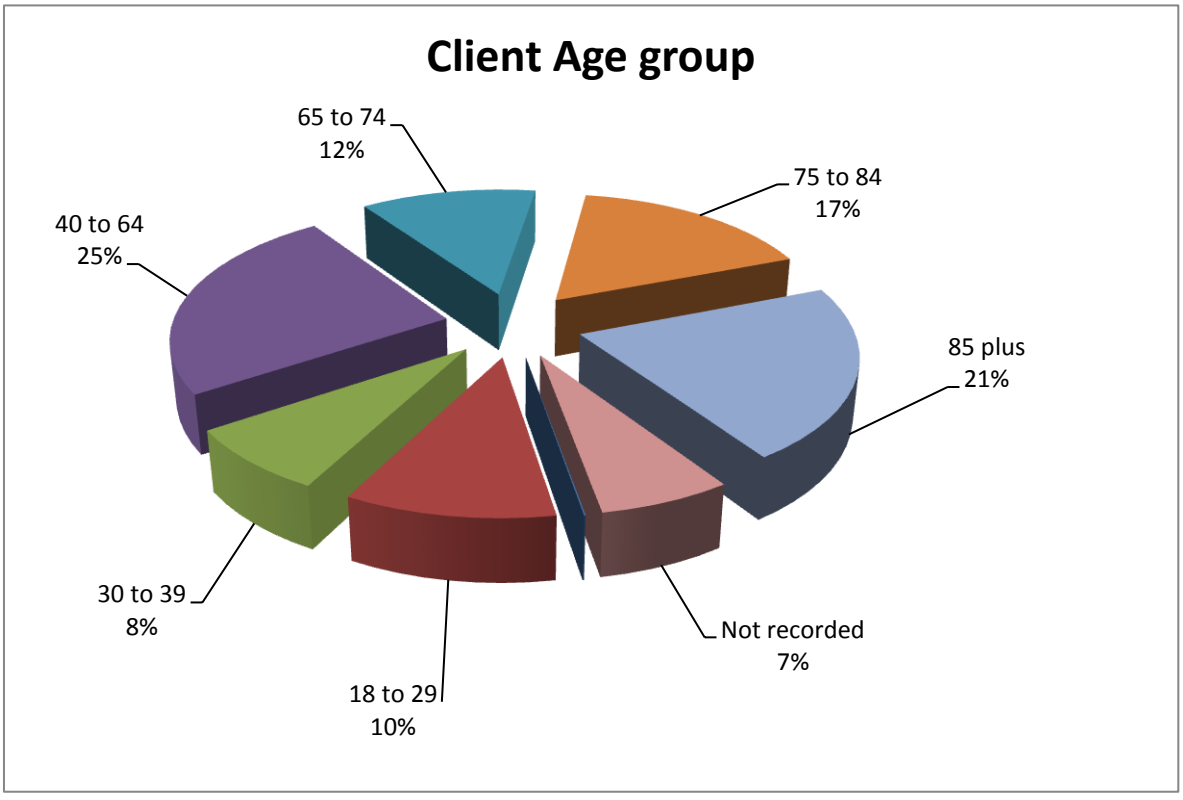

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7. Client Gender

Table 7.0

VA Gender	Number of Cases	Percentage
Male	558	43%
Female	668	51%
Not Recorded	59	5%
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TOTAL	**1300**	

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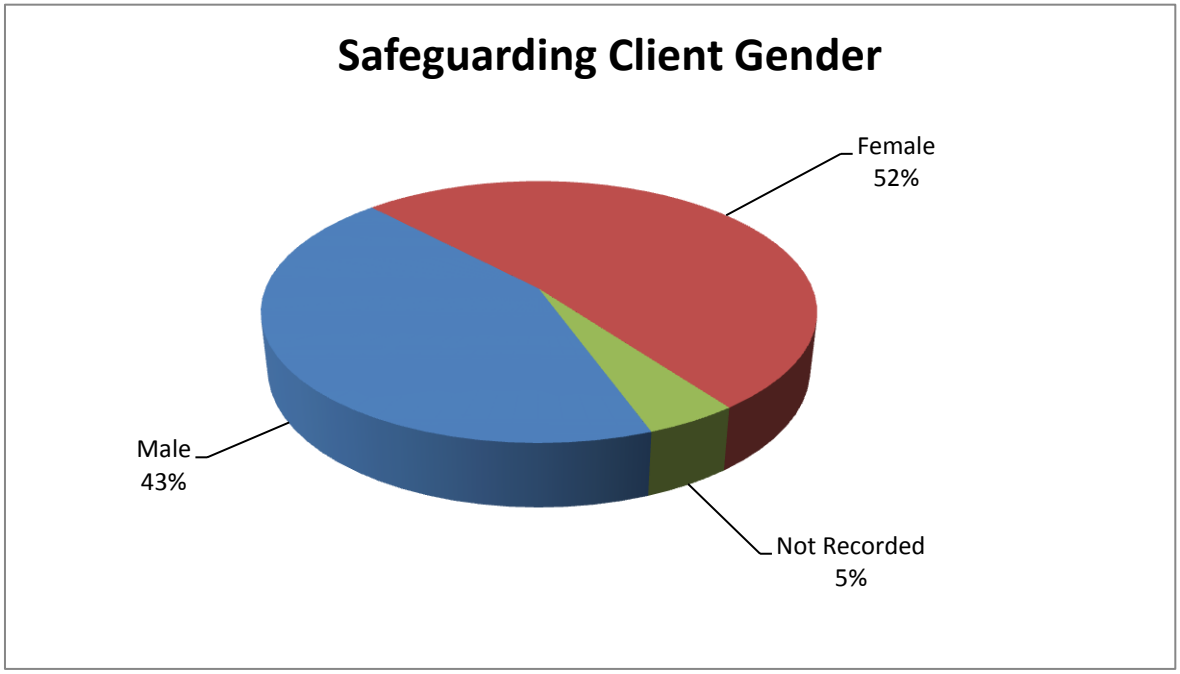

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8. Client's previous contact with Social Services

Table 8.0

Placed by another authority from outside council area?	Number of Cases	Percentage
Yes	72	6%
No	1121	86%
Not recorded	100	8%
N/A - home/institution	7	1%
TOTAL	**1300**	

Table 8.1

Known to this CASSR* in this financial year at the time of alert/referral?	Number of Cases	Percentage
Yes	1021	79%
No	200	15%
Not recorded	68	5%
N/A - home/institution	11	1%
TOTAL	**1300**	

* CASSR - Council with adult social services responsibility.

9. Location Incident took place

Table 9.0

Location incident took place.	Number of cases	Percentage
Own Home	627	48%
Care Home - Residential	212	16%
Care Home - Nursing	59	5%
Community Hospital	2	0%
Acute Hospital	153	12%
Other Health Setting	9	1%
Mental Health inpatient setting	8	1%
Day Centre/Service	22	2%
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Other Person's home	14	1%
Supported Accomodation	95	7%
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Public Place	42	3%
Other	16	1%
Not Known	17	1%
TOTAL	**1300**	

Figure 9.0

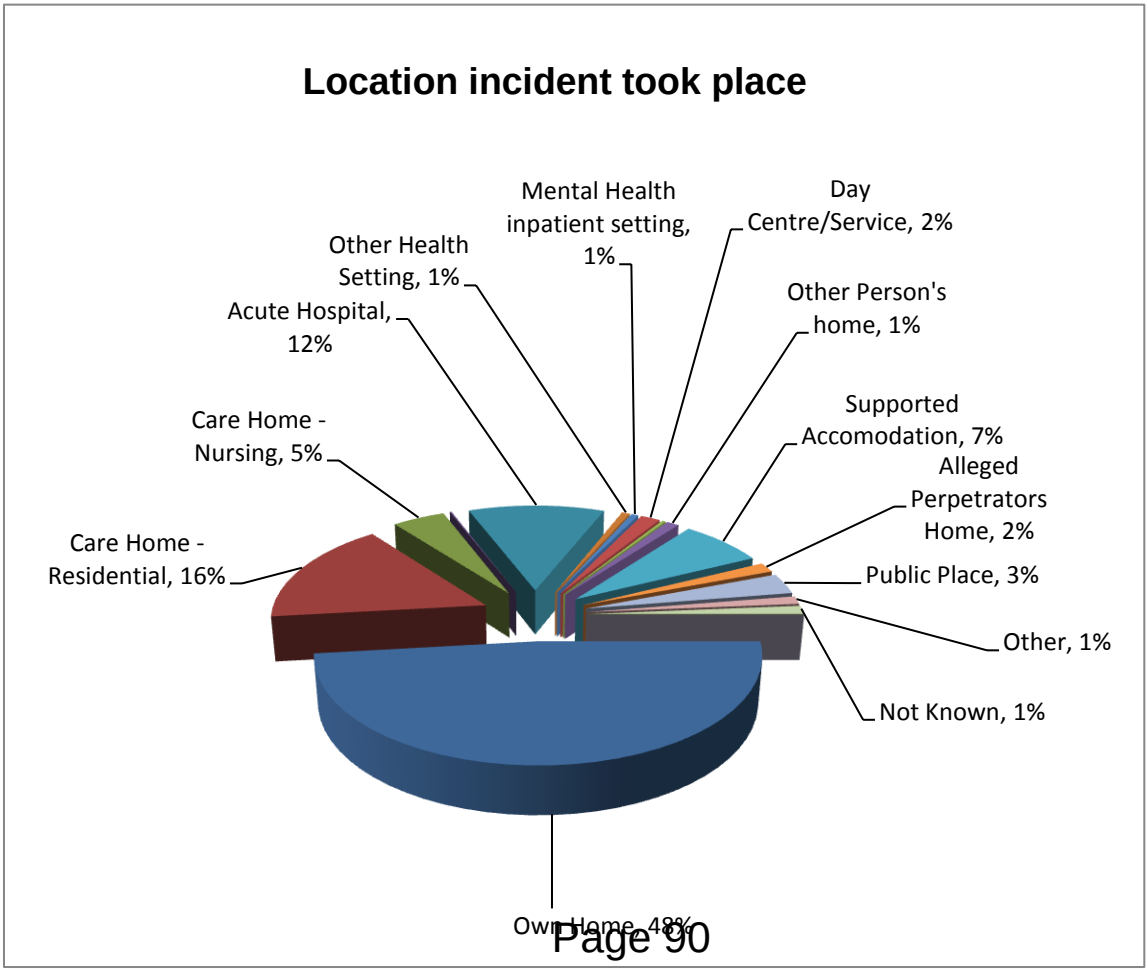

Table 9.1 What type of service was the location of the alleged abuse?

Type of Service	Number of cases	Percentage
Own Council Commissioned Service	602	46%
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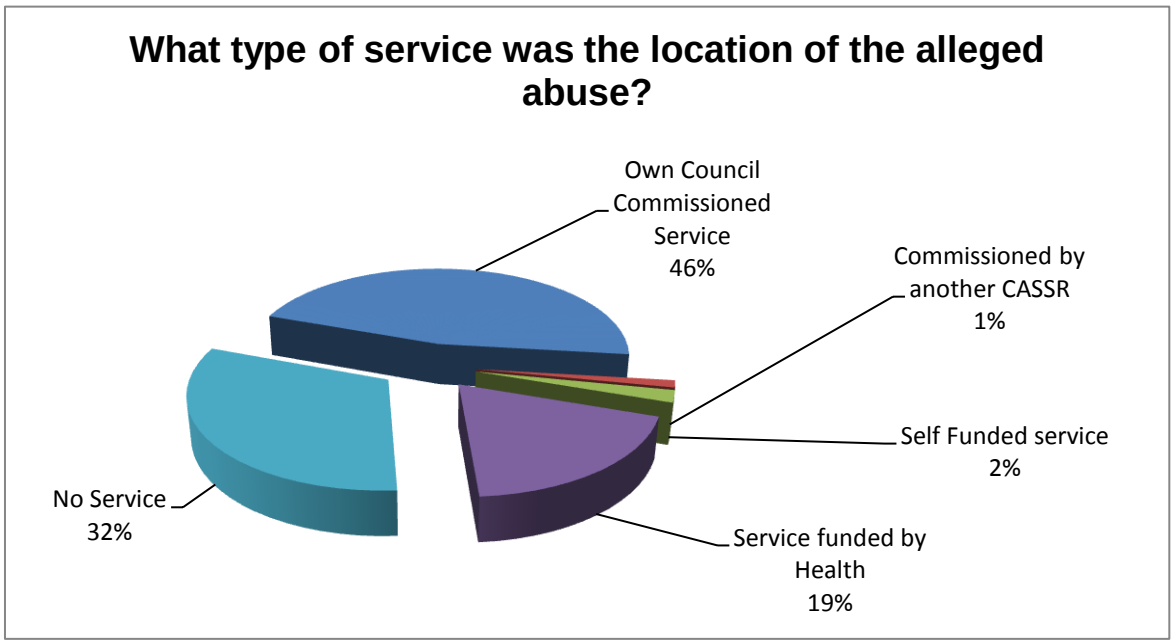
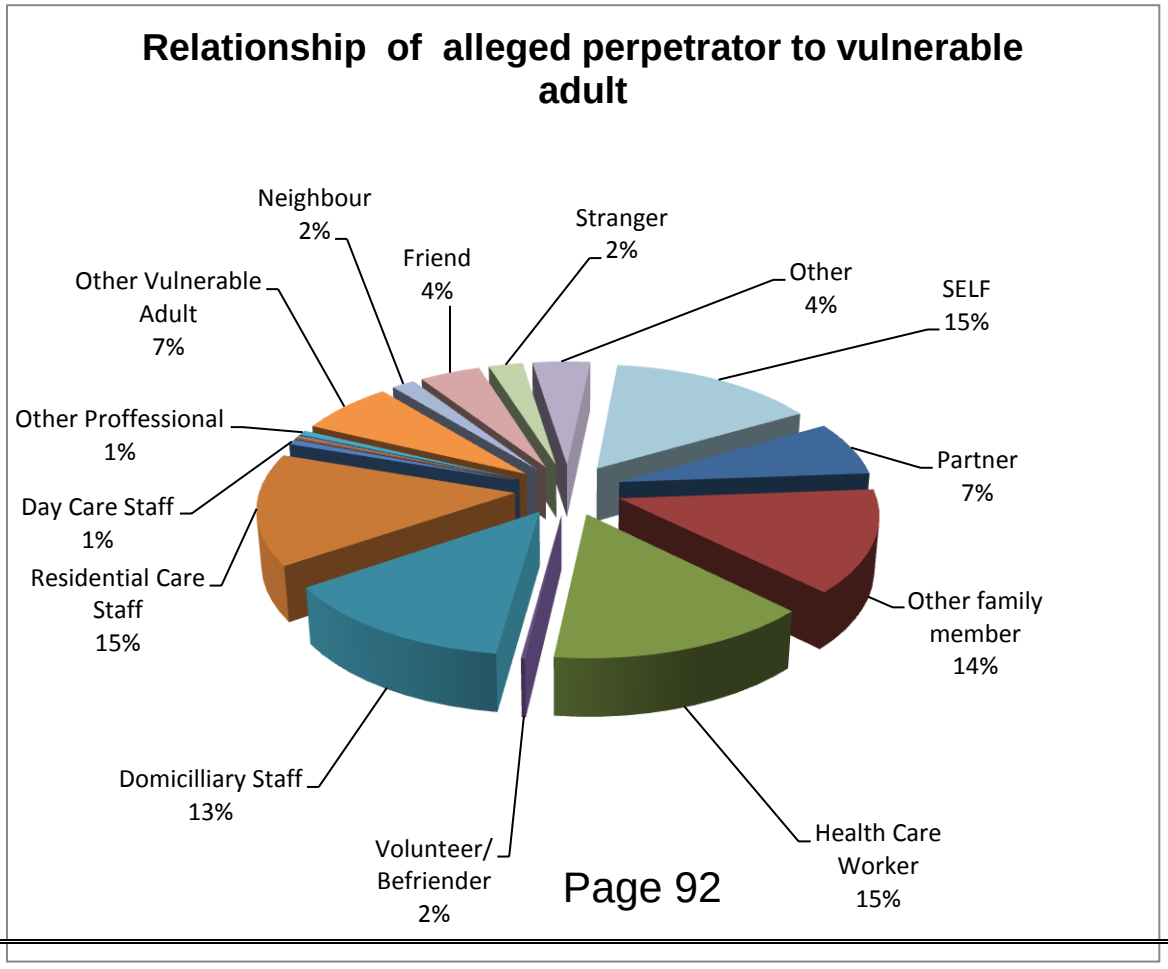


10. Alleged Perpetrator - Relationship to vulnerable adult

Table 10.0

Relationship of AP to VA	Number of Cases	Percentage
Partner	93	7%
Other family member	176	14%
Health Care Worker	189	15%
Volunteer/Befriender	3	0%
Domicilliary Staff	174	13%
Residential Care Staff	191	15%
Day Care Staff	9	1%
Social Worker / Care Manager	3	0%
Self Directed Support Worker	2	0%
Other Social Care Staff	2	0%
Other Proffessional	8	1%
Other Vulnerable Adult	90	7%
Neighbour	22	2%
Friend	57	4%
Stranger	32	2%
Other	54	4%
SELF	195	15%
TOTAL	**1300**	

Figure 10.0



11. Alleged Perpetrator info:

Table 11.0

AP Identified	Number of Cases	Percentage
Yes	911	70%
No	389	30%
N/A - home/institution	0	0%
TOTAL	**1300**	

Table 11.1 Does the Alleged Perpetrator live with the Vulnerable Adult?

Does the AP live with the VA?	Number of Cases	Percentage
Yes	414	32%
No	886	68%
N/A - home/institution	0	0%
TOTAL	**1300**	

Table 11.2 Is the Alleged Perpetrator the main family carer?

Is the AP the main family carer?	Number of Cases	Percentage
Yes	287	22%
No	1013	78%
N/A - home/institution	0	0%
TOTAL	**1300**	

12. Alleged Perpetrator Gender

Table 12.0

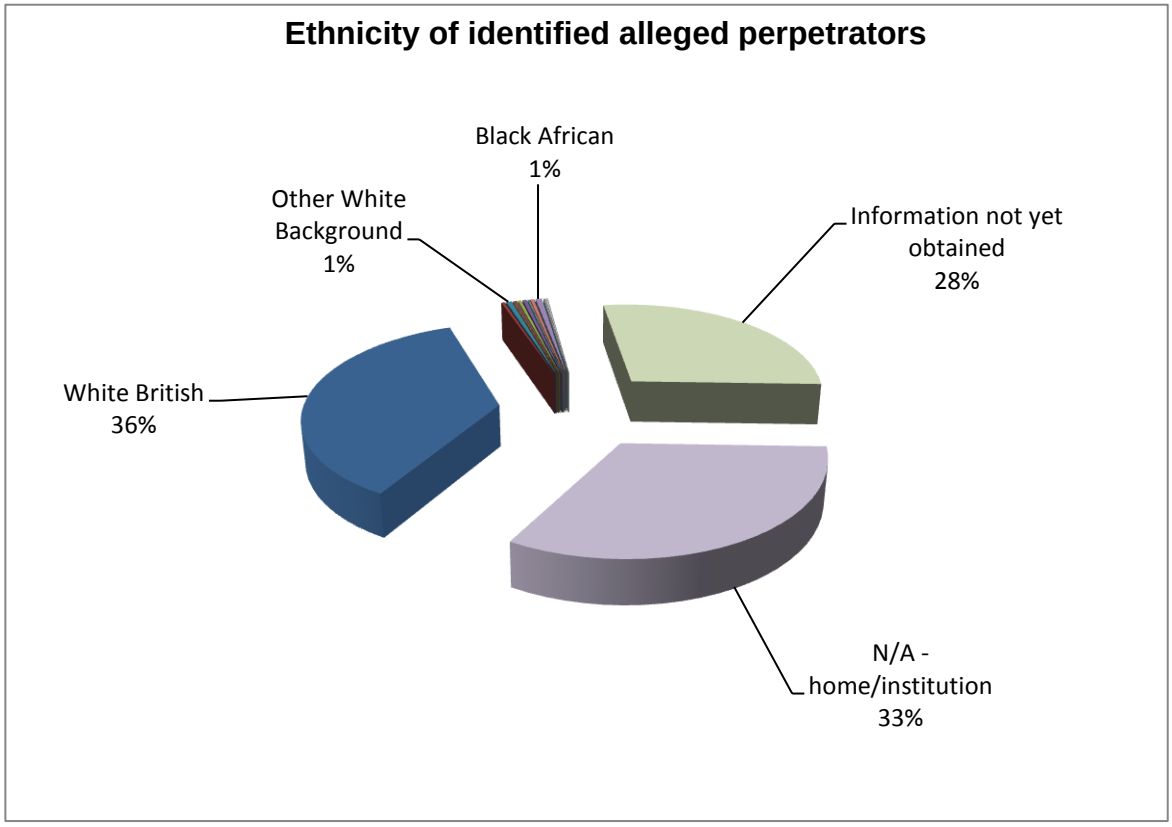
AP Gender	Number of Cases	Percentage
Male	481	37%
Female	276	21%
Not Recorded	90	7%
N/A - home/institution	453	35%
TOTAL	**1300**	

13. Alleged Perpetrator Ethnicity

Table 13.0

Ethnicity of AP	Number of Cases	Percentage
White British	472	36%
White Irish	4	0%
Traveller of Irish Heritage	0	0%
Gypsy/Roma	0	0%
Other White Background	7	1%
Mixed White and Black Caribbean	1	0%
Mixed White and Black African	1	0%
Mixed White and Asian	2	0%
Other Mixed background	4	0%
Indian	5	0%
Pakistani	1	0%
Bangladeshi	1	0%
Chinese	0	0%
Other Asian Background	4	0%
Black Caribbean	0	0%
Black African	8	1%
Any Other Black background	1	0%
Arab	1	0%
Any Other Ethnic Group	2	0%
Refused	0	0%
Information not yet obtained	359	28%
N/A - home/institution	427	33%
TOTAL	1300	

Figure 13.0

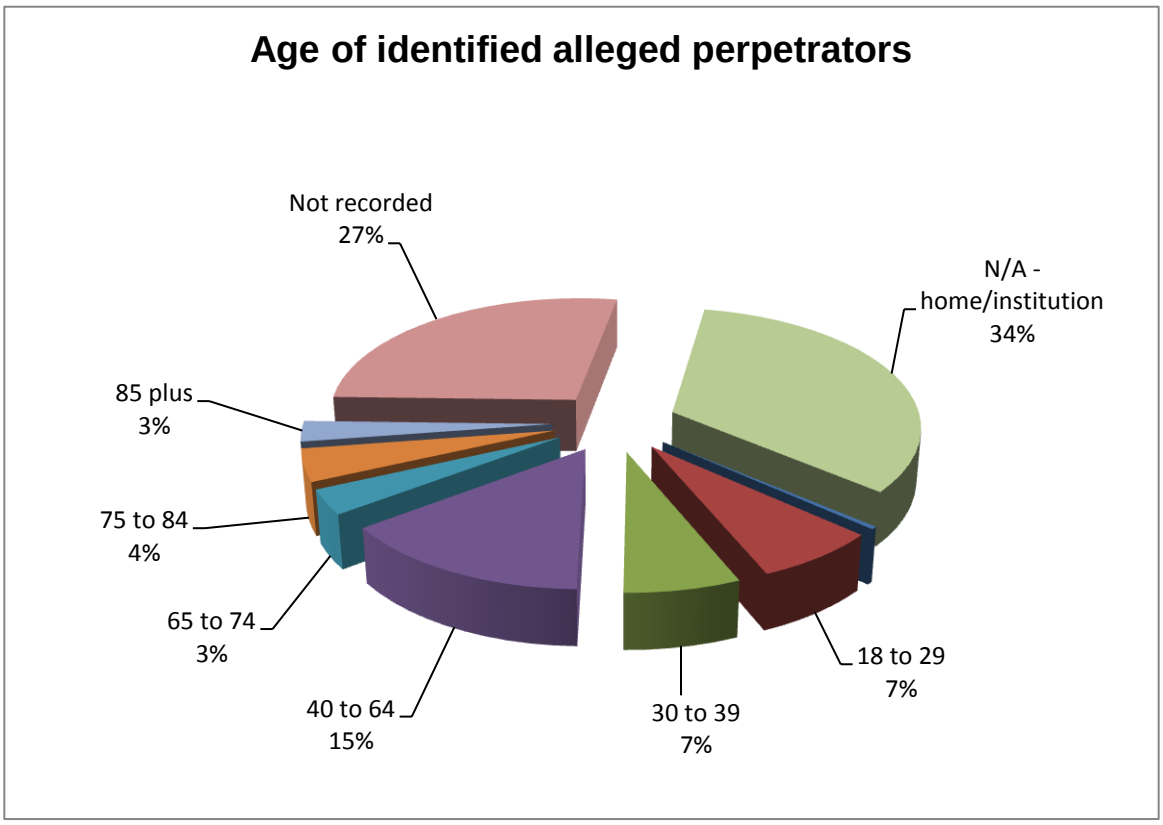


14. Alleged Perpetrator age

Table 14.0

Alleged Perpetrator age	Number of Cases	Percentage
Under 18	5	0%
18 to 29	93	7%
30 to 39	86	7%
40 to 64	190	15%
65 to 74	44	3%
75 to 84	57	4%
85 plus	36	3%
Not recorded	355	27%
N/A - home/institution	434	33%
TOTAL	**1300**	

Figure 14.0



15. Completed Cases

These tables include referrals which were not received this year but were closed in this period.

Table 15.0

Number of cases completed within 3 months	Percentage of Total Completed Referrals
199	63%

Table 15.1

Case Conclusion	Number of Cases	Percentage
Fully Substantiated	68	22%
Partialy Substantiated	70	22%
Not Substantiated	100	32%
Inconclusive	67	21%
Invest. Ceased at Ind Request	10	3%
TOTAL	315	

Figure 15.1

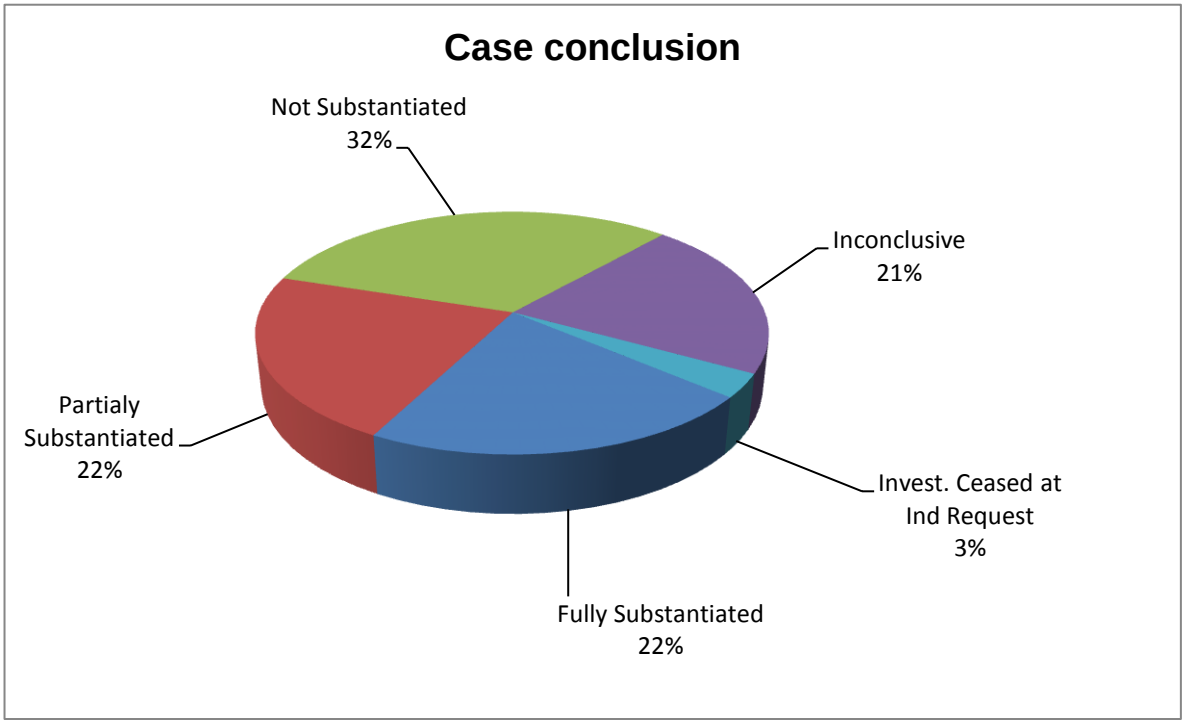


Table 15.2

View of VA on Case Conclusion	Number of Cases	Percentage
NFA Under Safeguarding	201	64%
Action : Risk Remains	15	5%
Action : Risk Reduced	55	17%
Action : Risk Removed	44	14%
TOTAL	315	

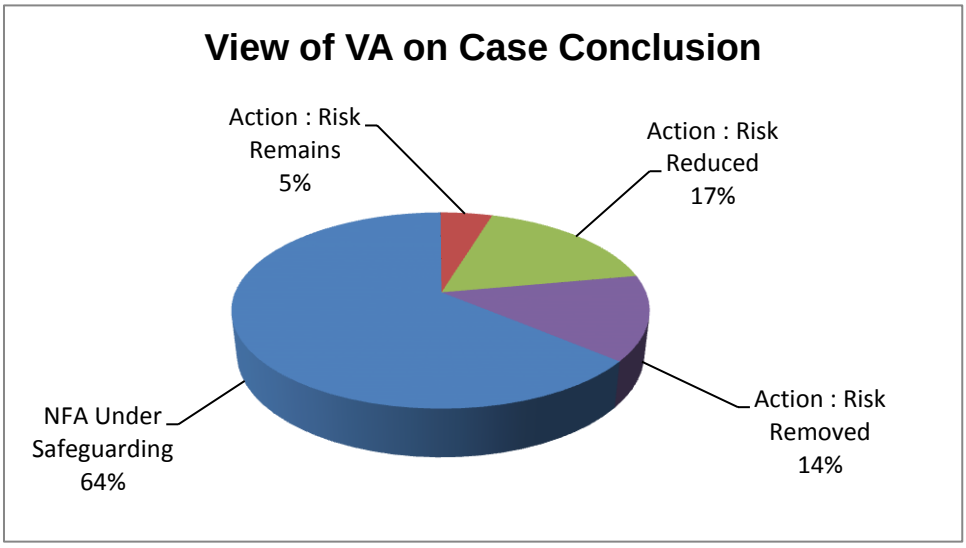
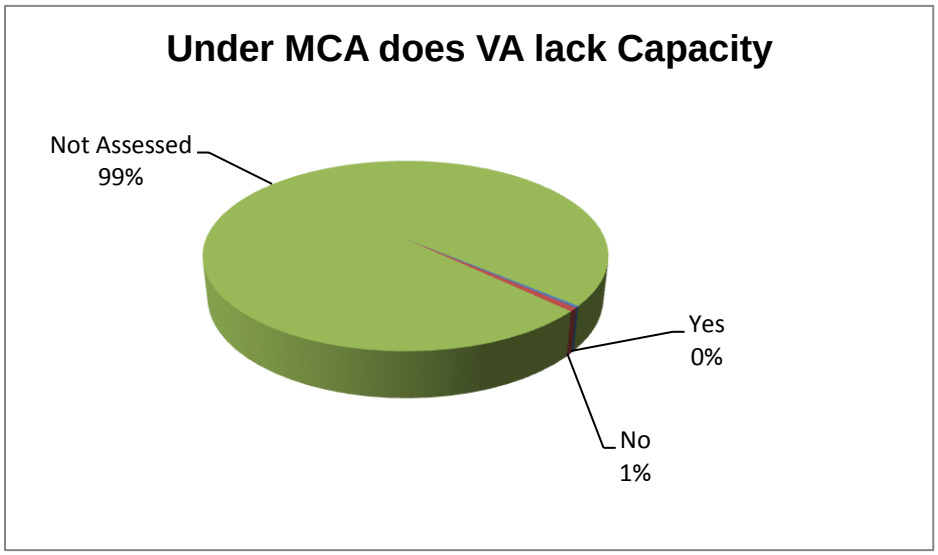


Table 15.3

Under MCA does VA lack Capacity	Number of Cases	Percentage
Yes	1	0%
No	2	1%
Not Assessed	312	99%
TOTAL	315	



16. Case Outcomes - Vulnerable Adults

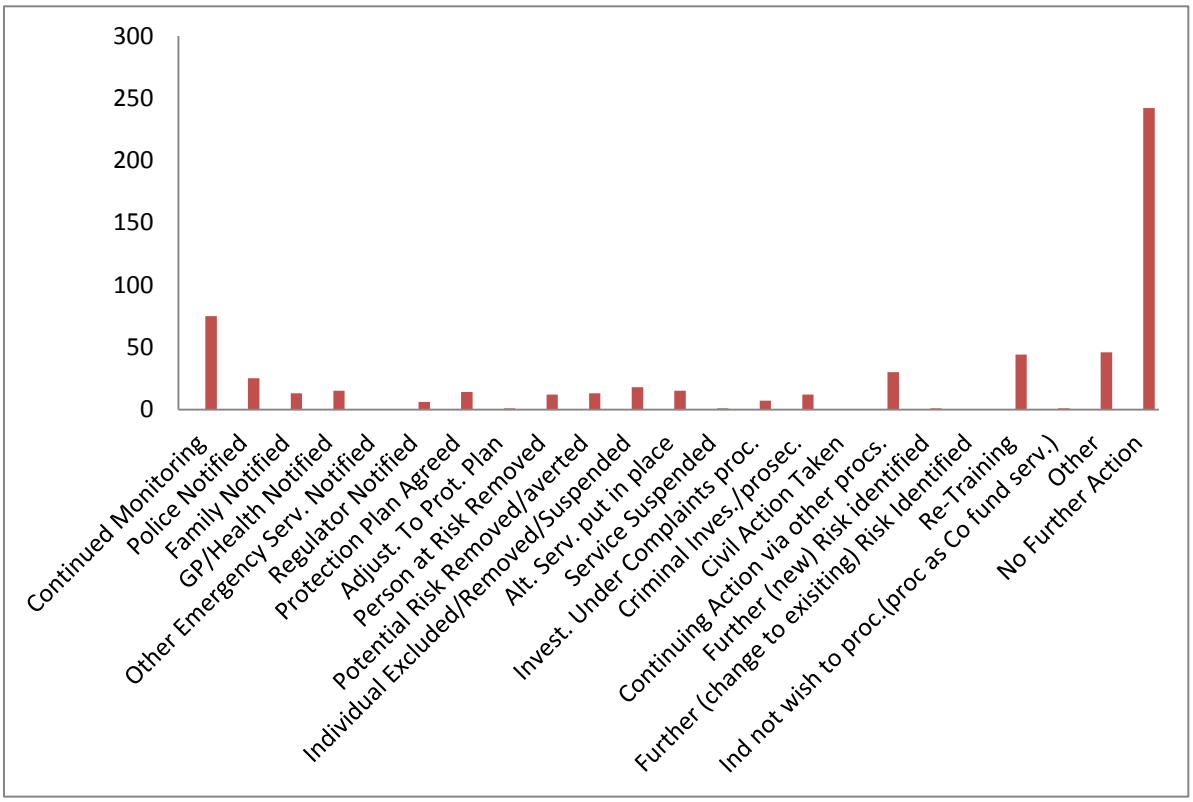
Table 16.0

Outcomes for VA	Number of Cases	Percentage
Continued Monitoring	75	13%
Police Notified	25	4%
Family Notified	13	2%
GP/Health Notified	15	3%
Other Emergency Serv. Notified	0	0%
Regulator Notified	6	1%
Protection Plan Agreed	14	2%
Adjust. To Prot. Plan	1	0%
Person at Risk Removed	12	2%
Potential Risk Removed/averted	13	2%
Individual Excluded/Removed/Suspended	18	3%
Alt. Serv. put in place	15	3%
Service Suspended	1	0%
Invest. Under Complaints proc.	7	1%
Criminal Inves./prosec.	12	2%
Civil Action Taken	0	0%
Continuing Action via other procs.	30	5%
Further (new) Risk identified	1	0%
Further (change to exisiting) Risk Identified	0	0%
Re-Training	44	7%
Ind not wish to proc.(proc as Co fund serv.)	1	0%

Other	46	8%
No Further Action	242	41%
TOTAL	**591**	

Table 16.0 includes referrals which were not received this year but were closed in this period.

Figure 16.0 **Outcomes for Vulnerable Adults**



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Portsmouth CITY COUNCIL

Safeguarding Adults

Yearly report 2013/14

Summary	Number of cases
Total Number of Alerts Received	1300
Number of Referrals	378
Number of Repeat Referrals	25
Number Not Investigated	897

Number of Last years referrals closed in this period.	76

Meetings	Number	Percentage
Strategy Meetings	29	9%
Case Conferences	159	51%
MDT Meetings	17	5%
Family conferences	2	1%
Unannounced Visits	99	32%
Management Meeting	5	2%
TOTAL	**311**	

Working Days	254
Alerts per day	0
Meetings per day inlcuding Unannounced visits	1.224409449

Please note: these figures do not include referrals or alerts relating to service providers where there are multiple VA's.

2. Nature of Abuse

Table 2.0

Nature of Abuse	Number of cases	Percentage
Physical	601	22%
Financial	234	8%
Institutional	321	12%
Sexual	71	3%
Neglect	950	34%
Psychological	477	17%
Discriminatory	25	1%
Self Harm	15	1%
Self Neglect	90	3%
TOTAL	**2784**	
Of which included Multiple abuse	730	26%

Figure 2.0

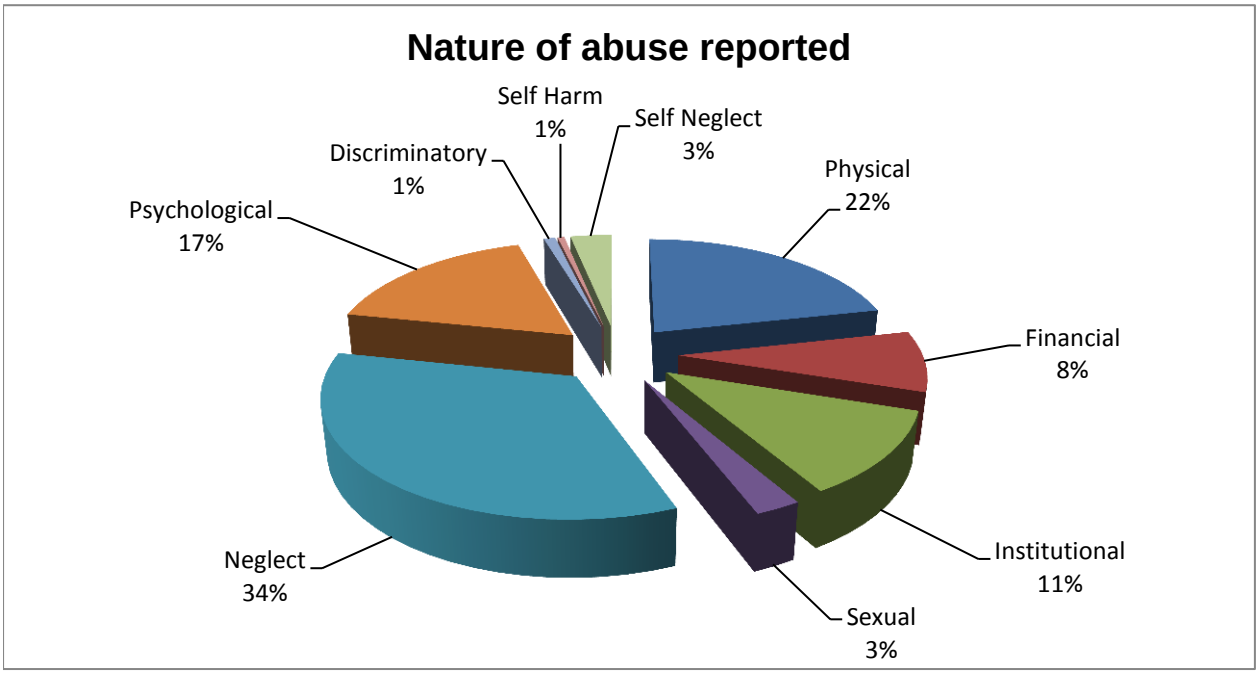


Figure 2.1

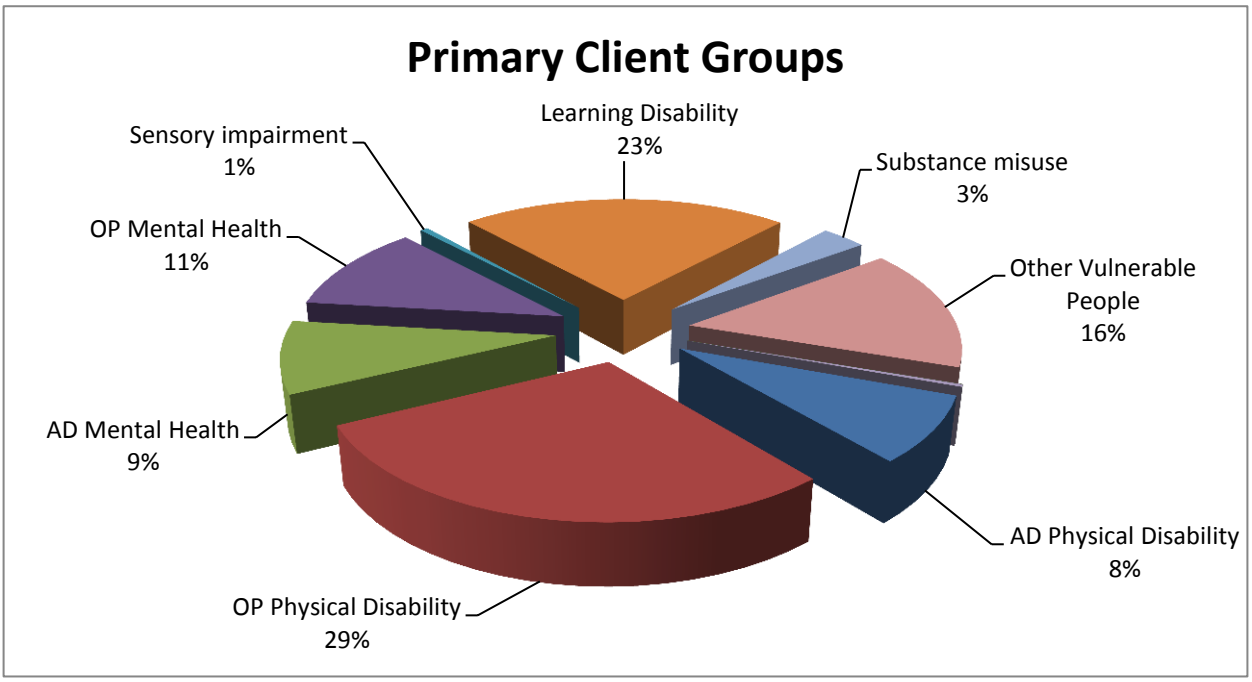
Hate Crimes	Number of Cases
LD	0
Racial	0
Religious	0
Other	0
Total	**0**

3. Safeguarding clients by Primary client group

Table 3.0

Client Group	Number of Cases	Percentage
AD Physical Disability	107	8%
OP Physical Disability	377	29%
AD Mental Health	118	9%
OP Mental Health	144	11%
Sensory impairment	7	1%
Learning Disability	302	23%
Substance misuse	41	3%
Other Vulnerable People	200	15%
Unknown	0	0%
Institution	4	0%
TOTAL	**1300**	

Figure 3.0



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Care Quality Commission	56	4%
Housing	62	5%
Education/Training/Workplace Establishmer	2	0%
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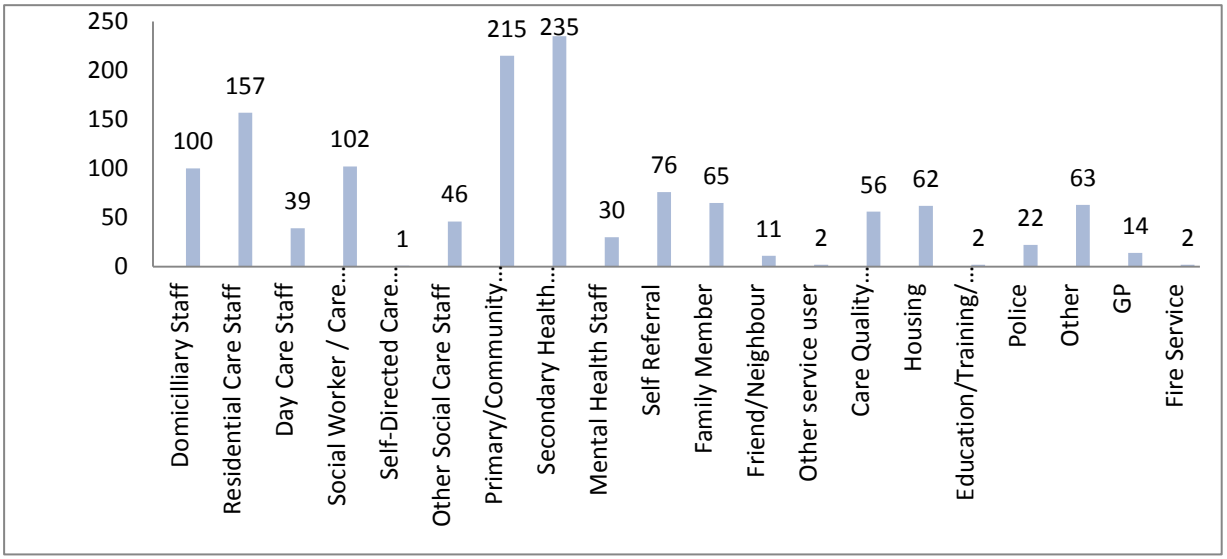

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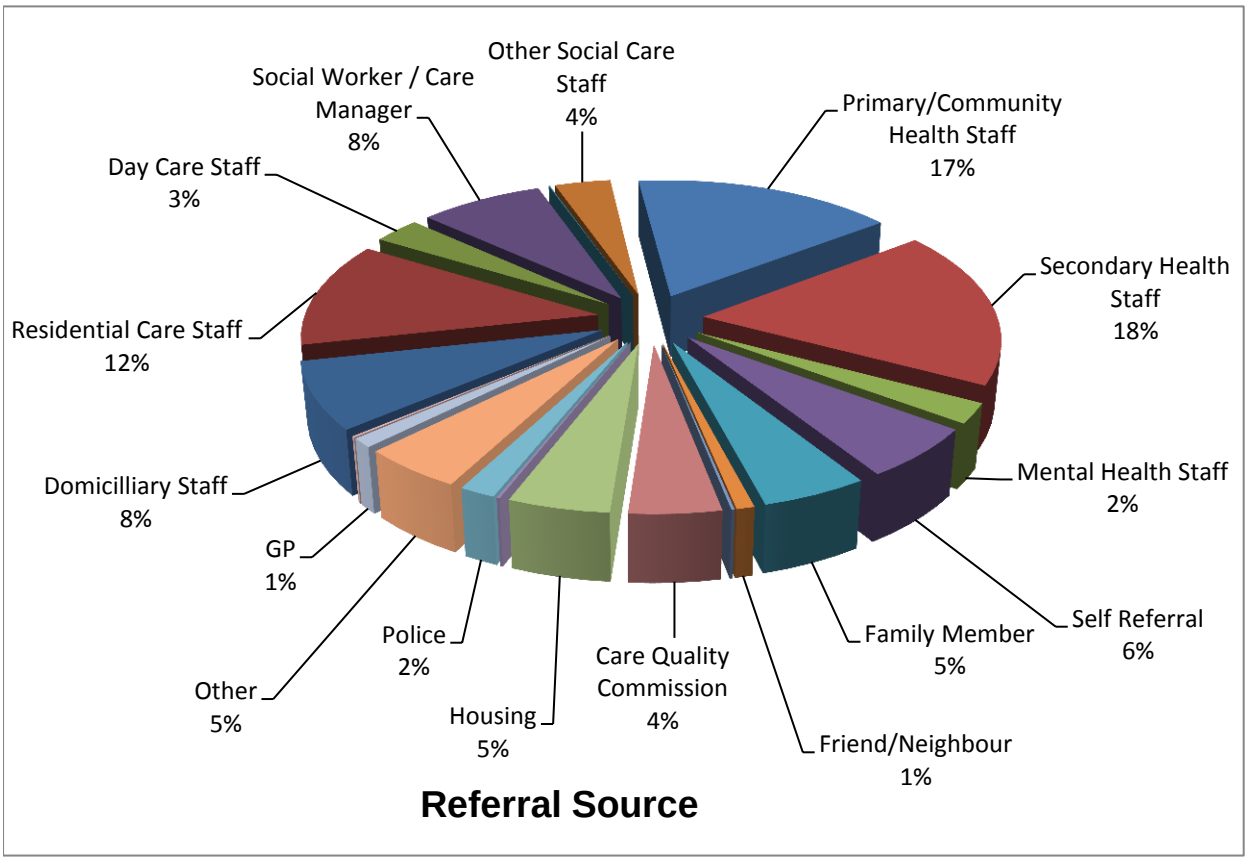

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Ethnicity of VA	Number of Cases	Percentage
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Other Mixed background	3	0%
Indian	6	0%
Pakistani	0	0%
Bangladeshi	1	0%
Chinese	1	0%
Other Asian Background	3	0%
Black Caribbean	3	0%
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Any Other Black background	1	0%
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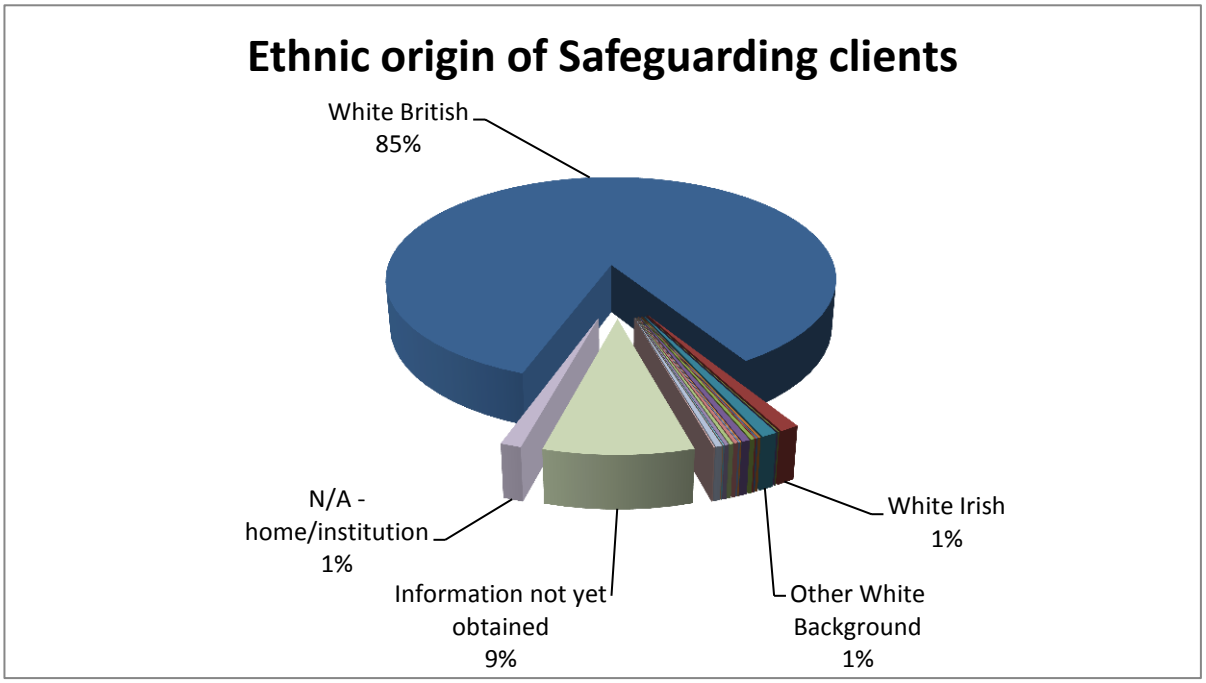

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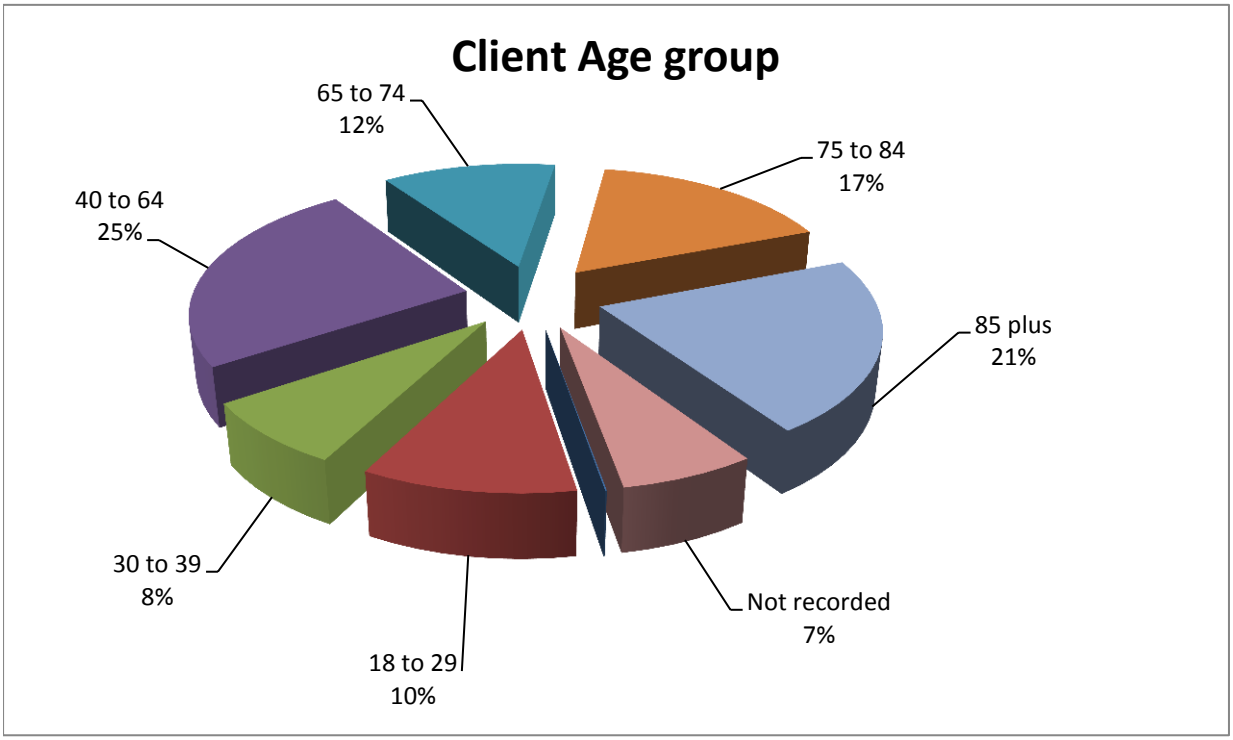

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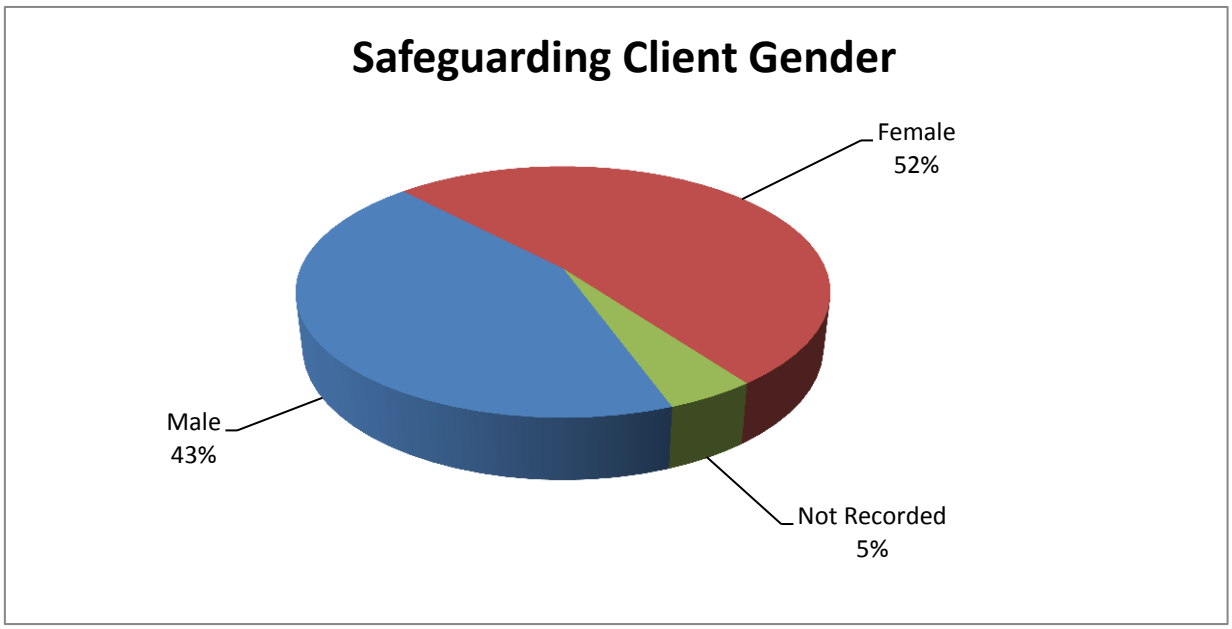

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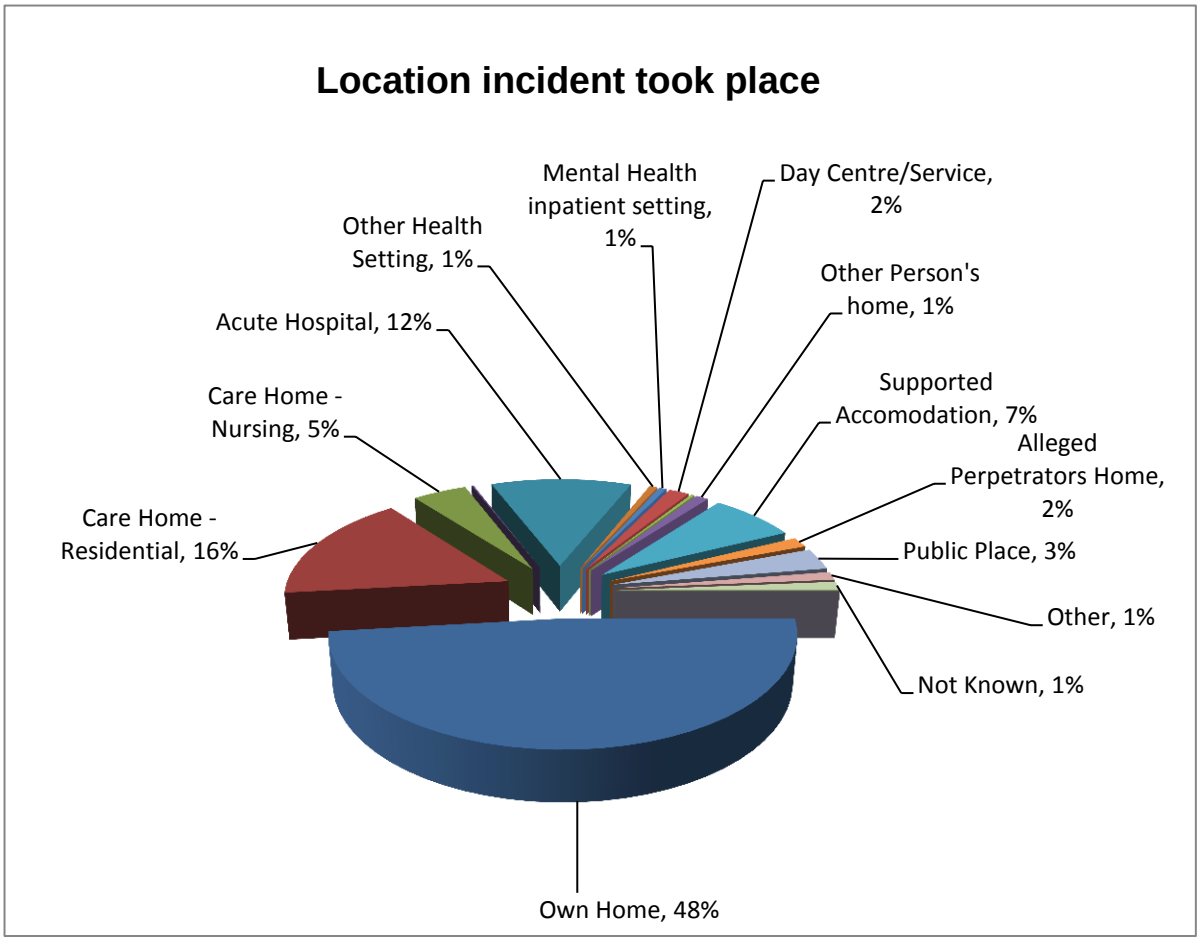
Not Known	17	1%
TOTAL	**1300**	

Figure 9.0



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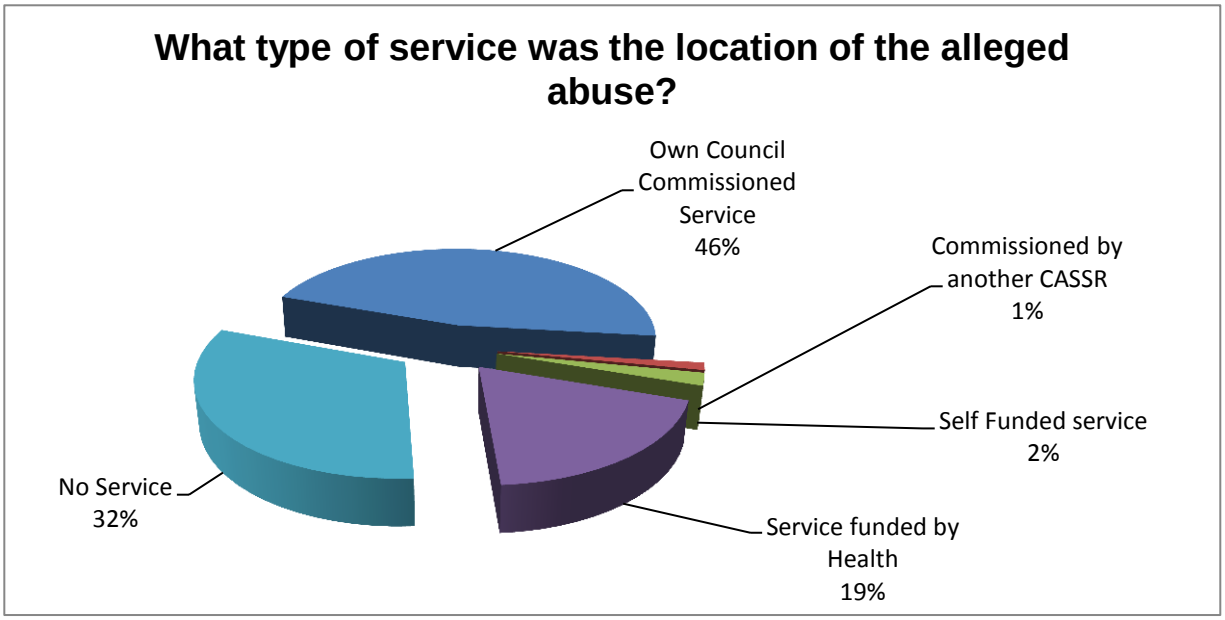

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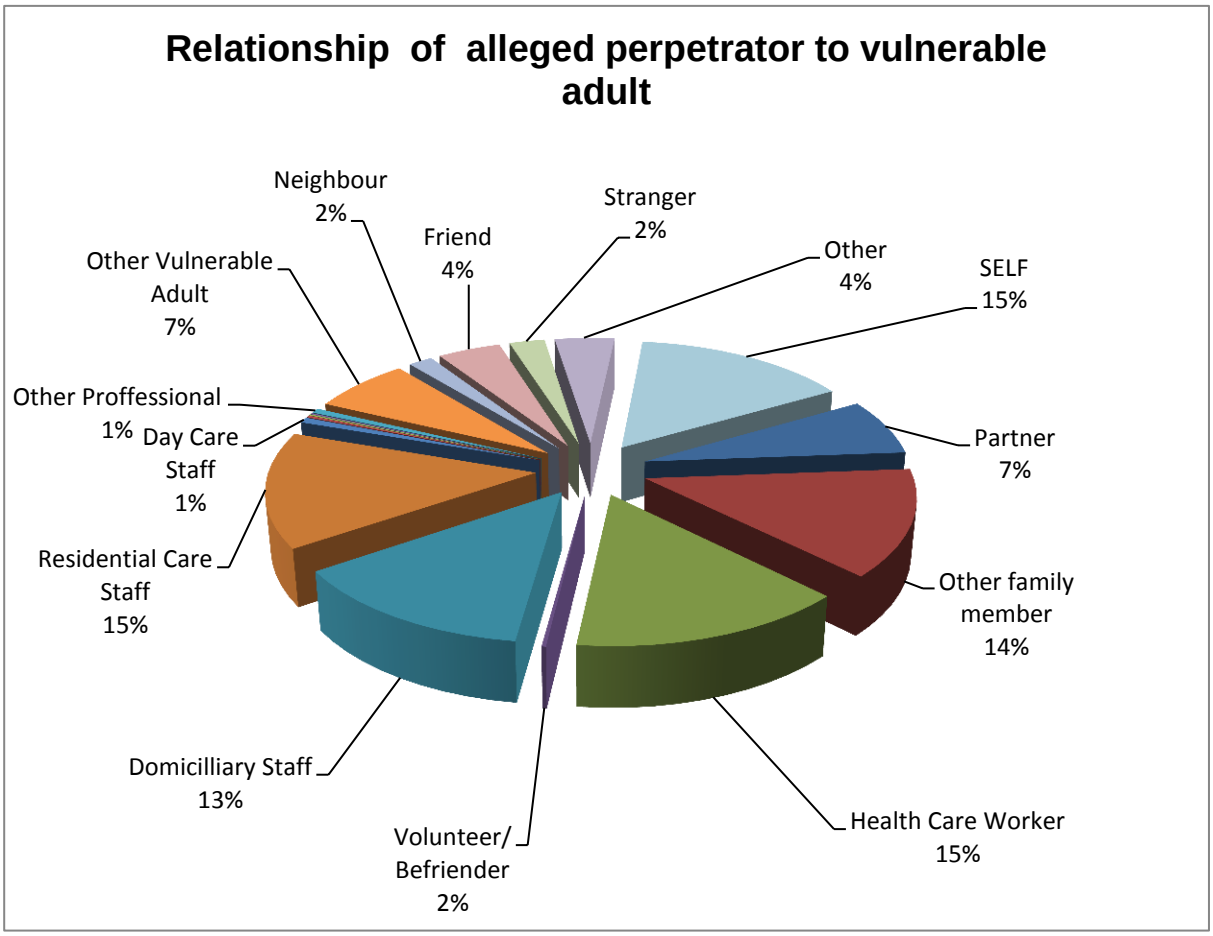
Partner	93	7%
Other family member	176	14%
Health Care Worker	189	15%
Volunteer/Befriender	3	0%
Domicilliary Staff	174	13%
Residential Care Staff	191	15%
Day Care Staff	9	1%
Social Worker / Care	3	0%
Self Directed Support	2	0%
Other Social Care Staff	2	0%
Other Proffessional	8	1%
Other Vulnerable Adult	90	7%
Neighbour	22	2%
Friend	57	4%
Stranger	32	2%
Other	54	4%
SELF	195	15%
TOTAL	**1300**	

Figure 10.0



11. Alleged Perpetrator info:

Table 11.0

AP Identified	Number of Cases	Percentage
Yes	911	70%
No	389	30%
N/A - home/institution	0	0%
TOTAL	**1300**	

Table 11.1 Does the Alleged Perpetrator live with the Vulnerable Adult?

Does the AP live with the VA?	Number of Cases	Percentage
Yes	414	32%
No	886	68%
N/A - home/institution	0	0%
TOTAL	**1300**	

Table 11.2 Is the Alleged Perpetrator the main family carer?

Is the AP the main family carer?	Number of Cases	Percentage
Yes	287	22%
No	1013	78%
N/A - home/institution	0	0%
TOTAL	**1300**	

12. Alleged Perpetrator Gender

Table 12.0

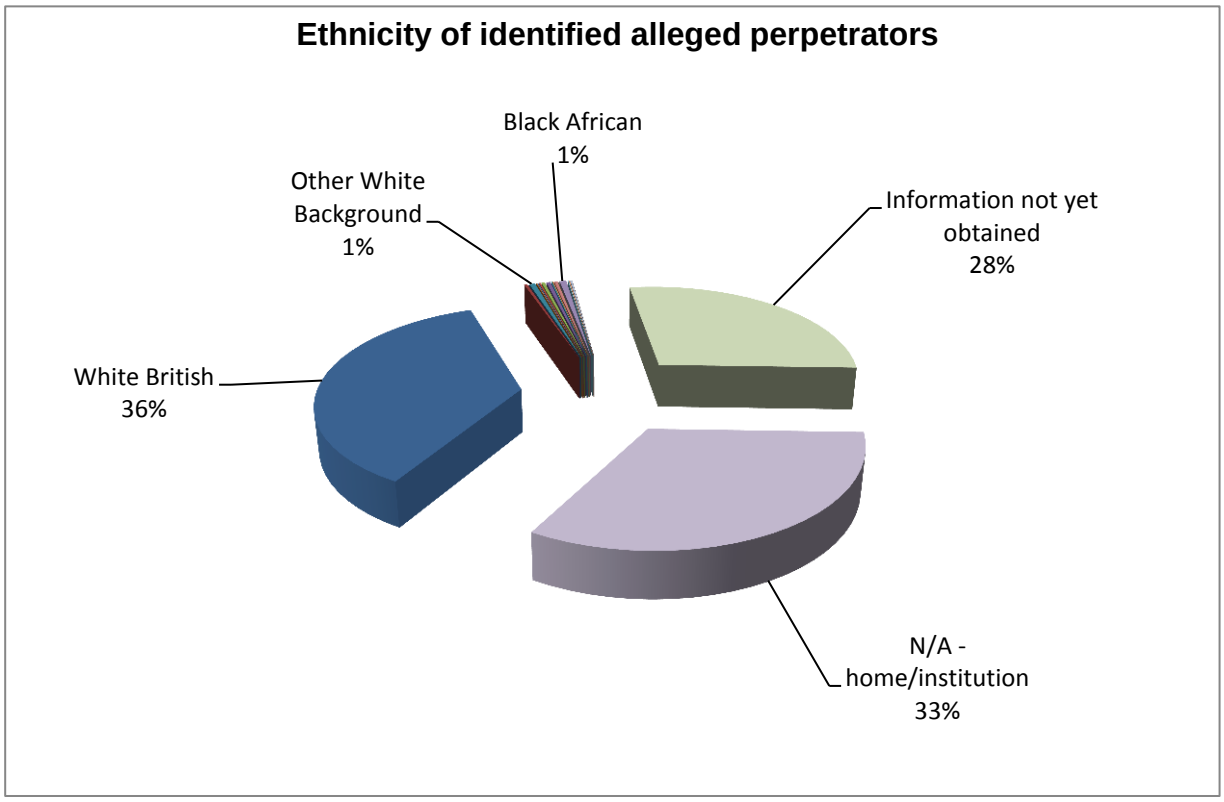
AP Gender	Number of Cases	Percentage
Male	481	37%
Female	276	21%
Not Recorded	90	7%
N/A - home/institution	453	35%
TOTAL	**1300**	

13. Alleged Perpetrator Ethnicity

Table 13.0

Ethnicity of AP	Number of Cases	Percentage
White British	472	36%
White Irish	4	0%
Traveller of Irish Heritage	0	0%
Gypsy/Roma	0	0%
Other White Background	7	1%
Mixed White and Black Caribbean	1	0%
Mixed White and Black African	1	0%
Mixed White and Asian	2	0%
Other Mixed background	4	0%
Indian	5	0%
Pakistani	1	0%
Bangladeshi	1	0%
Chinese	0	0%
Other Asian Background	4	0%
Black Caribbean	0	0%
Black African	8	1%
Any Other Black background	1	0%
Arab	1	0%
Any Other Ethnic Group	2	0%
Refused	0	0%
Information not yet obtained	359	28%
N/A - home/institution	427	33%
TOTAL	1300	

Figure 13.0

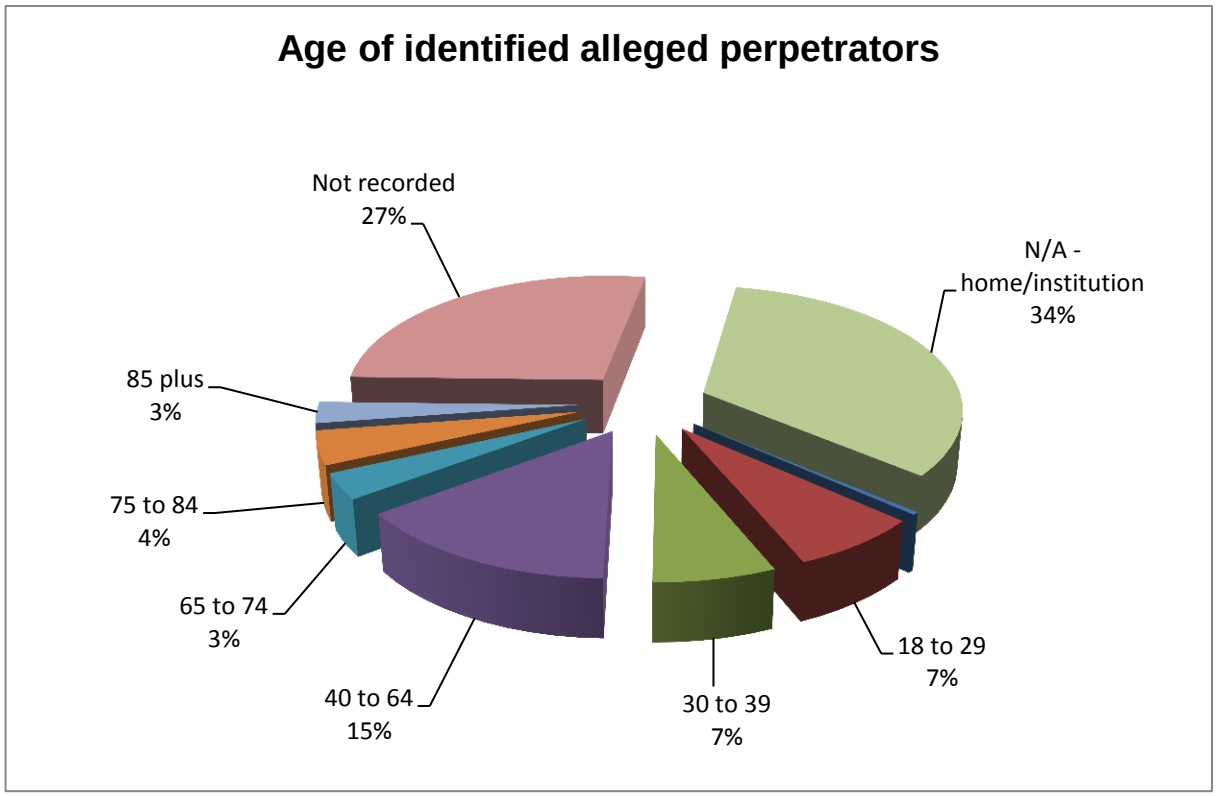


14. Alleged Perpetrator age

Table 14.0

Alleged Perpetrator age	Number of Cases	Percentage
Under 18	5	0%
18 to 29	93	7%
30 to 39	86	7%
40 to 64	190	15%
65 to 74	44	3%
75 to 84	57	4%
85 plus	36	3%
Not recorded	355	27%
N/A - home/institution	434	33%
TOTAL	**1300**	

Figure 14.0



15. Completed Cases

These tables include referrals which were not received this year but were closed in this period.

Table 15.0

Number of cases completed within 3 months	Percentage of Total Completed Referrals
199	63%

Table 15.1

Case Conclusion	Number of Cases	Percentage
Fully Substantiated	68	22%
Partialy Substantiated	70	22%
Not Substantiated	100	32%
Inconclusive	67	21%
Invest. Ceased at Ind	10	3%
TOTAL	315	

Figure 15.1

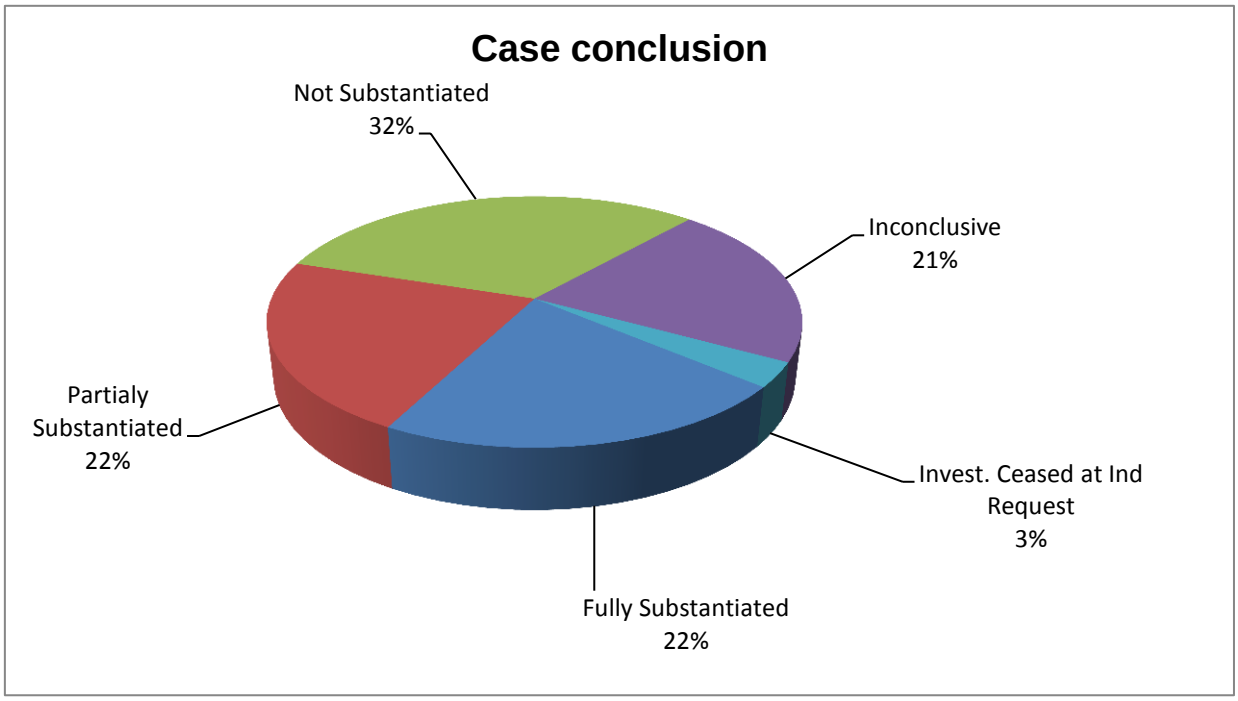


Table 15.2

View of VA on Case Conclusion	Number of Cases	Percentage
NFA Under Safeguarding	201	64%
Action : Risk Remains	15	5%
Action : Risk Reduced	55	17%
Action : Risk Removed	44	14%
TOTAL	315	

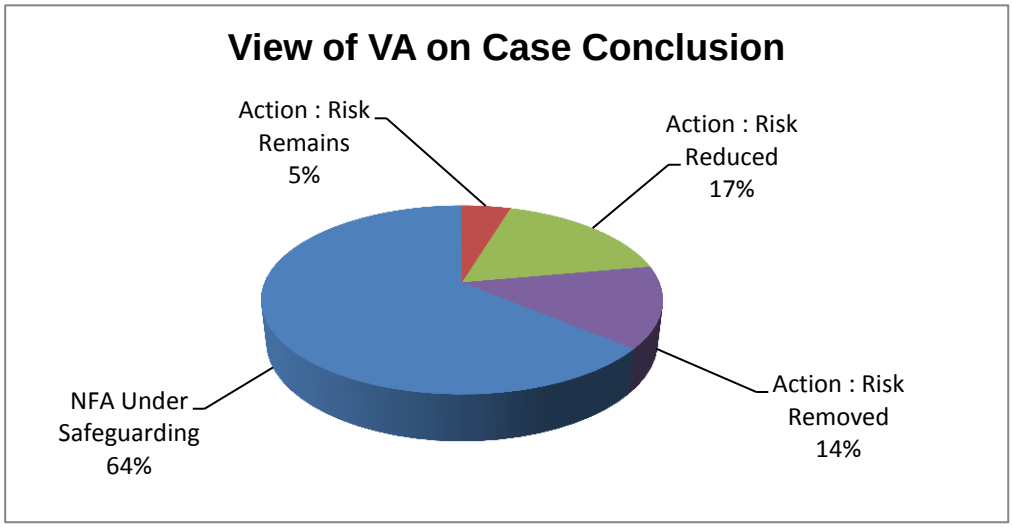
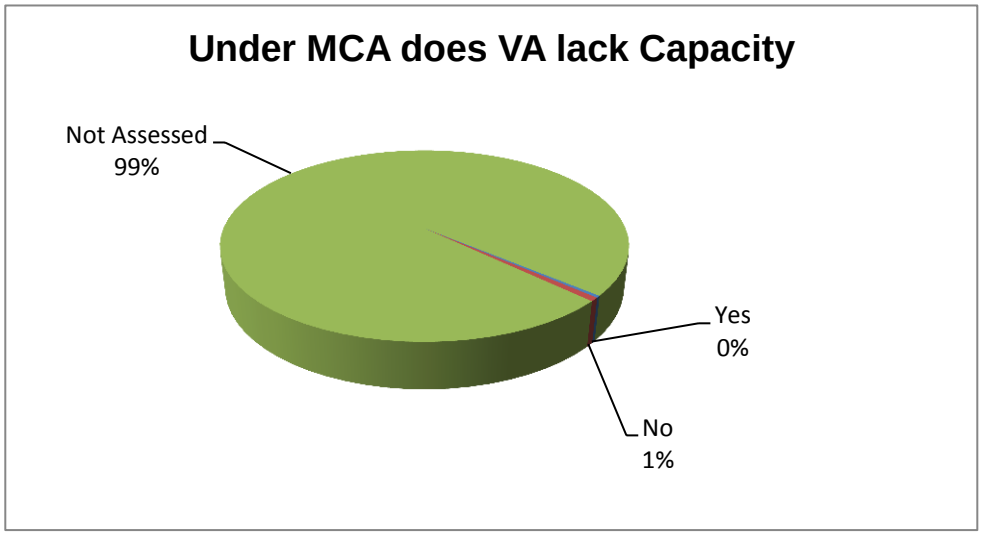


Table 15.3

Under MCA does VA lack Capacity	Number of Cases	Percentage
Yes	1	0%
No	2	1%
Not Assessed	312	99%
TOTAL	315	



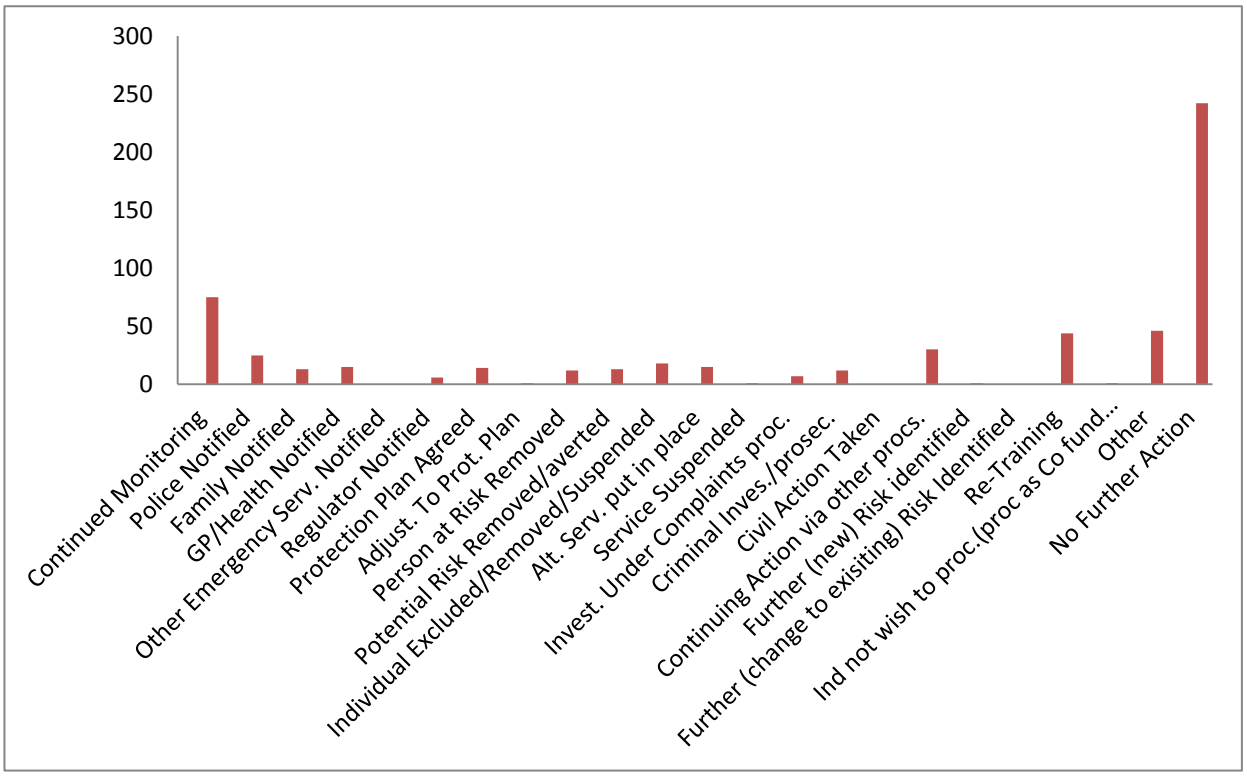
16. Case Outcomes - Vulnerable Adults

Table 16.0

Outcomes for VA	Number of Cases	Percentage
Continued Monitoring	75	13%
Police Notified	25	4%
Family Notified	13	2%
GP/Health Notified	15	3%
Other Emergency Serv. Notified	0	0%
Regulator Notified	6	1%
Protection Plan Agreed	14	2%
Adjust. To Prot. Plan	1	0%
Person at Risk Removed	12	2%
Potential Risk Removed/averted	13	2%
Individual Excluded/Removed/Suspended	18	3%
Alt. Serv. put in place	15	3%
Service Suspended	1	0%
Invest. Under Complaints proc.	7	1%
Criminal Inves./prosec.	12	2%
Civil Action Taken	0	0%
Continuing Action via other procs.	30	5%
Further (new) Risk identified	1	0%
Further (change to exisiting) Risk Identified	0	0%
Re-Training	44	7%
Ind not wish to proc.(proc as Co fund serv.)	1	0%
Other	46	8%
No Further Action	242	41%
TOTAL	**591**	

Table 16.0 includes referrals which were not received this year but were closed in this period.

Figure 16.0 Outcomes for Vulnerable Adults



Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health and Wellbeing Board
Subject:	Joint Health and Wellbeing Strategy
Date of meeting:	26th November 2014
Report by:	Matt Gummerson
Wards affected:	All

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1. Requested by

1.1 Dr Janet Maxwell, Director of Public Health

2. Purpose

2.1 To inform the board of the baseline positions on the outcome measures being addressed through the Joint Health and Wellbeing Strategy 2014 -17 (JHWS) and to clarify the areas where the board will focus its attention.

3. Information Requested

3.1 The HWB has agreed a JHWS for 2014-17 that covers many of the broad range of factors that impact on local people's health and wellbeing. Appendix A to this report sets out the baseline position, reported via the Joint Strategic Needs Assessment (JSNA), for the outcomes being targeted within the strategy.

3.2 The baseline position for each outcome includes a variety of supporting information (where available):

- Definition and source of data
- Current position in Portsmouth and local trend
- Comparative performance to England
- Understanding the scale of the challenge - this turns the outcome indicator into a more tangible number and states the improvement that would be required to reach the current English national average. These are not targets for the JHWS. This is a way of presenting the data within the JSNA to help people understand the local issue.

- Locality data - across a number of workstreams partners are working together using a shared set of sub-city localities (North, Central and South). Where available, the JHWS baseline data has been broken down into these localities, again for illustrative purposes within the JSNA.

3.3 The board has agreed that the strategy includes areas that are led by organisations / partnerships outwith the HWB but where the work needs to be reflected within the strategy. At the meeting in September 2014 there was a request for additional clarity to be provided around who manages performance against those priorities that the board is not focussing on and the process for ensuring these different approaches deliver effective outcomes for local people.

3.4 The table at Appendix B states the strategic and operational ownership of each JHWS workstream. It separates workstreams into ones that are:

- Owned by another strategic partnership and reported annually / by exception to the HWB e.g. the 'improving educational attainment' workstream. A report approved by PCC's Cabinet and Full Council in November 2014 explained the joint planning process across the strategic partnerships.
- Owned strategically by the HWB via the JHWS but led strategically elsewhere in the system e.g. 'delivering the CCG strategic priorities' and with separate operational performance management arrangements. Reporting to the HWB will be annually / by exception.
- Owned strategically by the HWB and with operational performance management that will report in to the HWB on a more frequent basis. This list comprises the following workstreams: mental health, Better Care Fund, dementia, and exploring Lifestyle Hubs as part of a 'wellbeing service'.

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Signed by

Appendices:
Appendix A - JHWS outcome measures and supporting information

Appendix B - Strategic and operational ownership of JHWS workstreams

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

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

Title of document	Location

Portsmouth CITY COUNCIL

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North	/ Central	/ South	Actions or issues North	/ Central	/ South	Specific issues	Source
Overall priority		Increasing life expectancy for males	79.2 yrs	78.2 yrs	Significantly shorter than England	Improving		79.9 yrs	76.6 yrs	77.9 yrs	Lowest in Paulsgrove 77.7yrs Highest in Copnor 81.8 yrs	Lowest in Charles Dickens 73.6yrs Highest in Baffins 79.6 yrs	Lowest in Central Southsea 76.4 yrs Highest in St Jude 79.1 yrs	Males in most deprived 10% of LSOAs live 9.4 yrs shorter than males in least deprived	ONS. 2010/12
		Increasing life expectancy for females	83.0 yrs	82.6 yrs	Not significantly different to England	Slightly declining		83.6 yrs	81.5 yrs	82.4 yrs	Lowest in Paulsgrove 81.6 yrs Highest in Copnor 84.9 yrs	Lowest in Charles Dickens - 79.0 yrs: highest in Baffins - 83.8 yrs	Lowest in Eastney and Craneswater 81.8 yrs Highest in Milton 84.7 yrs	Females in most deprived 10% of LSOAs live 5.8 yrs shorter than females in least deprived.	
1 Give children and young people the best start(*)															
		Smoking in pregnancy (% of women giving birth who have smoked throughout pregnancy)	12.00%	15.40%	Significantly higher	Improving	94 fewer women smoking during pregnancy	Not yet available at locality level						Teenage mothers have higher rates of smoking during pregnancy	HSCIC. 2013/14
	1a Improve outcomes for the pre-birth to 5 years age group	Breastfeeding within 48 hrs of baby's birth	73.9%	75.4%	Higher	Improving until 2012/13. 2013/14 out-turn shows sharp decline - data issues	Need to maintain high level achieved in 2012/13. Baseline to be set	Not available at locality level						Baseline to be set - national data problems Lower rates for mothers from lower socio-economic status groups	HSCIC. For CCG localities. 2012/13

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South	Actions or issues North / Central / South	Specific issues	Source
		Breastfeeding at 6-8 weeks (% of women breastfeeding at the time of the baby's 6-8 week check)	47.2%	46.5%	Lower	Improving until 2012/13. 2013/14 out-turn shows sharp decline - data issues	Need to improve 6-8 wk rate. Baseline to be set	Not available at locality level		Baseline to be set - local data problems Lower rates for mothers from lower socio-economic status groups	HSCIC. For CCG localities. 2012/13
		Early Years Foundation Stage: Meeting at least Expected Level in Communication and language - overall	72%	75%	Higher	New Measure in 2013 - No benchmark	Achievement higher than England average - need to maintain level	Not yet available at locality level			
		Boys	66%	67%	Higher	New Measure in 2013 - No benchmark	Achievement higher than England average - need to maintain level	Not yet available at locality level			
		Girls	79%	82%	Higher	New Measure in 2013 - No benchmark	Achievement higher than England average - need to maintain level	Not yet available at locality level		Gender differences - boys have much lower outcomes than girls	DfE Statistical First Release
		Early Years Foundation Stage: Meeting at least Expected Level in Personal, social, emotional development - overall	76%	80%	Higher	New Measure in 2013 - No benchmark	Achievement higher than England average - need to maintain level	Not yet available at locality level			
		Boys	70%	73%	Higher	New Measure in 2013 - No benchmark	Achievement higher than England average - need to maintain level	Not yet available at locality level			
		Girls	83%	87%	Higher	New Measure in 2013 - No benchmark	Achievement higher than England average - need to maintain level	Not yet available at locality level			
	1b Educational attainment of school age children	Pupil absence (average days lost per enrolment)	9 days lost per enrolment	10 days lost per enrolment	Higher		1 day gained per enrolment	Not yet available at locality level		Enrolment relates to a pupil but can be enrolled more than once if move between	DfE Statistical First Release, academic year 2012/13

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South			Actions or issues North / Central / South			Specific issues	Source
														schools	
		% pupils making at expected levels of progress between Key Stage 1 and Key Stage 2													
		KS 2 results (Level 4+ in Reading/Writing/Maths) - overall	76%	69.8%	Lower	Improving	114 more pupils achieving Level 4+ Reading/Writing/Maths	72.1%	63.7%	75.6%	29 more pupils to match England average	79 more pupils to match England average	2 more pupils to match England average		DfE Statistical First Release and Education Information Services GIS Analysis
		Boys	72%	66%	Lower	Improving	58 more boys achieving Level 4+ Reading / Writing/ Maths	67.6%	60.2%	71.5%	18 more boys to match England average	39 more boys to match England average	2 more boys to match England average		
		Girls	79%	74%	Lower	Improving	44 more girls achieving Level 4+ Reading / Writing / Maths	77.3%	67.4%	80%	6 more girls to match England average	36 more girls to match England average	Achievement similar to England average - need to maintain level	Gender differences - boys have much lower outcomes than girls	
		% pupils making at expected levels of progress between Key Stage 2 and Key Stage 4													
		5 GCSE A* to C grades incl English and Maths - all pupils	59.2%	47.6%	Significantly lower	Before 2013 had improved every year since 2009, but now fallen	217 more pupils achieving 5+ A*-C including English and Maths	52.3%	43.4%	47%	51 more pupils to match England average	105 more pupils to match England average	50 more pupils to match England average		
		Boys	53.8%	39.7%	Significantly lower	Before 2013 had improved every year since 2009, but now fallen	133 more boys achieving 5+ A*-C including English and Maths	41.7%	39.5%	36.9%	44 more boys to match England average	49 more boys to match England average	37 more boys to match England average		
		Girls	64.8%	55.6%	Significantly lower	Improving	86 more girls achieving 5+ A*-C including English and Maths	62.6%	47.5%	58.3%	9 more girls to match England average	56 more girls to match England average	13 more girls to match England average		

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South			Actions or issues North / Central / South			Specific issues	Source
	1c Understand more about emotional wellbeing of children and young people		Outcome measures to be determined within Mental Health Strategy (Workstream 2b)				Measures to be determined by Mental Health Alliance							
2 Promoting prevention															
		Walking and cycling becoming the travel 'norm' for short trips	Data not yet available. University of Portsmouth study planned												
		Childhood obesity - Year R (% resident children who are overweight including obese)	22.2%	23.9%	Significantly higher		29 fewer children of excess weight	Excess weight proportion 23.06%	Excess weight proportion 25.98%	Excess weight proportion 21.65%	About 4 fewer of excess weight	About 29 fewer of excess weight	Already below England average - maintain current level		National Child Measurement Programme, Health and Social Care Information Centre. 2010/11 - 2012/13
		Boys (% resident boys equal to or above 85th centile of UK90 growth reference)	23.2%	24.1%	Higher	Improving	10 fewer boys of excess weight	Not yet available at locality level							National Child Measurement Programme, Health and Social Care Information Centre. 2012/13 NB Data for boys and girls relates to one year
	2a Create sustainable healthy communities	Girls (% resident girls equal to or above 85th centile of UK90 growth reference)	21.2%	23.8%	Higher	Worsening	28 fewer girls of excess weight	Not yet available at locality level							
		Childhood obesity - Year 6 (% resident children who are overweight including obese)	33.50%	35.30%	Significantly higher		30 fewer children of excess weight	Excess weight proportion 34.29%	Excess weight proportion 36.99%	Excess weight proportion 34.59%	About 5 fewer of excess weight	About 20 fewer of excess weight	About 4 fewer of excess weight		National Child Measurement Programme, Health and Social Care Information Centre. 2010/11 - 2012/13
		Boys (% resident boys equal to or above 85th centile of UK90 growth reference)	34.8%	36.7%	Higher	Improving	17 fewer boys of excess weight	Not yet available at locality level							National Child Measurement Programme, Health and Social Care Information Centre. 2012/13 NB Data for
		Girls (% resident girls equal to or above 85th centile of UK90 growth	31.8%	33.7%	Higher	Worsening	16 fewer girls of excess weight	Not yet available at locality level							

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South			Actions or issues North / Central / South			Specific issues	Source
		reference)													boys and girls relates to one year
Page 125	**2b Improve mental health and wellbeing**	Mental Health Alliance outcomes	Measures to be determined by Alliance												
		Prevalence of people diagnosed and recorded since 2006 as having depression in GP Practices (% of registered patients aged 18+ yrs)	5.8%	5.5%		Definition change. No trend data available	Additional 658 patients diagnosed with depression	4.37%	5.45%	6.26%	Additional 727 patients diagnosed to match England average prevalence Additional 536 patients diagnosed to match Portsmouth average	Additional 213 patients diagnosed to match England average prevalence Additional 2 patients diagnosed to match the Portsmouth average	538 patients fewer with recorded depression to match Portsmouth average 283 fewer patients with recorded depression to match England average	Portsmouth prevalence likely to reflect under-diagnosis or under-recording in GP Practices	Health and Social Care Information Centre. QOF. For CCG Localities 2012/13
		People with mental health conditions in settled accommodation (% of adults in contact with secondary mental health services to live in stable and appropriate accommodation)	60.9%	57.6%	Lower	Worsening	N/A	Not yet available at locality level							ASCOF 1H. PHOF 1.06ii Health and Social Care Information Centre. 2013/14
	2c Tackle issues relating to smoking, alcohol and substance misuse	Secondary school pupils report never having tried tobacco	N/A	82%	N/A	Improving	N/A	Not yet available at locality level							Portsmouth City Council. Secondary school pupil substance misuse survey, 2014
		Secondary school pupils report having drunk a whole alcoholic drink	N/A	53%	N/A	Improving	N/A	Not yet available at locality level							
		Adult smoking prevalence	19.5%	22.5%	Significantly higher	Improving	4,871 fewer adults smoking	Not yet available at locality level						Use national survey pending results of local health and lifestyle survey for adults	Integrated Household Survey via Tobacco Control Profiles. 2012

Portsmouth CITY COUNCIL

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South			Actions or issues North / Central / South			Specific issues	Source
		Adult binge drinking	20.0%	22.2%	Higher	N/A	3,636 fewer adults binge drinking	19.0%	22.4%	25.4%	Already below England and city averages	1,035 fewer adults binge drinking to match England average 59 fewer adults binge-drinking adults to match Portsmouth average	3,306 fewer adults binge drinking to match England average 1,941 fewer adults binge-drinking adults to match Portsmouth average	Modelled estimates used pending results of local health and lifestyle survey of adults	Health Survey for England, 2006-08
		Alcohol misuse - broad measure (*) (Alcohol-related hospital admissions per 100,000 population)	2,032 admissions per 100,000 population	2,012 admissions per 100,000 population	Lower	Improving	N/A	Not available at locality level							Local Alcohol Profiles 2014 (data period 2012/13)
		Alcohol misuse - narrow measure (*) (Alcohol-related hospital admissions per 100,000 population)	637 admissions per 100,000 population	609 admissions per 100,000 population	Lower	Improving	N/A	Not available at locality level							
	Supporting independence														
	3a Better Care Fund	Reduction in total general and acute non-elective hospital admissions	N/A	19,635 admissions	N/A	N/A	N/A	Not yet available at locality level							BCF. Data for 2013/14
		Increase in proportion of older people still at home 91 days after discharge from hospital into rehab services	81.9%	81.8%	No different	Improving	Maintain current trend	Not yet available at locality level							ASCOF 2B(i). BCF measure. 2013/14
	3b Explore and develop lifestyle hubs	Smoking, drinking measures (see above)													
	3c Implement	GCSE attainment (see above)													

Portsmouth CITY COUNCIL

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South			Actions or issues North / Central / South			Specific issues	Source
Page 127	**the new City of Service model of high impact volunteering**	Adult numeracy skills (% of working age adults with numeracy skills at Entry Level 3 or below)	49.2%	47.7%	Better	N/A	Already better than England	49.45%	53.43%	42.29%	131 more adults obtaining Level 1 and above to meet England average 839 more adults obtaining Level 1 and above to meet Portsmouth average	1,510 more adults obtaining Level 1 and above to meet England average 2,049 more adults obtaining level 1 and above to meet Portsmouth average	Numeracy skills better than England average		Adult Skills Survey 2010 numeracy skills at Entry Level 3 or below pending measure of outcomes set by participants in the Challenge
		Satisfaction with neighbourhood as a place to live	Data not yet available. Pending local Health and Lifestyle Survey												
		Excess winter deaths	N/A	25.2%	N/A	Improving	N/A as this compares winter to summer deaths	27.30%	24.90%	23.50%	Lowest in Cosham 15.4% Highest in Paulsgrove 36.7%	Lowest in Baffins 0.4% Highest in Nelson 43.0%	Lowest in St Jude 16.3% Highest in St Thomas 35.8.%	Data here calculated from local source. Nationally available data refers to earlier time period	ONS Public Health Mortality File, 2010/11 - 2012/13
		Carbon saved	Data not yet available												
		Householders' costs saved after insulation	Data not yet available												
4 Intervening earlier															
	4a Safeguard the welfare of children, young people and adults (**)	Adults measures to be determined by Safeguarding Adults Board. Support the PSCB's delivery of its Business Plan 2014-17 priorities: • Improving the effectiveness of agencies and the community in addressing neglect • Communication: improving the awareness of safeguarding, including the work of the Board, amongst practitioners and the community, with a particular focus on at risk communities • Ensuring that the voice of children influences learning and best practice • Governance: increasing the effectiveness of the PSCB with clear evidence of improved outcomes for children"														
	4b Deliver CCG strategic	Reduction in emergency re-admissions to	11.8%	12.2%	Higher	Improving	N/A	Not yet available at locality level							NCHOD

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South			Actions or issues North / Central / South			Specific issues	Source
	priorities (***)	hospital within 30 days													
		Permanent admissions of older people to residential and nursing care homes	668.4 per 100,000 population	747.9 per 100,000 population	No different	Improving	23 fewer permanent admissions	Not yet available at locality level							ASCOF 2A(2). BCF measure . 2013/14
	4c Improve the quality of dementia services and care	Increasing diagnosis rate for people with dementia (% recorded dementia per registered patients of all ages)	0.6%	0.7%	Significantly higher	Increasing	Already higher than England	0.7%	0.6%	0.7%	Already higher than England and city rates	Additional 66 patients diagnosed to meet city average	Already higher than England and city rates	Use this measure until data available to measure diagnosis of expected prevalence	Prevalence of recorded dementia by GP Practices, QOF. Health and Social Care Information System
5 Reducing inequality															
	5a Implement refreshed Tackling Poverty Strategy	Indices of Multiple Deprivation													
		Children in low income households	18.6%	22.3% 9,335 children	Higher	N/A	1,567 fewer children	18.0% 2,875 children	28.7% 4,275 children	20.0% 2,185 children	Already below England and city levels. Highest rate in Paulsgrove 30.8%, 1,185 children	1,506 fewer children to meet England level. 949 fewer children to meet city level. Highest rate in Charles Dickens 44.2%, 1,790 children	157 fewer children to meet England level. Already better than city level Highest rate in St Thomas 31.1%, 730 children		Children in low income households local measure, 2012. HMRC, 31 August 2014
		Index of Multiple Deprivation - Older People		Ranked 76th of 326 local authorities											
	5b Tackle health-related barriers to accessing and sustaining	Reduce long-term unemployment (people claiming for more than 12 months per 1,000 working age population)	7.01 per 1,000 working age population	6.51 per 1,000 working age population	Lower	Worsening	Already better than England	4.5 per 1,000	9.3 per 1,000	6.0 per 1,000	Already below England and city averages	95 fewer claimants to meet England rate 115 fewer claimants	Already below England and city averages		NOMIS JSA Claimants as at July 2014. Hampshire County Council Small Area

JHWS priority	Workstreams	Measure	Latest England	Latest Portsmouth	Portsmouth compared to England	City trend	Illustrative scale of challenge - yearly improvement to match England average	Locality values North / Central / South	Actions or issues North / Central / South	Specific issues	Source
	employment								to meet Portsmouth rate		population forecasts. England mid-yr estimates
		Gap in employment between those in contact with secondary mental health services and the overall employment rate (% point difference)	62.3	68.1	Higher	N/A	N/A	Not available at locality level			PHOF 1.08 iii 2012/13
		Employment rate of people with a learning disability known to Adult Social Care	6.8%	9.6%	Higher	N/A	Already better than England	Not available at locality level			ASCOF 1E. 2013/14
		Young people aged 16-18 yrs not in education, training or employment	5.3% of 16-18 yr olds known to all LAs	460 young people 7.7% of 16-18 yr olds known to PCC	N/A	N/A	Aim is for no young person to be NEET	Not available at locality level		Estimates. Local data records young people known to PCC.	NEET per LA, 2014. Dept for Education
	5c Address issues identified in "Men's health - Annual Public Health Report, 2012"		Narrowing of gap in life expectancy for males in least/most deprived areas	See overall priority above							

NB Values in this table are as calculated. Rounded values shown in JSNA Summary text

(*) Reported to Children's Trust

(**) Reported to Safer Portsmouth Partnership

(***) Reported to NHS Portsmouth Clinical Commissioning Group. Although the measures for the CCG specific Workstream concern adult age groups, CCG priorities concerning children and young people are reflected in other Workstreams

	Theme 1 - Ensuring the Best Possible Start in Life		
Workstream / Parent Strategy	1a) Identification, assessment and support for families from 0-5 years old.	1b) Educational Attainment of School Age Children	1c) Improving emotional Wellbeing of children and young people
Ownership	Children's Trust Board	Children's Trust Board	Health and Wellbeing Board
Lead officer	Stephen Kitchman	Julien Kramer	to be picked up within the 'improving mental health and wellbeing workstream in theme 2
Performance Management	Priority A Steering Group	Schools Strategy Board	
Minimum frequency of reporting to HWB	Annual	Annual	

Priority Theme	Theme 2 - Promoting Prevention		
Workstream	Creating sustainable, healthy environments	Improving mental health and wellbeing	Smoking, Alcohol and Substance Misuse
Ownership	Health and Wellbeing Board	Health and Wellbeing Board	Safer Portsmouth Partnership (alcohol and sub misuse) / HWB for smoking
Lead officer	Janet Maxwell	Janet Maxwell	Matt Smith
Performance Management group (and Chair)	'Building a Healthier City' seminars' steering group to identify appropriate performance management group	Mental Health Alliance (Janet Maxwell)	Alcohol and Drug Alliance / Smoking Alliance
Minimum frequency of reporting to HWB	To be agreed in report to HWB by March15 following seminars (see above)	6 monthly	Annual

Priority Theme	**Theme 3 - Supporting Independence**		
Workstream	Better Care Fund	Integrated Lifestyle Hubs (Wellbeing Service)	Portsmouth Together impact volunteering
Ownership	Health and Wellbeing Board	Health and Wellbeing Board	Public Service Board
Lead officer	Jo York	Rachael Dalby	Brian Bracher
Performance Management group (and Chair)	Better Care Board (Innes Richens)	Health, Safety and Licensing DMT	Portsmouth Together Steering Group (Janet Maxwell)
Minimum frequency of reporting to HWB	Quarterly (at this stage)	6 monthly	Annual

Priority Theme	**Theme 4 - Intervening Earlier**		
Workstream	Safeguarding	Delivering the CCG's strategic priorities	Dementia
Ownership	HWB / Children's Trust Board	CCG Board	Health and Wellbeing Board
Lead officer	Julian Wooster	Dr Jim Hogan	Preeti Sheth
Performance Management	PSCB (Reg Hooke) / PSAB (David Cooper)	Clinical Strategy Committee	Dementia Action Group
Minimum frequency of reporting to HWB	Annual as per agreed protocol	Annual	6 monthly

Priority Theme	**Theme 5 - Reducing Inequality**		
Workstream	Tackling Poverty	Health-related barriers to employment	Responding to the Public Health Annual Report
Ownership	Health and Wellbeing Board	City Deal Board	Health and Wellbeing Board
Lead officer	Kate Kennard	Kathy Wadsworth	Janet Maxwell
Performance Management group (and Chair)	Tackling Poverty Steering Group	City Deal Employment and Skills Advisory and Monitoring Group	Health, Safety and Licensing DMT
Minimum frequency of reporting to HWB	Annual	Annual	Annual

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Portsmouth CITY COUNCIL

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Title of meeting:	Health and Wellbeing Board
Subject:	Portsmouth Dementia Action Plan 2014 - 2015
Date of meeting:	26 November 2014
Report by:	Head of Integrated Commissioning Unit
Wards affected:	All

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1. Requested by: Cabinet Member for Health and Social Care.

2. Purpose: To update the HWB on the Portsmouth Dementia Action Plan 2014/15 and to set out the direction of travel for 2015/16.

3. Information Requested

Background

3.1 According to research, dementia is one of the most severe and devastating disorders that we face today. It is a syndrome which describes a collection of symptoms, caused by a number of illnesses in which there is a progressive decline in multiple areas of function. Although dementia is primarily associated with old age, the syndrome also affects a significant number of people in earlier life.

3.2 It is estimated that 670,000 people in England are living with dementia, two thirds of whom live at home. An estimated 21 million people (42% of the population) know a close friend or family member with dementia. One in three people aged over 65 will have dementia by the time they die. Within the next 30 years the number of people in the UK with dementia is expected to rise to 1.4 million.

3.3 Objective one of the Portsmouth Joint Health and Wellbeing Strategy 2012/13 - 2013/14 is to enhance the quality of life for people with dementia. The strategy proposed a number of areas for action and these were translated into actions within the 14/15 Portsmouth Dementia Action Plan.

4. Policy context

4.1 Growing awareness of the scale of the dementia challenge has led to the development of a number of policy documents:

- Living Well With Dementia - A national dementia strategy, DoH, February 2009

- Quality outcomes for people with dementia: Building on the work of the national dementia strategy, DoH, September 2010
- The Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, DoH, March 2012
- The NHS mandate, a mandate from the Government to the NHS Commissioning Board; April 2013 to March 2015, November 2012

4.2 Each of these documents build on the 2009 national dementia strategy, setting out priorities and areas for service improvement in order to help people with dementia live better lives.

4.3 Domain two of the NHS Outcomes Framework (Enhancing quality of life for people with long term conditions) includes a two part measure. The first part measures diagnosis rates for people with dementia. The National Institute for Health and Clinical Excellence (NICE) has published a number of standards, guidelines and guidance tools for dementia.

5. Dementia prevalence

5.1 Prevalence forecasts for Portsmouth in 14/15, taken from the DPC[1] show

- 2186 residents will have some form of dementia
- 55% (1202) will be mild, 32%(700) will be moderate, 13% (284) will be severe
- About a third (772) will be male and two thirds (1414) will be female
- 51 will be early onset (<65 years old) and 2135 will be late onset (>65 years old)
- 1703 will be living in the community and 483 will be living in residential care

5.2 In 2013/14 provisional data shows that 63.9% [2] (1510 people) of the local predicted prevalence had a diagnosis, ranking Portsmouth 1st within the Wessex region and 17th in England for diagnosis to prevalence rate. The Portsmouth CCG target is for this to increase to an ambitious 80% (1753 people) by the end of March 2015.

5.3 NHS England has a national ambition that 66.7% [3]of the estimated number of people with dementia will have a diagnosis and access to post diagnostic support by March 2015.

5.4 To achieve the local diagnosis rate aspiration of 80% by March 2015, Portsmouth will be working with our GP practices in primary care to implement a number of projects which are:

[1] Dementia prevalence calculator (By clinical commissioning group), adjusted for care homes in the area.
[2] Based on Dementia prevalence calculator v.3 which uses GP practice size DPC v.1 uses ONS population size. Using DPC v.1 Portsmouth diagnosis rate is 70.49%
[3] Based on DPC v.3

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- **Introduction of an Enhanced Service Scheme for dementia identification** of 'at risk' patients from their registered list and offer a dementia assessment. This will enable timely support for those with identified dementia.

- **Data Harmonisation -** A systematic audit of individual practice register of patients diagnosed with dementia from their local Memory Clinic provider to ensure that GP register has been updated with the suitable Read Code (to the patient's clinical record). This will ensure accurate demand for services and will ensure that the right community support is put in place.

- **Care Home Case Finding** – A specifically developed project to assess Care Home residents who do not have a recorded diagnosis of dementia which is supported by community and district nurses. This will enable effective support and communication with those residents subsequently diagnosed with dementia within the care home setting.

- **Dementia Toolkit** – A regional toolkit has recently been published that offers solutions to common issues and signposting to the relevant resources. This has been circulated to GP practices.

5.4 There is still confusion on the methodology for calculating diagnosis rates based on the population denominator used by the two available diagnosis prevalence calculator's v.1 and v.3 which distorts the diagnosis rates:

- ONS data suggest England **resident** population is in the order of 53.5 million and this is the population on which the NHS outcomes framework indicator is based and the Dementia prevalence calculator v.1;
- But the sum of the CCG **registered** population is around 55.5 million, meaning CCGs could achieve a **slightly lower dementia diagnosis rate** for their registered population while collectively achieving diagnosis aspiration on the basis of resident population.

For Portsmouth our ambition is 80% for 14/15 using DPC v.1 and would be approximately 75% using DPC v.3. This demonstrates that care is required to interpret the diagnosis rate in absolute terms; as such Portsmouth will continue to report diagnosis rate using both calculators.

6. Current position and direction of travel

6.1 Currently services are offered by a range of providers in the city. Specialist secondary mental health services for Portsmouth's older people are principally provided by Solent NHS Trust. This includes dementia services supporting people both over 65 yrs. (late onset dementia) and people under 65 yrs. (early onset dementia).

6.2 Portsmouth City Council provides a range of in house services and commission residential and domiciliary care from the third sector. The Alzheimer's Society,

Solent Mind and Age UK are also very active in the city, providing advice, information and a range of independent services.

7. Dementia Action Group

7.1 Portsmouth is fortunate in that it has a proactive Dementia Action Group (DAG) which monitors the progress of the dementia action plan and offers advice and professional appraisal of innovation in dementia services. The group meets monthly and is attended by partners from NHS, Voluntary Community Sector, Local authority and Portsmouth Hospital Trust.

7.2 The DAG has responsibility for implementing the dementia national dementia strategy at local level.

7.3 The DAG priority is to involve service users and carers in developing and monitoring the plan in line with the Portsmouth Service User and Carer Charter. This is facilitated through engagement with the dementia network and ensuring the network is fully engaged in the development of the plan for 15/16.

8 Review of achievements against the 14/15 dementia action plan

8.1 Through 14/15 - a number of pilot schemes were implemented to explore ways of meeting the future needs of people with dementia and their carers. These are;

- **Solent Mind - Dementia Reablement Advisors** Supporting people with dementia and their carers through admission / discharge process at QA hospital**.**
  71 referrals have been received (August- October). 351 in total since outset of service, 28 completed 'This is Me' documents (August- October). 189 in total since outset of service which is a is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

- **Housing 21 - Dementia Voice Nurse** - Providing support for carers and people with severe dementia and/or end of life care.
  For the period of 1st August to 1st November, the Dementia Voice Nurse received 24 referrals as a result the service this saved 14 hospital bed days through effective discharge home, 294 days of nursing/care home bed days through supporting individuals to remain at home and avoiding 4 ambulance conveyances.

- **Alzheimer's Society - Dementia Cafes, Carers information and support programme (CRISP) & Dementia Network** - Provides a 'drop in' café and has established a dementia network of member organisation and individuals.
  A total of *55 Carers have attended the 6 week (CRiSP) programme and as a result 100% felt more informed and supported in their caring role.*

  There have been on average 10 visitors to Dementia café in the North and South of the City per week. Those attending the café have commented that they felt less socially isolated and more informed of dementia support.

The Dementia network is forum attended by providers, carers and service users and is a system for communicating the activity to deliver the dementia action plan and raise awareness of dementia with the community. The network has 33 members who meet bi-monthly.

- **Alzheimer's Society - Dementia Adviser Service** - Information and signposting service for people affected by dementia this was launched in May 2014.
  The service has received over 400 enquires and has provided advise and sign post interventions to 79 people with dementia and their carers last quarter. As a result of the service 88.8% felt more involved in their community and felt improved wellbeing.

8.2 All of the above pilots will continue up to the end of April 2015. It is therefore essential that during, November 2014, they are all reviewed to assess effectiveness and impact on providing positive outcomes. The findings from this review will be used to inform future commissioning arrangements.

8.3 **Other achievements in 14/15 include**;

- The completion of an independent review of the mapped dementia pathway. This has been undertaken by the University of East London. Findings will be available November 2014 and will used to consider our community support needs for 15/16
- Initial programme dementia friendly community initiatives, including awareness raising and training for businesses and communities and implementation a dementia friendly community recognition process.
- The roll out of 'virtual dementia tour' to Portsmouth City Council residential and care home staff. This scientifically proven training method provides a greater understanding of dementia through the use of patented sensory tools and instruction and is a window into the world people with dementia live and will assist effective communication techniques to care for people with dementia.
- Elder Friendly Community Pharmacy - 80% of Portsmouth community pharmacy have completed an Elder friendly workbook to outline specific activity to support people with dementia and their carers within local pharmacy such as signage, dementia friends trained staff and other environmental factors.
- The completion of a review of the use of telecare for people in the early stages of dementia which recommended the use of telecare would enable individuals to live independently longer using assisted technology such as GPS tracking and motion sensors. A decision on the use is pending waiting implementation of Better Care Fund work streams.
- The opening of 'Memory Lane' which is an allocated room at Queen Alexander hospital providing weekly information and advice drop in for service users and carers which is facilitated by representatives from Portsmouth Hospital Trust, PCC, Carers Centre, Solent Mind, Alzheimer's Society & Housing 21.
- The first draft of the Dementia Action plan for 15/16 due for completion January 2015.

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- Introduction of a directed enhanced service scheme for Dementia Identification within primary care to review the accuracy of the dementia diagnosis coding, to identify new people with dementia and provide the appropriate level of support.

8.4 The latest version of the Portsmouth Dementia Action plan can be found online at http://www.portsmouth.gov.uk/yourcouncil/29971.html

8.5 **Direction of travel for the future 15/16**

- Dementia Champion/s identified within Portsmouth City Council
- Working with colleagues in Learning and development to roll out a programme of Dementia Friends training across Portsmouth City Council and Portsmouth Clinical Commissioning Group to raise awareness of dementia.
- Consultation and self-assessment of training needs in care and nursing homes and improvement plan developed
- Establish a local Dementia Action Alliance to create a Dementia Friendly Community - involving local organisations who may be influential in raising awareness of dementia amongst their staff and who can make a real difference by improving environments where we live, work and socialise.
- Subject to the review of findings from the dementia pathway and pilot schemes commission appropriate community support services - Yet to be determined.
- Establish a programme of work with primary care to support dementia diagnosis including coding harmonisation and introduction of effective screening tools.
- Working in collaboration with University of Portsmouth Ageing Network.

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:

- Living Well With Dementia - A national dementia strategy, DoH, February 2009
- Quality outcomes for people with dementia: Building on the work of the national dementia strategy, DoH, September 2010
- The Prime Minister's Challenge on Dementia: Delivering major improvements in dementia care and research by 2015, DoH, March 2012
- The NHS mandate, a mandate from the Government to the NHS Commissioning Board; April 2013 to March 2015, November 2012