



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 2 JULY 2014 AT 4.30 PM

CONFERENCE ROOM A - CIVIC OFFICES

Telephone enquiries to Joanne Wildsmith, Local Democracy Officer, CCDS Tel: 9283 4057
Email: joanne.wildsmith@portsmouthcc.gov.uk

Health and Wellbeing Board Members

PCC: Councillors Frank Jonas (Chair), Donna Jones, Luke Stubbs, Neill Young and Gerald Vernon-Jackson (one vacancy) Dr Janet Maxwell (Director of Public Health) Dr James Hogan (Vice-chair) PCCG, Innes Richens PCCG, Mark Orchard NHS England (Wessex), Tony Horne Healthwatch Portsmouth
Plus one other PCCG Executive Members: Dr L Collie, Dr E Fellows, Dr D Alalade, Dr T Wilkinson

Standing Deputies (not yet appointed)

Non voting members: Julian Wooster & David 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.

AGENDA

- 1 Welcome and Introductions
- 2 Apologies for Absence

3 Declaration of Interests

4 Minutes of Previous Meeting - 26 February 2014 (Pages 1 - 6)

The minutes of 26 February are attached.

RECOMMENDED that the minutes of the meeting of the Health & Wellbeing Board held on 26 February 2014 be confirmed and signed by the chair as a correct record.

5 Draft Joint Health & Wellbeing Strategy 2014-17 (Pages 7 - 134)

The purpose of this report by Janet Maxwell, Director of Public Health is to seek the Health and Wellbeing Board's agreement of the draft Joint Health and Wellbeing Strategy for 2014-2017 including the workstreams that will be presented for discussion in more detail at the meeting.

RECOMMENDED

The Health and Wellbeing Board (HWB) are recommended to:

- (1) Confirm their support for the priorities as previously agreed by the HWB in February 2014
- (2) Discuss the detail on the proposed workstreams under each priority that will be presented at the meeting and which are summarised in the draft Joint Health and Wellbeing Strategy (JHWS) attached as an appendix to this report.
- (3) Agree that further development of the workstreams, including any changes recommended by the HWB, will be undertaken during July and August by the lead for each workstream in partnership with others.
- (4) Agree that a final version of the JHWS will be presented for approval at the HWB in September 2014.

6 Date of next meeting

To note the date of the next meeting which is planned to take place on: Wednesday 3rd September 2014 from 09:00 am until 11:00 am in the Executive Meeting Room, Guildhall.

Agenda Item 4

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 26 February 2014 at 9.00 am in the Executive Meeting Room, third floor, The Guildhall, Portsmouth.

Present

Councillor Leo Madden (in the Chair)

Dr James Hogan (Vice-Chair)
Councillor Rob Wood
Councillor Sandra Stockdale
Dr Janet Maxwell, Director of Public Health
Tony Horne , Healthwatch, Portsmouth
Mark Orchard, Director of Finance
Dr Linda Collie
Dr Elizabeth Fellows
Julian Wooster, Strategic Director
Innes Richens, Chief Operating Officer

Officers Present

Rob Watt, Head of Adult Social Care
Matt Gummerson, Principal Strategy Adviser

1. Welcome and introductions - (Chair) Councillor Leo Madden (AI 1)

Councillor Leo Madden, chair of the board welcomed everyone to the meeting.

2. Apologies for Absence (AI 2)

Apologies for absence were received from Councillor Mike Hancock, Councillor Jim Patey, Councillor Rob New and from David Williams.

3. Declarations of Members' Interests (AI 3)

There were no declarations of members' interests.

4. Minutes of the meeting held on 4 December 2013 (AI 4)

RESOLVED that the minutes of the meeting of the Health & Wellbeing Board held on 4 December 2013 be confirmed and signed by the chair as a correct record.

5. Better Care Fund (AI 5)

(TAKE IN REPORT AND PRESENTATION)

Rob Watt and Innes Richens introduced the report and gave a slide presentation. The Better Care Fund previously referred to as the Integration Transformation Fund was announced in June 2013 as part of the 2013 spending round. The Better Care Fund is a pooled budget which can be deployed locally on social care and health. The slide presentation covered

- The aim of the Better Care Fund plan
- The Better Care Fund five years on
- The recommendations from stakeholder engagement
- The delivery of three interconnected schemes for 2014/15 and 2015/16
- Enabling workstreams
- Metrics
- Key risks and
- The Better Care Fund timetable.

In response to questions the following matters were clarified

- With regard to the proportion of older people who were still at home 91 days after discharge from hospital it was confirmed that the readmission rates within this figure were not the best but that they are improving. Rob Watt said that there seemed to be a difference in what was counted within this as compared with other authorities. He said that there was now a move to standardising data so that the comparisons gave a truer picture.
- With regard to IT systems, concerns were raised about whether enough emphasis was given to this. It was crucial that the various IT systems being used were compatible and that they were given sufficient priority.
- With regard to timescales when local people could be involved and could understand what is to happen, it was explained that a number of workstreams were already going ahead for example the integrated community teams looking at community beds. In addition events had been arranged to bring together Hampshire CCGS Southern and Solent to see how the whole system could be made sustainable and what could be done now. Consideration is currently being given to how to engage the community more. A communication strategy is also being developed.
- Dr Janet Maxwell said that many conditions are preventable and said she would like to bring something to the Health & Wellbeing Board about plans to improve wellbeing and prevention in parallel with flexibility in services generally to cover specifics such as healthy weight, smoking cessation etc.

- With regard to general lack of communication it was acknowledged that this is very frustrating and the fundamental aim is to bring teams together in order to pool information and to encourage better communication.

6. Special Educational Needs and Disabilities (SEND) reforms (AI 6)

(TAKE IN REPORT)

Mr Julian Wooster introduced the report which updates the board on the implications of the Children's and Families Bill Part 3 for Health and Wellbeing Boards and Clinical Commissioning Groups. In Portsmouth, preparation for the implementation of the SEND reforms is integral to the Children's Trust Plan Priority G - Improving Services and Outcomes for Children, Young People and their families with disabilities.

Julian Wooster said that there had been a very successful conference on Monday 24 February concerning SEND reforms and linkages with the Better Care Fund and that there is a good understanding about the issues and good engagement with partners. He said that the City Council has signed up to the Disabled Persons Charter.

7. City of Service (AI 7)

(TAKE IN REPORT)

This item was presented by Dr Janet Maxwell who advised the Health and Wellbeing Board of Portsmouth's successful application to be one of the UK cities of service. She said that this would enable Portsmouth to explore how mobilising volunteers can deliver against some of the city's key challenges as public services reduce. The background to the city of service bid is set out in the report. A total of four service initiatives were included adapting the blueprints from the US cities of service programme to reflect existing priorities in the city. These are

- Coaching and mentoring
- Numeracy challenge
- Love your street
- Volunteer neighbour navigators

Matt Gummerson said that there was evidence that where tangible results can be shown, this encourages more people to volunteer. He explained the four initiatives were in their early stages and that currently a person is being recruited to lead the programme with a view to launching it in June or July 2014.

8. Sustainable, Resilient, Healthy People and Places (Information Only Report) (AI 8)

This item was deferred to the next meeting.

9. Joint Health and Wellbeing Strategy 2014 to 2017 - emerging themes and priorities (AI 9)

(TAKE IN REPORT AND SLIDE PRESENTATION)

Dr Janet Maxwell and Matt Gummerson jointly presented the report and slides. The purpose of the report is to set out the emerging themes and potential priorities which the Health & Wellbeing Board is asked to consider as it develops a refreshed Joint Health & Wellbeing Strategy for 2014-2017.

In response to queries the following matters were clarified

- With regard to consultation, this was already being carried out and the intention was to work with the groups already in place such as Health & Social Care partnership, Youth Parliament etc.
- With regard to 6.9 and 6.10 of the report, Dr Maxwell emphasised the alignment between the suggested priorities under each theme with the regeneration strategy to reshape Portsmouth. Huge structural and economic changes were about to be introduced and Portsmouth's own residents should benefit from that. It was suggested that Kathy Wadsworth be invited to come to the Health & Wellbeing Board to provide a presentation on regeneration and new businesses as this should have a dramatic effect on raising attainment locally. There is a need to see how the health agenda ties in with the economic regeneration and the interplay between strategies was very important. She said that this Board needs to sort out the priorities for Health & Wellbeing.

Members of the Board discussed the priorities suggested under each theme in 6.10. The following matters were considered

- The priorities are all works in progress. It was suggested that two or three matters should be concentrated on for this year and these were the items highlighted in bold.
- There was a lot of overlapping in the various priorities and the issues are complicated.
- Some of the issues/ priorities for the city are already led by other partnerships or organisations with a clear plan agreed or in development. While they are all important as part of the overall vision/ strategy only those in bold in the table are suggested as forming the Health & Wellbeing Board's priorities.
- Concern was expressed that there did not seem to be many actual actions for example in 6.10 - tackling poverty, the action appeared to be confined to the 0-5 age range. Dr Maxwell explained that tackling poverty from the very beginning was a starting point and this underpinned making sure children were well enough to go to school.

- The words "explore and enhance community development models" were clarified as referring to things such as the fact that where a person lives affects their outcomes and that local people have a key role in addressing their own local community's challenges.
- With regard to the words exploring the role housing plays in determining wider health and wellbeing outcomes, Dr Maxwell said that the aim was to raise awareness and make every contact count. For example housing officers should know what health questions they can ask in order to understand the housing issues when they visit.

Mr Julian Wooster said that it seems that the Health & Wellbeing Board want specific actions to be identified under each of the headings in the table and more detail was needed to populate it.

The chair said that there was a need to know exactly what it is intended to do within the broad aims outlined.

In response to queries from the public, the following matters were clarified

- With regard to the housing issue it was difficult to challenge unscrupulous private landlords although there was some control where houses are in multi-occupation. Solutions were being looked at but it was likely to be a long process.

RESOLVED that the Health & Wellbeing Board

- (1) endorse the process and timescales for the refresh of the JHWS as set out in the report;**
- (2) agree that the suggested themes at 6.5 should form the basis of a JHWS for the period 2014-17;**
- (3) agreed the potential priorities set out in section 6.6 to 6.10 and in the presentation to the board as the starting point for further work to develop strategy in line with the discussions of the board.**

10. Date of Next Meeting (AI 10)

To be agreed.

The meeting concluded at 10.40 am.

.....
Councillor Leo Madden
Chair

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Agenda Item 5

Agenda item:

Title of meeting: Health and Well Being Board

Date of meeting: 2nd July 2014

Subject: Draft Joint Health and Wellbeing Strategy 2014 - 2017

Report by: Janet Maxwell, Director of Public Health

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose

1.1. The purpose of this report is to seek the Health and Wellbeing Board's support for the draft Joint Health and Wellbeing Strategy for 2014-2017 including the workstreams that will be presented for discussion in more detail at the meeting.

2. Recommendations:

2.1 The Health and Wellbeing Board (HWB) are recommended to:

2.1.1 Confirm their support for the priorities as previously agreed by the HWB in February 2014

2.1.2 Discuss the detail on the proposed workstreams under each priority that will be presented at the meeting and which are summarised in the draft Joint Health and Wellbeing Strategy (JHWS) attached as an appendix to this report.

2.1.3 Agree that further development of the workstreams, including any changes recommended by the HWB, will be undertaken during July and August by the lead for each workstream in partnership with others.

2.1.4 Agree that a final version of the JHWS will be presented for approval at the HWB in September 2014.

3. Summary

3.1 Portsmouth's HWB have agreed to develop a refreshed JHWS covering the period 2014-2017. This is part of an aligned approach across our strategic partnerships. The HWB have previously agreed the priority themes that would shape the JHWS and that more detailed workstreams would be presented for discussion and agreement at the July HWB meeting.

3.2 This report will introduce the latest draft of the strategy, including the workstreams that will be discussed in more detail at the meeting, and set out the process by which those workstreams have been developed.

4. From needs analysis to themes and potential HWB priorities and workstreams

4.1 The [Joint Strategic Needs Assessment](#) (JSNA) presents the big picture of health and wellbeing need in the city. It includes the Annual Summary 2013 that the HWB approved in December 2013, and a wide breadth of information (data, charts, maps, reports, evidence of effectiveness etc.) on all aspects of local health and wellbeing.

4.2 Analysis in the JSNA identifies areas which would have most impact to improve the health and wellbeing of local people: tackling poverty; continuing to improve GCSE attainment; improving the health and wellbeing of males; and promoting healthy lifestyles for young people and adults (smoking, alcohol, healthy weight and mental wellbeing). As system leaders, members of the HWB know that preventing the need for costly services to 'cure' problems by intervening earlier has long been established in principle across a range of health and care services. A period of declining budgets makes this need all the more pressing, yet more difficult to achieve as well. Working with local communities to achieve change will be essential, not just because, as a public sector, we can't afford the alternative but also because it works.

4.3 Our Vision, developed for the 2012 JHWS and revised and refreshed for the Better Care Fund Plan, is as follows:

Our vision is for everyone in Portsmouth to live healthy, fulfilling lives. When support is required, it will be tailored to the needs of the individual and delivered at the right time and in the right setting.

We will commission cost effective services that work together as one, intervening earlier, promoting independence and reducing inequality.

Pathways will be un-complicated; services will be accessible and convenient; people will be well-informed, in control and able to choose the support that is right for them.

4.4 Building on all the points above, the Joint Health and Wellbeing Strategy 2014-2017 will set out local efforts to achieve this across five key priorities:

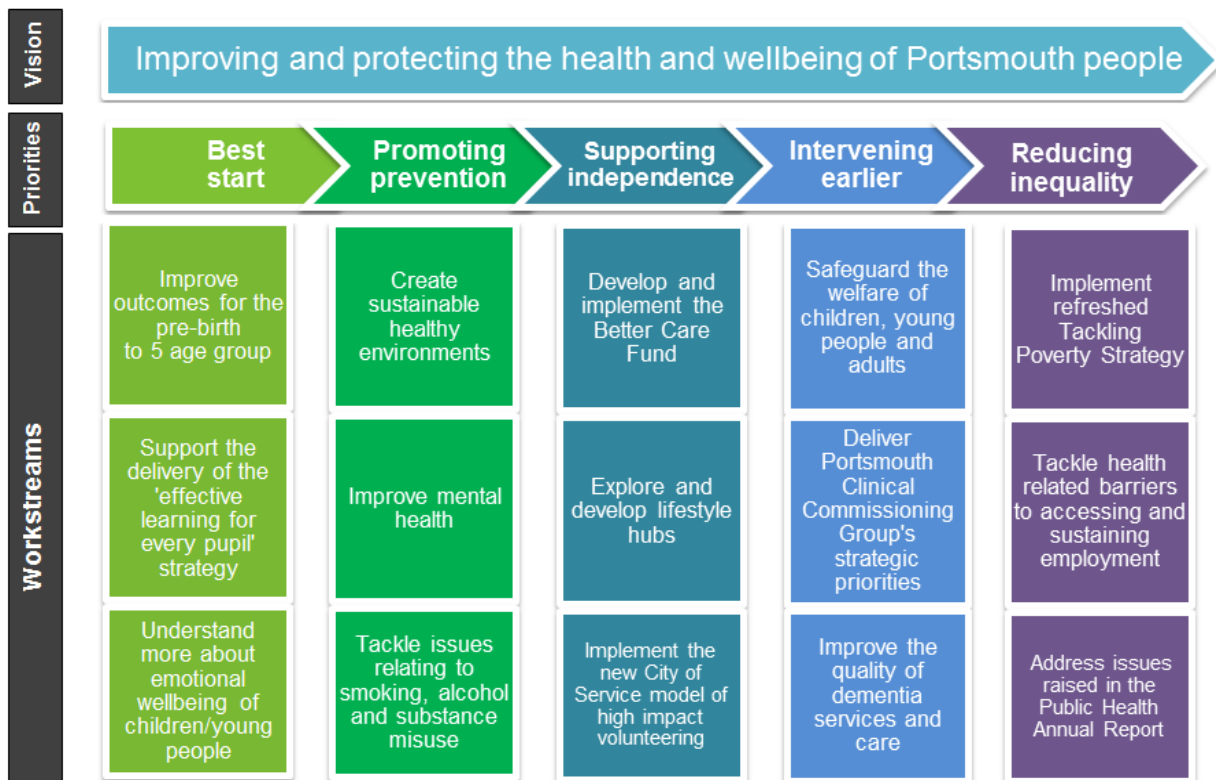
- a) giving children and young people the best possible start in life
- b) promoting prevention by supporting individuals and communities to lead healthy and fulfilling lives
- c) supporting independence through models of care that empower people and communities to support themselves

- d) Delivering the right services of the right quality, at the right time and in the right setting, recognising that by intervening earlier we achieve better outcomes
- e) Making Portsmouth a city where all people have the opportunity to have a healthy life including reducing health inequalities

4.5 Within each priority, there will be a small number of workstreams that the board will actively support in order to achieve the board's vision. The leads for each of the proposed workstreams will present an overview of these to the board, covering:

- The evidence as to why this is a priority issue locally
- How we plan to tackle the issue
- If we get this right what outcomes we will see
- What the performance management arrangements are for this work.

4.6 The set of workstreams currently is as follows:



5. The draft Joint Health and Wellbeing Strategy 2014-17

5.1 Subject to the board's agreement of the workstreams, the plans for each workstream will be developed in more detail to form the basis of the finished JHWS which the board will be asked to formally approve in September.

5.2 A draft JHWS has been developed based on information available at this stage and is included as an appendix alongside this report. Please note that sections such as the foreword from the Chair and Vice-chair are just included for exemplary purposes at this stage. The authors of each section will be asked to complete these once the workstreams have been agreed by the board.

5.3 There has been widespread consultation on the needs analyses that underpin this strategy and the principles and priorities that underpin this strategy have been discussed and agreed at public meetings of the HWB. In relation to specific workstreams there will be more detailed consultation and engagement on proposals (where this has not already taken place). Discussions have taken place with Healthwatch Portsmouth and with providers about how best to engage local people and delivery organisations in constructive ways to further shape these plans as they develop.

6 Reasons for recommendations

6.1 This report builds on the approach previously agreed by the HWB and the work undertaken at their behest. It fulfils the board's statutory duty to develop and implement a strategy to address the health and wellbeing priorities and challenges for Portsmouth which have been highlighted in the JSNA.

7. Equality Impact Assessment (EIA)

7.1 A full EIA has been started and will be completed before the final JHWS is approved.

8. Head of Legal's comments

8.1 There are no other immediate legal implications arising from this report

9. Head of Finance's comments

9.1 There are no direct financial implications contained within the recommendations of this report. However, whilst it is difficult to quantify, any improvement in the health and wellbeing of our residents has the potential to yield financial benefits to the City Council and other public sector partners through reduced demand for services and efficiency gains where NHS, City Council and other services are delivered in a more co-ordinated way.

.....
Signed by: Dr Janet Maxwell, Director of Public Health

Appendices:

A - draft Joint Health and Wellbeing Strategy 2014-17

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

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

Title of document	Location
--------------------------	-----------------

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

.....
Signed by:

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DRAFT Joint Health and Wellbeing Strategy:
Working better together to improve health and wellbeing in Portsmouth
2014 - 2017

www.portsmouth.gov.uk

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Foreword *(illustrative text only, not approved)*

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

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

Local government and the NHS have a long and successful history of collaboration and cooperation, with other partners, communities and organisations across the city. We will build on the civic pride and strong sense of identity that comes with living, working and visiting Portsmouth to make significant improvements to the health and wellbeing of our local population.

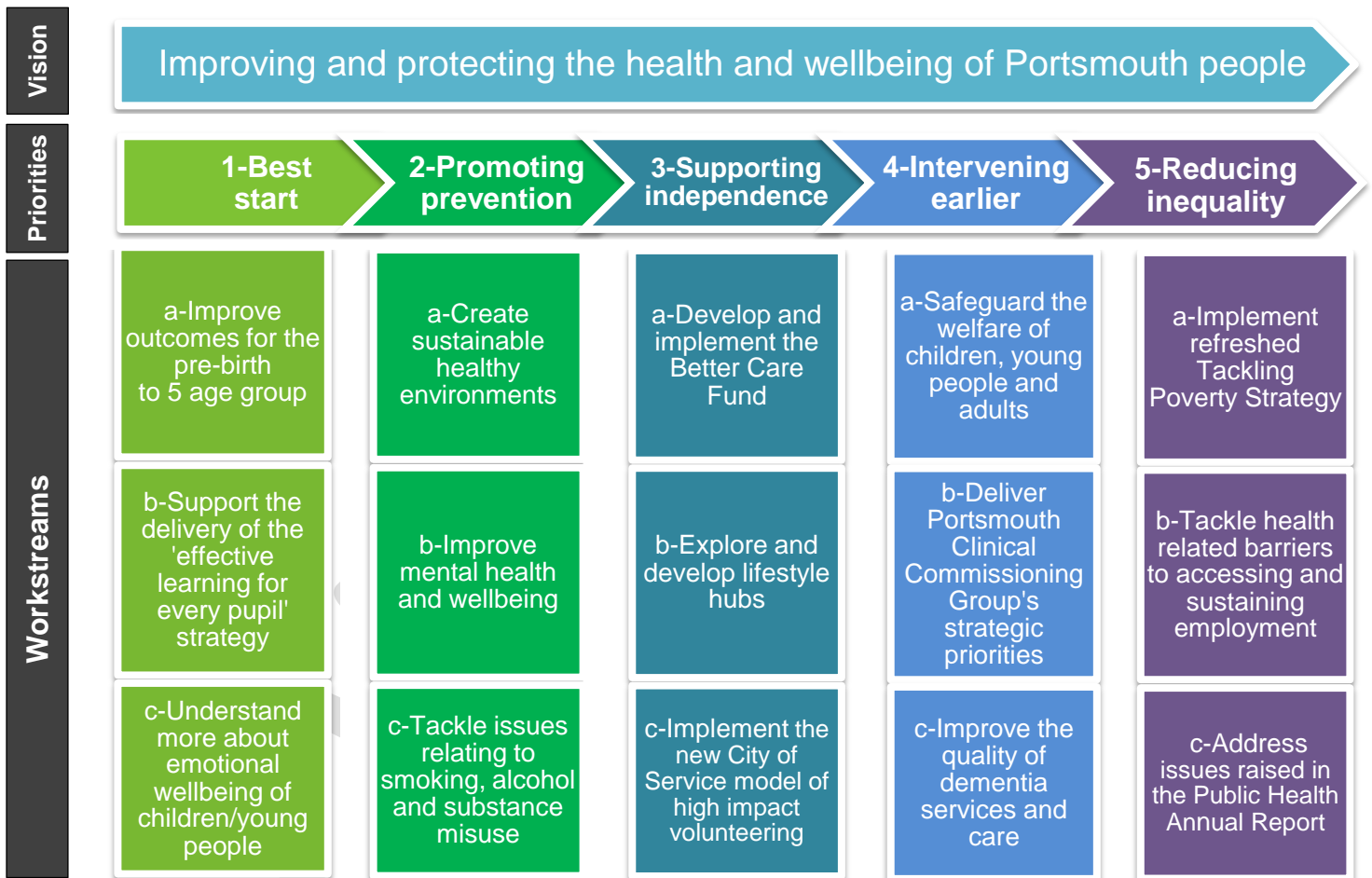
We would like to thank all those who have contributed to the development of this strategy and, most importantly, all those working to continue to improve the health and wellbeing of local people. We cannot stress enough the importance we place on the views of residents, service users and relevant organisations and will continue to work with you all as we further develop and implement the workstreams and priorities in this strategy.

Councillor Frank Jonas
Portfolio holder for health and social care,
Portsmouth City Council

Dr Jim Hogan
Clinical Leader,
Portsmouth Clinical Commissioning Group

Executive Summary

The Health and Wellbeing Board has a legal duty to prepare and publish a Joint Health and Wellbeing Strategy (JHWS). This document discharges that responsibility. The JHWS has a primary vision to improve and protect the health and wellbeing of people who live and work in Portsmouth. The strategy comprises five strategic priorities, which are supported by a set of workstreams that specifically respond to health and wellbeing needs that have been highlighted through the JSNA.



Context

The national picture

The Government has introduced new policy and legislation that will have a fundamental impact on the way in which public health, health services and social care are delivered. This change included giving local authorities, through HWBs, a new role in encouraging joined-up commissioning across the NHS, social care, education, public health and other local partners.¹ As we build on the progress since the board's first strategy in 2012 a number of national developments have shaped our approach locally and will continue to do so.

The NHS **Call To Action**, published in 2013², sets out a range of challenges facing the NHS. This includes the fact that more people are living longer and often have more complex conditions. This increases costs for the NHS at a time when funding remains flat but expectations as to the extent and quality of care continue to rise. As things are, a funding gap nationally of £30 billion has been predicted between 2013/14 and 2020/21; this is on top of the £20 billion of efficiency savings the NHS is already working towards meeting.

The key point of the Call to Action is that the health and care system needs to do things differently and challenge the status quo. There is a need to embrace new technologies and treatments, but there is a cost attached and thought needs to be given to delivering services in a different way with less focus on buildings and more on patients and services. The Better Care Fund is an example of how different approaches are being developed to meet the challenge locally, and more broadly this strategy shares the same goals as the Call to Action.

The **Better Care Fund**³, which comes into operation in 2015/16, will see resources from the NHS and local authorities across England redirected into a single pooled budget with the aim of supporting the integration of health and social care. This has accelerated the pace and scale of integration that Portsmouth had already begun and will continue. The integration of services will mean that people get the care they need at the right time and in right place and where possible closer to home. The HWB has developed its vision and joint plan for how health and social care will work together in the city to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospitals or care homes. This will require health and social care in Portsmouth to do things differently, work in partnership and encourage people to take responsibility for their own health.

No Health Without Mental Health⁴ is the government's mental health strategy, emphasising parity of esteem for mental health. This means giving equal weight to both physical and mental health, with mental health outcomes being seen as central to the three national outcomes frameworks. The implementation framework of the strategy suggested local mental health needs should be reflected in JSNAs and JHWSs. The idea of parity of esteem between physical and mental health is not new, but was made an explicit duty on the Secretary of State through the Health and Social Care Act 2012. In March 2013, the Royal College of Psychiatrists published a report into achieving parity, writing that a "parity approach should enable NHS and local authority health and social care services to provide a holistic, 'whole person' response to each individual, whatever their needs."

¹ The Health and Social Care Act 2012 can be found at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

² *The NHS belongs to the people: a call to action*

³ Further information about the Better Care Fund can be found at: http://www.local.gov.uk/web/guest/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE

⁴ No Health Without Mental Health <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>

The **Care Act 2014**⁵ requires greater integration and co-operation between health, care and support, and the wider determinants of health such as housing. The philosophy underpinning the government's approach to care and support is that it is person-centred, with the needs of the individual driving how care is designed and delivered by local services. For this to become a reality, local authorities and their partners need to work together to integrate services wherever possible so that the services people receive are properly joined-up. It will also require local partners to work in cooperation when designing and delivering services for their populations and for specific individuals. Improving local people's health and wellbeing is about more than just health and care services.

The **Marmot Review**⁶ states that our health and wellbeing is influenced by a range of complex and interacting factors - "the determinants of health". These are the conditions in which people are born, grow, live, work and age such as housing, income, education, social isolation, disability and social status. Improving the health and wellbeing of local people will involve action on a wide range of these layers of influence and a joint strategy that shapes the commissioning decisions of key parts of the health and social care system is part of that process. The Marmot Review made 6 key policy objectives: Give every child the best start in life; enable all children, young people and adults to maximise their capabilities and have control over their lives; create fair employment and good work for all; ensure a healthier standard of living for all; and create and develop healthy and sustainable places and communities and strengthen the role and impact of ill health prevention.

In Portsmouth, the **JSNA**⁷ paints a comprehensive picture of the current and future health and social care needs of the local community. HWBs have a statutory duty to develop and publish a JHWS which responds to health and wellbeing issues highlighted within the JSNA.

The local picture

Portsmouth is a bustling island city on the south coast of England, with an estimated population of 205,000 people residing within 15.5 square miles. This makes Portsmouth the **most densely populated City in the UK outside of London**. 6.4% of the cities' population are aged 0 – 4, 10.6% are aged 5 – 14, 7.2% are aged 15 – 19, 62% are aged 20 – 64 and 13.9% are aged 65+. Largely as a result of the large student population in the city, Portsmouth has nearly **twice as many young people in their early 20s** as the England average (the 20 – 24 age group account for 12.3% of the city's population compared to 6.8% of the England population). 218,000 people are registered with a Portsmouth GP and there has been a notable 12.5% growth in the 85+ age range within the last 10 years.

In terms of gender split, there are **slightly more men than women** (50.4% and 49.6% respectively) In terms of ethnicity **84% of the population is White British**, with the BME community accounting for an estimated 16% of the population.⁸ According to Council tax data there are 88,000 dwellings in Portsmouth, 81% of these are privately owned.

Our **Regeneration Strategy** 'Shaping the Future of Portsmouth'⁹ is the driving force behind the economic, social and physical regeneration of Portsmouth and sets out our vision to be **a great waterfront city**. The city is in line for more than £1billion worth of investment in the next 10 years and will see new homes, the regeneration of Tipner and a new city centre amongst other things. Factors such as **poor health and living conditions affect individuals and families' capacity to drive forward the economic growth of the city** and participate in the benefits it brings.

⁵ The Care Act 2014 is explained at <https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets>

⁶ The Fair Society, Healthy Lives report can be found at: <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

⁷ You can explore the JSNA at: <http://www.portsmouth.gov.uk/yourcouncil/19059.html>

⁸ 2011 CENSUS data

⁹ Further information on Shaping the Future of Portsmouth can be found at: <http://www.shapingportsmouth.co.uk/>

If we are to achieve a better quality of life for the people of Portsmouth, people need to be supported to be healthy and live well in the transforming city. This requires a joined up approach to tackling known health issues and inequalities in Portsmouth.

The Office for National Statistics groups Portsmouth with other areas with a similar socio-economic profile. On the Public Health Outcomes Framework (for the indicators produced at upper tier local authority level), of a group of 12, **Portsmouth is ranked within the top three performing authorities in a number of areas including: female life expectancy; employment of people with long term health conditions; lower rate of hospital admissions** for violence; infant mortality and hip fractures for the over 80s.

However, data from the Department of Health shows the **health of people in Portsmouth is generally worse than the England average** and that there are significant health and wellbeing inequalities. Portsmouth has a significantly higher level of overall deprivation than the England average.

The JSNA indicates that frontline statutory and voluntary services are reporting **that increasing numbers of people are in debt** and needing support. There are 14 wards within Portsmouth and there is a notable geographical correlation with residents in parts of Charles Dickens, Paulsgrove, Cosham and St Thomas wards experiencing the **highest deprivation in the city, and poorer wellbeing**. Over half of older people in the most deprived areas live in poverty. **Inequalities also exist between genders, with males having a shorter a life expectancy** than females, which averages as 10.8 years less in deprived areas.

Overall, the city performs comparatively **poorly on key outcomes including GCSE achievement, violent crime, people killed or seriously injured on the roads, smoking, and alcohol. Alcohol-attributable hospital admissions are higher** than the average in Portsmouth. Obesity rates are high in the city, with **22% of children in Year 6 classified as obese**. Portsmouth is also worse than the England average for diabetes related amputations.

Half of the deaths in Portsmouth are caused by heart disease, stroke, cancer and respiratory conditions and there have been a **higher number of deaths** than would be expected in the winter.

We are facing significant challenges due to **longer life expectancies, lifestyle changes, demand for better choice and quality** and a tough economic climate. 2013 saw an increase in GP, community nursing, and dementia appointments as well as an increase in the number of emergency attendances. With **growing demand for healthcare services, and decreasing resources**, work needs to focus on targeting the biggest health and wellbeing issues affecting people in Portsmouth.

The **JSNA** tells us that in order to address the known issues in Portsmouth work should focus on:

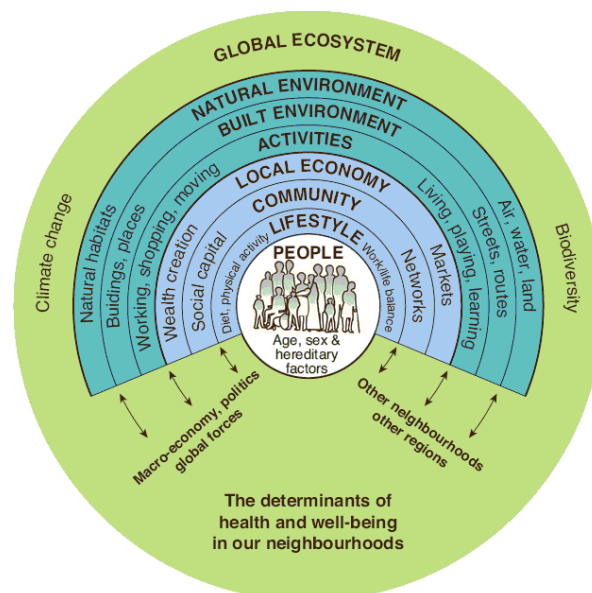


- ✓ promoting healthy lifestyles for young people and adults;
- ✓ continuing to improve GCSE attainment;
- ✓ working with communities
- ✓ early intervention;
- ✓ tackling poverty;
- ✓ improving the health and wellbeing of males;

Introduction

What do we mean by health and wellbeing?

In 1946 The World Health Organisation defined health as, '... a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. All aspects of our everyday life have an impact on our health and wellbeing. In 1991 Dahlgren and Whitehead produced a model, summarising the key determinants of health and wellbeing. Work is currently underway by Public Health England to create a new visual model that takes into account life course and social determinants.



What is the joint health and wellbeing strategy?

The HWB has developed a JHWS with the primary vision to improve and protect the health and wellbeing of people who live and work in Portsmouth. The strategy builds on previous work carried out over the last 2 years and the refresh of the strategy is part of an aligned approach across the Council's strategic partnerships¹⁰.

How has the strategy been developed?

The JHWS reflects on the findings of the JSNA and has been developed through consultation and collaboration with partners and local communities, which will continue as the workstreams in the strategy are developed further. Clearly the JHWS cannot cover all determinants of good health and wellbeing. However, a number of areas of work have been identified that will add value to existing work being carried out by the Council's strategic partnerships, whilst being mindful of best use of collective resources in this challenging economic climate. The HWB have jointly agreed five Portsmouth-centric strategic priorities that aim to meet the most significant health and wellbeing needs identified by the JSNA. These are:

1. Giving children and young people the best start in life
2. Promoting prevention
3. Supporting independence
4. Intervening earlier
5. Reducing inequality

The HWB have identified fifteen workstreams to aid the delivery of these overarching priorities. A lead officer has been assigned to each of the workstreams. In order to capture the detail behind the workstreams, leads were asked to complete a workstream development template (a copy of which can be found in **Appendix A**). The next section provides an overview of:

- What the evidence tells us i.e. *where we are now?*
- What the high level objectives look like i.e. *where we want to get to?*
- What actions are needed i.e. *how we are going to tackle the issue?*
- What the outcome measures look like i.e. *how will we know when we have arrived?*

¹⁰ The Council's key strategic partnerships include: The Children's Trust Board, Safer Portsmouth Partnership, Shaping the Future of Portsmouth and the Health and Wellbeing Board

Joint Health and Wellbeing Strategic Priorities and Workstreams

Priority 1 - Giving children and young people the best start in life

Our priority is to support children and young people to have the best start in life, which will lay the foundation for good health in future years. Children and families need appropriate and integrated support during pregnancy and early years to ensure they have the best health and wellbeing possible and achieve their full potential. In order to improve outcomes in this area work will focus on three workstreams:

Workstream 1a - Review and re-design of the pre-birth to 5 pathway	
<p>The JHWS for 2012-2014 had 4 key objectives, one of which focused on ensuring all children get the best possible start in life. This work is known as Priority A of the Children's Trust and seeks to provide integrated support for children and parents from pre-birth to 5. This workstream will support the work of Priority A, in particular through focussing on the review of the existing pre-birth to 5 pathway and implementation of a new service delivery model.</p>	
Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Research has been carried out into best practice, service models and outcomes across statistical neighbours. There are currently 5 different models that exist across 19 statistical neighbours, no one model is 'best'. - Service and pathway mapping carried out with a wide range of stakeholders across health, PCC, voluntary & community sector - Consultation with families, carers and very young children - Development of draft outcome-based measures based on current work of Priority A Board of Children's Trust and outcomes of consultation 	<ul style="list-style-type: none"> - A new pre-birth to 5 service delivery model that supports the delivery of the healthy child pathway. - Support transfer of commissioning responsibility for Health Visiting into Portsmouth City Council in 2015. - Support delivery of outcomes based vision <i>"High quality parenting is the key to good outcomes. By good outcomes we mean children who are healthy, safe, developing and ready for school"</i>.
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - Complete appraisal of outline options for future service models. - Take through governance framework within PCC and CCG. - Integrated Commissioning Board to agree service delivery model in September 2014. - Re-design and implement the new pre-birth to 5 service delivery model. 	<ul style="list-style-type: none"> - Our children are safe - Our children and their families are physically and emotionally well and free from emotional and physical harm or neglect - Our children are healthy - Our children and their families are free of, and protected from, avoidable disease and lead healthy lifestyles - Our children are developing - Our unborn and young children meet developmental milestones and early identification, assessment and support enables those with additional needs to be supported in their development - Our children are ready for school - Our children are equipped with the social, emotional, behavioural and learning skills to be ready for school

**Workstream 1b - Support the delivery of the 'Effective Learning for Every Pupil' strategy
(NB this is subject to agreement at the School Strategy Board)**

Good schools are key to raising all outcomes for 5 to 19 year olds. Priority C of the Children's Trust focuses on making sure the right things are in place at the right time to support children and young people to get attend school regularly and get the best attainment. This workstream focuses on supporting the delivery of the 'Effective Learning for Every Pupil Strategy, which includes a number of 'building blocks' to underpin an improvement in the city's educational performance.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Educationally, children start off well in Portsmouth at EYFS and KS1. - The progress pupils make between KS1 and KS2 is not as good as the national picture and as such, Portsmouth slips down the rankings at KS2. - At GCSE (KS4), Portsmouth is in the lower reaches of the national table. - The gap between children eligible for pupil premium and those not eligible is too wide. 	<ul style="list-style-type: none"> - Children are ready for school. - We have enough schools of the right quality, shape and size. - Schools have good teaching, leadership and governance and a good curriculum offer. - All children have appropriate support for their needs. - Children attend school and behave well. - Parents are engaged in children's learning. - Education is everyone's business and the whole community contributes to learning.
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - Effective Learning for Every Pupil strategy. - Effective Governance strategy. - Attendance strategy. - Schools Organisational Plan. - Parental & community engagement. 	<ul style="list-style-type: none"> - More effective governance in schools. - More pupils attending school regularly. - An inclusive school community. - Improvement in end of key stage results. - More Portsmouth pupils accessing jobs and opportunities.

Workstream 1c - Understand more about emotional wellbeing in children and young people

In order to improve emotional health and wellbeing in children and young people in Portsmouth, we need to understand more about it. This workstream will focus on research and active engagement with children, young people and their parents in order to develop our understanding of emotional wellbeing and resilience. Commissioners will need to consider the evidence and raise awareness of the findings in order to improve the capability in local services to enable parents and professionals to provide the best possible support. Emotional wellbeing is a cross-cutting theme across the Children's Trust Plan.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Children's sense of well-being declines with age from year 5 onwards, with 10-13% reporting low overall wellbeing. - Children who say they are disabled or have difficulties with learning, and those who are not living with their family report lower than average wellbeing. - Children in Portsmouth appear to be happier than average with their money/things and their prospects for the future, and less happy than average with their health and appearance. - Children in Portsmouth are slightly less happy than average with their feelings of safety at school and their relationships with other young people at school. - Teenage girls appear to be considerably more anxious about their appearance and less happy with how they look than the national average. - Three in ten children in Portsmouth (30%) said that they had been bullied in the last year. Experiences of being bullied are linked with lower than average overall well-being. 	<ul style="list-style-type: none"> - Identifying the emotional needs of our children & young people - Embedding the emotional wellbeing of children & young people in to local strategies and plans - Up-skilling the workforce with the skills and knowledge to support children & young people where their emotional well-being is suffering
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - Delivery of the healthy child programme 0-5 and 5-19 - Development of pre-birth to 19 lifestyle service 	<ul style="list-style-type: none"> - Happy healthy children - Improvement in child health

<ul style="list-style-type: none"> - Making Every Contact Count - Delivery of PHSE - Helping adult services to “think family” 	<p>outcomes</p> <ul style="list-style-type: none"> - Increase in attendance & attainment at schools - Positive role modelling as these children become parents
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Priority 2 - Promoting Prevention

Our priority is to ensure effective joined up working between PCC, PCCG and other partners so that individuals and communities can be supported to lead healthy and fulfilling lives. Taking action through prevention will improve health and wellbeing and reduce service costs. In order to improve outcomes in this area work will focus on three workstreams:

Workstream 2a - Create sustainable and healthy environments

People's health and wellbeing does not exist in isolation, but is influenced by the world in which they live, work and play. We want people in Portsmouth, across all ages and groups, to be able to enjoy happy, active and ultimately healthy lifestyles, whilst reducing the city's dependence upon motorised forms of transport, in particular the car, and promoting sustainable economic growth by investing in alternative methods of commuting, traveling and going about our daily lives.

Our aim is to ensure that no-one is prevented from achieving ease of access to education, employment or recreation through the effects of ability, socio-economic background, poverty or financial hardship. This will involve working closely with the Regeneration directorate and Shaping Portsmouth to explore how the built environment, including housing, planning and open spaces, and transport can support individuals to lead healthy lives.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Levels of physical activity are worse than the England average. - Life expectancy for men is lower than the England average. - Life expectancy is 10.8 years lower for men and 6.1 years lower for women in the most deprived areas of Portsmouth than in the least deprived areas. - Estimated levels of adult 'healthy eating' are worse than the England average. - 12.5% reception aged school children are classed as 'obese' - 52% of Adults in Portsmouth are classed as 'obese' - Pollution levels within the city are, on average, higher than other comparable sites within the UK. - People want to cycle more but traffic, poor infrastructure and lack of cycling training and organised events acted as a barrier to cycling. 	<p>This work will initially focus on exploring how the physical environment can be improved to encourage/enable active travel:</p> <ul style="list-style-type: none"> - Ensure children within the city are provided with the best possible education and help them to engage with active travel in a safe, easy and fun way. - Ensure that our residents regardless of age, sex, ethnicity and ability are able to have access to at least one method of active travel and have the opportunity to access more. - Ensure that the active travel network within the city is fit for purpose and allows our residents easy and safe access to the places they want to go. - Ensure that the active travel network, including public rights of way, is easily identifiable and accessible to all. - Ensure that, where appropriate, those with an interest in active travel within our city are consulted over new projects. - Explore how bye-laws can be used to address issues around location of fast food outlets, gambling shops, etc.
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - Following a review of what already exists to enable people to walk and cycle and of barriers preventing people from using active modes of transport in the city, a refreshed active travel strategy will be developed and 	<ul style="list-style-type: none"> - Increase in the number of people using active travel for everyday trips i.e. to and from work. - Increase in the number of people using active travel for recreational use. - Increase in the number of cyclists in the city and

<p>implemented.</p> <ul style="list-style-type: none"> - Explore the use of bye-laws to ensure suitable locations for fast-food outlets, gambling shops etc are suitable. 	<p>increase in the number of pedestrians in the city (baseline will need to be established).</p> <ul style="list-style-type: none"> - Increase in bike purchases (and uptake of support from the bike Dr).
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Workstream 2b - Improve mental health and wellbeing

This workstream will focus on improving mental health and wellbeing through a new partnership forum that is specifically tasked with exploring mental health and putting in place actions to address known issues in the city.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Portsmouth has significantly higher rates of risk factors for mental ill health - 21,800 Portsmouth residents (aged 16-64) predicted to be affected by at least one common mental disorder - 6,000 people access Adult Mental services annually 	<ul style="list-style-type: none"> - Building resilient individuals and communities - Embedding mental health into local strategies and plans - Equipping the workforce with the skills and knowledge to support individuals and communities where their mental health is suffering
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - Establish a mental health alliance in Portsmouth, reporting to the HWB and with a clear focus. - Develop and monitor an action plan to include: <ul style="list-style-type: none"> • Scoping against No Health Without Mental Health/Closing the Gap to identify priorities for the Alliance to address locally • Embedding mental wellbeing into all Portsmouth City Council strategies starting with Public Health • Looking at settings, including school / workplaces • Make full use of Making Every Contact Count 	<ul style="list-style-type: none"> - The new Alliance will agree its key outcomes but, for example, we would expect to see: <ul style="list-style-type: none"> • Improved school attendance and educational attainment; • Fewer adults requiring specialist services

Workstream 2c - Tackle issues relating to smoking, alcohol and substance misuse

Smoking is the main reason for the gap in life expectancy between the rich and poor and in Portsmouth there are a significantly higher number of smoking attributable deaths than in other areas. Alcohol and substance misuse are major contributors to poor health, anti-social and criminal activity and impact negatively on access to education and employment, and as a result financial stability. This workstream will support the implementation of the tobacco, alcohol and drug strategies which seek to reduce the prevalence of smoking, alcohol and substance misuse.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - 22.5% of Portsmouth adults smoke; significantly higher than the estimated prevalence for the South East region (18%) and for England (19.5%). - 17.3% of Portsmouth City registered women smoked at the time of delivery of their babies, considerably higher than the England average (12.7%). - Portsmouth has 34,299 'increasing risk' drinkers; 9,155 'higher risk' drinkers and 8,852 dependent drinkers in Portsmouth. - The negative consequences of alcohol cost the health service, criminal justice services and employers £74 million annually. 	<ul style="list-style-type: none"> - Prevent – Improve tobacco, alcohol and substance misuse education and awareness - Treat – Increase access to improved treatment and support services - Enforce – Using legislation and other measures to reduce the negative impact and consequences of tobacco, alcohol and substance misuse

<ul style="list-style-type: none"> - Portsmouth has a higher prevalence of adults who binge-drink (24%) compared with the South East Region or England - The estimated number of people using heroin or crack cocaine problematically has increased slightly in the latest estimate to 1549. 	
<p>How will we tackle the issue?</p> <ul style="list-style-type: none"> - Develop a coordinated strategic approach to work in these areas through strong alliances of stakeholders and partners - Continue to work with schools increasing PSHE delivery and peer support programmes - Work with maternity services to reduce smoking in pregnancy by carbon monoxide monitoring of all pregnant. - Redesign services to deliver smoking and alcohol support through the development of a Public Health Integrated Lifestyle Service. - Increase alcohol identification and brief advice in a range of non-specialist settings. - Re-model young people's drug and alcohol service. - Continue development of peer-led recovery model, through recovery broker training and volunteering pathway. 	<p>How do we know when we have arrived?</p> <ul style="list-style-type: none"> - Reduce adult smoking prevalence (aged 18 or over) in England to 18.5% or less by the end of 2015. - Reduce the rate of smoking in pregnancy to 11% or less by the end of 2015 (measured at the time of giving birth). - Reduce rates of smoking among 15 year olds in England to 12 per cent or less by the end of 2015. - Alcohol Related Hospital admissions at the England average. - Fewer young people reporting having drunk alcohol or taken drugs. - Increased proportion of the estimated number of problematic opiate and cocaine users in treatment - Increased proportion of people successfully completing drug and alcohol treatment.

Priority 3 - Supporting Independence

Our priority is to enable people to be independent by developing and implementing new models of care that will empower individuals and communities to support themselves thus preventing costlier interventions in the future. In order to improve outcomes in this area work will focus on three workstreams:

<p>Workstream 3a - Develop and implement the Better Care Fund (BCF)</p>	
<p>The Better Care Fund is a Government initiative intended to transform health and social care services so that they work together to provide better integrated care. It also promotes joint planning for the sustainability of local health and care economies. This workstream focuses on developing and implementing operational plans (that have strong foundations from the outset) to support the BCF. The aim is to create a single health and social care system, which puts people and their families in the centre. This will be delivered through a single commissioning vehicle and an integrated delivery vehicle.</p>	
<p>Where are we now?</p> <ul style="list-style-type: none"> - Between 2014 and 2021 Portsmouth's usual resident population is projected to grow by nearly 4%. - The 85+ years population is projected to see the greatest increase - by 17% (to 5,200). - The health of people in Portsmouth is generally worse than the England average. - Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions. Compared to England, Portsmouth has significantly higher rates of mortality that is considered preventable (mainly by adopting healthier lifestyles) for all these 	<p>Where do we want to get to?</p> <ul style="list-style-type: none"> - Receive effective services to meet their goals to manage their own health and stay well. - Receive responsive services which help them to maintain their independence in their community. - Have access to the right information and support to access services available at the right time.

conditions. The increases in the older age ranges will impact on people caring for family and loved ones, and on our services.	
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - A shift to prevention and early intervention services - Risk stratify the population/case-find to identify individuals with specific health conditions or events - Identify people with low level social care needs - Develop the workforce to deliver higher acuity care in the community - All disciplines to be able to allocate to preventative resources - Enhance reablement services to maximise functioning and independence - Full integration of health and social care services 	<ul style="list-style-type: none"> - The Better Care Plan has a number of key measurable metric outcomes: - A reduction in avoidable hospital emergency admissions - Proportion of older people still at home 91 days after discharge will increase - To maintain admissions to residential and nursing care in line with population growth - Delayed transfers of care – high performance to be maintained and quality of discharge planning and process developed - Service user and patient satisfaction – national metric under development

Workstream 3b - Explore and develop lifestyle hubs	
<p>Research suggests lifestyle hubs contribute to reducing inequalities in health outcomes associated with lifestyle behaviours. This workstream aims to create a city where individuals, families and the wider community take responsibility for their health and the health of others through self-help and community empowerment. When an individual or family requires support we will ensure service provision can meet a range of different needs with tailored support. To enable this vision, work will focus on developing an integrated 'wellbeing' service as a one stop shop working with individuals and families to address poor health. Alongside this work, the Making Every Contact Count (MECC) model, which is about maximising the opportunity to make every contact count for potential health improvement, will be implemented.</p>	
Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Life expectancy in deprived communities is significantly lower than the least deprived. The gap in life expectancy strongly linked to: <ul style="list-style-type: none"> • Higher than average prevalence of smoking • Higher rates of people overweight and obese, especially children • High rates of alcohol related harm, although improving - The poorest are more likely to have multiple risk factors (smoking, alcohol misuse, lack of physical activity and poor diet). - Public Health are currently planning to integrate our lifestyles services focusing on our most deprived communities, also addressing the wider determinants of health. 	<ul style="list-style-type: none"> - We will develop an integrated 'wellbeing' service addressing not only key lifestyle issues: smoking, alcohol misuse and weight management; but also key wider determinants of health. - We will provide the wider workforce with the skills, knowledge and confidence to deliver health improvement advice to the individuals they come into contact with; maximising the opportunity to Make Every Contact Count.
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - Develop an integrated wellbeing service that not only addresses lifestyle issues: smoking, alcohol misuse and weight management, but also wider determinants of health: housing, education, employment, mental health first aid, social networks etc. - Develop a Making Every Contact Count training and delivery plan. Roll out training across key workforce groups to use contacts with individual clients to deliver health improvement advice and onward referral. - Engage with other PCC departments, and our partners, to promote public health in the work they do. 	<ul style="list-style-type: none"> - Increased life expectancy in our most deprived wards. - Reduced prevalence of smoking. - Reduced alcohol related hospital admissions. - Achieve England average for children overweight and obese. - 50% of clients for the integrated lifestyles service will come from our four most deprived wards.

Workstream 3c - Implement the new City of Service model of high impact volunteering

City of Service (CoS) is a new model of measurable high impact volunteering in which local people and communities are engaged in addressing some of the city's key challenges. This workstream will focus on building resilient communities that support individuals within their neighbourhood or street by clearly demonstrating the impact volunteering can have.

Where are we now?

- Low attainment at secondary school - only 47% of Portsmouth pupils achieved 5+ A*-C GCSEs in 2013.
- Less than 25% of Portsmouth resident working population are numerate to level 2 (A* to C GCSEs).
- Portsmouth has areas of high deprivation and significant health inequalities
- Portsmouth has the highest level of excess winter deaths of our comparator cities with similar levels of deprivation.
- Experience from Portsmouth and evidence from elsewhere suggests volunteering can help address these issues.

Where do we want to get to?

- We will create positive learning experiences; how communities can expand their expectations of themselves and those around them through impactful volunteering.
- We will build resilient communities; how volunteering can keep neighbourhoods safe, healthy and independent.

How will we tackle the issue?

- Develop a 'Coaching and Mentoring' initiative working with year 10/11 pupils to increase their level of attainment in their GCSEs.
- Support the National Numeracy Challenge by training 'numeracy challenge coaches' to support working age people to improve their numeracy
- Increase residents satisfaction with their neighbourhood as a place to live through 'Love your Street' initiative.
- Make more homes energy efficient through 'Love your Loft' initiative.

How do we know when we have arrived?

- Increased levels of participants' attainment in GCSEs.
- Increased levels on numeracy in resident working population.
- Increased resident voluntary involvement in their neighbourhoods.
- Increase in the number of energy efficient homes and the resulting CO2 savings.

Priority 4 - Intervening Earlier

Our priority is for Portsmouth to be a city where services are delivered at the right time, in the right way in the right setting. This means bringing together best practice around safeguarding and intervening earlier to enable better outcomes for local people. In order to improve outcomes in this area work will focus on three workstreams:

Workstream 4a - Safeguard the welfare of children, young people and adults

Safeguarding is about providing effective support and improving outcomes for children, young people and adults, particularly those who are at risk or considered to be in safeguarding situations. This workstream sets the strategic direction for the delivery of services to children and adults across Portsmouth by ensuring that all key strategic plans (whether formulated by individual agencies or by partnership forums) include safeguarding as a cross-cutting theme. Portsmouth Safeguarding Children Board (PSCB) has a statutory responsibility to scrutinise and challenge safeguarding arrangements and Safeguarding Adults Boards (SAB) have been made statutory through the Care Act from 2015. It is crucial that there is effective interchange between the HWB and the two Safeguarding Boards.

Where are we now?

- Effective, multi-agency safeguarding arrangements are in place through the PSCB and SAB, with a partnership protocol agreed by the HWB in 2014.
- Annual reviews bring together recommendations from CQC & Ofsted inspections; Safeguarding Peer Audits

Where do we want to get to?

- Ensuring that Safeguarding is everyone's business
- Hearing the voice of those at risk.
- Inclusion – focus on at risk groups accessing mainstream support.
- Ensuring effective partnership arrangements to support this work.

<p>(Adults-June 2014); performance management and business planning.</p> <ul style="list-style-type: none"> - The SAB Annual Report (2013) highlighted a significant increase in the number of alerts received by the adult safeguarding team, possibly indicating greater awareness of concerns about vulnerable people - The PSCB Annual Report (2012/13) highlighted that improvement is needed in the following areas: evaluating impact, developing scrutiny, early help, allegations management, reducing the number of repeat child protection plans, and ensuring safeguarding at a time of NHS organisational change. 	
<p>How will we tackle the issue?</p>	<p>How do we know when we have arrived?</p>
<ul style="list-style-type: none"> - Workforce – trained and supported with policies, processes and supervision. - Communication – improved awareness and understanding amongst staff and different communities. - Organisational Leadership – to reduce the likelihood of institutional neglect and dealing with unsafe staff. - Effective systems - to support intervention. 	<ul style="list-style-type: none"> - Increased safeguarding awareness amongst the community and general workforce of at risk groups – evidence from individual agencies. - Appropriate and timely interventions are put in place for those adults, young people or children who are at risk of safeguarding concerns – quality audits. - Reduced incidents of harm – data. - Personalised Support – recipient experience feedback.

Workstream 4b - Deliver the Portsmouth Clinical Commissioning Group's strategic priorities

The CCG comprises of 5 GP Executives, a GP Clinical Leader and 26 member practices and is responsible for commissioning a wide range of NHS services for people who live and work in the City of Portsmouth. Through a comprehensive consultation exercise, the CCG have identified 5 strategic priorities that will improve health services (within available resources) for people and patients in Portsmouth. This workstream focuses on supporting the CCG to deliver the priorities.

<p>Where are we now?</p>	<p>Where do we want to get to?</p>
<ul style="list-style-type: none"> - We are an ageing population who are living longer which will increase the demand on health services. - Too many people have poorer health and wellbeing than in other similar cities. - Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions. Heart disease is the most common cause of all early deaths. 	<ul style="list-style-type: none"> - Ensuring everyone to be able to access the right health services, in the right place, as and when they need them - Ensuring that when people receive health services they are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality - Joining up health and social care services so that people only have to tell their story once. People should not have unnecessary assessments of their needs, or go to hospital when they can be safely cared for at home or stay in hospital longer than they need to. - Tackling the biggest causes of ill health and early death and promote wellbeing and positive mental health.
<p>How will we tackle the issue?</p>	<p>How do we know when we have arrived?</p>
<ul style="list-style-type: none"> - Design the best and most effective pathway for emergency care - Identify earlier when peoples' health and well-being is deteriorating and respond appropriately with the right support - Join up GP, health and social care services 	<ul style="list-style-type: none"> - More people will be seen within 4 hours at the Emergency Department in Queen Alexandra Hospital. - The number of hospital appointments and admissions will reduce. - There will be less emergency admissions and readmissions to hospital. - More people will be supported to live at home

<ul style="list-style-type: none"> - Improve access to community services, 7 days a week - Invest in IT which support information sharing/better communication. 	<ul style="list-style-type: none"> - independently. - More people will have a good experience of services.
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Workstream 4c - Improve the quality of dementia services and care

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. The JHWS will continue to prioritise improving the quality of services and care for people with dementia. This workstream will concentrate on enabling those within the city affected by dementia to have the opportunity to live well - through increasing the numbers of those diagnosed with dementia and providing the right support at the right time. This will involve maximising independence and promoting social cohesion and family support in order to help the frail elderly remain out of hospital or care and remain at home. In order to create a dementia friendly city, the environment will need to be adapted to enable people to live safely in the community.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - Portsmouth to be a dementia friendly city where people with dementia will be treated with respect and feel included in our local communities - Everyone able to find information and advice about memory problems and dementia quickly and easily - People with dementia to receive the right diagnosis at the right time - Dementia services offering people choice and control over their care, enabling people to remain independent and supporting carers.
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - An independent review of the mapped dementia pathway - this will be undertaken by the University of East London in partnership with Healthwatch Portsmouth and the University of Portsmouth. - Reviewing existing pilots of dementia advisors/memory cafes. - Planning a programme of dementia friendly community initiatives, including awareness raising and training for businesses and communities and rolling out a dementia friendly community recognition process. - Establishing and maintaining a dementia action alliance. 	<ul style="list-style-type: none"> - The outcome of the review will drive further improvements and recommendations to the dementia pathway over the next 3 years. - A diagnosis rate for dementia of 80% of the predicted population by March 2015. - Dementia Friendly Community Status: develop a training and awareness raising programme for communities, businesses & statutory organisations. - Dementia Action Alliance – work programme developed for the Portsmouth Dementia Action Alliance.

Priority 5 - Reducing Health Inequalities

Our priority is to make Portsmouth a city where all people have the opportunity to have a healthy life, by improving the health of the poorest fastest and reducing health inequalities. In order to improve outcomes in this area work will focus on three workstreams:

Workstream 5a - Implement a refreshed Tackling Poverty Strategy

Growing up in poverty has a significantly negative impact on health and wellbeing outcomes for children and has the potential to expose children to more risk factors. Portsmouth is ranked 84th of 324 authorities (where 1 is most deprived). The increase in the number of people asking for assistance, increase in rent arrears and increase in the number of people hit by the benefits cap suggests that more

people in the city are in poverty. Poverty costs society - it is estimated that child poverty costs Portsmouth £121 million every year. This workstream supports the refresh of the Tackling Poverty Strategy, which seeks to ensure that no-one is prevented from achieving a happy, productive and healthy life through the effects of poverty or financial hardship.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Significant health inequalities (people in poverty die 7.8 years earlier) - 16% children live in workless households - Low skilled work-force: 22.7% no/low qualifications - Only 52.4% children got 5 'good' GCSEs 2011/12 (national average 59.4%) - Approx. 1 in 5 older people live in poverty <ul style="list-style-type: none"> - 53% in Charles Dickens Ward - Crime and ASB highest in poorest ward/s - 24.4 % children in poverty - 47.5% Charles Dickens Ward 	<ul style="list-style-type: none"> - Ensuring children grow up believing that they can achieve in life, in a community where there are high expectations for them. - Ensuring schools provide children with the best possible education to access good employment opportunities and thus achieve financial resilience. - Ensuring residents can achieve a reasonable standard of living, either through paid employment or through ensuring they are able to access an adequate welfare safety net when needed. - Ensuring that vulnerable people in the city are identified and guided through services in order to ensure that being vulnerable does not disadvantage people financially.
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - Improve employability and budgeting capabilities. - Implement the new Digital Inclusion Strategy. - Roll out the Changing Mindset approach. - Integrated work with public health on vulnerable people and common issues. 	<ul style="list-style-type: none"> - High expectations for children in Portsmouth schools - Increased educational attainment. - Local people with good skills and qualifications being able to access sustainable, adequately paid employment. - A workforce who 'make every contact count' and thus prevent poverty and health inequalities. - Increased levels of financial resilience in the population. - Reduced demand at money advice services and support services in the city. - Overall improved health and wellbeing in the city.

Workstream 5b - Tackle health related barriers to accessing and sustaining employment

'Creating fair employment and good work for all' is one of the six policy objectives of the Marmot Review to reduce health inequalities. Unemployment increases the chance of being ill and increases rates of depression. People with mental health problems or with learning disabilities are at increased risk of social exclusion. This workstream aims to reduce risks by improving access to sustainable employment.

Where are we now?	Where do we want to get to?
<ul style="list-style-type: none"> - Unemployment rates are highest in the wards of; Charles Dickens (6.7% of working age population), Nelson (5.3%) and Fratton (4.6%), which is significantly greater than the England average (4.4%). 	<ul style="list-style-type: none"> - Help long term unemployed people across the Solent area into sustainable employment. - Reduce churn for young people aged 18-24 years old. - Identify whether the RECRO programme is a sensible programme for further development.
How will we tackle the issue?	How do we know when we have arrived?
<ul style="list-style-type: none"> - A £6m "Fit to Compete" programme will be implemented across South Hampshire that will look to integrate support services for long term unemployed people. 	<ul style="list-style-type: none"> - A target has been set for 15% of the cohort of 1,000 people on the Fit to Compete Programme to be in sustained employment - Targets for youth programme to be agreed – will depend on nature of programme but should include 35 young people with traineeships in creative sector - Target for RECRO 'life you want' to be sorted depending on commissioning decision.

Workstream 5c - Address the issues raised in the Public Health Annual Report

The most recent Annual Public Health Report focused on the health of Portsmouth males. Males living in the least deprived areas do not reach the level of life expectancy of females living in the same area; they have similar levels of life expectancy as females living in the most deprived areas. The Report noted that the causes of comparatively poor male health are complex and affected as much by culture and the broader determinants of health as by access to services. It echoed the Marmot review in highlighting key focus areas of boys' early years, education and employment opportunities. Deep-rooted and wide-ranging problems require collective effort of all stakeholders across the city. This workstream will therefore address the inequalities identified in the Annual Public Health report by implementing measures that can be taken to improve men's health.

Where are we now?

- The latest data shows that Portsmouth males can expect to live 77.7 years with 62.2 years spent in "good" health (80% of life expectancy at birth). Portsmouth females can expect to live a further 82.8 years with 62.0 years spent in "good" health (75% of life expectancy at birth).
- Male life expectancy in Portsmouth is significantly shorter than the England average.
- Males in the most deprived areas live nearly 11 years fewer than females.

Where do we want to get to?

- We want to narrow the gap between male and female life expectancy.

How will we tackle the issue?



To increase male life expectancy, we need to tackle (greatest impact listed first):

1. Coronary heart disease
2. Chronic cirrhosis of the liver
3. Pneumonia
4. 'Other' cancers
5. Lung cancer.

How do we know when we have arrived?

- Increase in male life expectancy.

Appendices

Appendix A - Workstream development template	
<p>Overarching Priority <i>[What is the overarching common theme?]</i></p>	
<p>Workstream <i>[What is the high level strategic priority?]</i></p>	
<p>Vision Statement and High Level Objectives <i>[Where do we want to get to? - Please outline the strategic goal/s for this priority i.e. what are we trying to achieve/improve. Please see attached document for further guidance]</i></p> <p> Vision_Statement_template.pdf</p>	
<p>Evidence <i>[Where are we now? - What evidence of need do we have that suggests this should be a strategic priority for the City i.e. why is this a local issue? How big is the problem? Who does it affect? Is this workstream going to have an effect on any of the equality streams i.e. age, disability, gender reassignment, pregnancy/maternity. Please refer to:</i> Joint Strategic Needs Assessment; Children's Trust Needs Assessment; Safer Portsmouth Partnership's Strategic Assessment of Crime, Anti-Social Behaviour and Substance Misuse; Tackling Poverty Needs Assessment; <i>along with any other assessments of need, performance data or consultation responses where appropriate]</i></p>	
<p>Action Plan <i>[How will we get to where we want to be? - Please complete the attached action plan to indicate the SMART (Specific, Measurable, Achievable, Realistic and Timely) actions that will indicate what we plan to do about the issue/how we will achieve each of the objectives/any risks identified and how these will be mitigated]</i></p>	<p> Action_Plan_template.doc</p>

Outcome Indicators

[How will we know when we've arrived? - Please list the outcomes that we will expect to see if we deliver on the objectives]

Performance Management Arrangements

[How often will monitoring of the action plan take place? - monthly, quarterly, six monthly? Who will be responsible for collecting and analysing the monitoring information and who will performance be reported to?]

Supporting Strategies/Delivery Plans/Workstreams/Commissioning Timetable

[What are we and other services already doing in relation to the issue? - Are there other strategies already delivering in this area? Please outline the set of workstreams that sit underneath this priority and a timetable for commission decisions if appropriate]

DRAFT

Appendix B - Glossary of acronyms and key terms

Acronym	Description
Better Care Fund (BCF)	A fund which will pool existing budgets in 2015/16 to enable greater integrated working and transformation of local services to older and disabled people
Children's Trust Board (CTB)	A strategic partnership comprising multi-agency senior representation from the major public service delivery partners in Portsmouth, aiming to improve wellbeing for all children and young people (0-19) in Portsmouth
Clinical Commissioning Group (CCG)	Clinical Commissioning Group – groups of GPs responsible for designing the local healthcare system, through the commissioning (purchasing) of a range of health and care services; CCGs work with patients and healthcare professionals and in partnership with local communities and local authorities. CCGs replaced Primary Care Trusts (PCTs) in April 2013.
Health and Social Care Partnership (HaSP)	HaSP is a joint initiative between Adult Social Care, Portsmouth City Council and NHS Solent Healthcare and aims to integrate health social care provision within the Portsmouth area.
Health Inequality	Differences in health experiences and health outcomes between different population groups
Health Promotion	Health promotion is the process of enabling people to increase control over, and to improve, their health
Healthwatch	Healthwatch has been commissioned to replace LINKs as the organisation to represent the public and empower local people to have their say about the quality and development of their local health and social care services.
Joint Strategic Needs Assessment (JSNA)	Joint Strategic Needs Assessment – the collection and collation of information and intelligence about the health and wellbeing needs of the local community
Health and Wellbeing Board (HWB)	Health and Wellbeing Board – a partnership board whose purpose is to improve the health and wellbeing of the residents of Portsmouth
Local Safeguarding Children Board (LSCB)	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting children in Portsmouth
Marmot Review	An independent review by Professor Sir Michael Marmot which was commissioned by the Government to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010
National Health Service Commissioning Board (NHS CB)	A Special Health Authority was established on 31 October 2011 to make the necessary preparations for the successful establishment of the NHS Commissioning Board (NHS CB) in October 2012 before it took on full statutory responsibilities in April 2013. Part of the Government's vision to modernise the health service and secure the best possible outcomes for patients, it will authorize CCGs and lead on the delivery of the NHS Outcomes Framework. It will commission directly around £20billion of services nationally including specialized services and primary care. In the meantime, all current NHS planning and delivery responsibilities remain with the Department of Health, strategic health authorities and primary care trusts.
Primary Care Trust (PCT)	Primary Care Trusts were part of the NHS and currently commission primary, community and secondary care from providers. They were abolished on 31st March 2013, with CCGs taking on most commissioning responsibilities locally (once authorised) and with some public health responsibilities transferring to the local authority.
Safeguarding Adults Board (SAB)	Representatives from the main statutory agencies who ensure there are suitable robust arrangements for protecting adults in Portsmouth.
Safer Portsmouth Partnership (SPP)	A strategic partnership bringing together local organisations to tackle crime, anti-social behaviour, substance misuse and reoffending in Portsmouth.



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Joint Health and Wellbeing Strategy 2014-2017

Working together to improve health and wellbeing in Portsmouth

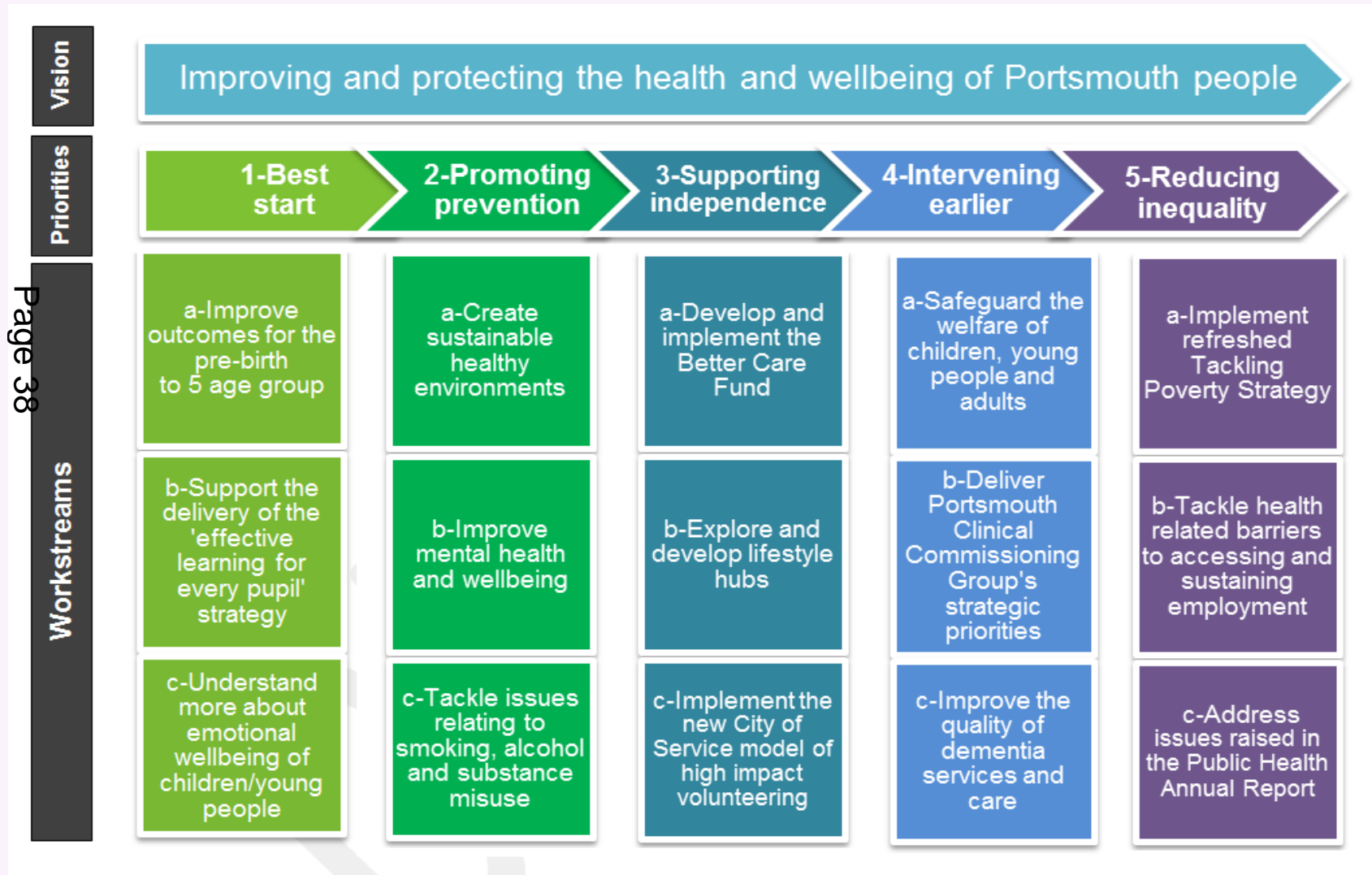
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Portsmouth
CITY COUNCIL



The draft Joint Health and Wellbeing Strategy comprises of **5 Priorities** and **15 Workstreams**



Priority 1

Giving children and young people the best start in life

Improve outcomes for the pre-birth to 5 age group

Lead: Jackie Charlesworth,

Deputy Head of Integrated Commissioning, ICU, PCC

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This workstream supports the **Best Start** strategic priority:

- Reviewing the pre-birth to 5 pathway and service redesign to support delivery of healthy child pathway
- Supporting transfer of commissioning responsibility for Health Visiting into PCC in 2015
- Support delivery of outcomes based vision: *“High quality parenting is the key to good outcomes. By good outcomes we mean children who are healthy, safe, developing and ready for school”*

The current picture - progress to date:

- Service and pathway mapping carried out with a wide range of stakeholders across health, PCC, voluntary & community sector
- Consultation with families, carers and very young children
- Development of draft outcome-based measures based on current work of Priority A Board of Children's Trust and outcomes of consultation
- Research carried out into best practice, service models and outcomes across statistical neighbours

contd...

- 5 different models exist across 19 statistical neighbours, no one model is 'best'
- Outcomes of pathway/service mapping, consultation & research used to develop 2 options for consideration
- Option 1: continue with current separate commissioning arrangements, and consider options following the transfer-in of Health Visiting commissioning responsibility
- Option 2: with the support and approval of NHS England commission an integrated service model using the procurement process

The journey – next steps:

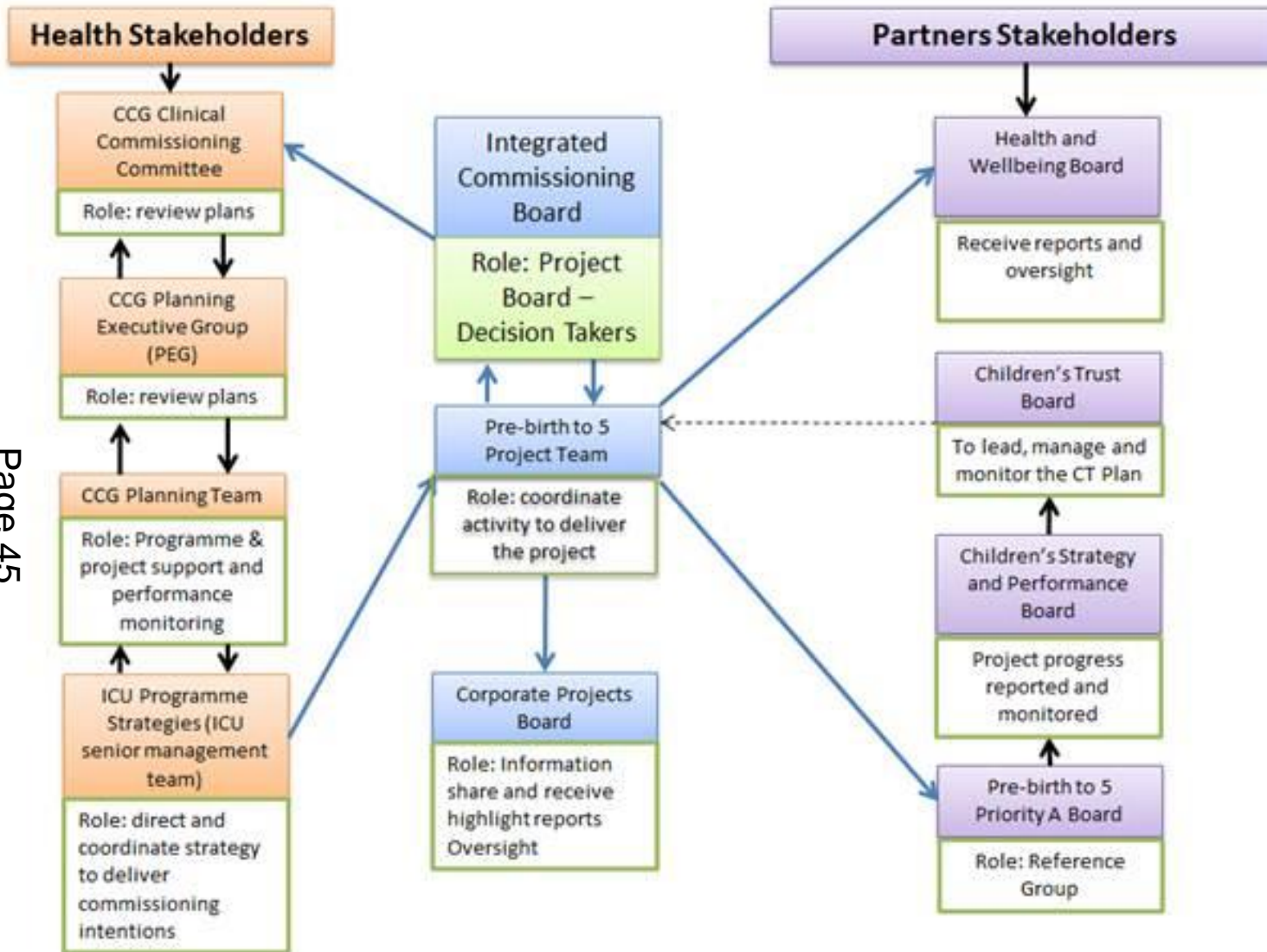
- Complete Options Appraisal and finalise report
- Take through Governance framework within PCC and CCG
- Integrated Commissioning Board meeting in September 2014 for decision about service model going forward

The future – If we get this right, what outcomes will we see?

- **Our children are safe** - *Our children and their families are physically and emotionally well and free from emotional and physical harm or neglect*
- **Our children are healthy** - *Our children and their families are free of, and protected from, avoidable disease and lead healthy lifestyles*
- **Our children are developing** - *Our unborn and young children meet developmental milestones and early identification, assessment and support enables those with additional needs to be supported in their development*
- **Our children are ready for school** - *Our children are equipped with the social, emotional, behavioural and learning skills to be ready for school*

Performance Management

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Support the delivery of the 'effective learning for every pupil' strategy

Lead: Marc Harder,

Education Improvement Commissioning Manager, PCC

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This workstream supports the **Best Start** strategic priority by ensuring:

1. Children are ready for school
2. We have enough schools of the right quality, shape and size
3. Schools have good teaching, leadership and governance and a good curriculum offer
4. All children have appropriate support for their needs
5. Children attend school and behave well
6. Parents are engaged in children's learning
7. Education is everyone's business and the whole community contributes to learning

The current picture – Where are we now?



- Educationally, children start off well in Portsmouth at EYFS and KS1
- The progress pupils make between KS1 and KS2 is not as good as the national picture and as such, Portsmouth slips down the rankings at KS2
- At GCSE (KS4), Portsmouth is in the lower reaches of the national table
- The gap between children eligible for pupil premium and those not eligible is too wide

The journey – How will we tackle the issue?

- The Priority C strategy includes a number of ‘building blocks’ to underpin an improvement in the city’s educational performance:
 - Effective governance strategy
 - Attendance strategy
 - Schools Organisational Plan
 - Effective Learning for every pupil
 - Parental & Community engagement

The future –

If we get this right what outcomes will we see?

- More effective governance in schools
- More pupils attending school regularly
- An inclusive school community
- Improvement in end of key stage results
- More Portsmouth pupils accessing jobs and opportunities

Performance management – **What will the monitoring/reporting arrangements look like?**

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Actions will be monitored quarterly through the Schools' Strategy Board (Priority C)

- Quarterly reports to Performance Group
- Progress fed through to the Children's Trust Joint Executive

Understand more about the emotional wellbeing of children and young people

Lead: Dawn Saunders,
Public Health Consultant, PCC

This workstream supports the **Best Start** strategic priority by

- Page 51
- Identifying the emotional needs of our children & young people
 - Embedding the emotional wellbeing of children & young people in to local strategies and plans
 - Up-skilling the workforce with the skills and knowledge to support children & young people where their emotional wellbeing is suffering

The current picture – Where are we now?



Recent survey of children and young people in Portsmouth showed that:

- Children's sense of well-being declines with age from year 5 onwards
- 10-13% reporting low overall wellbeing.
- Children who say they are disabled or have difficulties with learning, and those who are not living with their family report lower than average wellbeing.
- Children in Portsmouth appear happier than average with their money/things and prospects for the future but less happy with their health and appearance.
- They are slightly less happy than average with around feelings of safety at school and relationships with other young people at school.
- Teenage girls appear to be considerably more anxious about their appearance and less happy with how they look than elsewhere.
- 30% said that they had been bullied in the last year. Experiences of being bullied are linked with lower than average overall well-being.

The journey –

How will we tackle the issue?

- Delivery of the healthy child programme 0-5 and 5-19
- Development of pre birth to 19 lifestyle service
- Making Every Contact Count
- Delivery of PHSE
- Helping adult services to “think family”

The future –

If we get this right what outcomes will we see?

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Happy healthy children

- Improvement in child health outcomes
- Increase in attendance & attainment at schools
- Positive role modelling as these children become parents

Performance management – What will the monitoring/reporting arrangements look like?

- The Children's Trust Board will monitor progress on this cross-cutting theme across their priorities

In addition, progress will be reported through:

- Public Health Outcomes Framework
- Child Health Profile
- The Mental Health Alliance

Questions for the Health and Wellbeing Board...



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- Is the Health and Wellbeing Board happy to approve these workstreams under the **Best start priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
 - Are there sufficient resources to deliver this work?

Priority 2

Promoting prevention

Create sustainable healthy environments

Workstream Lead: Janet Maxwell,
Director of Public Health, PCC

This workstream supports the **Promoting Prevention** strategic priority by exploring how the physical environment can be improved to encourage/enable active travel. Creating sustainable and health environments will:

- Ensure children are provided with the best possible education and help them to engage with active travel in a safe, easy and fun way.
- Ensure residents regardless of age, sex, ethnicity and ability are able access to at least one method of active travel with the opportunity to access more.
- Ensure that the active travel network within the city is fit for purpose and allows our residents easy and safe access to the places they want to go.
- Explore how bye-laws can be used to address issues around location of fast food outlets, gambling shops, etc.

The current picture – Where are we now?



- Levels of physical activity are worse than the England average.
- Life expectancy for men is lower than the England average.
- Life expectancy is 10.8 years (men) and 6.1 years (women) lower in most deprived areas of Portsmouth than in least deprived areas.
- Estimated levels of adult 'healthy eating' are worse than the England average.
- 12.5% reception aged school children are classed as 'obese'
- 52% of Adults in Portsmouth are classed as 'obese'
- Pollution levels within the city are, on average, higher than other comparable sites within the UK.
- People want to cycle more but traffic, poor infrastructure and lack of cycling training and organised events acted as a barrier to cycling.

The journey –

How will we tackle the issue?

- Review what already exists to enable people to walk and cycle and barriers preventing people from using active modes of transport in Portsmouth.
- Develop and implement a refreshed active travel strategy.
- Explore the use of bye-laws to ensure suitable locations for fast-food outlets, gambling shops etc are suitable.

The future –

If we get this right what outcomes will we see?

- Increase in the number of people using active travel for everyday trips i.e. to and from work.
- Increase in the number of people using active travel for recreational use.
- Increase in the number of cyclists in the city and increase in the number of pedestrians in the city
- (baseline will need to be established).
- Increase in bike purchases (and uptake of support from the bike Dr).

Performance management –

What will the monitoring/reporting arrangements look like?

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Frequency of monitoring to be confirmed following review, likely to include:

- Quarterly reporting to Public Health Directorate Management Team
- Annual monitoring of survey data

Improve mental health

Lead: Matthew Smith,
Public Health Consultant, PCC

This workstream supports the **Promoting Prevention** strategic priority by;

- Building resilient individuals and communities
- Embedding mental health into local strategies and plans
- Equipping the workforce with the skills and knowledge to support individuals and communities where their mental health is suffering

The current picture – Where are we now?



- Portsmouth has significantly higher rates of risk factors for mental ill health
- 21,800 Portsmouth residents (aged 16-64) predicted to be affected by at least one common mental disorder
- 6,000 people access Adult Mental services each year

Lots of work being done already e.g.:

- Mental Health First Aid & Youth Mental Health First Aid
- Talking Change for common mental health problems
- Community services (A2i)
- CAMHS (generic and targeted teams)

But no partnership providing oversight across the system

The journey –

How will we tackle the issue?

- Establish a mental health alliance in Portsmouth – reporting to the HWB and with a clear focus
- Develop and monitor an action plan to include:
 - Scoping against No Health Without Mental Health / Closing the Gap to identify priorities for the Alliance to address locally
 - Embedding mental wellbeing into all Portsmouth City Council strategies starting with Public Health
 - Looking at settings, including school and workplaces
 - Make full use of Making Every Contact Count (MECC)

The future –

If we get this right what outcomes will we see?

Page 166

The new Alliance will agree its key outcomes but, for example, we would expect to see:

- Improved school attendance and educational attainment
- Fewer adults requiring specialist services

Performance management – What will the monitoring/reporting arrangements look like?

- The Mental Health Alliance will agree its key actions with progress monitored on a quarterly basis.
- Outcomes (agreed by the Alliance) will be monitored and reported on quarterly basis.

Tackle issues relating to smoking, alcohol and substance misuse

Lead: Matt Smith,
Public Health Consultant, PCC

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Prevent – Improve tobacco, alcohol and substance misuse education and awareness

- **Treat** – Increase access to improved treatment and support services
- **Enforce** – Using legislation and other measures to reduce the negative impact and consequences of tobacco, alcohol and substance misuse

The current picture – Where are we now?



- 23% of Portsmouth adults smoke; significantly higher than the estimated prevalence for the SE (18%) and for England (20%).
- 17% of women smoked at the time of delivery of their babies, which is considerably higher than the England average (13%).

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Portsmouth has 34,299 ‘increasing risk’ drinkers; 9,155 ‘higher risk’ drinkers and 8,852 dependent drinkers.

Negative consequences of alcohol cost the health service, criminal justice services and employers £74 million p.a.

- Portsmouth has a higher prevalence of adults who binge-drink (24%) compared with the SE or England
- Estimated number of people using heroin or crack cocaine problematically has increased slightly to 1549 (Hay estimate, PHE).

The journey –

How will we tackle the issue?

- Develop a coordinated strategic approach through strong alliances of stakeholders and partners
- Continue to work with schools increasing PSHE delivery and peer support programmes
- Work with maternity services to reduce smoking in pregnancy by carbon monoxide monitoring of all pregnant
- Redesign services to deliver smoking and alcohol support through the development of a Public Health Integrated Lifestyle Service.
- Increase alcohol identification and brief advice in a range of non-specialist settings
- Re-model young people's drug and alcohol service.
- Continued development of peer-led recovery model, through recovery broker training and volunteering pathway.

The future –

If we get this right what outcomes will we see?

- Reduce adult smoking prevalence (aged 18 or over) in England to 18.5% or less by the end of 2015.
- Reduce the rate of smoking in pregnancy to 11% or less by the end of 2015 (measured at the time of giving birth).
- Reduce rates of smoking among 15 year olds in England to 12 per cent or less by the end of 2015.
- Alcohol Related Hospital admissions at the England average
- Fewer young people reporting having drunk alcohol or taken drugs;
- Increased proportion of the estimated number of problematic opiate and cocaine users in treatment
- Increased proportion of people successfully completing drug and alcohol treatment.

Performance management –

What will the monitoring/reporting arrangements look like?

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A tobacco control alliance is being set up which will oversee the strategy, plans and performance. It is envisaged that this group will report to the Health and Wellbeing Board.

- The development of the alcohol and drug strategies, plans and performance management is overseen by the SPP, with quarterly reports including commentary and comparative data

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Promoting prevention priority** within the refreshed Joint Health and Wellbeing Strategy?
Is there anything missing?
- Are there sufficient resources to deliver this work?

Priority 3

Supporting independence

Develop and implement the Better Care Fund

Lead: Innes Richens, Chief Operating Officer and System Management,
and Jim Hogan, GP and Clinical Leader, NHS Portsmouth CCG

This workstream supports the **Supporting Independence** strategic priority by enabling the people of Portsmouth to:

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- Receive effective services to meet their goals to manage their own health and stay well
- Receive responsive services which help them to maintain their independence in their community
- Have access to the right information and support to access services available at the right time

The current picture – Where are we now?



- Between 2014 and 2021 Portsmouth's usual resident population is projected to grow by nearly 4%,
The 85+ years population is projected to see the greatest increase - by 17% (to 5,200).
- The health of people in Portsmouth is generally worse than the England average
- Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions. Compared to England, Portsmouth has significantly higher rates of mortality that is considered preventable (mainly by adopting healthier lifestyles) for all these conditions
- The increases in the older age ranges will impact on people caring for family and loved ones, and on our services.

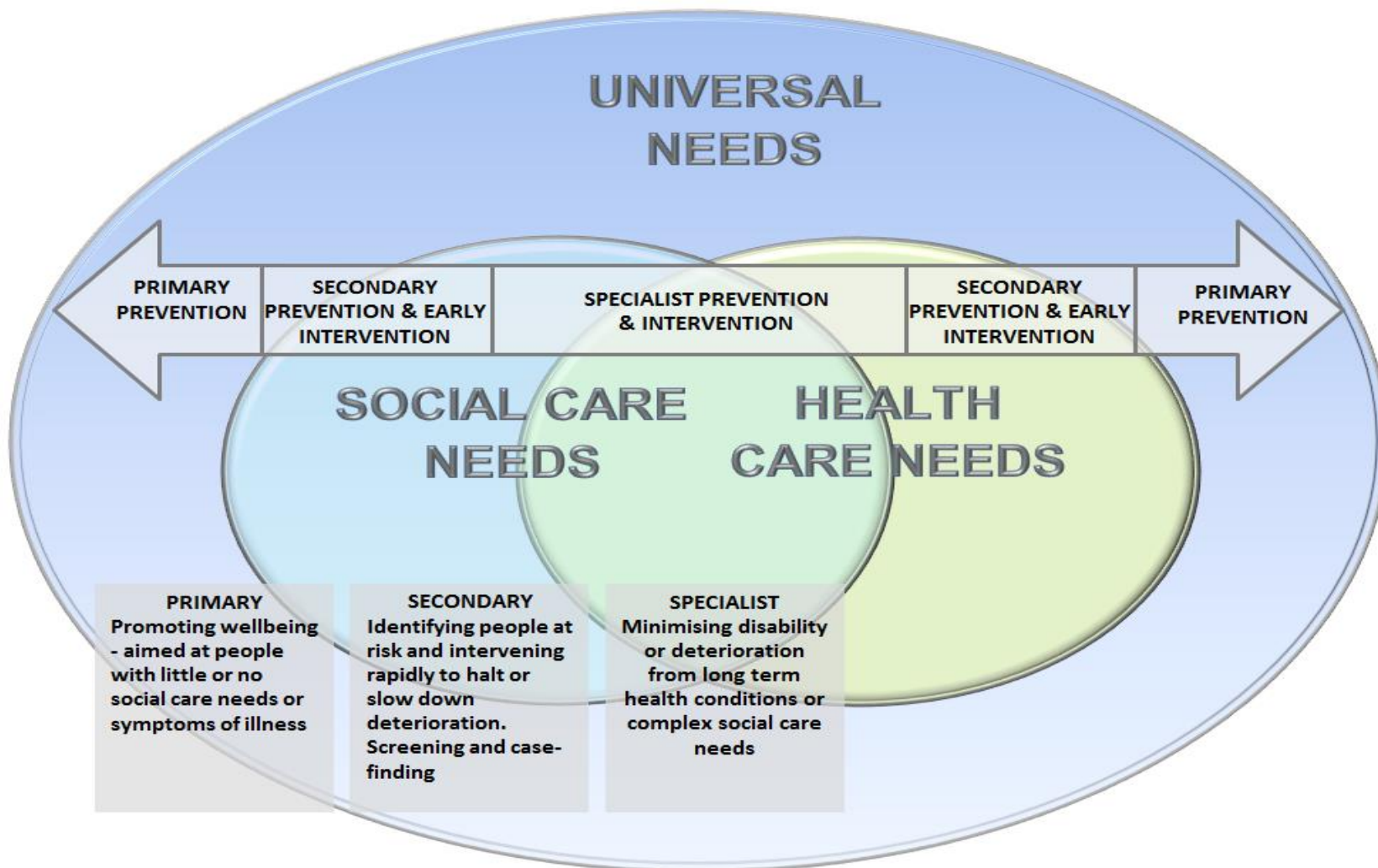
The journey –

How will we tackle the issue?

- A shift to prevention and early intervention services
- Risk stratify the population/case-find to identify individuals with specific health conditions or events
- Identify people with low level social care needs
- Develop the workforce to deliver higher acuity care in the community
- All disciplines to be able to allocate to preventative resources
- Enhance reablement services to maximise functioning and independence
- Full integration of health and social care services

Shifting to prevention and early intervention

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Three defined inter-connected projects

- **Project 1:** Integrated health and social care locality teams

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Project 2: Review of bed based provision

- **Project 3:** Increased reablement services to maximise independence

Project 1: Fully integrated health and social care locality teams

- Consisting of GP, social care staff, community nursing, community geriatrician, OPMH, allied professionals and the voluntary sector operating under single line management with strong clinical leadership
- The ethos will be to empower individuals to self-manage to maximise their independence, health and wellbeing
- Care co-ordination provided through a named worker and a single personalised care plan in place
- appropriate and rapid response to avoid unnecessary admission to hospital or residential care

ORGANISATIONAL IMPACT:

- Cultural change
- Resource allocation
- Earlier intervention
- Specialist service based in community
- Increase ambulatory care
- Greater role for voluntary sector
- Primary care working collaboratively and across different GP practices
- New models of commissioning & contracting to drive integration and collaboration

Project 2: Review of Bed Based Provision

This scheme is to review current bed resources to put in place the right types and numbers of beds in community settings. The review will ensure that future services work as part of an integrated community delivery model to:

- Promote independence and empower self-management
- Ensure a minimum length of stay as possible and undertake discharge planning at point of admission, ensuring decision making in line with current care plan
- Ensure appropriate and rapid access

ORGANISATIONAL IMPACT:

- Only acute interventions are undertaken within the acute setting
- Decisions about long term care not be undertaken within the acute environment
- Increased primary care medical cover and responsibility
- Shift of current bed based services from acute and 'step-down' beds towards an increase of 'step up' beds in a community environment
- Changes to care homes to accommodate potential estates implications for all organisations

Project 3: Increased reablement services to maximise independence

- Increased delivery of reablement services to support “people to do things for themselves rather than having things done to them”, building on existing approaches, e.g.. PRRT, Victory Unit and the reablement grant programme pilots

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ORGANISATIONAL IMPACT:

- Significant culture change in the way services assess and review needs
- Services will need to respond swiftly to changes in need, to ensure care, support and treatment are reflective of that need.
- Greater role for voluntary sector to provide within the integrated care model
- Development of new ways to share and risk assess information from a variety of sources
- Domiciliary care organisations will need to deliver care through a more reablement focused approach

The future –

If we get this right what outcomes will we see?

- The Better Care Plan has a number of key measurable metric outcomes:
 - A reduction in avoidable hospital emergency admissions
 - Proportion of older people still at home 91 days after discharge will increase
 - To maintain admissions to residential and nursing care in line with population growth
 - Delayed transfers of care – high performance to be maintained and quality of discharge planning and process developed
 - Service user and patient satisfaction – national metric under development

Performance management – What will the monitoring/reporting arrangements look like?

Page 84

- Progress on projects and the programme will be monitored on a six weekly basis at the Programme Delivery Board
- Better Care Head of Service programme lead

Formally reporting to:

- Integrated Commissioning Board
- Health and Wellbeing Board
- CCG Governing Body

Explore and develop lifestyle hubs

Lead: Rachael Dalby,

Head of Health, Safety and Licensing

This workstream supports the **Supporting Independence** strategic priority:

Page 85

We will **develop an integrated 'wellbeing' service** addressing not only key lifestyle issues: smoking, alcohol misuse and weight management; but also key wider determinants of health

- We will provide the wider workforce with the skills, knowledge and confidence to deliver health improvement advice to the individuals they come into contact with; maximising the opportunity to **Make Every Contact Count**

The current picture – Where are we now?



- Life expectancy in deprived communities significantly lower than least deprived

Page 66

Gap in life expectancy strongly linked to:

- Higher than average prevalence of smoking
- Higher rates of people overweight and obese, especially children
- High rates of alcohol related harm, although improving
- The poorest are more likely to have multiple risk factors (smoking, alcohol misuse, lack of physical activity and poor diet)
- Public Health are currently planning to integrate our lifestyles services focusing on our most deprived communities, also addressing the wider determinants of health

The journey –

How will we tackle the issue?

- Develop an integrated wellbeing service, incorporating smoking, healthy weight and alcohol misuse
 - This will also provide advice and signposting on the wider determinants of health: housing, education, employment, mental health first aid, social networks etc.
- Develop a Making Every Contact Count training and delivery plan. Roll out training across key workforce groups to use contacts with individual clients to deliver health improvement advice and onward referral.
- Engage with other Portsmouth City Council departments, and our partners, to promote public health in the work they do.

The future –

If we get this right what outcomes will we see?

Page 88

- Increased life expectancy in our most deprived wards
- Reduced prevalence of smoking
- Reduced alcohol related hospital admissions
- Achieve England average for children overweight and obese
- 50% of clients for the integrated lifestyles service will come from our 4 most deprived wards

Performance management – What will the monitoring/reporting arrangements look like?

- Progress on actions will be monitored on a monthly basis to the Public Health Departmental Management Team
- Overall progress with developing Lifestyle Hubs will be reported to the Health and Wellbeing Board via this strategy

Implement the City of Service Model

Lead: Brian Bracher,

City of Service Chief Service Officer

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- We will create positive learning experiences; how communities can expand their expectations of themselves and those around them through impactful volunteering
- We will build resilient communities; how volunteering can keep neighbourhoods safe, healthy and independent

The current picture – Where are we now?



- Portsmouth has had low attainment at secondary school – just 47% of Portsmouth pupils achieved 5+ A* to C GCSEs in 2013
- Less than 25% of Portsmouth resident working population are numerate to level 2 (A* to C GCSEs)
- Portsmouth has areas of high deprivation and significant health inequalities
- Portsmouth has the highest level of excess winter deaths of our comparator cities with similar levels of deprivation
- Experience from Portsmouth and evidence from elsewhere suggests volunteering can help address these issues

The journey –

How will we tackle the issue?

- Develop a ‘Coaching and Mentoring’ initiative working with year 10/11 pupils to increase their level of attainment in their GCSEs
- Support the National Numeracy Challenge by training ‘numeracy challenge coaches’ to support working age people to improve their numeracy
- Increase residents satisfaction with their neighbourhood as a place to live through ‘Love your Street’ initiative.
- Make more homes energy efficient through ‘Love your Loft’ initiative.

Page 92

The future –

If we get this right what outcomes will we see?

- Increased levels of participants' attainment in GCSEs
- Increased levels of numeracy in resident working age population
- Increased resident voluntary involvement in their neighbourhoods
- Increase in the number of energy efficient homes and the resulting CO2 savings and reduced bills

Performance management – What will the monitoring/reporting arrangements look like?

Page 94

The key principle of the Cities of Service programme is that the impact of volunteering can be measured.

- Each initiative has a comprehensive impact measurement that will be published
- Progress will be monitored through the Cities of Service Steering Group and formally reported to the Public Service Board.
- Quarterly reports will be submitted to the national 'Cities of Service UK' programme

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Supporting independence priority** within the refreshed Joint Health and Wellbeing Strategy?
Is there anything missing?
- Are there sufficient resources to deliver this work?

Priority 4

Intervening earlier

Safeguard the welfare of children, young people and adults

Lead: Julian Wooster

Director of Children's & Adults' Services

This workstream supports the **Intervening Earlier** strategic priority by:

- Ensuring that Safeguarding is everyone's business
- Hearing the voice of those at risk.
- Inclusion – focus on at risk groups accessing mainstream support.
- Ensuring effective partnership arrangements to support this work.

The current picture – Where are we now?



Page 98

Results from Inspections of institutions & services (CQC & Ofsted) and Safeguarding Peer Audits (Adults - June 2014)

- Performance Management
- Business Plans
- Multi-agency partnership protocol in place

The journey –

How will we tackle the issue?

- **Workforce** – trained and supported with policies, processes and supervision.
- **Communication** – improved understanding amongst staff and different communities.
- **Organisational Leadership** – to reduce the likelihood of institutional neglect and dealing with unsafe staff.
- **Effective systems** - to support intervention.

The future –

If we get this right what outcomes will we see?

Page 100

Increased safeguarding awareness amongst the community and general workforce of at risk groups – evidence from individual agencies

- Appropriate and timely interventions are put in place for the those adults, young people or children who are at risk of safeguarding concerns – quality audits
- Reduced incidents of harm – data
- Personalised Support– service recipient experience feedback

Performance management – What will the monitoring/reporting arrangements look like?

Progress on actions will be monitored:

- Portsmouth Safeguarding Children Board – quarterly
- Portsmouth Safeguarding Adults Board – quarterly
- Annual Reports to the Health & Wellbeing Board

Deliver the Portsmouth Clinical Commissioning Group strategic priorities

Lead: Innes Richens, Chief Operating Officer and System Management, and Jim Hogan, GP and Clinical Leader, NHS Portsmouth CCG

- Page 102
- This workstream supports the **Intervening Earlier** strategic priority by:
- Ensuring everyone to be able to access the right health services, in the right place, as and when they need them
 - Ensuring that when people receive health services they are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality
 - Joining up health and social care services so that people only have to tell their story once. People should not have unnecessary assessments of their needs, or go to hospital when they can be safely cared for at home or stay in hospital longer than they need to.
 - Tackling the biggest causes of ill health and early death and promote wellbeing and positive mental health

The current picture – Where are we now?



- We are an ageing population who are living longer which will increase the demand on health services

Page 103 Too many people have poorer health and wellbeing than in other similar cities

Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions. Heart disease is the most common cause of all early deaths.

The journey –

How will we tackle the issue?

- Design the best and most effective pathway for emergency care for adults and children
- Identify earlier when peoples' health and well-being is deteriorating and respond appropriately with the right support
- Join up GP, health and social care services
- Improve access to community services, 7 days a week
- Invest in IT systems which support information sharing and better communication

The future –

If we get this right what outcomes will we see?

- More people will be seen within 4 hours at the Emergency Department in Queen Alexandra Hospital
The number of hospital appointments and admissions will reduce
- There will be less emergency admissions and readmissions to hospital
- More people will be supported to live at home independently

Performance management –

What will the monitoring/reporting arrangements look like?

Page 106

Progress on actions will be monitored on a monthly basis internally within the CCG and formally reported to CCG Governing Board

- The CCG will publish an annual report card detailing the progress on achieving its 4 strategic priorities

Improve the quality of dementia services and care

Workstream lead: Jackie Charlesworth,
Deputy Head of Integrated Commissioning, ICU

This workstream supports the **Intervening Earlier** strategic priority by:

- Launching the new dementia adviser service pilot - April 2014
- Reviewing dementia pilots and pathway review recommendations to develop a commissioning strategy for future provision - September 2014
- Establishing a dementia action alliance - September 2014
- Independent review of the mapped dementia pathway by University of East London in partnership with Healthwatch Portsmouth and the University of Portsmouth – December 2014
- Programme of dementia friendly community initiatives, including awareness raising and training for businesses and communities and rolling out a dementia friendly community recognition process - March 2015

The current picture – Where are we now?



Page 108

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

Work undertaken in 2013/14 includes

- Pilots commissioned to explore ways of meeting the future needs of people with dementia and their carers. These include: Dementia Reablement Advisors, Dementia Voice Nurse, Dementia Cafes & Dementia Network
- Dementia Pathway mapped
- Dementia Friendly Community work with retailers and pharmacies
- Reviewed anti-psychotic prescribing for all patients in nursing/care homes and delivered a mental health prescribing event for GPs
- Consultation and self-assessment of training needs in care and nursing homes and improvement plan developed
- Roll out of "This is me" at QA Hospital - a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. Some local care homes have also adopted this tool
- Carers Centre reviewed support of carers of people diagnosed with dementia
- Kitbags and Berets – support group for veterans and families affected by dementia (Alzheimer's funded pilot)
- PHT – dementia friendly environment bid successful
- Portsmouth met the foundation criteria for the recognition process for working towards being a dementia friendly community

The journey –

How will we tackle the issue?

- Independent review of the mapped dementia pathway in 2014 will drive further improvements and recommendations to the dementia pathway over the next 3 years.
- Reviewing our existing pilots of dementia advisors and memory cafes and using the findings and the pathway review recommendations to develop a commissioning strategy for future provision
- Planning a programme of dementia friendly community initiatives, including awareness raising and training for businesses and communities and rolling out a dementia friendly community recognition process
- Establishing and maintaining a dementia action alliance - September 2014

The future –

If we get this right what outcomes will we see?

- A diagnosis rate for dementia of 80% of the predicted population by March 2015
- Dementia Friendly Community Status: Develop a training and awareness raising programme for communities, businesses & statutory organisations
- Dementia Action Alliance – work programme developed for the Portsmouth Dementia Action Alliance.

Performance management –

What will the monitoring/reporting arrangements look like?

Page 112

The dementia action plan is monitored on a monthly basis by the Dementia Action Group.

- In addition there are regular updates reporting to the Portsmouth Clinical Commissioning Group.
- Updates have been given to the Health and Well-being board on a regular basis and this will continue
- Annual updates are monitored by the Cabinet Member for Health and Social Care Briefing

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Intervening earlier priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
- Are there sufficient resources to deliver this work?

Priority 5

Reducing health inequalities

Implement the refreshed Tackling Poverty Strategy

**Lead: Kate Kennard,
Tackling Poverty Coordinator**

- This workstream supports the **Reducing Inequality** strategic priority by
 - Ensuring children grow up believing that they can achieve in life, in a community where there are high expectations for them
 - Ensuring schools provide children with the best possible education to access good employment opportunities and thus achieve financial resilience

(cont.)

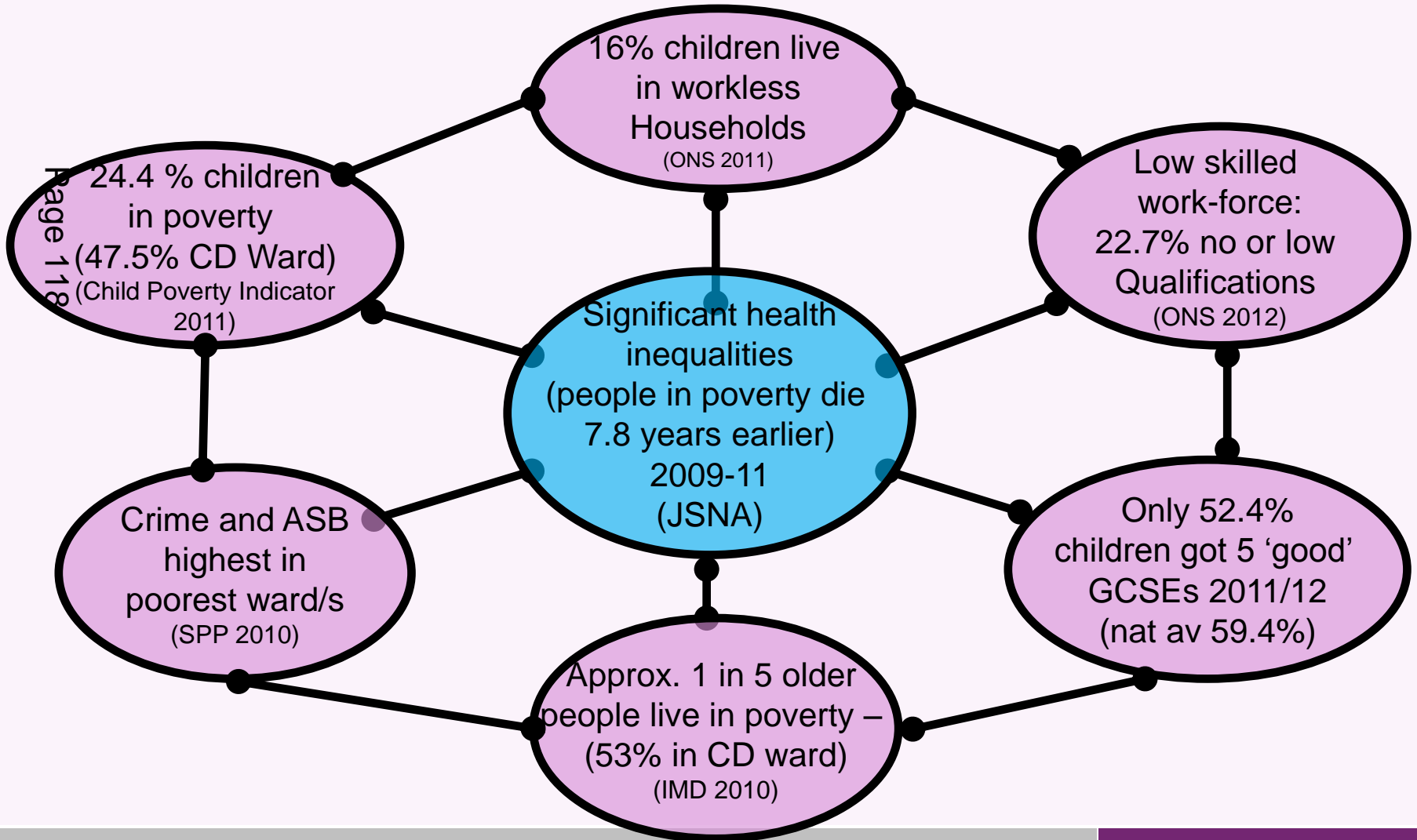
- Ensuring residents can achieve a reasonable standard of living, either through paid employment or through ensuring they are able to access an adequate welfare safety net when needed
- Ensuring that vulnerable people in the city are identified and guided through services in order to ensure that being vulnerable does not disadvantage people financially

(cont.)

This will improve and protect the health and wellbeing of Portsmouth people because:

- Poverty and health inequalities are inextricably linked
- Financial worries increase stress and depression which can in turn lead to higher levels of alcohol, cigarette and substance abuse
- People with mental health issues are less likely to ask for debt advice and yet more likely to need it
- Gaining adequately paid, sustainable employment is likely to improve people's overall health and well-being

The current picture – Where are we now?



The journey –

Work already underway

- Re-designed PCC money advice service and work with wider advice services
- Multi-agency fuel poverty group and action plan
- Mitigating the impacts of the welfare reforms – implementation of city-wide risk assessment/action plan
- Significant program of workforce development around poverty, budgeting, fuel poverty, welfare reforms (linking with MECC)
- Work with 36 schools on the Changing Mindsets Project to build resilience in children ('growth mindsets' approach)

The journey –

How will we tackle the issue?

Next 3 years:

- Page 120
- Employability and budgeting – changing cultures (e.g.. workforce development, education)
 - New Digital Inclusion Strategy – a co-ordinated approach to ensuring online access and skills critical to job search, job applications, benefit applications, gaining online discounts etc.
 - Roll out of the Changing Mindsets approach
 - Integrated work with public health on
 - **vulnerable people** through workforce development (MECC bolt ons)
 - **vulnerable geographic areas** e.g.. Somerstown, Paulsgrove
 - **common issues** e.g.. joined up messages and initiatives on health eating/budgeting/cooking skills

The future –

If we get this right what outcomes will we see?

- High expectations for children in Portsmouth schools
 - Increased educational attainment
 - Local people with good skills and qualifications being able to access sustainable, adequately paid employment
- A workforce who ‘make every contact count’ and thus prevent poverty and health inequalities
- Increased levels of financial resilience in the population
 - Reduced demand at money advice services and support services in the city
 - Overall improved health and wellbeing in the city
 - *‘Where you start doesn’t determine where you end up’.*

Performance management –

What will the monitoring/reporting arrangements look like?

Page 122

Progress on actions will be monitored on a quarterly basis and formally reported to the Tackling Poverty Strategy Group

Tackle health related barriers to employment

Lead: Janet Maxwell.

Director of Public Health, PCC

Page 123
This workstream supports the **reducing inequality** strategic priority by:

- Helping long term unemployed people with health conditions into employment

The current picture – Where are we now?



Page 124

Unemployment rates are highest in the wards of; Charles Dickens (6.7% of working age population), Nelson (5.3%) and Fratton (4.6%), which is significantly greater than the England average (4.4%).

The journey – How will we tackle the issue?

- A £6m “Fit to Compete” programme will be implemented across South Hampshire that will look to integrate support services for long term unemployed people

The future –

If we get this right what outcomes will we see?

Page 126

A target has been set for 15% of the cohort of 1,000 people on the Fit to Compete Programme to be in sustained employment

- Targets for youth programme to be agreed – will depend on nature of programme but should include 35 young people with traineeships in creative sector
- Target for RECRO ‘life you want’ to be sorted depending on commissioning decisions

Performance management –

What will the monitoring/reporting arrangements look like?

- Progress on actions will be monitored on a quarterly basis and formally reported to the Cabinet Office as part of the City Deal monitoring. This information will be interrogated to identify the Portsmouth clients on the 2 programmes.
- The RECRO proposal will be evaluated after its conclusion and will see whether it works and whether it should be incorporated into the City Deal programme.

Address issues raised in the Public Health Annual Report

Workstream Lead: Janet Maxwell, Director of Public Health

Page 128 •

This workstream supports the **Reducing Inequality** strategic priority by narrowing the gap between male and female life expectancy.

The current picture – Where are we now?



- The latest data shows that Portsmouth males can expect to live 77.7 years with 62.2 years spent in “good” health (80% of life expectancy at birth). Portsmouth females can expect to live a further 82.8 years with 62.0 years spent in “good” health (75% of life expectancy at birth).
- Male life expectancy in Portsmouth is significantly shorter than the England average.
- Males in the most deprived areas

The journey –

How will we tackle the issue?

Page 59
To increase male life expectancy, we need to tackle (greatest impact listed first):

- 1. Coronary heart disease
- 2. Chronic cirrhosis of the liver
- 3. Pneumonia
- 4. 'Other' cancers
- 5. Lung cancer.

The future –

If we get this right what outcomes will we see?

- Increase in male life expectancy in Portsmouth.
- Reduction in gap between men in Portsmouth and elsewhere
- Reduction in gaps in male life expectancy between different parts of the city.

Performance management –

What will the monitoring/reporting arrangements look like?

Page 132

Progress on actions will be monitored by the Director of Public Health and reported to the Health and Wellbeing Board

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Reducing inequalities priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
- Are there sufficient resources to deliver this work?

Joint Health and Wellbeing Strategy 2014-17 – Next Steps

- HWB confirm these (or other) workstreams as set out in the recommendations to the report

Page 134

Workstream leads engage with partners, providers and local communities to shape plans, delivery etc and confirm the plans that will inform the strategy by September

- September's HWB approve the JHWS 2014-17
- Work continues to engage a range of partners and organisations in delivering the strategy