

NHS
Portsmouth
Clinical Commissioning Group



Portsmouth
CITY COUNCIL

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.

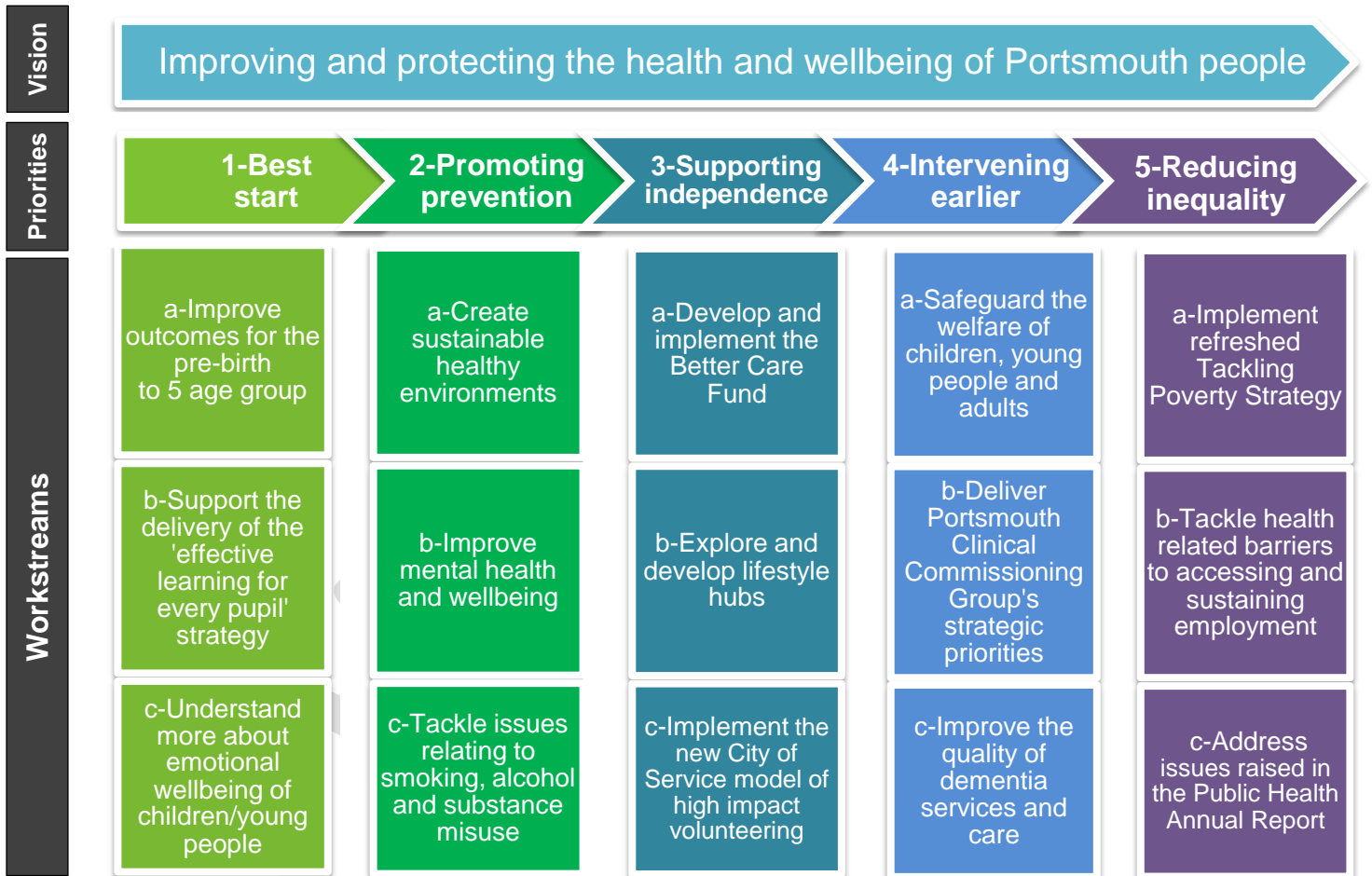
We would like to thank all those who have contributed to the development of this strategy and, most importantly, all those working to continue to improve the health and wellbeing of local people. We cannot stress enough the importance we place on the views of residents, service users and relevant organisations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

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Portsmouth City Council

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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:

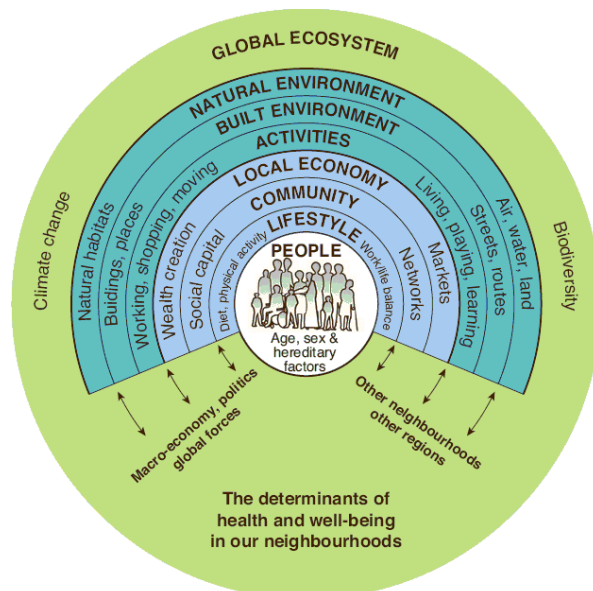


- ✓ promoting healthy lifestyles for young people and adults;
- ✓ continuing to improve GCSE attainment;
- ✓ working with communities
- ✓ early intervention;
- ✓ tackling poverty;
- ✓ improving the health and wellbeing of males;

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. 	
How will we tackle the issue?	How do we know when we have arrived?
<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. 	<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:

Workstream 3a - Develop and implement the Better Care Fund (BCF)	
<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>	
Where are we now?	Where do we want to get to?
<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 	<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. 	<p>independently.</p> <ul style="list-style-type: none"> - 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

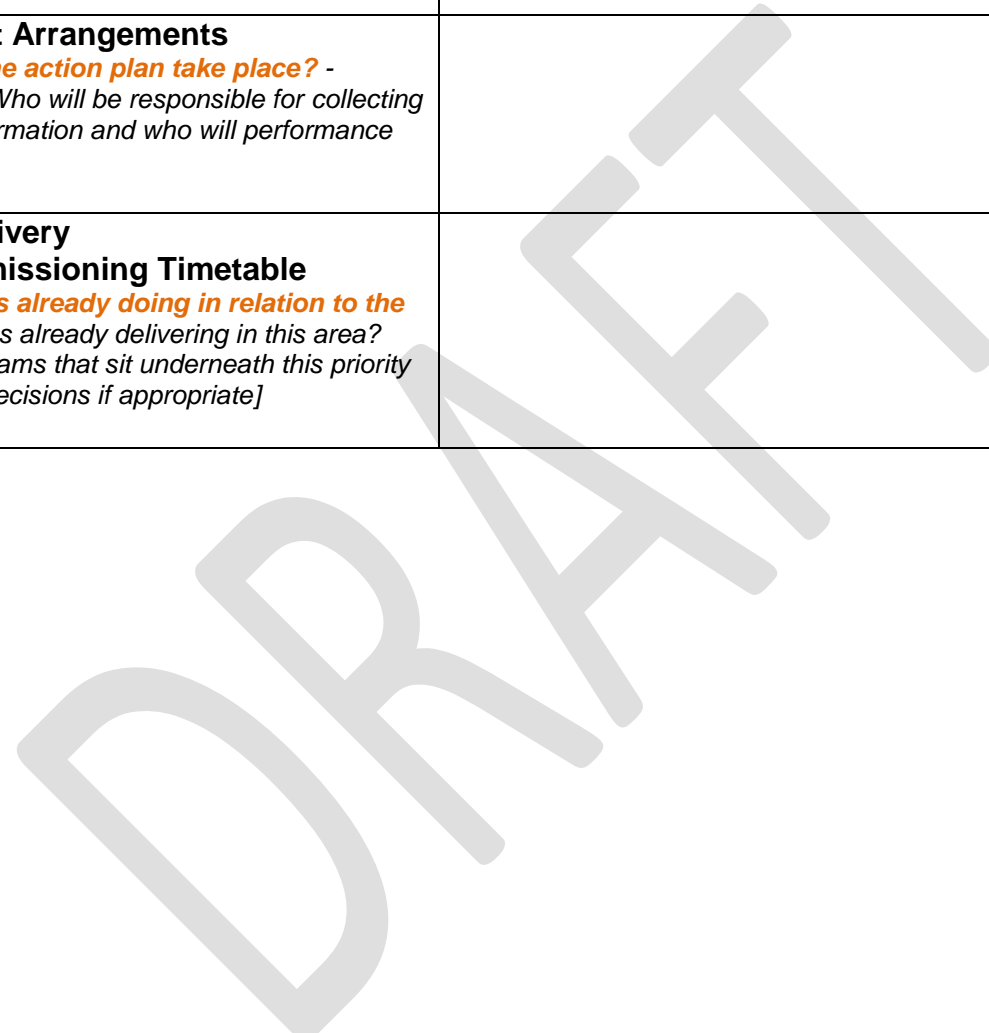
[How will we know when we've arrived? - Please list the outcomes that we will expect to see if we deliver on the objectives]

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]



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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