Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 3 SEPTEMBER 2014 AT 9.00 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Joanne Wildsmith, Democratic Services Tel: 9283 4057
Email: joanne.wildsmith@portsmouthcc.gov.uk

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

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

Non voting members: David Williams & Julian Wooster

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

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

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

A G E N D A

1 Apologies for absence

2 Declaration of Members' Interests

3 **Minutes of previous meeting - 2 July 2014 - and matters arising** (Pages 1 - 106)

The minutes of the Health & Wellbeing Board meeting held on 2 July 2014 (with accompanying presentation slides for the Draft Joint Health & Wellbeing Strategy 2014-17) are attached for approval.

4 **Disabled Children's Charter** (Pages 107 - 110)

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

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

5 **Influenza - Health Protection** (Pages 111 - 124)

The purpose of the report by Janet Maxwell gives the Health and Wellbeing Board an overview of the role of the local authority in health protection with a particular focus on influenza. This will make recommendations for improvements to governance arrangements for the Health Protection Assurance Group. The conclusions and recommendations are set out in section 10 of the report.

6 **Healthwatch Annual Report** (Pages 125 - 150)

Tony Horne, Zoe Gray and Simon Haill will present the Healthwatch Annual Report and the summary of year 1 activity.

7 **Better Care Fund** (Pages 151 - 174)

Report by Innes Richens, Chief Operating Officer, PCCG, to follow for discussion on the proposed amendments to the Better Care Plan for resubmission on 19 September.

8 **Care Act 2014** (Pages 175 - 184)

Julian Wooster, Director of Children's and Adults Services, PCC and Angela Dryer, Assistant Head of Adult Social Care will present a briefing on the

implications for Portsmouth of aspects of the Care Act 2014.

9 Joint Health and Wellbeing Strategy 2014-17 (Pages 185 - 210)

Report will follow by Matt Gummerson, Principal Strategy Adviser, PCC, seeking the approval of the Joint Health and Wellbeing Strategy (JHWS) 2014-17. The Health & Wellbeing Board is recommended to:

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

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

10 Dates of future meetings

To note the dates of the next public meetings:

Wednesday 26 November 2014 at 9am in the Executive Meeting Room, Guildhall

Wednesday 25 February 2015 at 10am at St. James' Hospital

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 2 July 2014 at 4.30 pm in Conference Room A, Civic Offices, Portsmouth.

Present

Councillor Frank Jonas (in the Chair)

Councillor Donna Jones
Councillor Luke Stubbs

Dr Tim Wilkinson, PCCG
Tony Horne, Healthwatch Portsmouth
Innes Richens, PCCG
Dr Elizabeth Fellows, PCCG
Dr Janet Maxwell, PCC

Non-voting members

David Williams & Julian Wooster, PCC

11. Welcome and Introductions (AI 1)

Councillor Frank Jonas, the new chair of the board welcomed everyone to the meeting and asked everyone to introduce themselves.

12. Apologies for Absence (AI 2)

Apologies for absence had been received from Councillors Neill Young and Gerald Vernon-Jackson, and also from Mark Orchard (NHS England).

13. Declaration of Interests (AI 3)

There were no declarations of interests.

14. Minutes of Previous Meeting - 26 February 2014 (AI 4)

There was one matter arising regarding the Better Care Fund with Tony Horne asking for an update on progress. Innes Richens replied that there had been a communications resource for the consultation to take place and Healthwatch would be contacted as part of this and it was hoped that further communication events would take place in September.

As the current city council representatives had not been at the previous meeting it was asked for confirmation by others who had been present that the minutes were a correct record which was confirmed.

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

15. Draft Joint Health & Wellbeing Strategy 2014-17 (AI 5)

(A copy of the Draft Joint Health & Wellbeing Strategy 'Working better together to improve health and wellbeing in Portsmouth' 2014-17 had been circulated with the agenda papers)

Janet Maxwell introduced the draft strategy, stating that this was an important occasion for this partnership to improve the health of the Portsmouth population. The strategy represented the vast amount of work taking place in key areas. It was stressed that this was a draft document that would go out to public engagement, setting out priority areas and workstreams with the ambit to improve health outcomes for Portsmouth's population.

Whilst the order was changed to have presentation of priority 4 at the beginning the following speakers spoke to each of the identified workstreams (with reference to the draft strategy workstream development templates) as follows:

Priority 1 - Giving Children and Young People the best start in life

1(a) Review and redesign of the pre-birth to 5 pathway (Page 9)

Jackie Charlesworth from the Integrated Commissioning Unit presented this joint plan on behalf of PCC and Health to review the pre-birth to 5 pathway and service redesign in support of the healthy child pathway and transfer of commissioning for Health Visiting into PCC

1(b) Support the delivery of the 'Effective Learning for Every Pupil' strategy (Page 10)

This workstream was presented by Marc Harder regarding educational improvement, setting out the seven aims of the 'effective learning for every pupil' strategy. The priority areas included effective governance, improving attendance and effective learning.

1(c) Understand more about the emotional wellbeing in children and young people (Page 10)

Dr Janet Maxwell introduced this workstream, which is a cross-cutting theme within the Children's Trust Plan priorities, and which will draw on recent surveying of young people in Portsmouth.

Questions were then taken regarding priority areas 1(a)-(c), points included:
* low achievement at schools and the importance of improvement in KS2
* the value of parents reading at home to their children to give a positive impact

* the equally strong part played by governors at schools with the need to put in key people especially at schools where there were challenges.

Julian Wooster pointed out that some of Portsmouth's top schools were performing very well nationally and work was taking place in vulnerable and deprived communities and it was noted that, for example, both Charter Academy and Portsdown Primary Schools were achieving good results. The high achievements for under 5s in the city was noted, but there was still a large number who were not achieving basic levels at the age of 5 who would then remain behind during their educational progress.

Action: It was asked that a letter could be sent on behalf of the board to ask for the co-operation of NHS property company and the University of Portsmouth with the proposals for the release of land and the use of this for the Harbour School provision. Innes Richens confirmed that on behalf of the CCG he would be happy to be part of discussions with their partner property company in the NHS, and David Williams would draft the letter, to be sent by the Chair.

Priority 2 - Promoting Prevention

2(a) Create sustainable healthy environments (Page 11)

Janet Maxwell presented, touching on the promotion of healthy choices and close work with regeneration, the active travel agenda, shaping the food environment, increasing levels of physical activity and looking at barriers to exercise.

2(b) Improve mental health (Page 12)

Janet Maxwell presented the proposals to establish a mental health alliance in Portsmouth which will develop an action plan based on scoping against key national policies eg. Closing the Gap.

2(c) Tackle issues relating to smoking, alcohol and substance misuse (Page 12)

Rachael Dalby explained the combined approach of prevention, treatment and enforcement to increase life expectancy whilst decreasing criminality. The Safer Portsmouth Partnership is leading in delivering the aims around alcohol and substance misuse and the Tobacco Control Alliance had been re-established.

Questions were then taken regarding Priority 2(a)-(c). Councillor Jones made reference to the opportunities of older persons' physical activity being increased by the facilities at Hilsea Lido and her discussions with Portsmouth Cycle Forum regarding improving safety on Portsmouth streets and encouragement of cycling schemes (such as borrowing bikes). She also reported that there was lobbying taking place on legal highs via Council.

Steve McDermott, Chair of the Youth Parliament (who was accompanied by Ash Fountain) wished to make his observations on what he had heard with particular reference to the need for PHSE lessons to be more effective in outlining the dangerous consequences of drug taking. He stressed that the education system should not miss out those pupils in the middle who were not either gifted and talented or those at most risk. He encouraged further consultation with young people. In response it was confirmed that both officers and members (especially the group leaders) would wish to meet with the Youth Parliament to ensure that proper consultation did take place and Steven was thanked for his constructive comments.

Priority 3 - Reporting Independence

3(a) Develop and implement the Better Care Fund (Page 13)

Innes Richens presented this programme of work between PCC/NHS to provide better integrated care out of hospital, shifting to prevention and earlier intervention. The aim was to help people maintain their independence in the community and reduce emergency hospital admissions.

3(b) Explore and develop lifestyle hubs (Page 14)

Rachael Dalby presented and explained the aims to reduce inequalities in health outcomes, to promote self-help and community empowerment as well as individual responsibility. The intention was for the hubs to be established throughout the city.

3(c) Implement the city of service model (Page 14)

Brian Bracher, City of Service Chief Service Officer, presented and explained the implementation of this American model to harness the power of volunteers in the city, with projects on coaching and mentoring, numeracy challenge, Love Your Street and Love Your Loft.

Questions were then taken regarding the encouragement of volunteers from all areas, not just the more deprived areas. It was stressed that the Love Your Street was to be citywide with the aim to be at least two per ward and they would encourage young people to do volunteering and numeracy coaches would come from the local areas (they would not have to be experts). City councillors welcomed the City of Service initiative and hoped that there would be work with volunteers in the litter picking and dog fouling areas and also involving the third sector in dementia care provision.

Priority 4 - Intervening Earlier

4(a) Safeguard the welfare of children, young people and adults (page 15)

Julian Wooster stressed that there was a need to ensure the safeguarding of children and adults was understood and seen as everybody's business, and a key element was to give people at risk a

voice. This workstream will ensure those at risk are able to access mainstream support and that there are effective partnership arrangements to support this work.

4(b) Delivering the Portsmouth Clinical Commissioning Group Strategic Priorities (Page 16)

Innes Richens, Chief Operating Officer for the CCG presented - this five year strategy sets out the CCG's priorities to ensure the accessing of good quality and safe services, with patients being treated with respect and compassion. There is move away from hospital based to care in the community and homes, aiming to reduce readmissions and to help people live more independently.

4(c) Improve the quality of dementia services and care (Page 17)

Jackie Charlesworth presented the Dementia strategy for 2014-15. She stressed the need to give the right support and reported on the launching of a new advice pilot service, development of the Dementia Action Alliance as well as work with the universities of East London and Portsmouth. She outlined the range of support being rolled out towards making Portsmouth a dementia-friendly city.

Questions were then asked regarding Priorities 4(a)-(c). Regarding the Better Care Fund and pooling of resources Innes Richens reported that £10 million had already been invested in joint services including rehabilitation and reablement to support around hospital discharge. He stressed there would be a report to a future meeting of the Health & Wellbeing Board regarding the progress on the Better Care Fund.

<u>Priority 5 - Reducing Health Inequalities</u>

5(a) Implement a refreshed Tackling Poverty Strategy (Page 17)

Kate Kennard, the Tackling Poverty Co-ordinator at PCC stressed the links between health inequality and poverty, for example with financial worries leading to stress and substance misuse, pointing out that those needing debt advice were less likely to ask for it. There can be lower expectations for children from poorer socio economic backgrounds and Portsmouth children who are not as likely to go to university as children in other areas. There is also a high cost for public services of child poverty. There was emphasis on employability, budgeting and digital inclusion.

5(b) Tackle health related barriers to employment (Page 18)

Janet Maxwell outlined the aim to make sure there were appropriate interventions so that all had the opportunity to be valued in society and she made reference to the funding from the City Deal for supporting people who are long-term unemployed back into work.

5(c) Address issues raised in the Public Health Annual Report (Page 19)

Janet Maxwell referred to this statutory report, the latest version of which focussed on male health inequalities in Portsmouth.

Questions were then asked regarding Priorities 5 (a)-(c) again referring to the need for PHSE to be properly funded and prioritised by schools. Dr Maxwell reported that there was already some public health funding going towards this, and there is national debate as to whether PHSE should be statutory.

With regard to poverty, there was reference made to the minimum and living wages which were issues being addressed by PCC's Employment Committee and there was on-going consultation with schools.

Matt Gummerson summed up by explaining that the next step would be for the process of engagement to take place on all the workstreams in the community and the board would be asked to approve the final strategy at their September meeting.

The chair thanked all present for their participation in this positive discussion. It was asked that the Board's work should select a shorter subset from within these priorities to give the Board greater focus on where it can add most value and avoid duplication.

RESOLVED that the Health & Wellbeing Board

(1) confirmed their support for the priorities as previously agreed by the HWB in February 2014;

(2) had discussed the detail and proposed workstreams under each priority as summarised in the Joint Health & Wellbeing Strategy;

(3) agreed that further development of the workstreams including any changes recommended by the HWB be undertaken during July and August by the lead for each workstream in partnership with others;

(4) agreed that the final version of the JHWS will be presented for approval at the Health & Wellbeing Board in September 2014.

16. Date of next meeting (AI 6)

It was noted that the next meeting would take place on Wednesday 3 September 2014 at 9.00 am in the Executive Meeting Room, Guildhall.

The meeting concluded at 6.45 pm.

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Councillor Frank Jonas
Chair

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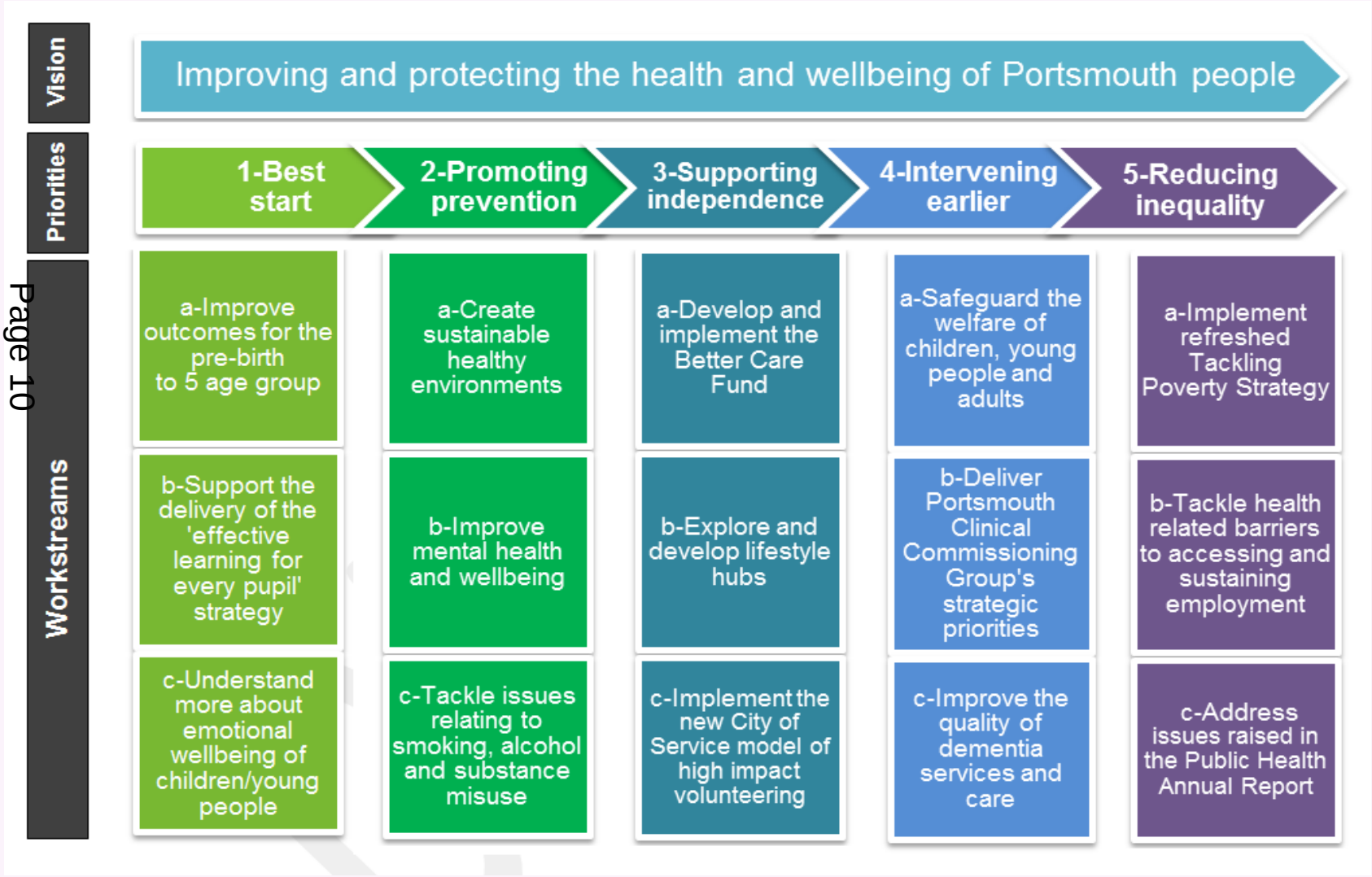
Joint Health and Wellbeing Strategy 2014-2017

Working together to improve health and wellbeing in Portsmouth

Portsmouth CITY COUNCIL

NHS Portsmouth Clinical Commissioning Group

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

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?

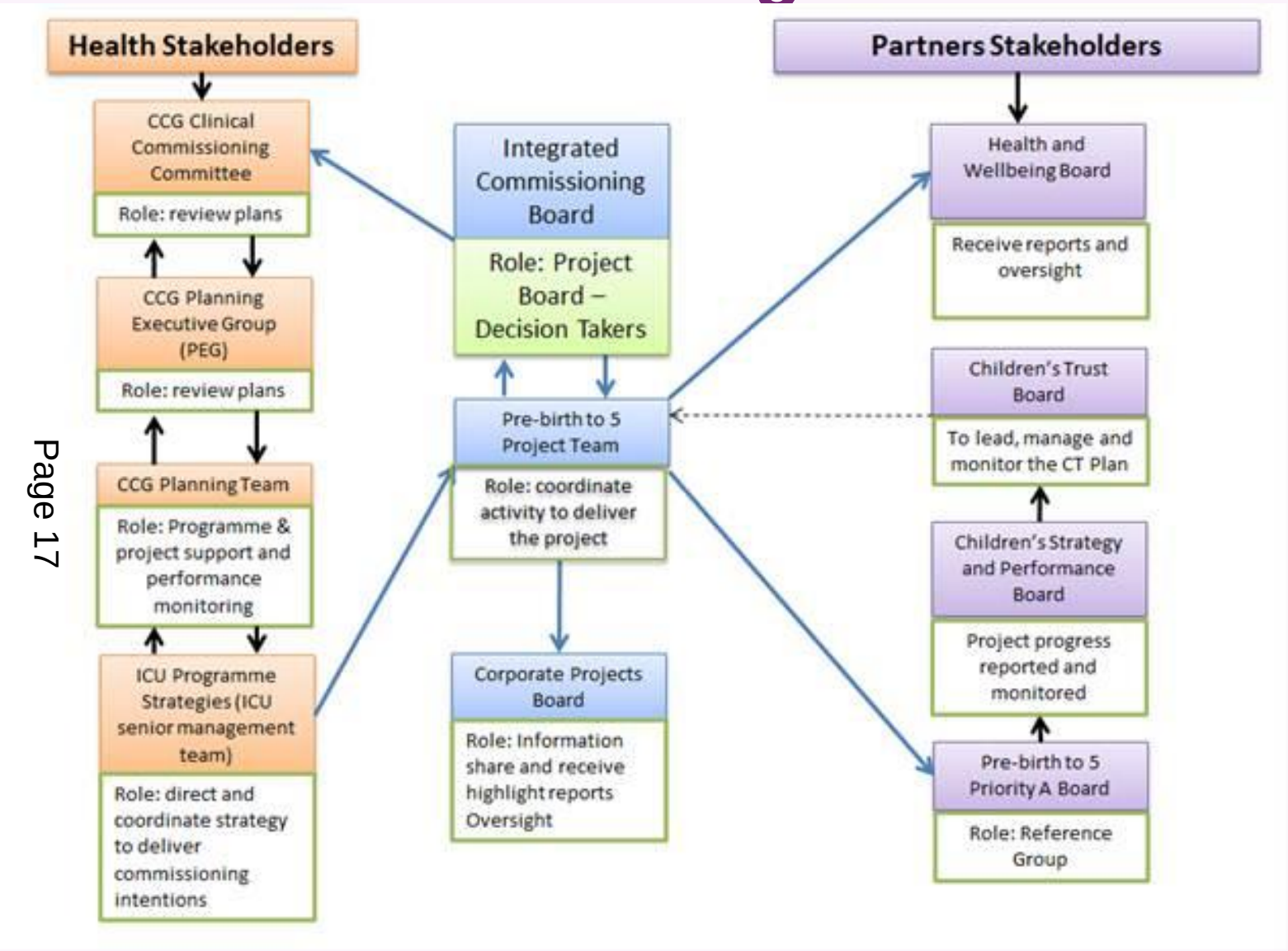
- **Our children are safe -** *Our children and their families are physically and emotionally well and free from emotional and physical harm or neglect*

- **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



Support the delivery of the ‘effective learning for every pupil’ strategy

Lead: Marc Harder,

Education Improvement Commissioning Manager, PCC

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?

- 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

- 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

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?

- 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…

- 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?

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?

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

- **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%).
- 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?

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:

- 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

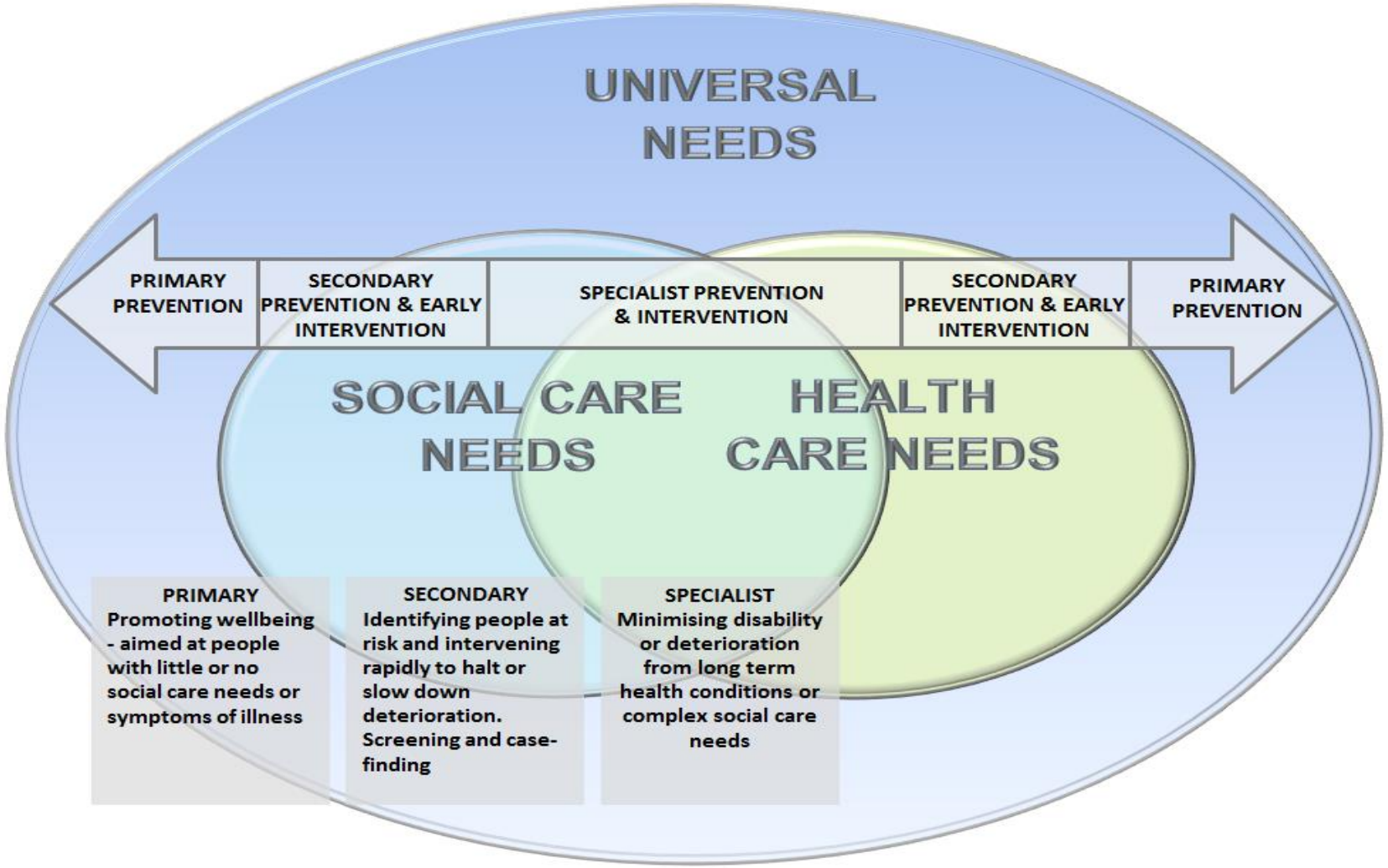
The current picture – Where are we now?

- 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



Three defined inter-connected projects

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

- **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

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?

- 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:

- 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

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?

- 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 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

- 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 that 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.

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?

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?

- 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?

- 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

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
- 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?

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?

- 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

Workstream 4c

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?

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.)

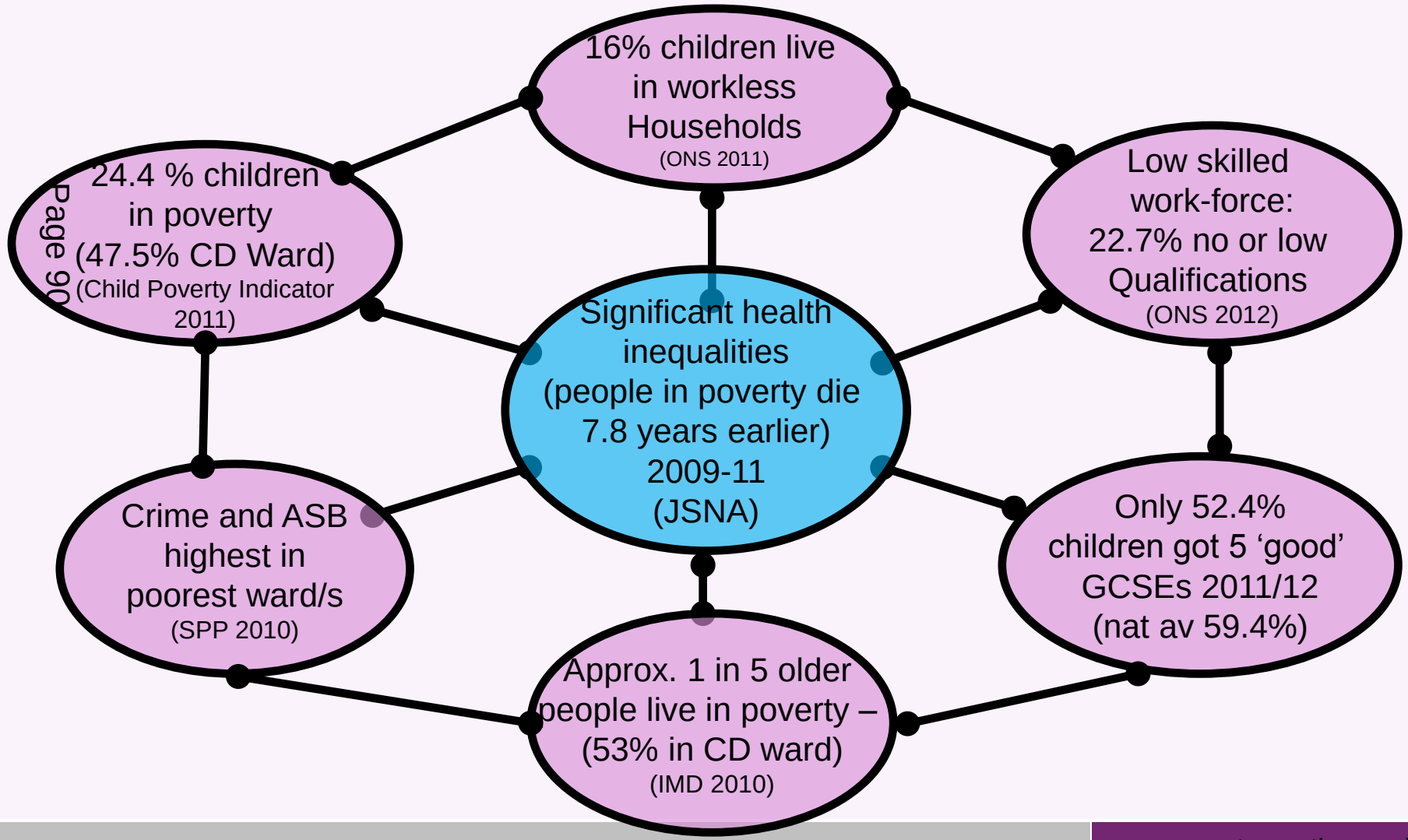
- Ensuring residents can achieve a reasonable standard of living, either through paid employment or through ensuring they are able to access an adequate welfare safety net when needed
- Ensuring that vulnerable people in the city are identified and guided through services in order to ensure that being 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:

- 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?

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

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?

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?

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

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?

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?

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
- 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

Portsmouth CITY COUNCIL

Agenda item: 4

Title of meeting:	Health and Well Being Board
Date of meeting:	3rd September 2014
Subject:	Disabled Children's Charter for Health and Wellbeing Boards
Report by:	Julian Wooster, Director of Children's Services and Adults Services
Wards affected:	All
Key decision:	No
Full Council decision:	No

1. Purpose

1.1. To seek the Health and Wellbeing Board's approval to sign the Disabled Children's Charter for Health and Wellbeing Boards

2. Recommendations:

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

3. Background

3.1 The Disabled Children's Charter for Health and Wellbeing Boards (set out as Appendix A) has been developed as part of the 'Every Disabled Child Matters' campaign to help local areas demonstrate how they will deliver the shared ambitions of the health system set out by the Government [1].

[1] Department of Health (2013), Better Health Outcomes for Children and Young People: Our Pledge

7 Reasons for recommendations

7.1 This charter will help the board articulate its vision for delivering the Joint Health and Wellbeing Strategy priority to ensure all children and young people get the best possible start in life. The principles it proposes are very much in line with what the city, the Children's Trust Board, the Children with Disabilities Board and its implementation group are striving to achieve.

8. Equality Impact Assessment (EIA)

8.1 An EIA will not be required.

9. Head of Legal's comments

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

10. Head of Finance's comments

10.1 There are no direct financial implications contained within the recommendations of this report.

……
Signed by: Julian Wooster, Director of Children's and Adults Services

Appendices:
A - Disabled Children's Charter for Health and Wellbeing Boards

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:

Disabled Children's Charter
for Health and Wellbeing Boards

The ..... **Health and Wellbeing Board** is committed to improving the quality of life and outcomes experienced by disabled children, young people and their families, including children and young people with special educational needs and health conditions. We will work together in partnership with disabled children and young people, and their families to improve universal and specialised services, and ensure they receive the support they need, when they need it. Disabled children and young people will be supported to fulfil their potential and achieve their aspirations and the needs of the family will be met so that they can lead ordinary lives.

By [date within 1 year of signing the Charter] our Health and Wellbeing Board will provide evidence that:

1. We have **detailed and accurate information** on the disabled children and young people living in our area, and provide public information on how we plan to meet their needs
2. We **engage directly with disabled children and young people** and their participation is embedded in the work of our Health and Wellbeing Board
3. We **engage directly with parent carers** of disabled children and young people and their participation is embedded in the work of our Health and Wellbeing Board
4. We set **clear strategic outcomes** for our partners to meet in relation to disabled children, young people and their families, monitor progress towards achieving them and hold each other to account
5. We **promote early intervention** and support for smooth transitions between children and adult services for disabled children and young people
6. We work with key partners to **strengthen integration** between health, social care and education services, and with services provided by wider partners
7. We provide **cohesive governance** and leadership across the disabled children and young people's agenda by linking effectively with key partners

Signed by ..... **Date** .....
Position: Chair of Health and Wellbeing Board.

For guidance on meeting these commitments, please read the accompanying document: Why sign the Charter?

every disabled child matters

Every Disabled Child Matters (EDCM) is the campaign to get rights and justice for every disabled child. It has been set up by four leading organisations working with disabled children and their families – Contact a Family, the Council for Disabled Children, Mencap and the Special Educational Consortium. EDCM is hosted by the National Children's Bureau, Charity registration number: 258825.

The Children's Trust, Tadworth is a national charity providing specialist services to disabled children and young people across the UK. These services include rehabilitation and support for children with acquired brain injury, expert nursing care for children with complex health needs, and residential education for pupils with profound and multiple learning difficulties at The School for Profound Education. Charity registration number: 288018. Find out more about the work of The Children's Trust, Tadworth at www.thechildrenstrust.org.uk

The Children's Trust Tadworth

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Portsmouth CITY COUNCIL

Title of meeting: Health and Wellbeing Board

Subject: Health Protection

Date of meeting: 3rd September 2014

Report by: Director of Public Health

Wards affected: All

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1. Requested by: Janet Maxwell DPH for the Health and Wellbeing Board.

2. Purpose: To give Health and Wellbeing Board an overview of the role of the local authority in health protection with a particular focus on influenza.

To make recommendations for improvements to governance arrangements for the Health Protection Assurance Group

3. What is Health Protection?

3.1. In order to improve the health of the population, health protection has been deemed one of the five mandated areas of Public Health for the local authority to carry out (along with health checks, core offer to the NHS, sexual health and national child measurement programme).

3.2. Health protection is a term used to describe the branch of public health which deals with protecting the population from infectious diseases and other threats to their health, which may include chemicals and poisons, radiation and environmental health hazards.

3.3. Local leadership from the Director of Public Health is crucial to delivery of the Health Protection function and partnership working both internally and externally to the local authority with Public Health England and local commissioners and providers of health services including Clinical Commissioning Groups.

3.4. National leadership is provided by Public Health England. The Wessex centre for Public Health England is based in Whitely near Southampton.

3.5. The Secretary of State has the overarching duty to protect the health of the population, a duty which will be generally discharged by Public Health England. If

the Secretary of State considers that local arrangements are inadequate, or that they are failing in practice, he must take the action that he believes is appropriate to protect the health of the people in that area.

3.6. Health protection includes measures of prevention such as immunisations and vaccinations (including childhood, flu, travel) and responding to outbreaks to prevent the spread of disease within communities (including meningitis, tuberculosis, influenza, hepatitis and other blood born viruses, measles).

4. What is the role of local authorities?

4.1. Under the terms of the Health and Social Care Act 2012, upper tier local authorities have acquired new statutory responsibilities to protect the health of the population.

4.2. The local authority must;

- Ensure that plans are in place to protect the health of the geographical population from threats ranging from relatively minor outbreaks and health protection incidents to full scale emergencies
- Respond to local outbreaks and incidents- this may require cooperation from commissioners of NHS services to provide NHS resources, depending on the nature of the outbreak or incident.
- Maintain Public Health surveillance of all aspects of the occurrence and spread of disease pertinent to effective control in order to inform and direct public health action

4.3. Preventive roles (examples)

- Working with the Clinical Commissioning Group to ensure there are integrated services in place to prevent and control tuberculosis in line with local need
- Commissioning measures to minimise drug related harm, such as transmission of blood-borne viruses amongst injecting drug users
- Working with NHS England to ensure that rates of immunisations and vaccinations meet the threshold required to maintain herd immunity within populations (herd immunity refers to the population coverage which indirectly protects those who are unvaccinated as the disease is prevented from circulating).
- Developing local initiatives to raise awareness of the risks of infectious diseases based on population needs identified through the Joint Strategic Needs Assessment

- Developing local plans and capacity to monitor and manage acute incidents to help prevent transmission of sexually transmitted diseases, to control outbreaks and to foster improvements in sexual health

- Work with environmental health colleagues who regulate business providing interventions such as tattooing or piercing to reduce risks of harm

- Work with environmental health colleagues to understand and control food safety and hygiene related matters in the city.

- Preparing for extreme weather events such as heat waves and cold weather with the view to preventing and/or reducing morbidity and excess seasonal deaths

- Working with environmental health colleagues to improve air quality/reduce pollution

4.4. Under health protection legislation (Department of Health 2010), local authorities have powers to require, request or take action for the purposes of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection or contamination which presents, or could present, significant harm to human health. This might in rare situations include enforcing the requirement for a child to remain off school if their attendance could present significant harm to others and powers of entry to inspect premises.

4.5. Under health protection legislation in other circumstances, a local authority can apply to a Justice of the Peace for an order that imposes restrictions or requirements on a person (s) or in relation to a thing (s), a body or human remains, or premises.

5. Health Protection in Portsmouth City Council

5.1. A health protection assurance group has been formed, which aims to provide assurance to the Director of Public Health of the adequacy of prevention, surveillance, planning and response with regard to health protection issues and to alert the Director of Public Health to any emerging threats to the health of the population of Portsmouth (see appendix a for terms of reference).

5.2. The group meets quarterly and membership includes internal local authority and external National Health Service and Public Health England partners

5.3. A dashboard has been developed which pulls together data from a variety of sources to provide a visual overview of health protection performance and outcomes in the city. This includes all the Health Protection Public Health

indicators as well as other locally identified areas for surveillance including health care associated infections.

5.4. There is a relationship between each of the five priorities of the Health and Wellbeing Board Strategy (2014) and work streams which are addressed through health protection work streams (see table below).

Health and Wellbeing Board Priority		Workstream link to health protection outcomes (examples)
One	Giving children and young people the best start in life	1a. Review and redesign of pre-birth to 5 pathway; Opportunity to maximise opportunities to promote childhood vaccinations and protect children and their families from avoidable disease. PHOF indicator 3.3.
Two	Promoting prevention	2a. Create sustainable and healthy environments; Public Health contribution to air quality strategy/reduction in air pollution with active travel initiatives PHOF indicator 3.1.
Three	Supporting Independence	3c. Implement the new City of Service model of high impact volunteering; recognition of comparatively high level of excess winter deaths in city. Local implementation of national cold weather plan led by Health Protection team in public health. PHOF indicator 4.15.
Four	Intervening earlier	4b. Deliver the Portsmouth Clinical Commissioning Group's strategic priorities; appropriate surveillance of health protection outcomes e.g. flu vaccination rates in the over 65 age group can reduce demand on primary and secondary care services PHOF indicator 3.3.
Five	Reducing inequality	Health Protection PHOF domain 3 objective is all encompassing. "The population's health is protected from major incidents and other threats, whilst reducing health inequalities"

5.5. Portsmouth has a number of challenges in relation to health protection outcomes. Two examples of areas where improvement is needed are:

- Childhood vaccinations rates at 5 years old remain poor with vaccination rates for DTaP/IPV/HiB (diphtheria, tetanus, pertussis, polio and Haemophilus influenzae) and MMR (measles, mumps and rubella) at 90% and 89.2% respectively although both have continued to increase

- Pneumococcal vaccination rates have decreased in recent years from 72% in 2010/11 to 67.8% in 2012/13 against a 75% target rate.

5.6. Commissioning of vaccination programmes is led by NHS England who work in partnership with Public Health Portsmouth to improve local outcomes. For example partnership working during 2013 to maximise the local impact of the national MMR campaign.

5.7. An example where outcomes are positive but still with room for improvement is:

- Tuberculosis levels at 9.2/100.000 population are lower than the England average of 15.4/100,000 and treatment completion levels at 96% exceed both the national target of 95% and national average of 84.3%.

6. Influenza

6.1 The annual influenza vaccination campaign will be used as an example of a health protection issue in the city. This is described below.

6.2 Influenza is a viral infection that is highly transmissible and can cause a spectrum of illness from mild to severe, even among people who are previously well. Influenza vaccine is therefore offered annually to protect patients in a number of high risk groups who at increased risk of the more serious effects of influenza infection including death. This is achieved either directly by giving the patient themselves the vaccine or indirectly by offering vaccine to staff and carers responsible for the care of the patient.

6.3 Influenza can also have significant effects on organisations and the economy, including the exacerbation of winter pressures on health and social care services. Staff with influenza may be absent from work for up to 6 days and may need up to two weeks to fully recover.

6.4 Influenza vaccine is a very safe vaccine with a high efficacy, which can completely prevent influenza infection and should ideally be given between September and early November each year before influenza the virus starts to circulate in the community. Circulating influenza viruses change slightly every year which is why new vaccines need to be developed and given every year.

7. At Risk Groups

7.1 The target groups for influenza vaccination for 2014/15 include:-

- Those aged 65 years and over
- Those aged six months to under 65 in clinical risk groups
- Pregnant women
- All two, three and four year olds
- Those in long-stay residential care homes
- Carers

7.2 Clinical risk groups include those with:

- Chronic respiratory disease e.g. asthma requiring continuous treatment
- Chronic heart disease e.g. congenital heart disease
- Chronic liver disease e.g. liver cirrhosis
- Chronic kidney disease e.g. chronic kidney failure
- Chronic neurological disease e.g. stroke
- Diabetes
- Immunosuppression e.g. HIV infection
- No spleen or poorly functioning spleen

7.3. Children aged two and three years not in a clinical at-risk group were added to the target groups for the 2013/14 season. This is based on a recommendation by the Joint Committee for Vaccination and Immunisation (JCVI), the Governments vaccination advisors, that the flu programme should be extended to all children aged two to 17 years. This provides direct protection to children but will also reduce transmission of influenza to unvaccinated children and adults including those in clinical at-risk groups. The introduction of childhood flu vaccination will be phased over a number of years starting in 2012/13 with two and three year olds and in 2014/15 this will be extended to four year olds.

7.4. In addition to these at risk groups, employers are responsible for ensuring that arrangements are in place for the vaccination of their health and social care workers with direct patient contact. Vaccination of healthcare workers and social care staff with direct patient contact is likely to reduce the transmission of influenza to vulnerable patients, some of whom may have impaired immunity that may not respond well to their own vaccination.

8. Commissioning Arrangements in Portsmouth

8.1 In Portsmouth city, vaccination of at-risk groups is commissioned by the Wessex Local Area Team (LAT) of NHS England and provided by GP practices in the city. Wessex LAT have regular regional flu meetings to

oversee the flu programme which includes all key stakeholders across the region including Public Health Portsmouth. Portsmouth Clinical Commissioning Group (PCCG) have also commissioned GP practices to provide influenza vaccination to patients in residential and nursing homes.

8.2 Vaccination of health and social care staff in the city is the responsibility of their employing bodies and includes Portsmouth Hospitals Trust, Portsmouth CCG, Portsmouth City Council, NHS Solent, Southern Health and GP practices. Residential and nursing homes need to be encouraged to provide flu vaccination where this is not available.

9. Local Performance

9.1 The target for influenza vaccination is 75%. **Figure 1** highlights the influena vaccination uptake rates in Portsmouth and is summarised in the text below.

Figure 1: Flu Vaccination Uptake Rates by At-Risk Group Portsmouth City 2012/13 and 2013/14

Target Group	2013/14 Uptake	2012/13 Uptake	Trend	Wessex	England
Over 65s	75.7%	75.2%		74.0%	73.2%
Unders 65s	53.7%	52.9%		53.1%	52.3%
Pregnancy	38.5%	43.1%		39.4%	39.8%
Children Aged 2 years	43.0%	N/A	N/A	50.5%	42.6%
Children Aged 3 years	40.0%	N/A	N/A	46.2%	39.6%

Key

Target Achieved/Increasing/Portsmouth Rate is Higher

Target Not Achieved/Decreasing/Portsmouth Rate is Lower

9.1.1. Over 65s

Portsmouth City achieved and uptake rate of 75.7% in the 2013/14 season, a small increase of 0.5% from the 2012/13 season. This is higher than both the Wessex (74%) and England (73.2%) rates.

9.1.2. Under 65s

The under 65 uptake rate for 2013/14 was 53.7%, a small increase of 0.8% from 2012/13. Again this is higher than both the Wessex (53.1%) and the England (52.3%) rates, but significantly lower than the target of 75%.

In the under 65s, the lowest uptake rates are found in the chronic liver disease (44%) and chronic neurological disease (51%) clinical risk group.

9.1.3 Pregnant Women

The uptake rate for pregnant women for 2013/14 was 38.5%, a significant decrease of 4.6% from 2012/13. This is lower than both the Wessex (39.4%) and England (39.8%) uptake rates and is significantly below the target of 75%.

9.1.4 Children

The uptake rates for 2 and 3 year olds were 43% and 40% respectively, both lower than Wessex (50.5% and 46.2%) but higher than England (42.6% and 39.6%). Both rates are significantly lower than the 75% target, but this is expected as it is the first year that this has been offered.

9.1.5 Staff

Figure 2 below details the uptake rates for staff in the main health and social care providers in Portsmouth City for 2013/14.

Figure 2: Flu Vaccination Uptake Rates by Health and Social Care Provider Portsmouth City 2013/14

Provider	2012/13 % Uptake	2013/14 % Uptake	Trend
GP Practices	58.2%	71.1%	
PHT	46.4%	59.9%	
NHS Solent	54.6%	53.7%	
Southern Health	30.0%	28.2%	
Adult Social Care	N/A	14.5%	
Children's Social Care	N/A	7.5%	

Key

Target Achieved/Rate Increasing

Target Not Achieved/Rate Decreasing

As can be seen, none of the main providers have achieved the target for flu vaccination amongst their staff and only 2, GP practices and Portsmouth Hospitals Trust (PHT) have improved on their 2012/13 rates. However it must be noted that staff members who had flu vaccination at their GP may not be reflected in these figures so these figures in reality may be higher.

Portsmouth City Council took the decision for the 2013/14 season and recently also for the 2014/15 flu season to offer flu vaccination to its entire staff including schools staff. The final uptake rate was 11.9% (981 staff).

10. Conclusion and Recommendations

10.1 As can be seen performance is good in some areas but poor in many more. Much more work needs to be done across health, social care, workplace and community organisations to improve vaccination rates in clients, patients, staff and residents and this will involve responsible organisation's willingness and leadership to improve uptake. Ultimately, improved vaccination rates will reduce illness and deaths due to influenza infection and will reduce winter pressures on health and social care organisations.

10.2 In order to drive this and other health protection issues it is important that the Health and Well-being Board have oversight of the Health Protection Agenda. It is therefore recommended that the DPH escalates any concerns relating to the protection of the health of the population to the health and wellbeing board. The DPH may request an annual report from the Health Protection Assurance Group or escalate on the basis of the ongoing surveillence and reporting which underpins the work of the health protection assurance group.

10.3 It is anticipated that opportunities will continue to arise from the public health transfer to local authorities and working in partnership with services to influence the wider determinants of health which will allow greater improvement in health protection outcomes.

……

Signed by Director of Public Health

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
Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf
Health Protection Legislation (England) Guidance 2010.
Commissioning Fact Sheet for Clinical Commissioning Groups (2012) http://www.england.nhs.uk/wp-content/uploads/2012/07/fs-ccg-respon.pdf
Annual CMO Letter 2014/15 https://www.gov.uk/government/publications/flu-immunisation-programme-2014-to-2015 Annual Flu Plan https://www.gov.uk/government/publications/flu-plan-winter-2014-to-2015

Appendix A:

Portsmouth Health Protection Assurance Group

1. Aim

As a result of the Health and Social Care Act 2012, upper tier and unitary local authorities have acquired new statutory responsibilities to protect the health of their population. Specifically the local authority is required, via its Director of Public Health (DPH) to assure itself that relevant organisations have appropriate plans in place to protect the population and that necessary action is being taken and to support and challenge providers in order that health outcomes are improved for those who live work and play in Portsmouth City.

The aim of the Portsmouth Health Protection Assurance Group (PHPAG) is to provide assurance to the Director of Public Health of the adequacy of prevention, surveillence, planning and response with regard to health protection issues and to alert the DPH to any emerging threats to the health of the population of Portsmouth.

2. Scope

- Issues that are within the scope of the PHPAG, but are not restricted to:

- Infectious diseases in the community

- Healthcare associated infection (HCAI)
- Immunisation programmes
- Sexually transmitted infections including HIV and chlamydia
- Blood borne viruses
- Tuberculosis

- Pandemic influenza

- Environmental hazards
- National screening programmes
- Emergency Planning Resilience and Response to Public Health Incidents

- Issues that are specifically out of scope of the PHPAG include:
- Business continuity

- Predictable “business as usual” events such as NHS/Social Care winter planning

3. Methods of working

The PHPAG will seek to assure the DPH in the following ways:

1. It will develop a health protection dashboard, pulling together data from a variety of sources including Public Health England Centre (PHEC); NHS Portsmouth Clinical Commissioning Group (CCG); Solent NHS Trust; Portsmouth Hospitals NHS Trust; NHS Commissioning Board Local Area team and the Portsmouth environmental health teams in order to assess performance.
2. The Public Health Outcomes Framework indicators will be reflected in the contents of this dashboard
3. The PHPAG will coordinate work with health and social care colleagues to ensure that health protection issues inform future updates of the Joint Strategic Needs Assessment (JSNA)
4. The PHPAG will ensure that learning from incidents has been established in order to inform future working practices
5. The PHPAG will ensure that evidence based practice is being followed in all areas of health protection practice
6. The PHPAG will raise any concerns with the relevant commissioners and/or providers
7. The PHPAG will escalate concerns to commissioners to initiate work with providers to ensure actions plans are in place where targets are not being met
8. That plans are in place to protect the health of the population
9. If necessary it will escalate concerns to the Health and Wellbeing Board and/or to the chief executive level of the Local Authority or National Commissioning Board Local Area Team as appropriate

4. Governance

1. The PHPAG will be directly accountable to the Director of Public Health. Minutes from the meeting will be sent routinely to the Public Health Directorate Management Team for consideration.
2. Any emerging threats will be reported immediately to the DPH alongside an action plan
3. Sub groups will be convened as appropriate and report to the PHPAG

5. Membership

- Consultant in Public Health (Chair)
- Senior Development Manager Health Protection
- Development Manager Health Protection
- Public Health England Centre representative
- Environmental health representative
- Head of Public Health NHS England (Wessex)
- Screening and Immunisation Consultant in Public Health Public Health England (Wessex area team)
- Portsmouth Public Health lead for sexual health
- Public Health Portsmouth intelligence team representative
- CCG quality lead responsible for HCAI commissioning
- Civil Contingencies Unit representative
- Portsmouth CCG representative
- Head of Emergency Planning NHS England

6. Secretariat

- Meetings will take place on a quarterly basis and will last no more than 2 hours
- Papers will be circulated no less than 3 working days in advance of the meeting
- Minutes will be circulated no more than 10 working days after the previous meeting
- The meeting will be deemed to be quorate with the following in attendance:

  Public Health consultant or Director of Public Health or Senior Development Manager Public Health

  Plus 3 other members of the PHPAG

Terms of Reference agreed ……..25/9/13
For review…… September 2014

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Portsmouth CITY COUNCIL

THIS ITEM IS FOR INFORMATION ONLY

Agenda item: 6

Title of meeting:	Health and Wellbeing Board
Subject:	Healthwatch Annual Report
Date of meeting:	3rd September 2014
Report by:	Simon Haill, Portsmouth Healthwatch Manager

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1. Requested by

1.1 Tony Horne, Healthwatch Portsmouth

2. Purpose

2.1 To present the Healthwatch Portsmouth Annual Report.

3. Information Requested

3.1 This report presents to the Health and Wellbeing Board the Annual Report for Healthwatch Portsmouth. The report covers the period 1st May 2013 to 31st March 2014 and has been published in accordance with statutory requirements. In addition to the Annual Report, Members of the HWB will receive a short presentation summarising the first year achievements during the meeting.

4 Next steps

4.1 Regular updates of the progress and development of Healthwatch Portsmouth will be given at subsequent HWB meetings.

……
Signed by:
Tony Horne

Appendices: Appendix A - Healthwatch Portsmouth Annual Report

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

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

Title of document	Location

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healthwatch Portsmouth

ANNUAL REPORT

May 2013 to March 2014

healthwatch Portsmouth

ANNUAL REPORT 2013-2014

Contents

healthwatch Portsmouth

ANNUAL REPORT 2013-2014

1. INTRODUCTION

The first Annual Report for Healthwatch Portsmouth (HW Ports) is published in accordance with the statutory requirements. The report covers the period 1st May 2013 – 31st March 2014[1]. A key role of local Healthwatch organisations is to promote a local consumer voice to ensure that the views of the public are heard and fed into improving local health and care services. The primary task of local Healthwatch organisations is to gather evidence from the views and experiences of patients, service users and the public about their local health and care services and to provide feedback based on that evidence.

Central Government funding for the establishment and functioning of Healthwatch Portsmouth was passed to Portsmouth City Council (PCC) who contracted Learning Links (Southern) Ltd[2] as the service provider. Learning Links provides office premises, HR, Finance and Technical support together with Training functions. In addition a formal partnership between Learning Links is contracted with the University of Portsmouth (UoP). Healthwatch Portsmouth also provides and Advocacy Service for individual local healthcare issues.

2. STRUCTURE

2.1 Governance

The routine activity of Healthwatch Portsmouth is steered by the Healthwatch Board (HWB) consisting of eight members of the public, one adviser from PCC, one advisor from Learning Links and one from UoP. In addition the HW Manager acts as Secretary and Board Administrator. The role of Chair currently rotates between the 8 Board Members who each take turns in the role for a 30 day period.

An independent democratic election for the current Healthwatch Board was agreed by the interim group and given go ahead to commence on 11th November. The elected Board was established as a group at the end of January 2014. Up until this time an Interim Healthwatch Board fulfilled the role. Some members of the Interim Board were elected to the full HWB in December 2013.

[1] Delay in commencing due to contractual negotiations with local authority
[2] 3 St Georges Business Centre, St Georges Sq., Portsmouth, PO1 3EY

2.2 Staffing

There are three paid members of staff; one full time Manager, one part-time Advocacy Advisor and one full time Information Hub Officer. During the beginning of 2014 there have been significant staff changes with the host organisation providing project continuity through an established management structure.

2.3 Voluntary Support

Healthwatch Portsmouth was contracted to deliver 296 hours of voluntary support over the past 12 months. Taking into account all of the voluntary input we have achieved 1727 hours using a series of activities ranging from a regular volunteer administrator, through to Community Researchers and Portsmouth University Students engaged on market analysis projects. Members of the public and lay people have been part of the Interim and Elected Boards using Healthwatch Portsmouth's governance guidance and training.

3. HW STATUTORY ACTIVITIES[3]

The eight statutory Healthwatch activities have been delivered as follows:

Through regular engagement with the Clinical Commissioning Group and PCC Integrated Commissioning Unit ICU we have entered dialogue into their approach in the creation of a service user charter, leading to higher levels of engagement.

Healthwatch members and interim board members identified six priorities for the first year as: Integrated Care, the Dementia Pathway, Principles of Good Engagement, Raising Awareness, Review of the Francis Report and the Hearing Loss survey. Identifying these priorities led to the creation of a focused work plan and involvement from other agencies in our work.

Through our signposting phone line and website search tool we have helped 1399 people find local health and or social care services in Portsmouth.

Strong links established with all local provider trusts and commissioners, the regional quality surveillance group, and other local groups to promote patient feedback and engagement.

Healthwatch Portsmouth website has been recognised as outstanding compared to other similar sites leading to Portsmouth City Council approaching us to host more information on our website including the SCiP (Social Care in Portsmouth) database. This has led to a service directory for all health and social care services in Portsmouth listing approximately 600 services.

[3] See Appendix 1

Healthwatch Portsmouth leads the way in development of our Community Research model and training. Learning Links sister organisation Training Links provided training to 36 people from Healthwatch Portsmouth, Healthwatch Torbay and Healthwatch Waltham Forest.

Healthwatch Portsmouth 'Hearing Loss Survey' was devised by a Community Researcher. Living with hearing loss herself, she decided to reach out to the general public and collect responses. The survey was taken to various community groups, meetings and conferences, as well as being promoted online through social media and the Healthwatch Portsmouth website. The purpose behind the survey was to gain an understanding of how people living with hearing loss live day to day, what can be done to help them, and what can be done to help the general public's view of hearing loss as a disability.

Our strong links with the University of Portsmouth gives us access to students and academics and adds a strong evidence base to our work. We have worked with 3 different student groups wanting to be involved with Healthwatch projects.

We have identified 5 trends in patient feedback that we have made PCC, CCG, CQC and NHS England aware of. These issues are now being investigated by these organisations after our input.

Healthwatch Portsmouth conducted focus group in conjunction with the CQC as part of their Themed Dementia Review. It was attended by twelve people who were either people living with dementia, carers and professionals. This information was being fed into a national report due to be published in July by the CQC.

3.1 Being Effective on the Health and Wellbeing Board

Healthwatch's position has been taken up on the Health and Wellbeing Board with one advisor in regular attendance. We have been fortunate in having a Board representative who is both experienced in health and care issues and who has significant Board level experience and we have been pleased with the open access afforded to us by the Chairs and Board and officer support.

Healthwatch has valued the opportunity its seat at the Health and Wellbeing Board has provided both to connect to the strategic planning of health and wellbeing services within the City and the opportunity this also has provided to us to give some profile to our own activities and public engagement work.

During the course of the year we have routinely updated meetings of the Health and Wellbeing Board on our organisational development activities and the priority projects mentioned elsewhere in this report, as well as fed back updates from there to our own (Healthwatch) Board.

3.2 How local people's needs and experiences of health and care services have been obtained

The needs and experiences of local people have been gained via various agencies across Portsmouth. Many referrals are made by agencies such as advice Portsmouth, SEAP and via PALS at QA hospital. Direct feedback from services users had been gained and also regular surveys sent to Healthwatch members. Ten surveys have been sent out since June 2013, two of these were not digital surveys but undertaken while at outside events. Surveys that have been sent to service users are listed below.

Survey	**Date**	**Responses**
Putting patients at the Heart of Portsmouth	October 2013	11
Help us improve the way Local Voices communicate with you	August 2013	265
What is integrated care?	January 2014	3
Hearing loss survey	August 2013	100
Customer feedback survey	July 2013	16
Advocacy feedback survey	June 2014	8
Healthwatch Portsmouth feedback survey	May 2014	17
Healthwatch Portsmouth feedback	April 2014	25
Social media questionnaire	December 2013	8
		453

The scale of market research undertaken was wide ranging and covered proactive engagement in the street with members of the public, focus events at local external venues and surveys. A variety of survey methods were used such as "Survey Monkey" and direct e-mail. In addition Twitter and Facebook have been widely employed to collate people's views and concerns.

The following studies were undertaken:

- Principals of Good Engagement
- Dementia
- Integrated Services
- Francis Report
- Hearing Loss

Principles of Good Engagement: Health and Social Care services are of vital importance to local communities and the people of Portsmouth. With the current changes to service provision and the rising demand for NHS and social care, making sure local people are at the heart of all services and listening to them is particularly important. The basic principles are: Time, Targeted, Inclusive, Accessible, Clear and Simple and Responsive.

The survey was well received and HW intends to undertake the following action over the next 12 months:

- Develop a service charter that reflects what people feel is important to them
- Further develop the works and identify what groups have been missed
- Involve the community and voluntary sector in supporting these principles and for the Health and Well Being Board to endorse these principles

Dementia: Healthwatch Portsmouth has identified Dementia and a review of the current provision of support for those affected by dementia as one of its priorities for the year. Initial discussions between Healthwatch and Integrated Commissioning Unit led to this proposal and by working with partners from other academic institutions considerable effort will be brought to bear on delivering the study.

The study remains ongoing and a fuller report will be included in next year's Annual Report.

Integrated Services: The Healthwatch Website has recently incorporated the Social Care in Portsmouth (SCiP) Directory. The impact of this upon the public is that they now have a single point of contact to refer to when they are looking for information on health and social care services. We are looking to develop this further by offering a service review function in which members of the public can provide comments about their experiences.

Francis Report: An audit team of Portsmouth University students where commissioned by Healthwatch Portsmouth to investigate the Portsmouth's Trust response to the Francis Report. The audit focused on the complaint procedures currently in force in Portsmouth. The outcome of the study was extremely positive with 83% of those surveyed stating that they would use the services of Healthwatch in the future. The outcomes of this study will be considered by the HWB over the next reporting period.

Hearing Loss Survey: The Healthwatch Portsmouth "Hearing Loss Survey" was devised by a member trained to conduct Community Research. The survey was taken to various community groups, meetings and conferences as well as being promoted online through social media and the Healthwatch Portsmouth Website. A number of key findings were identified; in particular 81% of participants viewed hearing loss as a disability. In addition the survey produced a number of tips for dealing with people who have hearing disabilities. The impact of this survey is that the results will be given to the Health and Well Being Board.

"Help us improve the way local communicate with you" survey

August 2013 we also undertook a non-digital survey going out to numerous events where members of the public were asked to fill out a short survey. Various community groups were also targeted including those with learning disabilities. In total the project gained 285 responses from both individuals and community groups and feedback given to the CCG.

3.3 Enter & View Activities undertaken

None undertaken with this period.

4. IMPACT

Concerns came in from members of the visual impairment community that services at the hospital Eye Department should address a number of issues. A meeting with the Macular Degeneration Society led to Healthwatch discussing the issues they were experiencing with the Queen Alexandra Hospital. A meeting was arranged with representatives of Portsmouth Hospitals Trust and the Society to discuss these issues further with two members of the group. As a result of this clarification was sought on discharge treatment and regular future meetings between the Trust and the Society have been set up.

Meetings took place with the Diabetes Research and Wellness foundation as a result of the Healthwatch presentation that was provided for the Diabetes Voluntary Group. The meeting was a great way for Healthwatch Portsmouth to engage with another underrepresented group in the city and Healthwatch continues to link with this group including attending the Annual Diabetes Wellness Day on the 21.06.14.

On the 12.03.14 the advocate met with members of the Portsmouth Deaf Forum. At This meeting many of the members relayed similar issues that they were faced with when dealing with their healthcare and the local NHS providers. As a result a letter was written to the Portsmouth NHS Trust and NHS England highlighting the particular issues that the Deaf Community faced when dealing with different NHS providers in the city.

Through our advocacy service people feel supported and can come and talk to someone who is independent providing good support and information.

There have been concerns over the waiting times at GP surgeries and complaints from patients having to wait for appointments for weeks. This has led to the local media picking up on the story and a week long campaign is due to take place in June.

Incontinence service has received poor feedback from some of our members. Have addressed this with the Carers Council and jointly we have asked for improvements from SOLENT NHS, feedback is positive after these issues have been raised. The five Health Watch Studies referred

to on Pages 5-6 indicate how we have engaged with the public to make an impact upon their principal concerns about Health Care in Portsmouth.

5. ADVOCACY

NHS Advocacy are integrated and coordinated alongside the work of Healthwatch Portsmouth with the coordinator involved in many aspects of the day to day operation. The Coordinator works alongside the Information Hub Officer with regards to signposting members of the public. The Healthwatch Portsmouth website has a dedicated section on NHS advocacy and support for Portsmouth residents living in PO1 to PO6. This excludes Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA), which are both provided By SEAP Advocacy.

There is an open-referral system in which organisations, agencies or individuals can contact Healthwatch Portsmouth for information and advice via website or telephone. We also hold regular drop-in sessions.

From July 2013 up to and including May 2014 Healthwatch Portsmouth has provided full Independent Advocacy support for 42 cases. The Advocate is in regular contact with the SEAP and Advice Portsmouth teams to avoid duplication and to refer cases that are not within the Healthwatch Portsmouth NHS Advocacy remit.

The Coordinator and the Healthwatch Manager met with the Beneficial Foundation for input into preparing easy read documents for the NHS advocacy support. The Advocate has had meetings with the Portsmouth NHS Trust's patient experience team and PALS to explain the Healthwatch Advocacy programme remit and eligibility criteria and in general has a good working relationship with the patient experience team. The Portsmouth NHS Trust Patient Experience Team is aware of the eligibility criteria for Healthwatch Portsmouth advocacy support and they refer clients onto Healthwatch that match the criteria.

Depersonalised figures from NHS Advocacy Support cases are recorded in the Healthwatch database. Healthwatch NHS Advocacy is integrated and coordinated with other advocacy agencies and providers as much as it can be in that the other advocacy providers in Portsmouth are aware of the Healthwatch Advocacy remit; parameters and eligibility criteria that we operate within. Healthwatch Advocacy is aware of the remit and eligibility criteria of the other advocacy agencies and regularly refers members of the public to these agencies.

The Coordinator has final meetings with all clients to debrief and gauge whether the client is happy with the levels of support they have received. In the 38 cases of advocacy support provided there was 1 client that was not happy with the level of support they received, this case did not become a formal complaint as the Healthwatch manager discussed the clients concerns and they were resolved. The 42 clients that received advocacy support completed an anonymous survey and all said that they would recommend the service to a friend or family member. All clients rated the Advocacy Service as either Excellent or good.

5.1 Advocacy Trends

Agency	[4]Total cases	Poor Care	Failure to Diagnose/ refer	Poor communication	Violent patient Scheme
Portsmouth NHS Trust	17	16	7	11	
Solent NHS Trust	7	6	1	5	
Southern Health NHS Trust	1	1		1	
CCG	2				
Dentist Surgery	2	2		2	
GP Surgery	12	10	4	8	2
Care/Nursing home	1	1		1	

6. UNDER REPRESENTED GROUPS

Healthwatch Portsmouth has attended meetings with groups and open days for underrepresented groups that have led to relationships being built for future cooperation between Healthwatch and the underrepresented groups. Healthwatch has also used connections with Learning Links family support project Families Moving Forward to attend two events targeting young people and vulnerable families.

Two members of the Healthwatch Board, are involved with Portsmouth Beneficial Foundation and Portsmouth Disability Forum these relationships began with initial meetings that have a large role to play in influencing Healthwatch Portsmouth and how we communicate and interact with underrepresented groups in the city.

Of the 60 events that Healthwatch Portsmouth has attended, 21 have been events targeting people under 21 and/or over 65, disadvantaged or vulnerable people. These events have reached over 500 vulnerable people across Portsmouth and include meeting with organisations[5] such as:

Portsmouth Disability Forum
Stroke Association
Hard of Hearing
Families Moving Forward (children and disadvantaged families)
Pompey Pensioners

[4] Total cases represent specific complaints against the NHS Agency. Some clients have complaints against multiple agencies.
[5] See Appendix 2 for full details

BME Well Being Network
Cross Cultural Women's Group
PEPI Meeting LGBT

7. FUTURE PROGRAMME

The aspiration for Healthwatch Portsmouth during the next 12 months is that as the Elected Healthwatch Board becomes more established it will increasingly start to guide future activities. Overall guidance will be taken from the CCG Portsmouth 5 Year Strategic Plan where it's 4 priorities are:

- All to have access to the right health services as and when they need them
- People are treated with compassion, respect and dignity
- Health and social care services are to be joined up so that people only tell their story once
- To tackle the biggest causes of ill health and early death and promote wellbeing and positive mental health

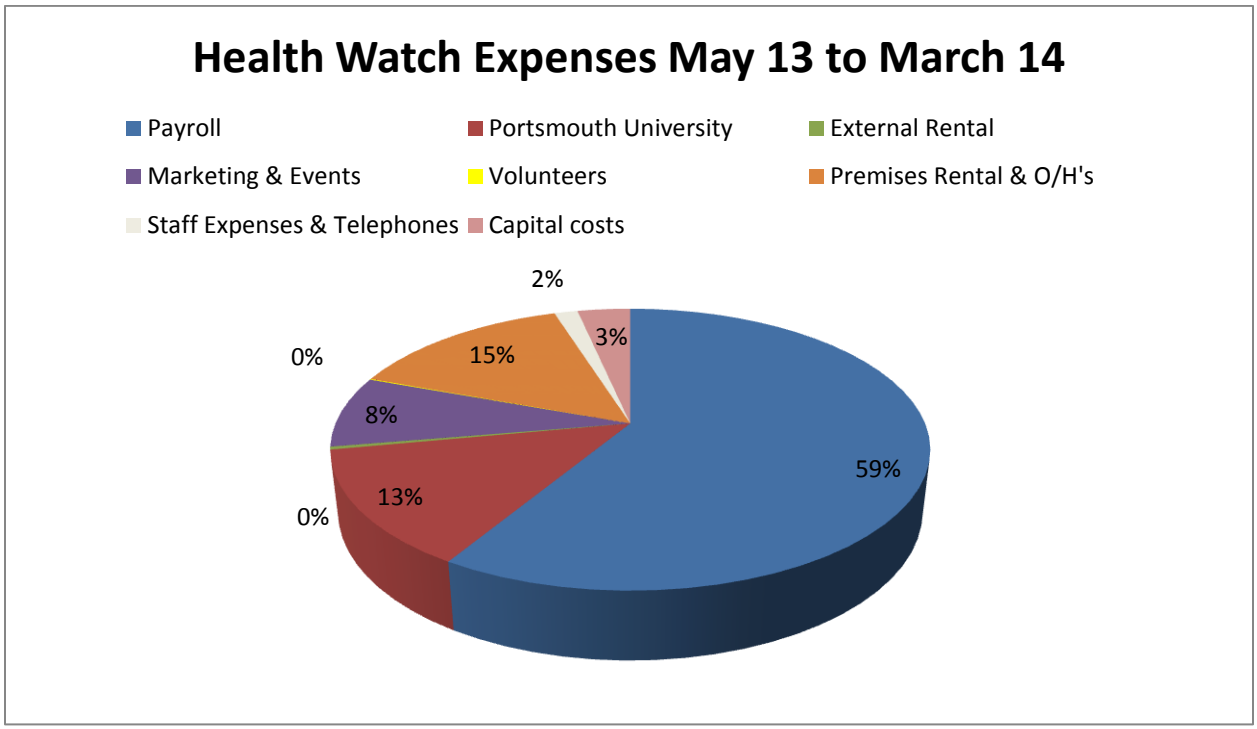
The HWB will direct its focus through evidence based research with the public by agreeing it's Research Priorities and topics.

8. FINANCIAL SUMMARY

As a first year project Learning Links and Healthwatch Manager have prudently managed the budget and with changes in staff this has resulted in planned reallocation of resources that have been committed to a new staffing structure proposal to strengthen the team and enable Healthwatch Portsmouth to become even more engaged with members of the public.

Summary - May 2013 - March 2014

INCOME	£137,440
EXPENSES	
Salaries, NI, Pension	£80,664
University of Portsmouth - Sub Contractor	£18,333
External rental	£457
Marketing & Events	£11,279
Training & Volunteers	£131
Premises rental & Overheads	£19,845
Staff Expenses & Telephones	£2,067
Capital costs	£4,664
TOTAL ALLOCATED EXPENDITURE	**£137,440**



9. ADDITIONAL INFORMATION

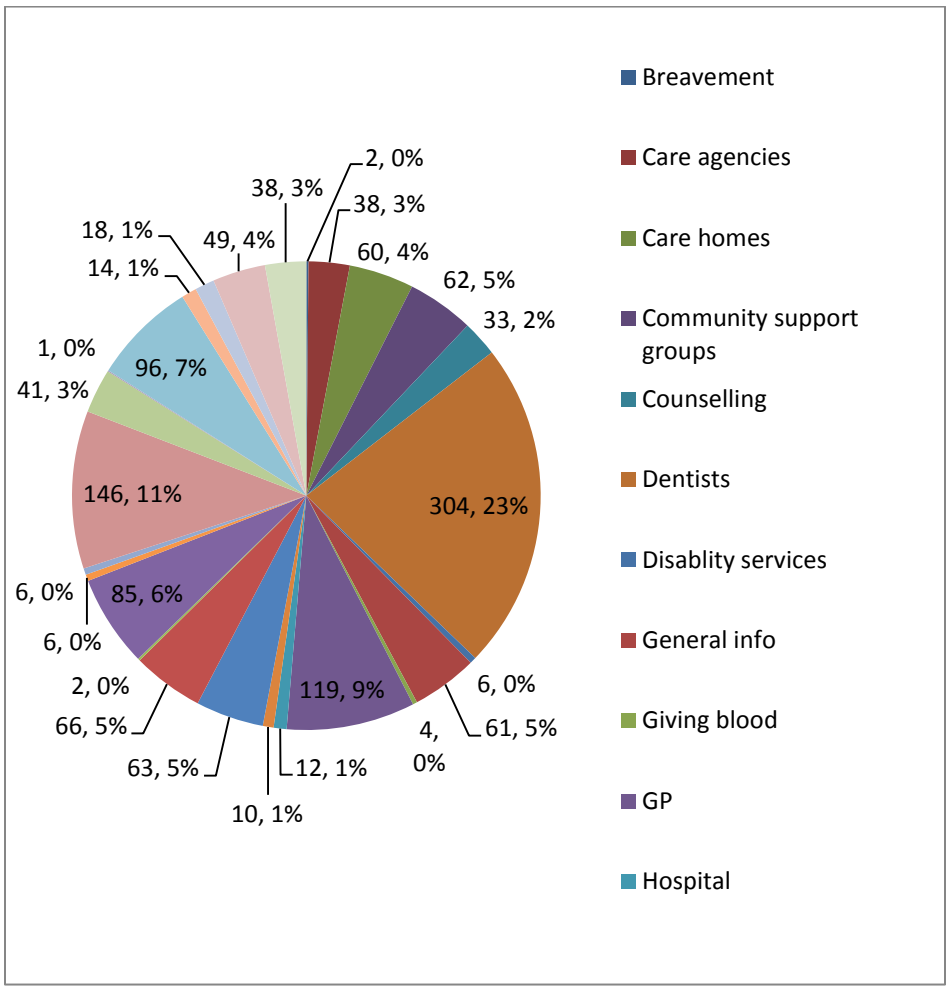
Healthwatch Manager is making initial contacts with Veterans groups in the area. There are approx. 20000 living in the PO1-PO6 and whilst fully supported in service there are challenges on leaving the service for them and their families.

9.1 Networking yearly review with 6 month figures for comparison, including social networking reports

Membership Type	Number	Difference 6 month report
Number of networked members	579	23% increase
Number of Community Researchers	51 (47)	8% increase
Number of Governance members	25 (19)	31% increase
Number of organisational members	61 (61)	The same
Facebook page likes	329 (302)	9% increase
Twitter followers	1578 (1418)	11% increase
Total network size	2623 (2317)	13% increase

9.2 Signposting Trends Identified

Hits on the Healthwatch website have increased significantly in the previous six months from 2842 in October 2013 to 9384 at the end of March 2014. Breakdown of services enquires via the Healthwatch website and direct enquires either face to face or from the telephone advice line. Overall dentist and GP made up 32% of all enquires, this includes referrals for new practices and complaints. Below is a chart showing the main information requests:



Complaints to PALS have been categorized under hospital. It has not been possible to categorise every individual enquiry, as some were not health related. Enquires listed as other are the following:

Info on CCGs
Info on what Healthwatch does
Callers looking for other Healthwatch areas i.e. Hampshire
Enquires about board meetings
Educational/research requests
Unrelated requests such as adult learning

10. CONCLUSION

The first year of Healthwatch Portsmouth has been primarily devoted to becoming an established organisation. It has had to adapt many of the functions of the previous LINK organisation and simultaneously develop and implement new ways of working. From a standing start it has made considerable efforts to become recognised by the people of Portsmouth as their single point of contact for health signposting and a consumer champion for Health matters. However Healthwatch Portsmouth has only just begun its mission and over the next twelve months we intend to ensure a greater involvement and rapport with people over health issues and concerns. This will be achieved by a continued engagement with the principal NHS Directing and Commissioning Bodies to ensure that service user concerns and issues remain at the forefront of all deliberations.

In particular the core pillars of Healthwatch Portsmouth's strategy remain:

Remaining Independent: We have been given independence by the law to challenge others to put people at the heart of what we do.

Being Trusted: We will continue our commitment to openness and transparency.

Giving a Voice: We will ensure that we provide a collective and powerful voice to the issues that really matter. In particular we will pay particular attention to those who find it hardest to be heard.

Here for the Long Term: Healthwatch has secured explicit cross party political support. This is important because it will ensure that HW is here to stay whatever happens in the electoral arena.

We look forward to the challenges that next year will bring.

Simon Haill

Healthwatch Portsmouth
Manager

Appendix 1: The statutory activities of local Healthwatch:

1. promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;

2. enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;

3. obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;

4. making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;

5. providing advice and information about access to local care services so choices can be made about local care services;

6. formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;

7. making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;

8. providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Appendix 2: Engagement Summary

Event	Number of Contacts	New Members
Careers Exhibition at the Pyramids	25	8
Voluntary Sector Network	12	
Transforming Adult Social Care	40	
Health and Well Being Board	30	
Cosham Community Day	35	4
City Centre Community Day	45	10
Palmerston Road Outreach Event	70	15
Stroke Association Group Meeting	20	1
CAP Power Hour	10	0
Central Library Outreach Event	30	2
Cosham Community Day	35	4
Learning Disability 'Know Your Rights' Event	10	0
Advice Portsmouth	6	0
Advice Portsmouth	7	0
Advice Portsmouth	4	0
Advice Portsmouth	2	0
QA Hospital – Outside Level B Restaurant	35	0
2nd Year – Dental Hygienists	30	0
Mental Health Recovery Team South	20	0
PDF Health Overview Group	10	0
Dental Hygiene Students Year 3	40	0
SOLENT NHS AGM	20	0
Cascades	30	0
Beneficial Foundation Volunteering	10	0
HOSP Presentation	25	0
Mental Health Recovery Team South	20	2
NHS CCG Staff Event	50	3
Radiography Students	40	0
Putting Patients First Healthwatch Event	70	5
Association of Blind Presentation	30	6
Presentation to PHT Involvement Group	10	1
Presentation to Biomedical Students	50	35

Event	Contacts	Demographic	Main Issues
Putting Patients at the Heart of Care: NHS England Event	10	Professionals	Improving engagement across the NHS, more joined up consultation
Hard of Hearing Group	12	Disabilities	Communication with GPs' surgeries & poor reception service
Welcome at Haven Community Centre	10	Older People	Walk-in centre in Guildhall Square & the St. James minor injuries unit
Friday Club at John Pounds	15	Older People	Poor communication service about podiatry service in the city
Cascades Engagement Day	50	General Public	
Wednesday Club at John Pounds	13	Older People	Walk-in Centres
Southsea Friends	10	Older People	Waiting times at GP surgeries
Headway Carer's Group	10	Disabilities	Information for local services & assistance with making an NHS complaint
National Disability Day – Central Library, Portsmouth	3	Disabilities	
You Trust	3	General Public	
PHT Listening into Action Event		Professionals	
Monday Club at Paulsgrove	20	Older People	Appointment waits
Student Dental Presentation	50	Students	Changes to the NHS system
Focus Group Beneficial Foundation	10	LD	Support for a regular health-care professional & not a different one each time, more training for doctors dealing with LD people, & LD people treated as the patient
Macmillan Service Steering Group	4	Professionals	
Service User Charter Focus Group	3	Professionals – Voluntary Sector	Wanted to know more about who commissions what in Portsmouth & reminders for everything to be made simple & clear
Twitter Conversation		Professionals/General Public	How can local people influence priorities of the CCG
Tour of QA Hospital	3	Professionals	Struggle to maintain standards because of outside pressures including funding & problems in recruiting doctors
Engagement Meeting with Advocate Team at SEAP	8	Professionals	Mental Health services in Portsmouth being poor & not adequate. Information for people seeking support from advocacy groups
Patey Day Centre Consultation Meeting	30	Carers	Real Concern about city councils' consultation process
Waterlooville Macular Society Talk	20	Older People, Disabilities	Concern about GP surgeries in their local area & whether they would be overrun with new arrivals. Problems making GP appointments inside of 3 weeks
PDF Focus Group	18	Disabilities	Better Communication & big problems with wheelchair equipment store
Gosport BAME Network Healthwatch Presentation	6	Professionals	Wanted to know more about Healthwatch & relationships with bodies & agencies like the Health & Well Being Board & CCGs

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healthwatch Portsmouth

Health and Wellbeing Board
3rd September 2014

In our first year we have…

- **Service Directory:** created a single point of information for health and social care services, listing approx. **600** services.
- **Signposting:** assisted**1400** people to find local health and social care services in Portsmouth.
- **Community Engagement**: At 60 events, 21 of which targeted for under 21/over 65, disadvantaged or vulnerable people.
- **Volunteer Engagement:** Delivered **1730hrs** compared to the **300hrs** contractually required.

In our first year we have…

- **Advocacy:** Provided full independent advocacy support for over **42** cases.
- **Trends in Complaints**: poor standards of care, failure to diagnose and refer, poor communication.
- **Website:** Seen a steady and significant increase from **2,048 visits** in October to **9,384** at the end of March.
- **CQC:** In regular contact & organised Dementia review focus group as part of national survey.

healthwatch Portsmouth

Our main priorities for 2014/15

Identified by Healthwatch Members and Board:

- Cancer Services
- Mental Health Services
- Medical Equipment
- Dementia

Community Research Projects

- GP Services
- A&E Waiting Times

The Future

healthwatch Portsmouth

- **Remaining Independent**: Discussions on an independent chairperson to strengthen the Board
- **Information**: Continue to build our single point of access for information, work more closely with GP's
- **Influence:** delivery and design of local services through the CCG & Health and Wellbeing Board
- **Giving a Voice:** Gather views and experiences of local people on the way services are delivered & work with other Healthwatch organisations to build a national picture.
- **Consumer Champion**: Continue to engage, inform and advocate for the public
- **Longer-term** : Looking beyond 2016 for HW to function as an independent organisation.

healthwatch Portsmouth

Questions?

Portsmouth Clinical Commissioning Group

Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health and Wellbeing Board
Subject:	Better Care Fund
Date of meeting:	3rd September 2014
Report by:	Innes Richens, Chief Operating Officer, Portsmouth Clinical Commissioning Group (PCCG), and Julian Wooster, Strategic Director for Children's and Adults Services, PCC

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1. Requested by

1.1 Cllr Frank Jonas and Dr Jim Hogan, Chair and Vice Chair of the Health and Wellbeing Board (HWB).

2. Purpose

2.1 To provide an update to the Health and Wellbeing Board (HWB) on The Better Care Fund (BCF) plan for Portsmouth, following changes to National guidance for the BCF in July.

2.2 To gain approval from the Health and Wellbeing Board for the taking of Chair's action to sign off The Better Care Fund (BCF) plan for prior to the re-submission of the **plan on 19th September2014.**

3. Executive Summary

3.1 The Better Care Fund Programme is an ambitious national programme which aims to contribute to addressing the demographic demand for health and care services in the context of public funding constraints by:

- Integrating health and care services to achieve both better co-ordinated services and efficiency in the use of resources;
- Developing community based integrated health and care services to reduce the need for inpatient and residential care especially for residents with chronic health and social care need;
- Preventing and intervening earlier in addressing individual's health and support needs to support independence; and
- Sustaining community health and care services by reducing spend on inpatient care especially unplanned admissions to hospital - through reduced admissions and reduced patient time in hospital.

3.2 The Portsmouth BCF supports the HWBB's vision and strategic objectives through putting individuals at the centre of a single commissioning vehicle and integrated service delivery. This will create a sustainable health and care system and achieve the long term savings and system changes required to bridge demand and funding gaps and manage the increasing demands of an ageing population.

3.3 There have been recent changes to the policy framework, with new national guidance issued in July 2014 and revised plans are due to be submitted by 19 September 2014. The Health and Well Being Board is required to sign off the plans for local areas.

3.4 The Payment for Performance Framework has been revised with a proportion of the £3.8bn national Better Care Fund now linked to performance based on planned level of reduction in total emergency admissions. This replaces original metric of avoidable emergency admissions

3.5 National planning assumption is minimum 3.5% reduction for 2015/2016 in emergency admissions against baseline (nationally equating to performance pool of £300m), unless an area can make a credible case as to why it should be lower

3.6 The total pooled budget to support the Portsmouth BCF is £15.195m in 14/15 and £16.409m in 15/16. The funding consists of existing CCG and PCC allocations and is currently being utilised to provide existing services such as Portsmouth Reablement and Rehabilitation Team, Community Nursing and Carers Grants. The realisation of the Better Care Fund schemes and the resources required will be dependent upon efficiencies gained in the acute sector.

4. National Context of the Better Care Fund

4.1 The Better Care Fund, previously referred to as the Integration Transformation Fund, was announced in June as part of the 2013 Spending Round. A useful summary with links to all the key documents is available from the Local Government Association.

4.2 The Better Care Fund is an ambitious National programme to:

- to change health and care services from a 'sickness service' which treats people as a one-off then sends them away to another part of the system to a joined-up health and care service which helps people to manage their own health and wellbeing and live independently for as long as possible. The ambition must be that people need to go to hospital as little as possible; and that when they do, they are admitted quickly, treated well, and discharged as quickly and safely as possible to enable them to get on with their lives.
- Ensure residential care and hospitals are only be used when there is no other way to care for the person. People should only have to tell their story once, and they should expect their care team to work together around them.

Nationally, the aim of the BCF is to ensure every area takes major steps to joining up local services to achieve these things for local people by being more proactive, responsive and efficient.

4.3 The local authority must agree with its health partners how the funding is best used within social care - "Health and wellbeing boards will be the natural place for discussions between NHS England, clinical commissioning groups and councils on how the funding should be spent, as part of their wider discussions on the use of their total health and care resources"

4.4 The HWBB must ensure delivery of four national conditions through the local BCF plan. These are:

- Protection of social care services in line with an agreed definition of what this means for each local area.
- Delivery of 7 day services to avoid admission and support discharge at weekends
- Data sharing and use of the NHS number as an identifier
- Joint assessment and accountable lead professional.

5. Updated guidance and re-submission

5.1 BCF plans were submitted to NHS England in April 2014. Subsequently there have been changes to the policy framework and revised planning and technical guidance was issued in July 2014 and revised plans are due to be submitted by 19 September 2014. To summarise, the key policy changes are:

- Previously £1bn (25%) of pooled fund was performance related in 2015-16
- Payment for Performance Framework revised - a proportion of the £1bn now linked to performance based on planned level of reduction in total emergency admissions
- Replaces original metric of avoidable emergency admissions
- National planning assumption is minimum 3.5% reduction in emergency admissions against baseline (nationally equating to performance pool of £300m), unless an area can make a credible case as to why it should be lower
- The size of the performance fund is dependent on local target setting - calculated by multiplying the activity reduction by national average reported provider costs for non-electives from latest NHS reference costs; the size of the fund is dependent on the scale of the local ambition
- Remaining £700m nationally available up-front for NHS commissioned out of hospital services
- All BCF plans expected to clarify the level of protection of social care, with at least £135m nationally identified for implementation of Care Act

- Understanding is that the intention of policy change is to mitigate the risk of failure for the NHS in reducing emergency admission.

6. The Portsmouth Better Care Programme

6.1 An ambitious vision for change.
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.

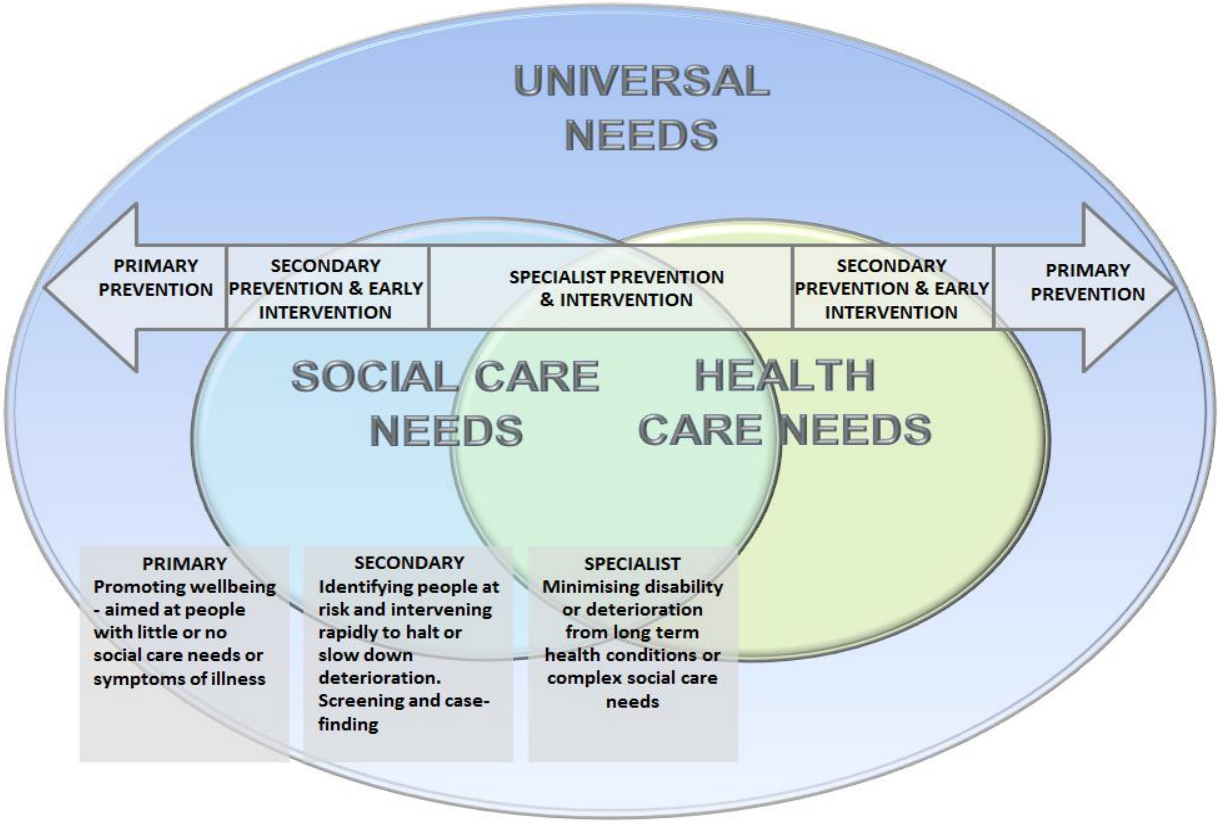
Our strategies will be led by local priorities - the things that matter most to local people, and we will make sure that everything we do makes a measurable improvement in the lives of the people we support. Our local Better Care fund will support delivery of this joint Health and Wellbeing vision and strategic objectives, through the creation of a single health and social care system; putting individuals at the centre of a single commissioning vehicle and integrated service delivery. Services will be designed to make the best use of resources to support people in the least institutional setting possible.

6.2 People will experience integrated care that:

- Is personalised and promotes independence
- Does not duplicate assessments for individuals and efficiently manages resources
- Is in the right place at the right time by the right staff.

6.3 We believe that it is only through this delivery of a single health and care system that we can create a sustainable health and care system and achieve the long term savings and system changes required to bridge demand and funding gaps and manage the increasing demands of an ageing population.

6.4 To achieve the objectives of the better care plan, a fundamental change in how health and care services are commissioned, provided and accessed is required. There needs to be a shift to prevention and early intervention services reflecting the public health agenda to add to the traditional “gatekeeping” of statutory services so that professionals from all disciplines can deliver or allocate the resource of early intervention and prevention to meet the whole spectrum of need.



7. Plan summary

7.1 The BCF is a five year transformational plan. Our local plan for 14/15 and 15/16 builds on existing priorities and delivers three interconnected schemes;

Scheme 1: Establishing fully integrated locality based health and social care community teams

Scheme 2: Review of current bed based provision

Scheme 3: Increased delivery of Reablement services

7.2 The schemes will be underpinned by an early intervention and prevention approach and have a number of supporting work streams (e.g. communication and engagement). The revised submission for September 2014, allows us the opportunity to provide greater detail and inclusion of the prevention work as a fourth implementation scheme, with clear benefits and milestones articulated.

7.3 The total pooled budget to support the BCF is £15.195m in 14/15 and £16.409m in 15/16. The funding consists of existing CCG and PCC allocations and is currently being utilised to provide existing services such as Portsmouth Reablement and Rehabilitation

Team, Community Nursing and Carers Grants. The realisation of the Better Care Fund schemes and the resources required will be dependent upon efficiencies gained in the acute sector. *Annex one provides details of the funding associated with the local BCF plan.*

8. Impact of the policy changes on the Portsmouth Better Care Programme

8.1 As outlined above, the local planning assumption has always been that the BCF must deliver reductions in emergency hospital admissions, in line with the CCG's operating plan assumptions and savings targets. The CCG finance team is modelling the impact of the recommended 3.5% reduction in emergency admissions on the existing plan. At the time of writing, early analysis suggests this change is unlikely to materially affect the integrity of the plan in terms of level of funding available to invest in the schemes and achievability of savings targets.

8.2 Initial analysis of the national revised guidance suggests that, from the total £16.4m Portsmouth BCF for 2015/16, the local payment for performance element of this allocation should equate to approximately £1.1 million. The original Portsmouth BCF submission had planned for a reduction of £900,000 in emergency admissions in order to enable the CCG's contributions to the BCF. In order to achieve this reduction, elements of the Portsmouth BCF will continue to be invested into community services that help avoid hospital admission. If the schemes within the Portsmouth BCF do not deliver the anticipated reduction in emergency admissions, this leaves a potential BCF system risk for the CCG.

8.3 National guidance around the payment for performance framework is that this element of the funding should be released into the pooled fund on a quarterly basis, dependent on achievement of agreed quarterly targets. Portsmouth CCG recognises that this arrangement will make it very difficult to effectively invest and develop local community services. On the basis that the potential financial risk to the CCG remains relatively unchanged, the CCG is keen to work with local partners to develop a more workable local solution.

9. Next steps

9.1 Delivery of the plan will continue as per the original timetable, with on-going development and implementation of the schemes and supporting projects being overseen by the Health and Social Care Partnership Board and the Integrated Commissioning Board.

9.2 The revised version of the plan in line with the new guidance is required to be submitted back to NHS England by 19th September 2014. Permission is therefore requested from the Health and Wellbeing Board for the taking of Chair's action to sign off The Better Care Fund (BCF) plan by the HWB Chair and Vice Chair prior to the re-submission of the plan by 19th September 2014. Local plans will be assessed alongside local delivery context to produce an approval rating for all plans and level of responsibility that can be taken at local level for delivery of the budget. We are awaiting further guidance on the timeframe for the assessment process and implications.

Appendices:

Appendix A – finance information

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Portsmouth City BCF Plan 2014/15 - 2015 /16

Summary

Source of funding	2014/15 - £000's	2015/16 - £000's
Minimum fund required	6,627	14,297
Existing funding - already committed and required to be part of the pooled fund		
Health transfer monies to social care	3,900	4,100
Reablement funding	1,200	1,200
Carers grant	400	400
DFG	639	645
Social care capital	488	496
TOTAL	**6,627**	**6,841**
Existing funding for community services to be included as part of the local element of the pooled fund		
CCG investment in community nursing services	4,100	4,100
CCG investment in intermediate care services (PRRT)	900	900
PCC funding for ASC fieldwork services	198	198
PCC funding for intermediate care (PRRT)	970	770
TOTAL	**6,168**	**5,968**
New investment funding		
Scheme 1	1,300	3,500
Scheme 2	1,000	
Scheme 3	100	100
TOTAL	2,400	3,600
TOTAL PROPOSED BCF PROPOSED POOLED FUND	**15,195**	**16,409**

Important to note that the new funding will come from the CCG and only available assuming the CCG's plans for achieving the savings challenge of £5.1 million in 14/15 and same in 15/16 are realised.

Application of BCF Funding and Savings – Scheme 1: Integrated Health and Social Care Community Teams

Area	Spend		Benefits	
	2014/15 - £000's	2015/16 - £000's	2014/15 - £000's	2015/16 - £000's
Funding for existing services				
Community nursing	4,100	4,100		
ASC field work	3,198	3,198		
TOTAL	**7,298**	**7,298**		
New investment funding required				
Early intervention social care services		600		
VCS capacity building services		400		
Expanding care co-ordination	250	500		
Additional dom care	100	1,000		
Access to primary care / 7 day working / named GP for over 75s	500	1,000		
IT infrastrucutre	250			
Start up - enabling workstreams	200			
TOTAL	**1,300**	**3,500**		
Benefits realisation				
Reduction in non elective admissions			700	300
Reduction in residential care				
Efficiencies from integrated care delivery (based on 4% of existing service budgets)				285
TOTAL			700	585
GRAND TOTALS	**8,598**	**10,798**	**700**	**585**
		19,396		**1,285**

New investment funding is predominantly to enable shift to early prevention, managing high numbers through care co-ordination although hopefully less intensive needs. And acknowledgement re increase in dom care as people will be staying in their own home for longer (increase off set against reduction in nursing care, therefore more requiring dom care and reduction in provision of longer term less intensive packages reduced through increased reablement)

Application of BCF Funding and Savings - Scheme 2: Review Bed Provision

Area	Spend		Benefits	
	2014/15 - £000's	2015/16 - £000's	2014/15 - £000's	2015/16 - £000's
Funding for existing services				
Cost of existing bed based services not included				
New investment funding required				
Review and transition costs	1,000			
Benefits realisation				
Reduction in non elective admissions				300
Reduction in residential care				
Efficiencies from integrated care delivery (based on 4% of existing service budgets) - not yet known				
TOTALS	**1,000**	**0**	**0**	**300**

Review and transition – potential stranded cost risk to CCG

Application of Funding and Savings - Scheme 3 : Increase Reablement Provision

Area	Spend		Benefits	
	2014/15 - £000's	2015/16 - £000's	2014/15 - £000's	2015/16 - £000's
Funding for existing services				
PRRT (social care funding)	1,870	1,870		
PRRT (health)	900	900		
Reablement pilot schemes and Grove	1,200	1,200		
TOTAL	**3,970**	**3,970**		
New investment funding required				
Additional investment in PRRT	**100**	**100**		
Benefits realisation				
Reduction in non elective admissions			400	300
Reduction in residential care				
Efficiencies from integrated care delivery (based on 4% of existing service budgets) - not yet known				108
TOTAL			400	408
TOTALS	**4,070**	**4,070**	**400**	**408**
		8,140		**808**

Better Care Fund Plan

Health and Wellbeing Board
3rd September 2014

Drivers for Change

- Ageing population and increase in people living with 2 or more complex conditions
- Increasing demand for and expectations of health and social care services
- Significant financial challenges for both Local Authorities and the NHS
- Integration across health and social care is a key policy driver across all political parties

Aim of the Better Care Fund Plan

Supports the Joint Health and Wellbeing vision and strategic objectives, through:

- The creation of a single health and social care system
- Putting individuals at the centre
- A single commissioning vehicle and integrated service delivery

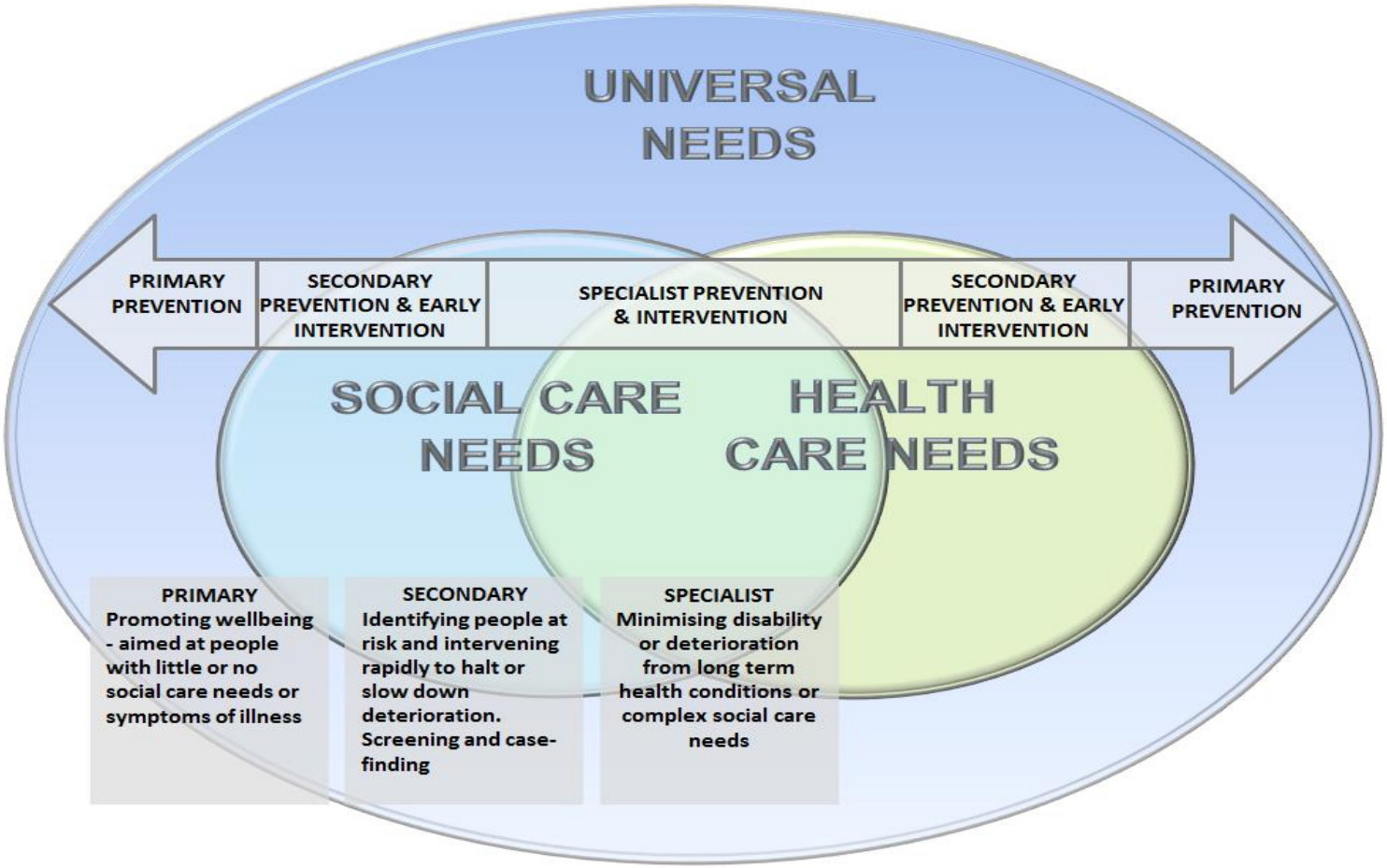
People will experience integrated care that:

- Is personalised and promotes independence
- Does not duplicate assessments for individuals and is efficient
- Is in the right place at the right time by the right staff

http://www.kingsfund.org.uk/audio-video/joined-care-sams-story.

The Portsmouth Better Care Programme

Shifting to prevention and early intervention



Implementation through three inter-connected projects

- Project 1: Integrated health and social care locality teams
- Project 2: Review of bed based provision
- Project 3: Increased reablement services to maximise independence

Sources (National)

£3.8bn Total BCF

£1.9bn
From existing sources:
- Carers Funding
- CCG reablement
- Capital & DFG
- Existing transfer from CCG to Social Care

£1.9bn 'additional NHS funding' of which:

£0.9bn:
- BCF Plans as agreed including at least £135m towards costs of the Care Act

£1bn performance related:
- **£700m:** NHS-commissioned out of hospital services
- **£300m:** 3.5% reduction in total emergency admissions

Application (Portsmouth) Actual 15/16 Plan

£16 mil Total BCF

£7 mil
From existing sources:
- Carers Funding
- CCG reablement
- Capital & DFG
- Existing transfer from CCG to Social Care

£9.mil additional NHS funding' of which

£5.0mil:
- **Existing funding for current community health services**

•**£2.9 mil** New CCG funding available for **investment** within the BCF schemes :
•**£1.1m: Financial risk to CCG if** 3.5% reduction in total emergency admissions not achieved

Sources of BCF Plan funding 2014/15 - 2015 /16

Summary

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Existing funding for community services to be included as part of the local element of the pooled fund		
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PCC funding for ASC fieldwork services	198	198
PCC funding for intermediate care (PRRT)	970	770
TOTAL	**6,168**	**5,968**
New investment funding required for delivery: sourced from CCG		
Scheme 1	1,300	3,500
Scheme 2	1,000	
Scheme 3	100	100
TOTAL	2,400	3,600
TOTAL PROPOSED BCF PROPOSED POOLED FUND	**15,195**	**16,409**

Better Care Fund – Policy Changes

- Payment for Performance Framework revised - a proportion of the £1bn now linked to performance based on planned level of reduction in **total emergency admissions**

- National planning assumption is **minimum** 3.5% reduction in emergency admissions against baseline (nationally equating to performance pool of £300m), unless an area can make a credible case as to why it should be lower.

- Remaining £700m available up-front for NHS commissioned out of hospital services

- All BCF plans expected to clarify the level of protection of social care, with at least £135m identified for implementation of Care Act

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 total hospital emergency admission
- 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

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Portsmouth CITY COUNCIL

The Care Act - 2014

Agenda Item 8

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Robert Watt, Head of Adult Social Care
Angela Dryer, Assistant Head of Adult Social Care

Care Act Summary

The Act modernises over 60 years of care and support law into a single, clear statute.

- It clarifies entitlements to care and support
- Provides a national eligibility criteria.
- Carers on same legal footing as person cared for.
- Reforms how care and support is funded
- Focus on promoting wellbeing and preventing or delaying needs.

Personalisation Overview

- Personal Budgets included in legislation for the first time.
- Duties to review and right to request a review.
- Right to request a Direct Payment.
- Better information and advice for all.
- Improving range of services – market shaping.
- Support people self plan how future care needs will be met
- Encourages flexibility/innovation in care solutions
- People to be involved in the process of assessment and arranging care solutions.

Funding reform (cap on costs): April 2016

Key principles

- Cap on costs of care: Care accounts - everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support.
- People will be helped to take responsibility for planning and preparing for their care needs in later life.
- Deferred Payments: People will be protected from having to sell their home in their lifetime to pay for any care home costs. (April 2015).

Important changes and risks

- The introduction of a cap on costs to be set at £72,000 for those of state pension age *Loss of income which ASC relies to fund care. Impact unquantifiable as yet.*
- No contribution for young people entering adulthood with eligible care need and Lower cap for adults of working age (level to be determined)

  Loss of income
- New framework for eligibility with threshold to be set nationally (to be implemented in April 2015)

  Not yet issued but likely to increase number eligible for care

Funding reform (cap on costs): April 2016

- From October 2015 anyone will be able to ask for an assessment to determine if they meet the national eligibility criteria. If eligible their 'care account' commences from April 2016.

Anticipated that awareness of changes will create extra demand for social work assessments requiring more capacity

- People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment.

Delay in obtaining funding. This, together with setting up of care accounts will require additional finance capacity

Assessment & changes to eligibility: 2015

- Assessment must consider:
  - person's needs & outcomes that they want to achieve;
  - if the person wants to carry out a self-assessment;
  - if the person needs help to participate in the assessment e.g. advocacy.
  - apply whole family approach;
  - involve the person needing care, carer and anyone else the person wants;
  - Prevention; supporting people early, not at crisis point
  - Person's own skills, wider support network or community
  - New duty to provide advice and information to service users and carers who do not meet the eligibility threshold.

Challenge:

Greater demand for social work assessment and prevention services. Increased % of those eligible for care

Assessment & changes to eligibility: 2015

- Tests to be considered: ability to carry out basic care activities and impact on the person's well-being.
- The list of "basic care activities" includes "basic household activities" and now includes the adult's ability to getting up and dressed and moving around their house.
- Clarified the wording of the carer's eligibility criteria.
  - Councils will have a new duty to carry out a needs assessment for all carers (no longer dependent on the cared-for person meeting the FACS eligibility criteria).
- Ensure smooth transition to adulthood - Duty to assess young people, and carers, before they reach 18 years.
- New national eligibility threshold.

Other responsibilities

Advice and Information: April 2015

Information available to all, regardless of how care is paid for.

Good quality, comprehensive and easily accessible information and for sign posting people to independent financial advice.

Market Shaping:

Ensure market can meet the needs of all within the community

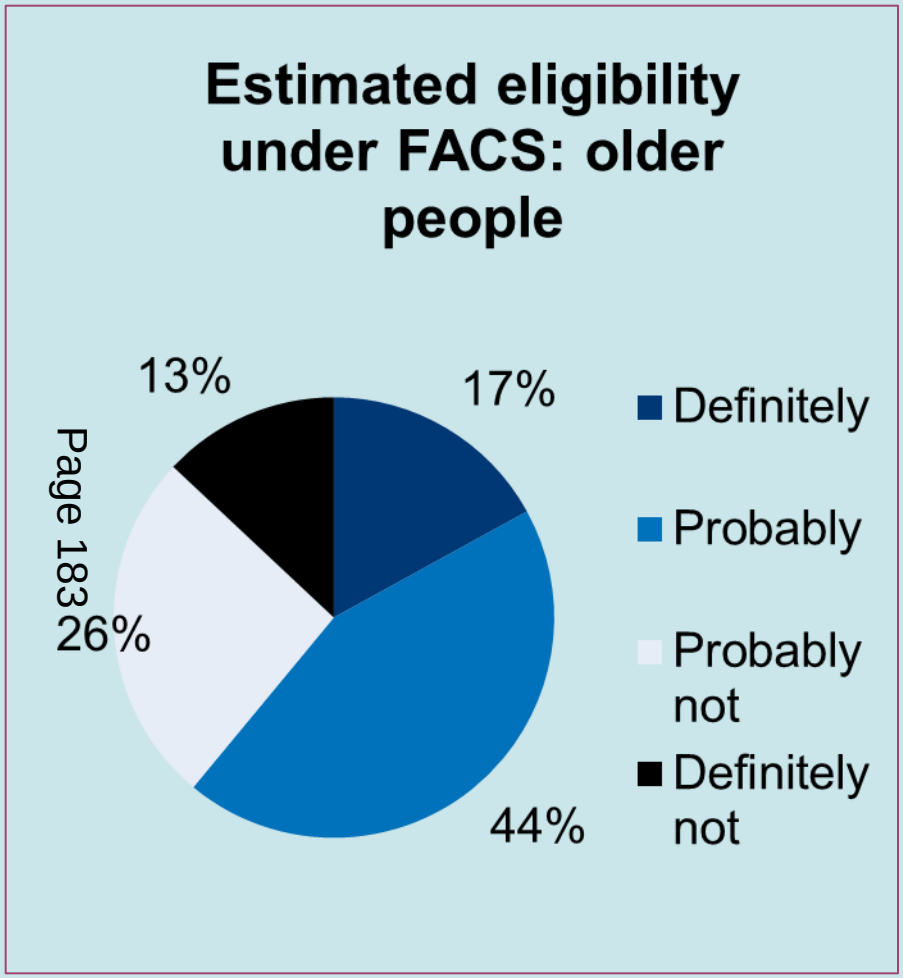
Safeguarding:

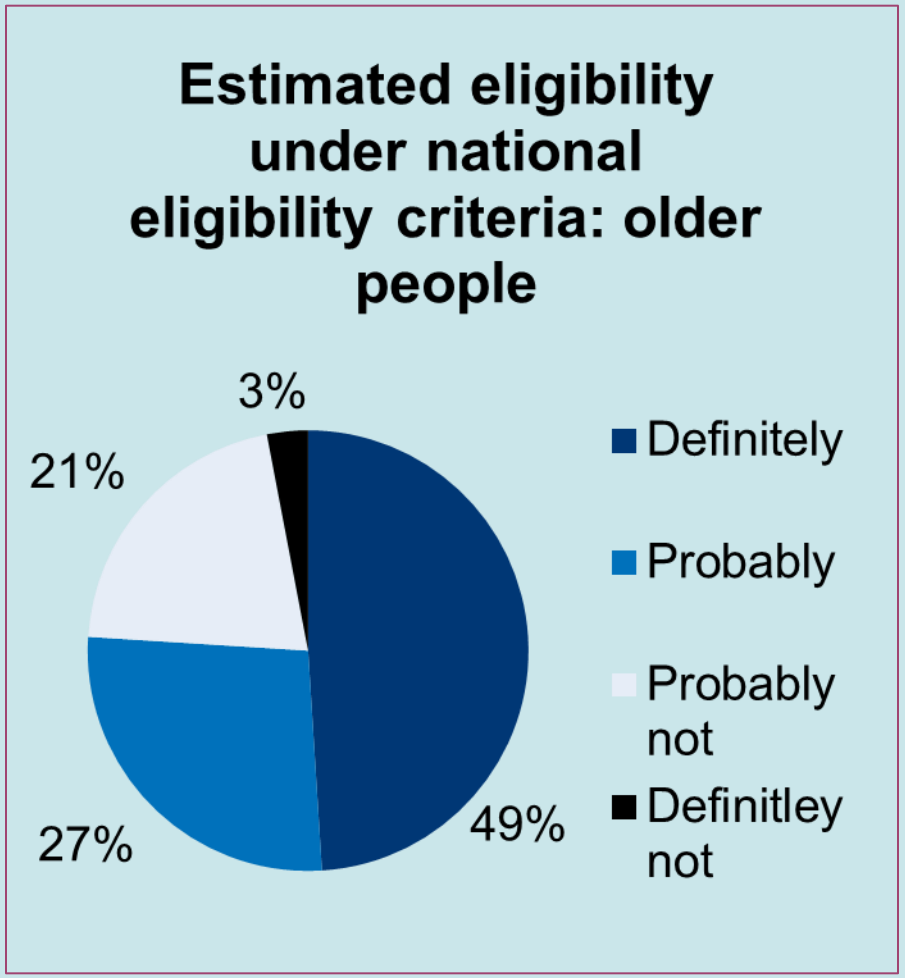
Safeguarding Adults Boards and Independent Chair

Greater integration with Health:

In the planning and delivery of care

Eligibility: Research





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Agenda Item 9

Agenda item: 9

Title of meeting:	Health and Well Being Board
Date of meeting:	3rd September 2014
Subject:	Joint Health and Wellbeing Strategy 2014 - 2017
Report by:	Dr Janet Maxwell, Director of Public Health
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose

1.1. The purpose of this report is to seek the Health and Wellbeing Board's approval of the Joint Health and Wellbeing Strategy 2014-2017.

2. Recommendations:

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

2.1.1 Approve the final version of the Joint Health and Wellbeing Strategy (JHWS) 2014 - 2017 for publication, as set out in the appendix to this report.

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

3. Summary

3.1 Portsmouth's HWB has developed a JHWS covering the period 2014-2017, setting out how partners in Portsmouth will address the health and wellbeing priorities and challenges for Portsmouth which have been highlighted in the Joint Strategic Needs Assessment (JSNA).

3.2 The HWB has previously discussed and agreed the five priority themes that underpin the strategy and the priority workstreams that will deliver the improved outcomes being sought. This report seeks approval from the HWB for the final version of the JHWS for publication.

4. From needs analysis to priorities and workstreams

4.1 The Joint Strategic Needs Assessment presents the big picture of health and wellbeing need in the city, including detailed information (data, charts, maps, reports, evidence of effectiveness etc.) and the Annual Summary 2013. It 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).

4.2 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. Financial imperatives and legislative changes such as the Care Act 2014 make this need all the more pressing and we will continue to work with local communities to achieve the changes that will be essential. The Better Care Plan is just one example of the ways in which we will seek to do this.

4.3 Building on the points above, the Joint Health and Wellbeing Strategy 2014-2017 sets 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

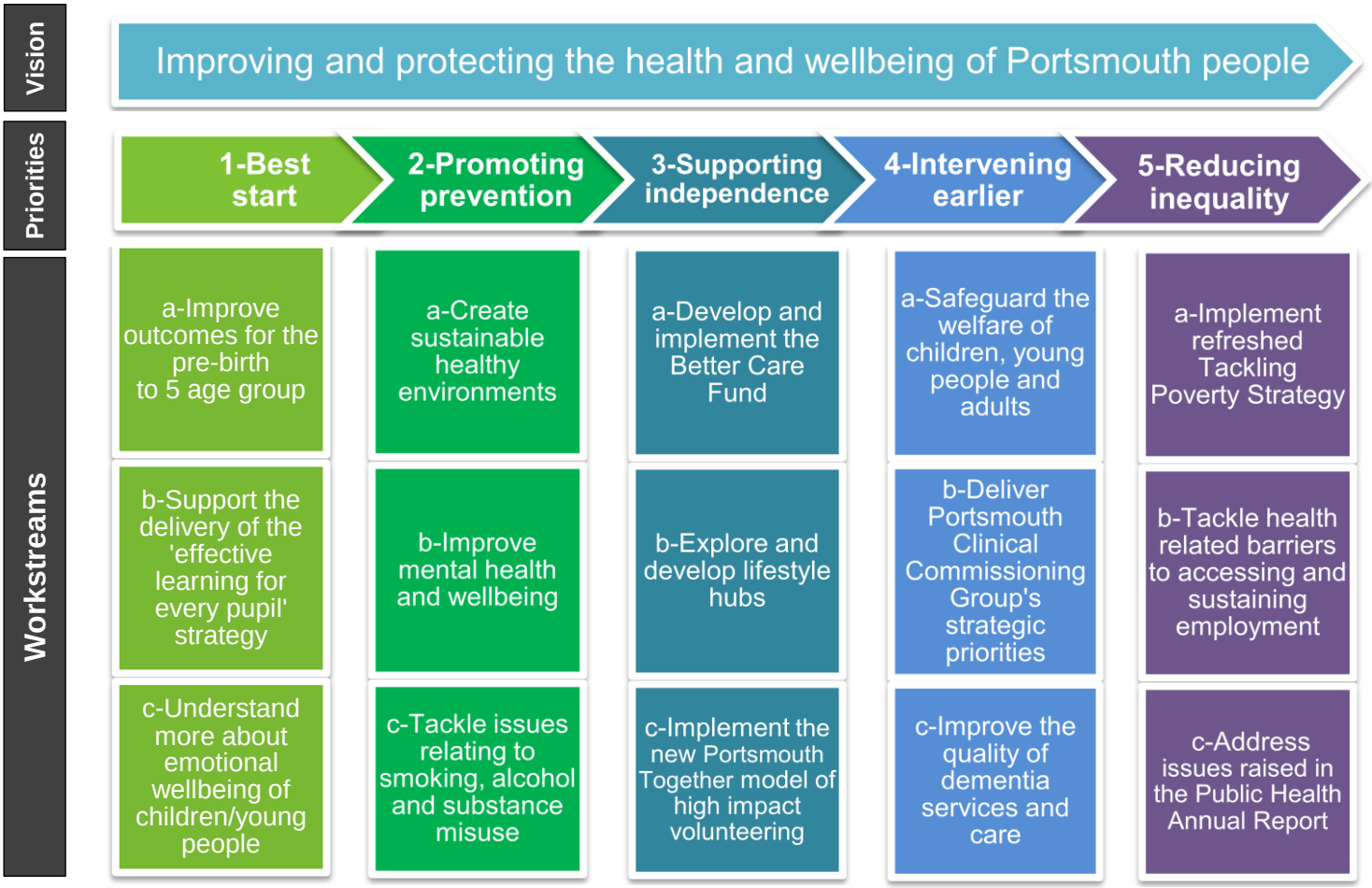
d) Delivering the right services of the right quality, at the right time and in the right setting, recognising that by **intervening earlier** we achieve better outcomes

e) Making Portsmouth a city where all people have the opportunity to have a healthy life including by **reducing inequalities**

4.5 Within each priority, the HWB have agreed a small number of workstreams that the board will actively support in order to achieve the board's vision. Each workstream has an identified lead and reporting arrangements, with clear expectations that being 'a priority' carries certain requirements including a plan covering things such as:

- 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 is as follows:



5. Delivering the Joint Health and Wellbeing Strategy 2014-17

5.1 Plans have been completed for each of the workstreams, although many of these are subject to further development including engagement with a wide range of stakeholders and approval through the relevant governance structures, as agreed by the HWB on 2nd July 2014.

5.2 The JHWS summarises the key points in relation to each workstream. As the plans for these develop there may need to be minor alterations to the JHWS to reflect this but the overall package of priorities and workstreams will not change without approval from the HWB.

5.3 The HWB will focus its attention on those areas within the JHWS where they can collectively add most value. Effort will not be duplicated: where a priority is clearly led by another part of the system the HWB will avoid imposing additional reporting requirements. Issues will be brought to the board where there is a clear need for the board to provide strategic leadership, and not simply to note progress that is already being reported elsewhere.

5.4 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 any proposals where this has not already taken place. Discussions have

taken place with Healthwatch Portsmouth about how best to engage local people 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 undertaken as part of the development of this strategy.

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: 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:

NHS Portsmouth Clinical Commissioning Group

Portsmouth City Council

Joint Health and Wellbeing Strategy:

Working better together to improve health and wellbeing in Portsmouth 2014 - 2017

www.portsmouth.gov.uk

Contents

Foreword

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 in Portsmouth to make significant improvements to the health and wellbeing of our local population.

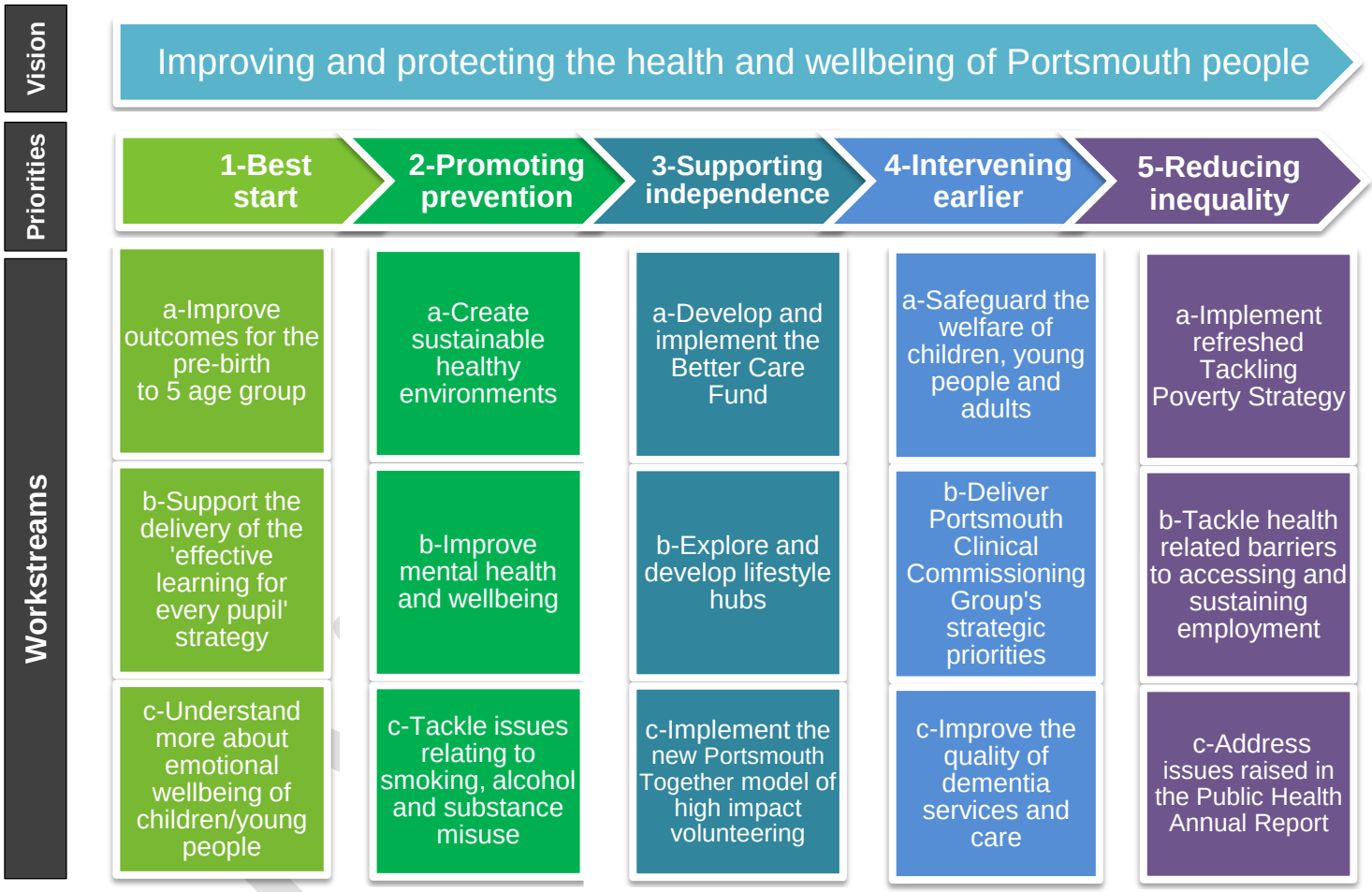
We would like to thank all those who have contributed to the development of this strategy and, most importantly, all those working to continue to improve the health and wellbeing of local people. We cannot stress enough the importance we place on the views of residents, service users and relevant organisations 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 JHWS's vision is to improve and protect the health and wellbeing of people who live and work in Portsmouth. The strategy has five strategic priorities, each supported by a set of workstreams that specifically respond to health and wellbeing needs in Portsmouth 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. These changes 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 2013[2], 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 intro 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 Health[4] 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 local plans. 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 six 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://protohub.net/jsna/portsmouth-jsna/
[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:

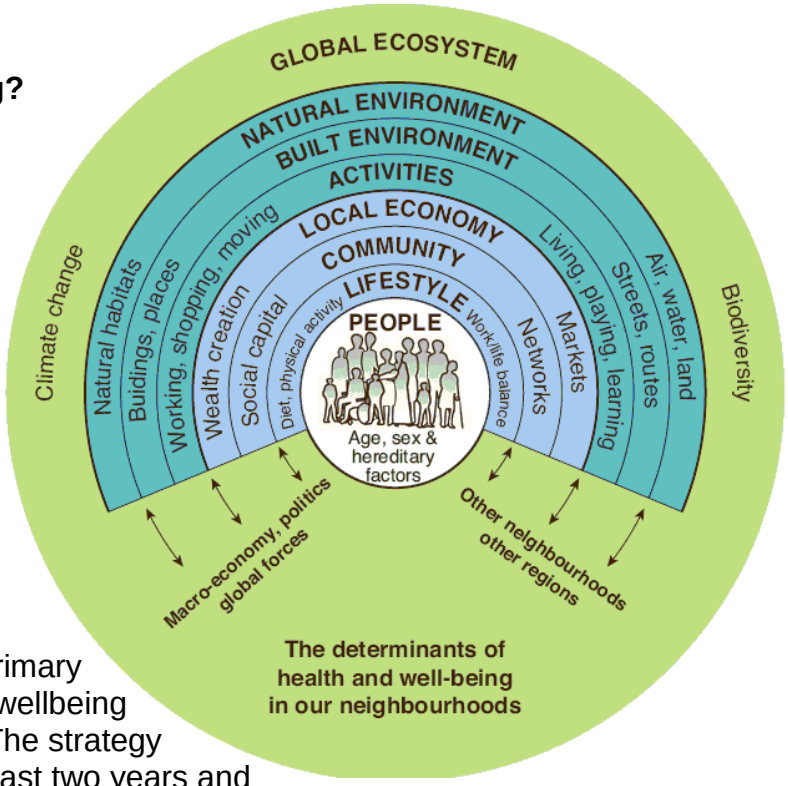
JSNA

- ✓ 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. Barton and Grant's model (opposite) illustrates the determinants of health and wellbeing in our neighbourhoods and on us as individuals.[10]



What is the JHWS?

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 two years and this strategy is part of an aligned approach across the Council's strategic partnerships[11].

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, with a lead officer assigned to each. Each workstream will have a delivery plan that clearly sets out how this will be delivered and which partnership or group is managing it. The next section provides an overview of those plans, covering:

- 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] Barton H and Grant M, 2006. A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health. November 2006 126: 252-253

[11] 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. Our children and young people also need the right education and emotional support to achieve their full potential. In order to improve outcomes in this area work will focus on three workstreams:

Workstream 1a - Support delivery of the pre-birth to 5 strategy

High quality parenting is the key to good outcomes for children from pre-birth to 5 and beyond. By good outcomes we mean that children and young people are healthy, safe, happy, developing and learning. We will ensure that the right families receive the right support at the right time so that good outcomes for our youngest children are achieved. Prevention and early intervention will be the main focus, emphasising the development of close and loving relationships between main carer and child from pre-birth to 5 to make best use of all our resources in Portsmouth and tackle the root cause of poor outcomes.

Where are we now?	Where do we want to get to?
- Portsmouth's infant mortality rate is significantly lower than the England and Wales rate. - The percentage of low birth weight babies has fallen and is now below the national average. - In 2013, 55% of Portsmouth children achieved a good level of development at Early Years and Foundation Stage (EYFS), compared to 52% nationally - Breastfeeding rates are similar to national averages. However, we need to encourage more women to breast feed beyond the first few weeks - The proportions of children overweight or obese at Reception Year are above the national average. - Too many pregnant women are smoking when they go to their first midwifery appointment and too few give up when pregnant. Smoking rates are even higher in pregnant women aged under 20 years.	By March 2017 we will: – Improve the health and wellbeing, levels of development and school readiness of young children in Portsmouth, with particular focus on those experiencing the worst outcomes and closing the gap – Significantly reduce the number of young children requiring high cost, intensive services – Increase the levels of breastfeeding across the city and particularly in parts of the city where this is low – 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 PCC in 2015.
How will we tackle the issue?	**How do we know when we have arrived?**
– Design and re-commission the pre-birth to 5 pathway, following research into best practice, service and pathway mapping with a wide range of stakeholders, and consultation with families, carers and very young children. – Ensure full universal coverage of the healthy child programme delivered at a range of accessible local venues including homes, Children's Centres and in the community. – Promote good parenting by ensuring that parents understand what a child needs to be healthy and to develop and where they can get help if they need it. – Make Portsmouth a baby friendly city where breastfeeding is the primary infant feeding choice so that parents, the wider family and practitioners	– **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,

understand that breastfeeding provides the best start in life and mothers are supported to breastfeed if they want to.	emotional, behavioural and learning skills to be ready for school

Workstream 1b - Support the delivery of the 'Effective Learning for Every Pupil' strategy	
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 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?**
– Educationally, children start off well in Portsmouth at EYFS and Key Stage 1 (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.	– 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?**
– Effective Learning for Every Pupil strategy. – Effective Governance strategy. – Attendance strategy. – Schools Organisational Plan. – Parental & community engagement.	– 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?**
– 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	– Identifying the emotional needs of our children and young people – Embedding the emotional wellbeing of children and young people in to local strategies and plans – Up-skilling the workforce with the skills and knowledge to support children and young people where their emotional well-being is suffering.

been bullied in the last year. Experiences of being bullied are linked with lower than average overall well-being.	
How will we tackle the issue?	**How do we know when we have arrived?**
– Delivery of the healthy child programme 0-5 and 5-19 – Development of pre-birth to 19 lifestyle service – Making Every Contact Count (MECC) – Delivery of Personal, Social and Health Education (PHSE) – Helping adult services to "think family".	– Happy healthy children – Improvement in child health outcomes – Increase in attendance and attainment at schools – Positive role modelling as these children become parents

Priority 2 - Promoting Prevention

Our priority is to ensure effective joined up working between the city council, the CCG 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?**
– 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	This work will initially focus on exploring how the physical environment can be improved to encourage/enable active travel: - 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.

organised events acted as a barrier to cycling.	- 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?**
– 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 implemented. – Explore the use of bye-laws to ensure suitable locations for fast-food outlets, gambling shops etc are suitable.	– 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).

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?**
– Portsmouth has significantly higher rates of risk factors for mental ill health – In 2013 the Annual Population Survey of subjective wellbeing reported significantly worse rates of people over 16 yrs with a low happiness score in Portsmouth – It is estimated that 22,100 Portsmouth residents aged 18-64yrs are affected by at least one common mental health disorder – 6,000 people access Adult Mental services annually	– 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?**
– 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 PCC strategies starting with Public Health • Looking at settings, including school / workplaces • Make full use of MECC	- A fully engaged multi-agency mental health alliance committed to improving the mental health and wellbeing of Portsmouth residents - A comprehensive action plan to improving the mental health and wellbeing of Portsmouth residents based on evidence and best practice - Outcome indicators will be developed by the mental health alliance as it develops its objectives and will be agreed by March 2015.

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?**

– 23% of Portsmouth adults smoke; significantly higher than the estimated prevalence for the region (18%) and for England (20%). – 17% of Portsmouth women smoked at the time of delivery of their babies, considerably higher than the England average (13%). – Portsmouth has c.34,000 'increasing risk' drinkers; 9,000 'higher risk' drinkers and 9,000 dependent drinkers in Portsmouth. – The negative consequences of alcohol cost the health service, criminal justice services and employers £74 million annually. – Portsmouth has more adults who binge-drink (24%) compared with the Region or England – The estimated number of people using heroin or crack cocaine problematically has increased slightly in the latest estimate to 1549.	Our strategy has three key elements: – 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.
How will we tackle the issue?	**How do we know when we have arrived?**
– 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.	– 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)	
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. By pooling existing local funding it promotes joint planning for the sustainability of local health and care economies. This workstream will support the delivery of 'Better Care', a programme of health and social care initiatives in Portsmouth focused on older people and other adults with complex needs to be met by the NHS and adult social services.	
Where are we now?	**Where do we want to get to?**
– Between 2014 and 2021 Portsmouth's usual	- Our aim is to create a single health and social

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.	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. - People will experience integrated care that is personalised and promotes independence in every setting. The care provided will not duplicate and will be in the right place at the right time by the right staff. - Service will be designed to make the best use of resources to support people in the least institutional setting possible. People will have access to the right information and support to access services available at the right time.
How will we tackle the issue?	**How do we know when we have arrived?**
– 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	– 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	
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.	
Where are we now?	**Where do we want to get to?**
– Life expectancy in deprived communities is significantly lower than in the least deprived. The gap in life expectancy is 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).	– 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?**
– Develop an integrated wellbeing service that not only	– Increased life expectancy, especially in our

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.	most deprived wards. – Reduced prevalence of smoking. – Reduced alcohol related hospital admissions. – Reduction in the % of children classified as overweight or obese – Below England average for adults classified as overweight and obese. – 50-60% of clients for the integrated lifestyles service will come from our most deprived communities or with no qualifications

Workstream 3c - Implement the new 'Portsmouth Together' model of high impact volunteering	
Portsmouth Together, part of the Cities of Service UK programme, 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?	**Where do we want to get to?**
– Low attainment at secondary school - only 47% of Portsmouth pupils achieved 5+ A*-C GCSEs in 2013. – Less that 25% of Portsmouth resident working population are numerate to level 2 and above (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 vision of Portsmouth together is to create a movement in which people see the impact their service has on their lives, their neighbourhood and their city. – 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?	**How do we know when we have arrived?**
– Deliver Activate, a coaching and mentoring initiative working with year 10/11 pupils to increase their level of attainment in their GCSEs. – Support Portsmouth Counts, part of the National Numeracy Challenge, by training '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.	– 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 to 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?	**Where do we want to get to?**
– 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 (Adults-June 2014); performance management and business planning. – 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 protections plans, and ensuring safeguarding at a time of NHS organisational change.	– Safeguarding is everyone's business, with all key strategic plans including safeguarding as a cross-cutting theme – Hearing the voice of those at risk. – Inclusion – focus on at risk groups accessing mainstream support. – Ensuring effective partnership arrangements to support this work, with coordination and coherence between the two safeguarding boards and key strategic forums including the HWB
How will we tackle the issue?	**How do we know when we have arrived?**
– 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.	– 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	
PCCG 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.	
Where are we now?	**Where do we want to get to?**
– 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.	– 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

– 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.	– 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.
How will we tackle the issue?	**How do we know when we have arrived?**
– 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 – Improve access to community services, 7 days a week – Invest in IT which support information sharing/better communication.	– 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. – More people will have a good experience of services.

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?**
Estimates of dementia in Portsmouth are that: – 2186 residents will have some form of dementia - of whom 55% will be mild, 32% will be moderate, 13% 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.	– 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?**
– 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.	– 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.

– Establishing and maintaining a 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 increased demand at money advice services in the city 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?**
– Significant health inequalities (people in poverty die 7.8 years earlier) – 9,500 children aged 0-18 live in workless households (May 2012) – 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 – 53% in Charles Dickens Ward – Crime and ASB highest in poorest ward/s – 24.4 % children in poverty - 47.5% Charles Dickens Ward	– 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?**
– Improve employability and budgeting capabilities. – Implement the new Digital Inclusion Strategy. – Roll out the Changing Mindsets approach. – Integrated work with public health on vulnerable people and common issues.	– 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, while long term health conditions can be a significant barrier to many people accessing jobs. 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?**
– There are hotspot regions in the Solent LEP	– Help long term unemployed people across the

region with embedded cyclical deprivation including relatively high levels of long term unemployment – 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 Solent LEP Economic Strategy (2014) reported that while 3.5% of people aged 35 to 55 in the Solent were unemployed, the rate for 16 to 19 year olds was 13.5%	Solent area into sustainable employment and demonstrate that a package of intensive support to long term unemployed people is cost effective and improves outcomes – Reduce churn for young people aged 18-24 so that they can go into settled and sustainable employment and training and build careers. – 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?**
We will tackle health related barriers to accessing employment through: – A £6m "Fit to Compete" programme will be implemented across South Hampshire that will look to integrate support services for long term unemployed people. – City Deal Labour Market Programme for Young People – A proposal from RECRO is being explored as a potential way of addressing barriers to employment due to personal circumstance: learning difficulties, mental health, physical disability, drug and alcohol misuse, disturbed family background or limited educational attainment each reduce work opportunities	– The 30 month 'Fit to Compete' Solent Jobs Pilot will focus on supporting 1,000 claimants with health conditions back into the world of work through a 'whole system' model to promote and link current and future employer demand, skills and training, and local labour supply. There is a target of at least 15% of the beneficiaries sustaining open employment on the completion of their time on the programme of up to 6 months – Targets for youth programme to be agreed – will depend on nature of programme but should include 35 young people with traineeships in creative sector – Targets for RECRO programme 'The Life You Want' to be agreed depending on commissioning decision.

Workstream 5c - Address the issues raised in the Public Health Annual Report	
The 2013 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?	**Where do we want to get to?**
– 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.	– We want to narrow the gap between male and female life expectancy.
How will we tackle the issue?	**How do we know when we have arrived?**
To increase male life expectancy, we need to tackle the five biggest causes of reduced life expectancy in men: coronary heart disease; chronic cirrhosis of the liver; pneumonia; 'other' cancers; and lung cancer.	– Increase in male life expectancy.

Research required to develop and implement the JHWS

The JSNA Annual Summaries list the new research and intelligence about health and wellbeing needs in the city.[12] This JHWS has been developed in the light of intelligence in the JSNA. However, there are areas of the strategy which require more information about needs and evidence of most effective actions so that workstreams can be implemented. The main areas of JSNA research over the next three years will be:

Workstream 2a Create sustainable healthy environments
This workstream is initially focusing on active travel but we need to understand more about how Portsmouth's built environment (housing, planning, open spaces) can promote health and wellbeing. Understanding and then embedding health impact assessments into key decisions will be a key part of this intelligence.

Workstream 2b Improve mental health and wellbeing
The new Mental Health Alliance is identifying topics for further research from current known local population needs and comparing current client experiences and practice to the 'Closing the gap' priorities.[13] The Alliance's remit will necessarily cover some of the needs relating to children and young people (working with the relevant Children's Trust sub-group on Workstream 1c 'Understand more about emotional wellbeing of children/young people'), transition from young people's to adults services, needs of adult clients and needs of carers. Settings cover workplaces and homes.
A major research focus is likely to be understanding the cause and impact of common mental health problems such as depression, anxiety and stress, as well as examining the evidence for the most effective actions by partners. Social isolation is likely to be another research area.

Workstream 3a Explore and develop lifestyle hubs
The concept of lifestyle hubs is evolving and the involvement of communities in identifying and addressing local need is exciting. Research is likely to focus on (not exclusive list):

- Most effective means of promoting and increasing self-help at a population level
- Effective models of community engagement
- Best way to evaluate lifestyle hubs.

[12] See JSNA Annual Summaries for 2010 onwards at http://protohub.net/jsna/portsmouth-jsna/jsna-ward-summaries-outcome-frameworks/
[13] Department of Health. February 2014. Closing the gap: Priorities for essential change in mental health https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

Appendix A - 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.
Early Years Foundation Stage (EYFS)	The Early Years Foundation Stage sets the statutory standards to all early years providers must meet. It includes the requirement for providers to complete an EYFS profile of each child in the final term of the year before they turn 5.
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 statutory collection and collation of information and intelligence about the health and wellbeing needs of the local community www.jsna.portsmouth.gov.uk
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
Portsmouth Safeguarding Children Board (PSCB)	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
NHS England	NHS England is an independent body managing the NHS budget and commissioning services.
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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