



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 21 JUNE 2017 AT 10.00 AM

CONFERENCE ROOM A - CIVIC OFFICES - FLOOR 2

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

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Health and Wellbeing Board Members

Councillors Luke Stubbs (Joint Chair), Donna Jones, Gerald Vernon-Jackson CBE and Ryan Brent

Innes Richens, Dr Jason Horsley, Dr Linda Collie, Peter Mellor, Ruth Williams, Healthwatch Portsmouth, Dianne Sherlock, Sue Harriman, Jackie Powell and Alison Jeffery

Dr Linda Collie (Joint Chair)

Plus one other PCCG Executive Member: Dr Elizabeth Fellows, Dr J. Lake, Dr A Eggins and Dr N Moore

Portsmouth Councillor Standing Deputies:

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

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

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

AGENDA

- 1 Apologies for absence, Declarations of Interest and Introductions
- 2 Minutes of Previous Meeting - 15 February 2017 (Pages 5 - 10)

RECOMMENDED that the minutes of the Health & Wellbeing Panel held on 15th February 2017 be agreed as a correct record.

3 Membership update

The Health & Wellbeing Board is asked to note and endorse changes to the HWB membership.

a) CCG Membership and new Joint-Chair

Dr Jim Hogan retired from the CCG at the end of May and is replaced on the Health & Wellbeing Board by Dr Linda Collie as Chief Clinical Officer and Clinical Leader, and therefore as the new Joint Chair. New substitute PCCG executive members are Dr Annie Eggins and Dr Nick Moore.

b) PCC Membership

To update on the membership approved by Portsmouth City Council (PCC) at the Annual Council meeting of 16 May 2017, where the appointed members were:

Councillor Donna Jones (Leader)

Cllr Luke Stubbs (Deputy Leader, Cabinet Member for Health & Social Care)

Cllr Ryan Brent (Cabinet Member for Children & Families)

Cllr Gerald Vernon-Jackson (Leader of the Opposition)

Plus Cllr Jennie Brent as a co-opted member (subject to the agreement of the Health & Wellbeing Board)

4 Special Educational Needs (SEND) Strategy (Information item) (Pages 11 - 20)

Purpose

To update the Health and Wellbeing Board on progress against the Special Educational Needs and Disability (SEND) Strategy.

Report by Dr Julia Katherine, PCC Head of Inclusion.

5 Pharmaceutical Needs Assessment Refresh (Pages 21 - 24)

Report by Dr Jason Horsley, the Director of Public Health.

The Health and Wellbeing Board has a statutory responsibility to:

- Publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a PNA. This briefing defines what needs to be done and the steps we are taking to ensure this is in place.
- Make a representation to NHS England on consolidation applications of community pharmacies in its area (since December 2016). This briefing notes that a process is being developed to facilitate this requirement.

RECOMMENDED

The Health and Wellbeing Board is asked to:

1. **Approve the plan to refresh the Pharmaceutical Needs Assessment (PNA) for Portsmouth.**
2. **Note that a process to facilitate the HWB to consider pharmacy**

consolidation applications within the allotted 45 days is being developed. Approval from the HWB on the proposed process will be sought.

6 Health & Wellbeing Board Strategy Refresh (Pages 25 - 30)

Purpose of report

Report by Dr Jason Horsley, Director of Public Health, to propose to the Health and Wellbeing Board the process for refreshing the Health and Wellbeing Strategy for Portsmouth.

RECOMMENDED The Health and Wellbeing Board is recommended to:

- a. Comment on the proposed principles, objectives and focus areas set out in section
- b. Agree the proposals for next steps set out in section

7 The Blueprint for Health and Care in Portsmouth and relationship to the delivery system (Information item) (Pages 31 - 40)

Purpose

To present to the Health and Wellbeing Board a summary of key programmes underway in support of the Portsmouth Blueprint for Health and Care; key governance arrangements and links with other system levels; and demonstrating how these are expected to contribute to meeting the financial challenge.

Report to be presented by Innes Richens, Chief Operating Officer and Director of Adult Services.

8 Public Health Business Plan 2017/18 (Information Item) (Pages 41 - 60)

This report is by the Director of Public Health and Members of the Health and Wellbeing Board are asked to note the public health business plan for 2017/18 (appendix one).

9 Dates of future meetings (information item)

Please note that HWB meetings are scheduled for:

Wednesday 20th September at 10am in Conference Room B, Civic Offices

Wednesday 29th November at 10am in Conference Room A, Civic Offices

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.

Agenda Item 2

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 15 February 2017 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Councillor Luke Stubbs (in the Chair)
Councillor Gerald Vernon-Jackson CBE
Councillor John Ferrett

Innes Richens
Dr Jason Horsley
Patrick Fowler, Healthwatch Portsmouth
Jackie Powell
Alison Jeffery
Peter Mellor
Dr J Lake

Officers Present

Kelly Nash
David Williams

1. **Apologies for Absence, Declarations of Interest and Introductions (AI 1)**

Apologies for absence had been received from Councillor D Jones, Councillor R Brent, Dr Hogan, Sue Harriman, Ruth Williams and Dianne Sherlock.

There were no declarations of interest.

2. **Minutes of Previous Meeting - 30 November 2016 (AI 2)**

RESOLVED the minutes of the Health & Wellbeing Board held on 30 November 2016 were agreed as a correct record to be signed by the Chair.

3. **Portsmouth & SE Hants CCG Operating Plan 2017-19 (AI 3)**

Innes Richens presented the CCG's Operating Plan 2017-19; these plans had been required annually and would form part of the national NHS process and now cover a 2 year period of operation. This was produced for the 3 CCGs in the Portsmouth & South East Hants area, in recognition of how much is planned together. The Plan sets out the key expectations in the delivery of the HIOW Sustainability & Transformation Plan (STP) and showed delivery on national indicators and the collective work that had taken place on the Portsmouth Blueprint. The document set out the financial challenge ahead.

Questions

HWB members asked questions including:

- The structure of joint committees and governance arrangements; there would be joint planning of the allocation of resources and there is a shared integrated commissioning unit.
- Would a more accessible version of the plan be made public? This had been designed for a specific purpose so did not lend itself well to public readership but the CCGs did try to share the information within its own publications and websites.
- Was there a concern regarding the number of GPs reaching retirement? Innes did not believe that Portsmouth has a greater number of GPs reaching retirement than the national average, but the concern is that the demand for their services is increasing and thereby their workload.
- Was a 'channel-shift' approach being adopted at GP surgeries to help reduce their workload? On-line appointments and some prescriptions were offered.
- How the current situation with Harry Sotnick House was affecting discharges from hospital and was their sufficient capacity elsewhere? It was reported that Harry Sotnick House had voluntarily suspended the block contract following last year's Care UK inspection and in the meantime other care home providers had been used as there is capacity in the city, and the squeeze point was actually in domiciliary care which was being looked at.
- Whilst care home places are available are they affordable? Innes confirmed that the spend had decreased over the last year but there is an increase for domiciliary care.
- What public consultation is taking place? Innes reported on the engagement of views and 'The Big Conversation' and the use of social media, including seeking opinions on issues such as the use of regional centres.
- The historical poor performance of transfers from QA Hospital's A&E Department within 4 hours and if this was improving? Peter Mellor responded that there is the need to prevent the numbers of people needing to go to A&E which should be addressed in the Operating Plan, and for the hospital the flow of beds (and reliance on discharge rates) remained of concern with the relevant agencies continuing to work together. It was also noted that there had not been a noticeable change in demand for A&E services despite the consolidation of walk-in services. Healthwatch Portsmouth had visited QA Hospital in November to look at the discharge process and would be following this up with meetings with former patients to discuss their experiences, and this information would be shared.
- Innes Riches would provide requested information to Cllr Stubbs regarding the availability of the Estates Strategy Business Case for St James'.

RESOLVED that the CCG's Operating Plan 2017-19 be noted.

4. Future in Mind Transformation Plan (AI 4)

Stuart McDowell, Senior Project Manager (and CAMHS Commissioner) from the Integrated Commissioning Service, reported on the development of the 'Future in Mind' report and Transformation Plan. He reported that there is £406k p.a. funding over the next 5 years. He circulated a progress report which was in the form of a recent presentation and the following issues arose during discussion of the 8 priority areas:

Priority 1 - Early help service implementation

Relate had been successful in the tendering process with their consortium bid. Stuart reported that this new self-referral service would be officially launched the following week and this would include advertising of the service in schools. Councillor Vernon-Jackson was concerned by the gap in provision since Off the Record closed in December with the need for confidential counselling for young people and he asked that the Elm Grove provision (as well as the main base at Cosham) receives publicity.

Priority 2 - Communications

It was important to ensure the young people and parents are aware of the services available and how to access these, and they are being involved in the process such as the development of the central website. Councillor Vernon-Jackson again asked that the Elm Grove service be promoted and he was concerned that the services may not be available at the best times for teenagers. Alison Jeffery asked that there be liaison to ensure that family support services at PCC are also included with communication about service options.

Priority 3 - Whole Schools Strategy

Sarah Christopher, a SENCO lead, had been recruited to develop this strategy and to look at capacities at schools in the city and the demand for specialist CAHMS services. Dr Horsley asked if mapping was also taking place regarding preventative work and resilience.

Alison Jeffery said that while schools made their own decisions about how best to prevent problems and promote resilience, the Children's Services Department was strongly championing the strategy within the newly formed Portsmouth Education Partnership. Resilience was seen as a key factor in promoting better attainment and would be included within a new education strategy for the city. A key element of the emotional well-being strategy was the promotion of restorative practice within schools, as an approach for resolving conflicts.¹

Priority 4 - Implementation of Specialist Perinatal Support Service

This regional support was for all ages of mothers, and a successful bid had brought in extra funding to this area which had previously been a gap in support. This would be delivered by Southern Health running from March.

¹ 14 schools had signed up to work with each other to promote restorative approaches in their schools and promote the work more widely across the city.

Alison Jeffery stressed the need for a joined up approach with midwifery and health visiting services.

Priority 5 - CYP IAPT

This work was for the collaborative training and upskilling of the CAMHS workforce. There would be liaison with the service in Oxford. It was also reported that there had been recent changes at senior management level in CAMHS which had delayed progress. Alison Jeffery suggested that within the resource constraints it would be very helpful if some workers from family support services could be included in the programme as they could beneficially deliver low level CBT interventions with family members, A whole family approach was very important in addressing mental health issues for children and young people.

Priority 6 - Acute Self Harm Pathway review

A clinical tool for hospital use was being considered and analysed to help identify whether or not young people need to be admitted or instead receive support in the community. There was also work taking place to educate the workforce regarding self-harm.

Dr Horsley explained the need for psychiatric assessments for admissions and therefore the dependency on a timely assessment process. Peter Mellor also commented on the unsuitability of the hospital setting for mental health patients but alternative placements and services may not be available. Alison Jeffery also stressed the importance of staff in acute settings sharing information with the Multi-Agency Safeguarding Hub (MASH) so that young people in need of a swift safeguarding response could receive it.

Priority 7 - Review Transition Arrangements from CAMHS to Adulthood

It had been found that only a small number of young people transfer from CAMHS to adult mental health services. The transitional experience was being reviewed as well as the protocols.

Priority 8 - Involving Young People & Families in decision making and design/delivery of CYP MH services

Young people and parents were being encouraged to be involved in decision making and the design of services/products, as seen with the communications strategy. Healthwatch Portsmouth were keen to be involved.

The website was being expanded and the future use of online counselling was being explored. In answer to a question about the involvement of young people in the recent tender exercise for the early help service, Stuart said that they had been involved in the design of the specification but not directly in the procurement decision.

RESOLVED that the Future in Mind Transformation Plan (Refresh) be noted.

5. Date of Next Meeting (for information) (AI 5)

It was noted that the next meeting of the Health & Wellbeing Board would take place on Wednesday 21st June at 10am in Conference Room A in the Civic Offices.

The meeting concluded at 11.20 am.

Councillor Luke Stubbs
Chair

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Agenda Item 4

THIS ITEM IS FOR INFORMATION ONLY

(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)



Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	SEND Strategy
Date of meeting:	21 st June 2017
Report by:	Alison Jeffery, Director of Children's Services, PCC Julia Katherine, Head of Inclusion, PCC
Wards affected:	All

1. Requested by

- 1.1. A 6-monthly update on the SEND Strategy has been requested by the Health and Wellbeing Board.

2. Purpose

- 2.1. To update the Health and Wellbeing Board on progress against the Special Educational Needs and Disability (SEND) Strategy.

3. Information Requested

3.1. SEND Strategy

- 3.1.1. The SEND Strategy was agreed at the Health and Wellbeing Board on 22nd June 2016.
- 3.1.2. The SEND Strategy is Priority 4 of the Children's Trust Plan.
- 3.1.3. The aim of the SEND strategy is to promote inclusion and improve the outcomes for Portsmouth children and young people aged 0-25 years with SEND and their families.

- 3.2. The Strategy has six work strands:

3.2.1. Strand A - Inclusion

This strand seeks to ensure more children with SEND are educated in mainstream school settings by developing a shared ethos across the city, promoting and celebrating good inclusive practice, building capacity in mainstream schools and developing the workforce.

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3.2.2. Strand B: Implementation of the SEND Reforms

This Strand of work ensures the effective implementation of the national SEND Reforms introduced in 2014. This includes the publication of the Local Offer, clear support for children at 'SEN Support', the introduction of Education Health and Care assessments and plans to replace 'statements', implementing personal budgets, offering short breaks and providing independent advice and support

3.2.3. Strand C: Joint Commissioning

The Joint Commissioning Group has overseen the development of an SEND Needs Analysis leading to a Joint Commissioning Plan for SEND. The Plan has eight sections, the first four reflecting the new SEN Code of Practice areas of need: Cognition and learning; Communication and interaction; Sensory and physical and Social Emotional and Mental Health

3.2.4. Strand D: Co-production

Co-production with children, young people and parents and carers has long been established as key to designing services that best meet needs. We have established a vibrant forum for young people (Dynamite) and Portsmouth Parent Voice continues to engage large numbers of parents and carers in helping shape services.

3.2.5. Strand E: Early identification and early support

Early identification and assessment of children with SEND to ensure that the right support and education is put in place at the earliest opportunity to secure good outcomes for children.

3.2.6. Strand F: Preparation for Adulthood

The SEND Reforms place responsibilities on local areas to provide support for young people up to the age of 25. There is a range of work under this strand to improve engagement in post-16 learning, secure employment and make effective and smooth transitions into adult health and care services.

4. SEND Local Area Inspection

4.1. How effectively local areas are providing for the needs of children and young people with SEND under the Children and Families Act 2014 will be monitored via a local area inspection carried out by Ofsted and the Care Quality Commission.

4.2. This inspection will focus on:

- How effectively are children and young people's needs identified
- How effectively are their needs met, and
- How effectively is this improving outcomes

4.3. All local areas will be inspected over the next 4 years. Inspections will take place with a week's notice and involve 3 inspectors on site for 5 days testing out key lines of enquiry.

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- 4.4. The Health and Wellbeing Board has a key role in overseeing the effectiveness of the system for supporting children and young people with SEND. The Board, alongside leaders across the system will be expected to demonstrate that they have a thorough understanding of how effectively Portsmouth is fulfilling its responsibilities for children and young people with SEND under the Children and Families Act 2014.
- 4.5. As part of the process for monitoring progress against the SEND strategy and the effectiveness of the system, a self-evaluation has been developed in collaboration with stakeholders. The summary of this self-assessment is attached.
- 4.6. The key strengths identified include:
- 4.6.1. Leadership, governance and accountability, through the Children's Trust Board to the Health and Wellbeing Board
 - 4.6.2. Coproduction with parents/carers and young people
 - 4.6.3. Early identification and support
 - 4.6.4. Outcomes for children with Education Health and Care Plans (EHCPs)
 - 4.6.5. Quality and timeliness of EHCPs
- 4.7. Areas for further development have been identified as:
- 4.7.1. Educational outcomes for children on SEN Support
 - 4.7.2. Transition
 - 4.7.3. Exclusions

5. Progress to Date

- 5.1. A SEND Board Away Day was held on 12th May to consider in detail the progress made over the past 12 months against the SEND Strategy and to identify the priorities for the next 12 months.
- 5.2. Some of the key achievements have been:
- a) Developing a new performance framework which links the national SEND dataset to local data on outcomes for children
- 5.2.1. Strand A: Inclusion**
- b) Extending the 'Ordinarily Available Provision' suite of documents to cover Early Years and Post-16
 - c) Workforce Development, including via the SENCo Network, Restorative Schools, Inclusion Conference etc
 - d) Developing a Well-being in education strategy, linked to Future in Mind
- 5.2.2. Strand B: Implementation of the SEND Reforms**
- e) A well-received and well-used Local Offer website
 - f) Significant improvement in the timescales for completion of Education Health and Care Plans
 - g) Quality of EHCPs has continued to improve

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- h) Transfers from statements to EHCPs on track to be completed by March 2018
- i) Increased use of Personal Budgets

5.2.3. Strand C: Joint Commissioning

- j) Completion of the SEND Needs Assessment, as part of the JSNA
- k) Development of the SEND Joint Commissioning Plan
- l) Developing educational provision, including new Inclusion Centres at St Edmunds and Trafalgar Schools

5.2.4. Strand D: Co-production

m) Significant coproduction activity with young people including:

- Annual Dynamite 'Big Bang' survey to gain young people's views on services for SEND
- Dynamite Young People's Co-production group - core group meets monthly and works in co-production with education, social care and health partners on a range of issues
- Dynamite have provided training to professionals from a range of agencies on how to work with young people
- Dynamite hosts regular 'pizza evenings' to engage a broader range of young people on a variety of issues
- The young inspectors programme is carrying out inspections on all services for young people within the local offer
- A Future in Mind young people's coproduction group has been established
- Young people have coproduced, and are currently redesigning and refreshing sections of the local offer
- Young people's representative sits on the SEND Board and all subgroups

n) Significant coproduction activity with parents/carers including:

- Parents co-production and local offer steering group
- Monthly monitoring and 'mystery shopping' of the local offer
- SEN champions programme in schools
- Parents' appreciation award for professionals and services within the local offer
- Regular coffee mornings to engage a wide range of parents
- Monthly 'what's trending' on social media report

5.2.5. Strand E: Early Identification and support

- o) Early Years SENCo Network re-established
- p) Early Years Panel has taken on allocation of Early Years Inclusion Fund

5.2.6. Strand F: Preparing for Adulthood

- q) New format for Post-16 EHCPs has been introduced to focus on PfA outcomes
- r) Development of tools and guidance to ensure that PfA reviews are focused and effective
- s) Improvements in the post-16 education offer for young people with SEND, notably for young people with Social Emotional and Mental Health needs.



6. The SEND Strategy - Looking Forward

- 6.1. In September 2017, we will be bringing a refreshed SEND Strategy to the Health and Wellbeing Board for approval. The SEND Board Away Day has started to highlight some of the key areas of focus for improvement activity. These include:
- 6.1.1. **SEN Support** - The attainment and progress of children at the 'SEN Support' level of need continues to be a major challenge. Strategic alignment between the SEND Strategy and the new Education Strategy led by the Portsmouth Education Partnership will place greater emphasis on securing better educational outcomes for children in receipt of SEN Support. Development of monitoring systems via the Partnership and a comprehensive offer of support for schools to improve outcomes for those on SEN Support.
 - 6.1.2. **Specialist provision** for children with complex needs and autism - Re-designate Cliffdale and Redwood Park as special schools for children with complex needs and autism and begin phased remodelling of the accommodation at Cliffdale and Redwood Park in order to enable these schools to provide effectively for children with more complex needs and autism.
 - 6.1.3. **Special free school** - plan for the opening of a new special free school for children with autism/social communications needs, following a successful bid to the ESFA for capital funding.
 - 6.1.4. **Autism Strategy** - Developing an Autism Strategy for children and young people. There is widespread consensus that the all-age Autism Strategy has not been effective at driving improvement in services for children and young people with Autism and that a 'standalone but strongly linked' strategy for children and young people would be helpful.
 - 6.1.5. **Reshaping health services** to ensure there is equitable support for children, based in need, in mainstream as well as specialist education settings with SEND.
 - 6.1.6. **High Support Needs** - Reviewing the demand on high-cost education provision and out of city placements for children and young people with complex needs, both of which are placing significant pressures on public sector budgets.
 - 6.1.7. **Inclusion Centres** - Opening further Inclusion Centres at Devonshire Infant School and Portsdown Primary School (for communication and interaction needs).

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6.1.8. **SEMH** - Developing greater clarity on services and pathways for children with Social, Emotional and Mental Health (SEMH) needs - ensuring clear strategic join-up between the SEND agenda, Future in Mind and Stronger Futures.

6.1.9. **Wheelchairs** - Addressing unacceptably long waiting times for wheelchairs

.....
Signed by (Director)

Appendices:

Appendix 1 - Summary Self-evaluation

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

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

Title of document	Location



PORTSMOUTH LOCAL AREA SPECIAL EDUCATIONAL NEEDS AND DISABILITIES SUMMARY SELF-EVALUATION

Updated November 2016

Summary of key strengths and areas for further development

KEY STRENGTHS

Early identification and SEN support

Portsmouth has effective processes in place for early identification of children with SEND. This is evidenced by:

- Good information-sharing across agencies via the Early Years Panel.
- Use of SEN Support Plan by SENCos to evidence impact of SEN Support before requesting EHC needs assessment.
- Robust decision-making via Inclusion Support Panel (highlighted by the DfE as an example of good practice).

Co-production

There is a commitment to co-production as the way that we work with families in Portsmouth. This is evidenced by:

- Co-production group of parents/carers meets monthly to work strategically with the LA and partners on SEND e.g. Local Offer website.
- Dynamite (young people's co-production group) have launched 'Big Bang' survey and young inspectors programme.
- Trained parent/carer representatives are members of the decision-making panel for SEND, Inclusion Support Panel.
- Evidence that this approach has been taken in relation to Future in Mind, Short Breaks etc.

Leadership, governance and accountability

There is strong leadership, clear governance and shared accountability for improving outcomes for children and young people with SEND in Portsmouth. This is evidenced by:

- Clear reporting lines to the Children's Trust Board, Health and Wellbeing Board (and via the Portsmouth Blueprint for Health and Care) linking to the Transforming Care Partnership.
- SEND Strategy, identified as a priority within the Children's Trust Plan since 2007, refreshed in 2016.

Portsmouth local area services for SEND 0-25: Self-evaluation



- An agreed Joint Commissioning Plan in place.
- Detailed SEND reforms implementation plan in place and monitored quarterly.

Outcomes for CYP with Statements/EHCPs

The outcomes for children and young people with statements or EHCPs are in line with national or better. This is evidenced by the SEND Strategy quarterly reports for 2015-6, which include measures of attendance, attainment and participation.

Quality and timeliness of EHCPs

Portsmouth deliver a person centred EHC needs assessment process that results in high quality EHC Plans. This is evidenced by:

- 86% of new assessments and transfers are being completed within 20 week statutory timescales.
- Low level of complaints and appeals to the first tier tribunal.
- Parent/carer feedback via User Journey Mapping and POET.
- Continual improvement of EHCPs via ongoing multi-agency workforce development and termly multi-agency EHCP audit.

AREAS FOR FURTHER DEVELOPMENT

Educational outcomes for those on SEN Support

Educational outcomes for those with SEND follow the pattern for all children in Portsmouth i.e. outcomes are above national for Key Stage 1 but below national for Key stages 2, 3 and 4. There is evidence that good and outstanding schools in the city achieve above national average progress for pupils on SEN Support (e.g. St Edmunds). The newly formed Portsmouth Education Partnership, has identified school improvement as one of the agreed key areas of focus. Challenge and support is provided to schools via the partnership, including support to develop SEND provision and improve outcomes for those on SEN Support.

Transition

Transition arrangements to Adult Services for those with physical disabilities, complex learning difficulties and who attend a special school are good. The pathway is, however, less clear for those who do not meet the criteria for Adults Learning Disability Services, including some young people with autism spectrum difficulties, or those with SEND who are in mainstream schools. Further work is underway to provide clear

Portsmouth local area services for SEND 0-25: Self-evaluation



information and guidance in order to clarify the pathway from the Annual Review at age 14 onwards. Whilst participation rates for young people with SEND are above national, there is also a need to increase the numbers of young people with SEND in paid employment.

Exclusions

Children with SEND are 4 times more likely to receive a fixed period exclusion from school than those without SEND. The majority of children who are subject to fixed period exclusions, however, are those whose SEND fall into the social emotional and mental health difficulties (SEMH) category. Exclusions rates and trends are monitored by the Behaviour and Attendance Group (BAG). Support and challenge is provided to schools where fixed period exclusions are high via the Portsmouth Education Partnership.

Further developing SEND provision

Support and provision for children and young people with social emotional and mental health difficulties (SEMH)

There is joint work underway to further develop and enhance the range of provision available for children and young people with SEMH needs. This work is aligned with the Future in Mind and Stronger Futures (Early Help) developments in the city and includes:

- Development of a whole school emotional health and wellbeing strategy
- Remodelling the SEMH pupil and curriculum pathway for both SEN and Alternative provision within the city
- Commissioning an early help (pre-CAMHS) community based service

Support and provision for children and young people with social communication needs and autism

There is joint work underway to further develop and enhance the range of provision available for children and young people with social communication needs and autism. This work is aligned with the Portsmouth Autism Strategy and includes:

- Increasing the number of Inclusion Centre (resourced provision) places available for pupils with social communication needs and autism in the city by opening new Inclusion Centres at Trafalgar school (Sept 2016) Devonshire Infants (Sept 2017) and Portsdown Primary (Sept 2017).

Portsmouth local area services for SEND 0-25: Self-evaluation



- Submitting a bid for a special free school for pupils with social communication needs/Autism and associated challenging behaviour and/or sensory needs.

Support and provision for children and young people with cognition and learning needs

There is work underway to further develop and enhance the range of provision available for children and young people with cognition and learning needs. This includes remodelling the accommodation at Cliffdale Primary Academy and Redwood Park special schools and undertaking statutory consultation to redesignate both schools as special schools for children with severe and complex learning needs and autism. The capital investment allocated to these projects is in the region of £3.2 million.



Title of meeting:	Health and Wellbeing Board
Date of meeting:	21 st June 2017
Subject:	Pharmaceutical Needs Assessment Refresh
Report by:	Director of Public Health
Wards affected:	All
Key decision:	No
Full Council decision:	No

1. Purpose of report

The Health and Wellbeing Board has a statutory responsibility to:

- Publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a PNA. This briefing defines what needs to be done and the steps we are taking to ensure this is in place.
- Make a representation to NHS England on consolidation applications of community pharmacies in its area (since December 2016). This briefing notes that a process is being developed to facilitate this requirement.

2. Recommendations

The Health and Wellbeing Board is asked to:

1. Approve the plan to refresh the Pharmaceutical Needs Assessment (PNA) for Portsmouth.
2. Note that a process to facilitate the HWB to consider pharmacy consolidation applications within the allotted 45 days is being developed. Approval from the HWB on the proposed process will be sought.

3. Background

Access to a pharmacy has an impact on health. Pharmacies are essential for the supply of medications to the population, but also may offer a wide range of other services in the community that promote health, from medication reviews to smoking cessation services. Pharmacies are independent businesses, commissioned by NHS England.

4. Reasons for recommendations

4.1 What is a PNA and what should they contain?

PNAs are used by the NHS to make decisions on which NHS funded services need to be provided by local community pharmacies. These services are part of local healthcare and public health and affect NHS budgets. PNAs are also relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are keenly contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly.

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. The PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the Health and Wellbeing Board (HWB) that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

4.2 What is the process for preparing a PNA?

Development of a draft PNA has been delegated to a steering group, led by a consultant in public health, which includes representatives from the CCG, NHS England, the Local Pharmaceutical Committee, Healthwatch and analyst support. The steering group is tasked with overseeing the development of a PNA for Portsmouth and also for Southampton (as two separate reports). The first steering group meeting was held on 16th May 2017. This group will map current pharmacy supply against the JSNA and Joint Health and Wellbeing Strategy for each city.

There is also a regulatory duty (NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 No 349: Part 2: Reg 8) to have a 60 day consultation during the process, ideally on a draft document. This consultation must include pharmacies, dispensing practices, Healthwatch, NHS Trusts, NHS England, Neighbouring HWBs, the Local Pharmaceutical Committee and the Local Medical Committee.

4.3 Will this be straightforward?

We are hoping the refresh process for the PNA will be relatively straightforward. However there are a number of developments in the world of pharmacies that may have an impact on future pharmacy provision. These include:

- Changes in provision of pharmacy services associated with the Internet, resulting in Internet run dispensing pharmacies that operate nationally and may destabilise the local economy.
- Changes in the funding for pharmacies nationally which are likely to put pressure on community pharmacies and may mean some pharmacies are at risk of closing.

4.4 Proposed timetable

- May to September: Steering group to develop PNA.
- 21st June: Present proposals to HWB for approval.
- 20th September: To request approval of draft PNA from HWB for consultation

- Make changes based on HWB feedback.
- 23rd October: Formal 60 day consultation starts.
- 22nd December: Formal 60 day consultation ends.
- Write report on consultation and make changes to draft PNA.
- February 2018: Present final draft PNA to HWB.
- Make final changes based on HWB feedback.
- 1st April 2018: Final PNA published on website.

4.5 What is the recent change to the Regulations requiring the HWB to make a representation to NHS England on pharmacy consolidation applications?

The NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 requires the HWB to make representations on consolidation applications to NHS England (i.e. where pharmacy businesses on two or more sites propose to consolidate to a single existing site). This amendment came into effect on 5th December 2016.

The HWB is asked to provide its opinion on whether, if an application was granted, the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services that could be met by a routine application.

The HWB is given 45 days to make a representation once notified by NHS England. Such proposed consolidations may therefore need to be brought to the attention of the HWB outside the usual schedule of meetings. A process to facilitate the HWB to consider consolidation applications within the allotted timeframe is being developed. Approval from the HWB on the proposed process will be sought.

5. Equality impact assessment

An equality impact assessment will be conducted as part of the PNA.

6. Legal implications

There is a legal duty to undertake this work as part of NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013, which result from the amended Health Act 2009.

7. Director of Finance's comments

Not sought. This work will be undertaken using existing staffing resources and will not incur additional costs.

.....
Signed by: Dr Jason Horsley, Director of Public Health

Appendices:

None

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:



Title of meeting:	Health and Wellbeing Board
Date of meeting:	21 st June 2017
Subject:	Health and Wellbeing Strategy refresh, 2018-2021
Report by:	Jason Horsley, Director of Public Health
Wards affected:	n/a
Key decision:	No
Full Council decision:	No

1. Purpose of report

- 1.1 To propose to the Health and Wellbeing Board the process for refreshing the Health and Wellbeing Strategy for Portsmouth.

2. Recommendations

- 2.1 The Health and Wellbeing Board is recommended to:
 - a. Comment on the proposed principles, objectives and focus areas set out in section
 - b. Agree the proposals for next steps set out in section

3. Background

- 3.1 There is statutory duty on local Health and Wellbeing Boards to produce a strategy for the Health and Wellbeing of their population. Portsmouth's current strategy runs from 2014-2017, so it is now necessary to consider how this needs to be refreshed.

4. Reasons for recommendations

- 4.1 The next Health and Wellbeing Strategy needs to focus on the highest impact issues for the city, and the areas where the work of the Health and Wellbeing Board can add maximum value. The proposals above set out early suggestions that will be developed through the drafting process, and through wider consultation.
- 4.2 The recommendations for the timeline for development will ensure that the Health and Wellbeing Board achieve the development of a strategy by March 2018.

5. Portsmouth's challenges

- 5.1 The refreshed Health and Wellbeing Strategy needs to focus on the biggest health and wellbeing challenges for Portsmouth. The most recent summary of the Joint Strategic Needs Assessment analysis showed that the looking at last JSNA analysis showed that the main areas for concern for the city are:
- male life expectancy;
 - female life expectancy;
 - achievement of GCSEs;
 - recorded crimes of violence against the person;
 - premature mortality from cancer;
 - deaths from drug misuse;
 - deaths by suicide
- 5.2 The areas where Portsmouth is improving, but remains in a poorer position relative to other areas in the country are:
- children living in poverty;
 - women still smoking at time baby was delivered;
 - adult smoking prevalence;
 - smoking related deaths;
 - hospital stays for self-harm;
 - newly diagnosed sexually transmitted diseases;
 - killed and seriously injured on the roads;
 - premature mortality from heart disease and stroke.
- 5.3 Portsmouth is improving in line with England on issues of childhood obesity, teenage pregnancy, hip fractures in people aged 65+ years, excess winter deaths and recorded diabetes. The city is improving and better than England around cancer diagnosed at an early stage hospital stays for alcohol related harm.
- 5.4 In a number of the indicators causing concern, there is a greater prevalence in areas of deprivation.

6. Issues for consideration in refreshing the strategy

- 6.1 The 2014-2017 strategy is wide-ranging and provides a very comprehensive overview of health and wellbeing matters in the city. This is expected, given that it was the first document of its kind. However, it is arguable that the current strategy not sufficiently focused, and is not clear on the "added value" of the Health and Wellbeing Strategy, replicating issues reflected in other areas. An example would be the inclusion of education as a theme, when this is also covered through the Children's Trust Plan.
- 6.2 It is therefore important that in constructing the next strategy, the HWB n to have regard to the other lead strategic partnerships:
- o Children's Trust - stronger futures, education, SEND and LAC
 - o SPP - substance misuse, domestic abuse, ASB (complex individual cases)

- Health and Care Executive - Blueprint for Health and Care Portsmouth
- Tackling Poverty Partnership

6.3 All these partnerships link to the HWB Board, and there need to be clear mechanisms for reporting, so that the critical wider determinants of health that these Boards consider are examined at the Health and Wellbeing Board.

7. Suggested principles to guide a refresh of the strategy

7.1 Based on previous work of the Health and Wellbeing Board, it is proposed that:

- Our overarching aims should be to improve healthy life expectancy in the city; and reduce inequality by improving the areas with lowest expectancy fastest.

We do this by working to principles around:

- promoting prevention,
- supporting independence
- intervening earlier

7.2 We know we want to give people the best start in life, empower them to live healthy lives, and enjoy a healthy older age. In order to do this, we need to:

- Empower people to take care of their physical health
- Empower people to take care of their social, emotional and mental health
- Work with marginalised groups to make improvements for them fastest (including income deprived households).

7.3 The strategy needs to work on all dimensions of the city in a whole systems approach, examining:

- Individuals - attitudes, beliefs, knowledge, needs and behaviours
- Social Environments - individual relationships, families, support groups, social networks
- Organisations and institutions - schools, healthcare, business, VCS, faith groups etc
- Physical environments - Built, natural, transport links
- Policy - local laws, rules, regulations, codes.

8. Model for the strategy

8.1 An exemplar of how the strategy could be developed is set out below:

Objectives	Proposed focus areas	Example action areas
Vision: Improve healthy life expectancy in the city; and reduce inequality by improving the areas with lowest expectancy fastest		
Support physical good health	Reduce the harms from tobacco	<ul style="list-style-type: none"> ● Promoting smokefree environments ● Helping people to quit ● Promoting e-cigarettes as

		a harm reduction product
	Reduce the harms from physical inactivity	<ul style="list-style-type: none"> • Promoting active transport • Working with schools and community groups to increase options for physical activity • Making sport a fun option for people who are currently inactive
	Improve access to health and social care support in the community	<ul style="list-style-type: none"> • Support the implementation of the Portsmouth Blueprint
Support social, emotional and mental health	Reduce the harms from alcohol and other substance misuse	<ul style="list-style-type: none"> • Promote access to housing for vulnerable people recognising that having a stable base is the first step in addressing substance misuse and helping people deal with poor mental health • Supporting the recovery community in the city • Reduce availability of low cost high strength alcohol • Using licensing powers to promote the responsible and moderate use of alcohol
	Reduce the drivers of poverty	<ul style="list-style-type: none"> • Promoting the creation of quality employment in the city • Use a combination of planning and licensing powers to reduce the harms of problem gambling

8. Next steps

- 8.1 Subject to the comments of the Health and Wellbeing Board, it is proposed to work up a draft of the strategy in consultation with all members for agreement to consult more widely at the next Health and Wellbeing Board in September 2017. This will enable the HWB to agree their new Strategy for recommendation for adoption to the relevant boards before March 2018.

8.2 Alongside the development of the strategy, we will seek to develop a high-level action plan and an associated work programme for the HWB, including consideration of the wider determinants where work is led through other partnerships.

9. Equality impact assessment

9.1 A preliminary EIA was completed for the document and concluded that there will be no negative impact on any of the protected characteristics arising from the development of a refreshed Health and Wellbeing Strategy. Any individual projects or measures arising from the strategic approach outlined will be subject to impact assessments in their own right. The preliminary EIA is attached as Annex 1.

10. Legal implications

10.1 Legal implications are set out in the body of the report.

11. Director of Finance's comments

11.1 Not sought. This work will be undertaken using existing staffing resources and will not incur additional costs.

.....
Signed by:

Appendices:
None

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:

Agenda Item 7

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Portsmouth
CITY COUNCIL

Title of meeting: Health and Wellbeing Board

Subject: The Blueprint for Health and Care in Portsmouth and relationship to the delivery system

Date of meeting: 21st June 2017

Report by: Innes Richens, Chief Operating Officer, NHS Portsmouth Clinical Commissioning Group & Director of Adult Services, Portsmouth City Council

Wards affected: n/a

1. Requested by

N/A

2. Purpose

- 2.1 To present to the Health and Wellbeing Board a summary of key programmes underway in support of the Portsmouth Blueprint for Health and Care; key governance arrangements and links with other system levels; and demonstrating how these are expected to contribute to meeting the financial challenge.

3. Information Requested

- 3.1 The Blueprint for Health and Care in Portsmouth is now well-established as the set of guiding principles that set out how the key health and care organisations in the city will work together, with an overarching goal *where everyone is supported to live healthy, safe and independent lives by health and social care services that are joined up around the needs of individuals and are provided in the right place at the right time.*
- 3.2 The Blueprint sets out a vision for the delivery of health and care services in the City that will be less fragmented and better able to support people to stay well and remain independent, through the delivery of 7 key commitments. The delivery of the Blueprint is integral to improving the long term health of the population.
- 3.3 There is a great deal of work underway in all organisations and services, as business as usual, in order to achieve savings and efficiencies, and in order to achieve more transformational change as envisaged in the Blueprint. This landscape is increasingly complex as work also develops across a wider

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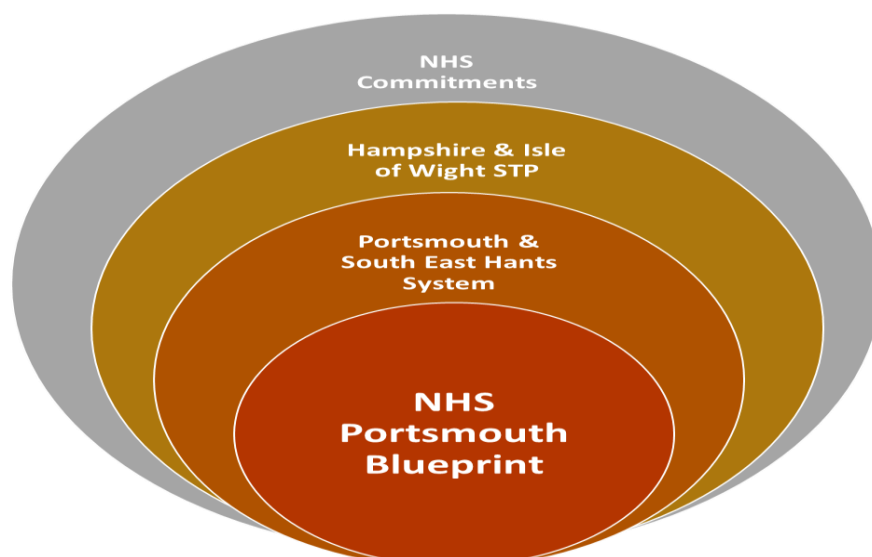
Portsmouth and South East Hampshire geography around an accountable care system, as well as responding to the county-wide STP footprint. Portsmouth is also increasing links with Southampton via the public health agenda.

- 3.4 To ensure that the Health and Wellbeing Board retain visibility of the transformational change programme for Portsmouth, these have been mapped (attached as Appendix 1) to provide:
- Clarity of broad programme content and programme governance for service and system developmental work for the city
 - Clarity on dependencies and influences coming from wider planning geographies.
- 3.5 Comments are invited from the Health and Wellbeing Board around whether the correct programmes, governance arrangements and system relationships have been identified.

4. Health and care system tiers of planning

4.1 Health and care systems across Hampshire and Isle of Wight (HIOW) have come together in partnership to develop a strategic transformation plan (STP), setting out the strategic aims and objectives for transformation across the county. The key aims and objectives of the Portsmouth Blueprint are reflected within this wider system plan. It has been agreed that delivery of the STP needs to take place at local level, within local delivery systems. The City of Portsmouth forms part of the Portsmouth and South East Hampshire (PSEH) delivery system. Health and care partners in PSEH have come together to form an accountable care system (ACS) as a vehicle for delivering the New Models of Care set out in the NHS 5 Year Forward View publication. Once again the aims and objectives and key work programmes to deliver the Blueprint are reflected in the ACS plans (Fig. 1)

Fig. 1 - How the plans fit together



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4.2 This multi-layered planning approach enables system partners in the City to focus the delivery of the commitments through either local delivery or with wider system partners where it makes sense to do so and whereby incoming together maximum gains can be achieved. We are working on the principles across the wider system that transformation must be based on local needs and where possible delivered locally. However, effective partnership working across PSEH and HIOW allows us to work together in areas of commonality and shared aims to ensure alignment and ability to operate on a wider footprint to achieve efficiencies from a truly 'do it once' approach where it makes sense to do so.

5. Financial challenge

5.1 It is important that the city is able to articulate how the local transformational programme is supporting sustainability in the longer term and addressing the financial challenges of the wider system.

5.2 The Hampshire and Isle of Wight STP sets out the financial challenge for the HIOW health economy. Within this, more detailed analysis is being undertaken for each of the local delivery systems and alignment to individual organisations.

5.3 For Portsmouth and South East Hampshire there is a financial challenge of £80 million, which by working together through the Accountable Care System, the system needs to meet. Key to the delivery of this is the development of new methods of contracting and the agreed aligned incentive contract between Portsmouth Hospitals NHS Trust and the three local CCGs, (NHS Portsmouth CCG, NHS South Eastern Hampshire CCG and NHS Fareham and Gosport CCG. This new contract model, moves the system away from the traditional activity based contracting approach of PBR, whereby the hospital is paid on an activity basis to payment for an agreed expected level of activity. This method means the CCGs and hospital can work more effectively together to reduce costs and manage demand for services.

5.4 For the local authority, adult social care is an increasingly high profile area of local authority business. There is acknowledgement at national level that social care is under increasing pressure, for a variety of reasons, including increasing demand; and that the quality of the social care system is critical to ensuring the health services remain viable in the medium to long term.

5.5 The Department for Communities and Local Government produced a pre-budget report in March 2017 highlighting some of the national drivers of demand and cost, in particular:

- Demographic changes - the King's Fund report that the number of people in their 80s and 90s has increased by almost a third in the last 10 years; and is set to double in the next 20 years.

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- Care Act 2014 - reformed and modernised social care law, and whilst the sector was broadly enthusiastic about the changes introduced, there were concerns about potential increases in demand for services, leading to higher costs.
- National Living Wage (NLW) - In July 2015, the Government announced the National Living Wage for those aged 25 and over. While the NLW gave care workers, amongst whom recruitment and retention is a significant issue, a needed increase in pay, it did add to the funding pressures on councils.
- Deprivation of Liberty safeguards - A Supreme Court judgement in March 2014 changed the definition of "deprivation of liberty" under the Mental Capacity Act 2005, resulting in more people who have been deprived of their liberty for treatment, care or protection from harm coming forward for council safeguarding assessments.

5.6 A number of measures have been introduced in the recent past to try and address some of these challenges, including the Better Care Fund, the social care precept and the adult social care support grant.

5.7 The cumulative effect of these high-level pressures on Portsmouth means that at the beginning of the financial year 2017/18 there is an underlying budget deficit of £1.158m per annum, with a forecast future savings requirement in the next two years of £1.848m to be achieved, and projected demographic pressure of £1.3m in the next two years. However, there are also funding opportunities to support transformational change.

5.8 In relation to public health, the Chancellor confirmed in the 2015 Autumn Statement that local authority funding for Public Health would be reduced by an average of 3.9% in real terms per annum until 2020, equating to a reduction in cash terms of 9.6% over the same period. This represents a significant financial challenge. In Portsmouth City Council, In Portsmouth, we use the grant in three main ways:

- commissioning services that are required to fulfil the statutory functions (including sexual health and substance misuse services)
- directly delivering services and programmes, through the Public Health directorate
- delivering services and programmes that support improved outcomes delivered across the authority through the redistribution of public health grant.

5.9 It is therefore important that a short-term opportunity to invest in transformation is taken.

5.10 Finally, it is important to note that the children's system is also a financial challenge for the authority, and the Stronger Futures programme sets out the strategy for ensuring this system moves to sustainability in the longer term.

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6. Next steps

6.1 It is suggested that key conclusions from this mapping exercise are presented to the ACS Leadership group to set out the work that is core to the transformation of health and care services in the city. It is also suggested that this work is used to guide the development of a clear series of "asks", potentially developed jointly with the ACS leadership, to the STP team to ensure that system wide work is in support of and driving achievement through the local delivery system.

.....
Signed by (Director)

Appendices:

Appendix 1 - Local Programmes and Projects mapped to wider system levels.

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

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

Title of document	Location

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Appendix 1 - Local Programmes and Projects Mapped to Wider System Planning Levels

This document seeks to map the local Portsmouth Programmes and Projects under the Blueprint to the wider system planning levels - specifically;

- Portsmouth and South East Hampshire Accountable Care System planning level
- NHS System Transformation Planning level
- Portsmouth/Southampton two city work

Focus area	Portsmouth		Link to Portsmouth and SE Hampshire ACS Level	Link to STP Level	Portsmouth-Southampton opportunities
	Programme	Governance			
Service redesign and integration					
1. Children's Services	<p>Stronger Futures Programme (including multi-agency teams and Family Hubs)</p> <p>Special Educational Needs and Disabilities (SEND)</p>	<p>Children's Trust Board has strategic oversight of four priority issues including Stronger Futures and SEND.</p> <p>Stronger Futures Board reports into this, and has oversight of restorative practice through Workforce and Practice Group.</p> <p>SEND Board reports through and has six supporting workstreams.</p>	<p>Maternity</p> <p>CAMHS</p> <p>Therapies (OT etc) commissioning</p> <p>Urgent Care (Paediatric)</p>	Response to Better Births	Potential for joint Healthy Child Programme Specification

	Restorative Practice (Workforce and Practice Development)	Future in Mind local transformation programme links with both boards.			
2. Community Health/ Social Care for Adults and Older People	Adult Locality Teams Integrated Working Community Urgent Care Pathway - review of PRRT and community bed services	Adult Delivery Board provides oversight with sub groups responsible for delivery	Urgent care plan; key projects are - Discharge to Assess Frailty Intervention Team	STP Urgent Care Plan	
	Developing a Blueprint for Social Care - transformation fund				
3. Adult Mental Health	Local Transformation for AMH	Mental Health Transformation Board provides oversight with sub groups responsible for delivery	Alignment of model; psychiatric liaison, crisis services	Review of Southern Health MH services; inpatient beds and Section 136 service response	

4. Multi-Speciality Community Provider	MCP development and delivery in first year through an alliance contract.	MCP Programme Board established to oversee the project. Reports into Adult Delivery Board	New Models of Care programme; alignment of MCP development and contracting approach. Development of Long Term Conditions Hub	STP New Models of Care Programme	
5. Domiciliary Care	Contractual approach through the ICS to deliver savings		Market Development Workforce Remodelling		
Demand Management					
6. Socially vulnerable adults with multiple needs	SPP Led Analysis	Led through the Safer Portsmouth Partnership			
7. Self-Care for Adults to reduce demand on services	Assistive Technology Work with Voluntary and Community Service	Adult Delivery Board provides oversight with sub groups responsible for delivery			

8. Prevention of long-term ill-health	Portsmouth Wellbeing Service	Through Public Health Portsmouth; links with MCP programme	New Models of Care programme; self care agreed as a key priority area alongside LTC hubs	STP prevention and self care programme - roll out of agreed tools and techniques eg My COPD.	
9. Information Advice and Guidance	Adults IAG Strategy			STP prevention and self care programme - roll out of agreed tools and techniques	Children and Families IAG Strategy
Enabling Programme					
10. Information Governance	Partnership IG Co-ordinator Post TPP and Single Health Record	TPP procurement Board and Portsmouth Informatics Group; oversight through HCP programme Board	Alignment with work of ACS	Interoperability Project NHS Digital	
11. Estates	Portsmouth Virtual Estates Team	Proposal in discussion with PHCE stakeholders	NHS estates utilisation and QA beds	Overarching HIOW strategic estates framework	
12. Workforce for the Future	TBC				
13. Joint Commissioning	Portsmouth Integrated Commissioning Board Children's Commissioning Co-ordinating Group	To be developed	Local Delivery System NHS Commissioning Strategy		Potential for public health intelligence team integration

Agenda Item 8

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(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)



Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Public Health Business Plan 2017/18
Date of meeting:	21 st June 2017
Report by:	Director of Public Health
Wards affected:	All

1. Requested by

Councillor Luke Stubbs, Joint Chair of the Health and Wellbeing Board and Cabinet Member for Adult Social Care and Public Health.

2. Purpose

Members of the Health and Wellbeing Board are asked to note the public health business plan for 2017/18 (appendix one).

2.1 Background

The Portsmouth City Council Public Health Team aims to prevent ill-health and prolong lives, through a co-ordinated effort with partners, both inside and outside the council.

Local health and wellbeing priorities are set by the Health and Wellbeing Board and reflected in the local Health and Wellbeing Strategy. Progress against these priorities is tracked through the annual summary of the Joint Strategic Needs Assessment. The priorities set in the public health business plan 2017/18 seek to be aligned with and will support delivery of the Health and Wellbeing Strategy (due to be refreshed in the coming year) to improve the lives of our local residents.

2.2 Overview

The public health business plan 2017/18 sets out specific actions where efforts will be directed across eight priority areas:

1. Population priority: Reduce smoking and tobacco use towards the national average from current baseline
2. Population priority: Improve physical activity from current baseline with a focus on walking and cycling
3. Population priority: Mitigate against the health effects of child poverty
4. Population priority: Reduce self-harm and suicide from the current baseline
5. Population priority: Reduce rates of drug-related deaths from the current baseline
6. Population priority: Reduce unwanted pregnancy from current baseline
7. System priority: Reduce health and social care needs in later life
8. System priority: Reduce the social impact of the 'toxic trio' (substance misuse, mental illness, domestic violence)

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The public health business plan will be monitored through quarterly reporting to the Portsmouth City Council Governance & Audit & Standards Committee.

3. Information Requested

None

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Signed by Dr Jason Horsley, Director of Public Health

Appendices:

Appendix one: Public Health Business Plan 2017/18

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

Public Health Portsmouth Business Plan 2017/18

Working for a healthier city

Public health promotes and protects population health and well-being.

The Portsmouth City Council Public Health Team aim to prevent ill-health and prolong life, through a coordinated effort with partners both inside and outside the council.

Public Health Portsmouth will do this by:

- Improving health for the poorest fastest.
- Increasing healthy life expectancy
- Reducing demand for services and improve quality of care.

Guiding Principles

- Population and systems focused
- Providing value for money through evidence informed practice, effective use of population data and evaluation
- Developing public health expertise for public health workforce and beyond, including through using Making Every Contact Count
- Promoting self-efficacy towards independence to improve health and wellbeing
- Parity of esteem between mental and physical health
- Embed a Health in All Policies approach

Key priorities for 2017/18

1. [Reduce smoking and tobacco use towards the national average from current baseline](#)
2. [Improve physical activity rates from current baseline with a focus on walking and cycling](#)
3. [Mitigate against the health effects of child poverty](#) - a healthy city is a wealthy city
4. [Reduce self-harm and suicide from current baseline](#)
5. [Reduce rates of drug-related deaths from current baseline](#)
6. [Reduce unwanted pregnancy from current baseline](#)
7. System priority: [Reduce health and social care need in later life](#)
8. System priority: [Reduce the impact of the 'toxic trio'](#)

Mandated Services

In addition, we will maintain our responsibility toward delivering the mandated services funded through the Public Health grant:

- Appropriate access to Sexual Health services
- Ensuring plans are in place to protect the health of Portsmouth residents (including immunisation and screening plans)
- Ensuring CCG receives the public health advice they need to support the commissioning of services (Core Offer)
- National Child Measurement Programme
- NHS Health Check assessment
- Ensuring the mandated responsibilities of Children's 0-19
- Commissioning of Local Healthwatch

Corporate priorities

To ensure our service contributes to Portsmouth City Council [corporate priorities](#) we will strive to deliver value for money by:

- Being entrepreneurial and efficient
- Raising education standards
- Encouraging regeneration and investment
- Empowering residents to be healthy and independent
- Providing excellent customer service

Public Health England priorities

The Public Health Outcomes Framework (PHOF) *Healthy Lives, Healthy People: improving outcomes and supporting transparency* sets out a vision for public health, desired outcomes and indicators to assist with monitoring the health of the population. We have aligned our key performance indicators to this framework. This plan supports the [Public Health England Annual Business Plan 2017/18](#) to educate, inform and secure behavioural change through campaigns.

Public Health England have identified only 6 preventative interventions that have been implemented, proven to be effective and are estimated to improve health and wellbeing and save money to the health and/or care system within a five-year horizon:

- Alcohol – identification and brief advice (IBA) in primary care
- Alcohol – alcohol care teams (ACT) in secondary care
- Tobacco – screening, advice and referral in secondary care
- Hypertension – improved management of hypertension in primary care
- Contraception – increase uptake of long-acting reversible contraceptives (LARC) in general practice, maternity and abortion pathways
- Falls – implement a fracture liaison service (FLS) in secondary care

We have incorporated a number of these into our plan. Other objectives (improved management of hypertension, fracture liaison service) are being led by others with our support.

NHS England

Public health functions to be exercised by NHS England are known as 'section 7 services' and broadly comprise screening and immunisation programmes, child health information services, public health services for adults and children in secure & detained settings in England and sexual assault referral centres.

Business Plan 2017/8

<p>1. Reduce smoking and tobacco use towards the national average from current baseline</p>	
<p>Actions: On-going / core business (engagement and progress to be monitored)</p> <ul style="list-style-type: none"> • Continue to work with Trading Standards to limit the trade of illicit tobacco • Delivery of smoking cessation through Locally Commissioned Services (LCS) and the wellbeing service • Continue work with maternity services and within secondary care, promoting screening, brief advice and referral • Support inclusion of stop smoking support in the 0-19 programme and through supporting a whole-school smokefree policy 	
<p>Actions: New initiatives / transformational</p> <ul style="list-style-type: none"> • Continue with Vanguard process for the wellbeing service • Explore smokefree children's playgrounds • Develop smoking cessation policies in the workplace for use internally and externally to Portsmouth City Council • Support the Sustainability and Transformation Plan aims of 'Stop before the Op' 	<p>Key progress indicators</p> <ul style="list-style-type: none"> • By end December 2017: Redesign wellbeing service for implementation • By end June 2017: Present and gain agreement on a Tobacco Control action plan for QA Hospital which will include Stop Before the Op objectives and commitment to a smokefree site • By end September 2017: Set up a community taskforce group in a defined area of Portsmouth to work towards a voluntary smoking ban in children's playgrounds in that area • By end September 2017: Review stop smoking medication guidance used in LCS and wellbeing service • By end December 2017: Develop a workplace stop smoking and e-cigarette policy, in conjunction with Human Resources, for Portsmouth City Council • By end March 2018: Develop a policy statement on electronic cigarettes for Portsmouth • Stop before the Op implementation will be monitored through STP milestones

Guiding indicators from the Public Health Outcomes Framework

- Performance against national / international tobacco control guidelines
- Smoking Prevalence in adults - current smokers
- Smoking Prevalence in adults in routine and manual occupations - current smokers
- Smoking prevalence at age 15
- Smoking status at time of delivery
- Low birth weight of term babies

2. Improve physical activity rates from current baseline with a focus on walking and cycling

Actions: On-going / core business (engagement and progress to be monitored)

- Provide public health evidence and support to the Local Transport Plan and Local City Plan
- Support the implementation of the local Air Quality strategy

Actions: New initiatives / transformational

- Support for the PSHE/Healthy schools programme including implementing the Daily Mile
- Strengthen partnerships to promote physical activity in a range of population groups in the community AND Support clinical partners to increase physical activity in people with long term conditions
- Promote physical activity in the workplace with a focus on Portsmouth City Council
- Explore how Healthy Streets could be implemented in Portsmouth

Key progress indicators

- By end June 2017 (or as meeting dates dictate): Present at the Portsmouth Head Teachers Forum to promote the Daily Mile in primary schools
- For each quarter of 2017/18: Increase the number of primary schools who take part in the Daily Mile
- By end June 2017 and to continue meeting each quarter (unless determined otherwise by the Alliance): Hold the first meeting of the 'Active Portsmouth Alliance'
- By end June 2017: Develop a proposal with Pompey in the Community to support people maintaining physical activity at key transitions. Specifically for women with young children (or specific clinical areas such as pulmonary rehab, stroke rehab, cardiac rehab)
- By end September 2017: Develop a proposal to create sustainable access to affordable bikes for active travel across Portsmouth
- By end September 2017: Develop a workplace policy on physical activity, in conjunction with Human Resources, for Portsmouth City Council
- By end September 2017: Host a Healthy Streets seminar

- Develop briefings, training and guidance for developers and planning on health impacts of the built environment

- By end December 2017:
Present an action plan to implement a Healthy Streets approach for Portsmouth to the Health and Wellbeing Board
- By end September 2017:
Use JSNA to develop a series of lay briefings to develop a common understanding of the links with health and wellbeing for PCC departments to influence the built environment e.g. 'transport and health' and 'housing and health'
- By end March 2018:
Present Portsmouth Health and Wellbeing Planning Guidance to the Health and Wellbeing Board

Guiding indicators from the Public Health Outcomes Framework

- Percentage of physically active and inactive adults
- Excess weight in adults
- Utilisation of outdoor space for exercise/health reasons
- Percentage of the population exposed to road, rail and air transport noise
- Children overweight and obese in Year R
- Children overweight and obese in Year 6
- Killed and seriously injured on roads

3. Mitigate against the ill-health effects of child poverty from current baseline	
Actions: On-going / core business (engagement and progress to be monitored)	
<ul style="list-style-type: none"> • Membership of and provide and public health advice to the Portsmouth Poverty Taskforce • Delivery of 0-19 services and monitoring health outcomes against Memorandum of Understanding with Children's Services • Promotion of restorative practices in the 0-19 agenda • Continuation of support to the infant feeding action plan 	
Actions: New initiatives / transformational	Key progress indicators
<ul style="list-style-type: none"> • Set out the vision for a preventative approach to the health needs of people with learning disabilities • Build emotionally resilient communities/workforce: encouraging improved understanding & positive actions on mental health e.g. through 'Time to Change' • Support the housing department to promote health and wellbeing in local housing • Undertake child poverty needs assessment as per national guidance • Undertake joint oral epidemiology survey with Southampton 	<ul style="list-style-type: none"> • By end September 2017: Report strategy for prevention of learning disabilities to the public health senior management team • By end September 2017: Develop a workplace health policy, in conjunction with Human Resources, for parents / guardians which includes a focus on promoting mental wellbeing and resilience in Portsmouth City Council • By end December 2017: Develop a plan to be reported to public health senior management team to protect children and families from hazards, injuries and unexpected accidents in the home • By end March 2018: Report child poverty needs assessment to public health senior management team • By end March 2018: Report oral epidemiology survey findings to the public health senior management team

Guiding indicators from the Public Health Outcomes Framework

- Breastfeeding initiation
- Breastfeeding prevalence at 6-8 weeks after birth
- Proportion of five year old children free from dental decay
- School readiness
- Pupil absence
- Family homelessness
- Children in low-income families
- Fuel poverty
- 16-18 year olds not in employment, education or training
- Gap in employment rate between those with a long-term health condition/learning disability/ in contact with secondary mental health services and the overall employment rate
- Percentage of people aged 16-64 in employment
- Slope index of inequality in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Male)
- Slope index of inequality in healthy life expectancy based within local authorities, based on deprivation within Middle Super Output Areas (Female)
- Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Female)
- Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area (Male)

4. Reduce self-harm and suicide from current baseline	
Actions: On-going / core business (engagement and progress to be monitored)	
<ul style="list-style-type: none"> Address bullying and self-esteem, Child Sexual Exploitation reduction and of awareness of self-harm in the PSHE/Healthy schools programme and through supporting a whole-school mental health and well-being approach 	
Actions: New initiatives / transformational	Key progress indicators
<ul style="list-style-type: none"> Implement findings of self-harm needs assessment Deliver local actions for suicide prevention as set out in national guidance which will include taking forward recommendations from Portsmouth suicide audit 	<ul style="list-style-type: none"> By end June 2017: Present self-harm needs assessment to public health senior management team By end June 2017: Formulate action plan to implement recommendations of self-harm needs assessment, as appropriate By end June 2017: Establish Suicide Prevention Action Group By end September 2017: Present suicide prevention strategy and multi-agency action plan to the Health and Wellbeing Board By end December 2017: Set up task and finish groups to implement suicide prevention multi-agency action plan
Guiding indicators from the Public Health Outcomes Framework	
<ul style="list-style-type: none"> Emergency hospital admissions for intentional self-harm Suicide rate Self-reported wellbeing 	

5. Reduce rates of drug related deaths from current baseline	
Actions: On-going / core business (engagement and progress to be monitored)	
<ul style="list-style-type: none"> • Ensure full implementation of the drug and alcohol treatment service, using active contract management to improve cost effectiveness and good outcomes • Support inclusion of awareness of drug related harms in the PSHE/Healthy schools programme 	
Actions: New initiatives / transformational	Key progress indicators
<ul style="list-style-type: none"> • Develop a multi-agency action plan to address the rising number of drug related deaths, including a protocol for learning lessons from drug related deaths and the provision of Naloxone. • Engage and work with the CCG to develop primary healthcare for homeless and vulnerable groups 	<ul style="list-style-type: none"> • By end June 2017: Convene a multi-agency workshop to determine high impact local actions across primary and secondary care, drug services and Portsmouth City Council to reduce drug related deaths • By end September 2017: Present multi-agency action plan on preventing drug related deaths to the Health and Wellbeing Board • By the end of December 2017: Form group and hold first biannual meeting of a drug related death monitoring group with the first meeting to be held • By end December 2017: Confirm a Portsmouth commitment to provision of primary healthcare care to people who are homeless
Guiding indicators from the Public Health Outcomes Framework	
<ul style="list-style-type: none"> • Deaths from drug misuse • Successful completion of drug and alcohol treatment • Number of adults with substance misuse treatment needs successfully engaged with services 	

6. Reduce unwanted pregnancy from current baseline

Actions: On-going / core business (engagement and progress to be monitored)

- Increase the uptake of long-acting reversible contraceptives (LARC) in general practice, maternity and terminations of pregnancy pathways through on-going promotion
- Maintain the sexual health contract with Solent, ensuring relevant Public Health outcomes are met
- Support inclusion of awareness of unwanted pregnancy in the PSHE/Healthy schools programme

Actions: New initiatives / transformational

- Implement findings of terminations of pregnancy (TOPs) needs assessment
- Apply behavioural insights approach to improve the early diagnosis of HIV and LARC uptake
- Use the 2018 Pharmaceutical Needs Assessment (PNA) to understand whether Emergency Hormonal Contraceptive (EHC) provision meets population needs in the City

Key progress indicators

- By end September 2017:
Present findings of the terminations of pregnancy needs assessment and action plan of recommendations to the public health senior management team
- By end September 2017:
Send letter to GP practices reporting findings of practice level analysis of HIV testing rate applying a behavioural insights approach
- By end December 2017:
Send letter to GP practices reporting findings of practice level analysis of LARC uptake applying a behavioural insights approach
- By end March 2018:
Publish the 2018 Pharmaceutical Needs Assessment (PNA) for Portsmouth which will include an assessment of gaps in provision of EHC by end March 2018

Guiding indicators from the Public Health Outcomes Framework

- Under 18s conception rate
- Under 18s termination of pregnancy rate
- Increase in LARC
- Reduction in terminations of pregnancy

Broader policy and system transformation

A number of issues are complex, cross-cutting and action requires engagement from multiple partners. This section aims to address these areas.

<p>7. Reduce health and social care need in later life</p>	
<p>Actions: On-going / core business (engagement and progress to be monitored)</p> <ul style="list-style-type: none"> • Improve co-ordination of volunteer and third sector input throughout PCC; working with the Directorate of Community and Communication, Independence and Wellbeing Team - Adult Social Care; and the CCG • Improve population vaccination coverage (seasonal influenza, shingles) <i>(to work with NHSE/PHE)</i> 	
<p>Actions: New initiatives / transformational</p> <ul style="list-style-type: none"> • Developing partnership working opportunities to prevent social isolation, falls prevention and fuel poverty • Assistive technology: Working in collaboration with the Integrated Commissioning Unit, to explore the evidence base for technologies to increase independence and wellbeing in people who require support. 	<p>Key progress indicators</p> <ul style="list-style-type: none"> • By end June 2017: Establish partnership and identify opportunities for public health input to Safe and Well visits • By end September 2017: Implement MECC training for Safe and Well <i>(with the Independence and Wellbeing Team, Adult Social Care)</i> • By end June 2017: Evidence review of assistive technology <i>(with the Integrated Commissioning Service)</i>
<p>Guiding indicators from the Public Health Outcomes Framework</p> <ul style="list-style-type: none"> • Injuries due to falls • Social isolation • Fuel poverty • Population vaccination coverage - shingles • Population vaccination coverage - seasonal influenza 	

8. Reduce the impact of the 'toxic trio'

Actions: On-going / core business (engagement and progress to be monitored)

- Promote Alcohol Identification and Brief Advice (IBA) in secondary care: e.g. using Vitalpac at QA
- Promote alcohol IBA in primary care: Increase referral from GP surgeries through Alcohol Awareness training to staff; IBA training to pharmacies and other professionals
- Implement improved and more integrated supported housing for drug and alcohol users, work with The Society of St James and Portsmouth City Council partners to expand accommodation (housing and day service), providing an increased number of supported housing and move-on bed spaces
- Partnership working with Portsmouth City Council Licensing Department, Trading Standards and the Police's Licensing and Violent Crime Team
- Fully engage with and support the Safe Portsmouth Partnership multi-agency complex cases priority work, developing a multi-sectoral approach to meeting their needs
- Work closely with the domestic abuse lead and the Safer Portsmouth Partnership to support the domestic abuse agenda, especially where it interplays with substance misuse by providing public health input to domestic abuse strategy group
- Ensure domestic abuse screening takes place within substance misuse services and appropriate support and onward referral is provided

Actions: New initiatives / transformational

- Facilitate consideration of harms related to health from alcohol into licensing policy and allow provision for mitigating strategies
- Review Cumulative Impact Policy data to support the Safer Portsmouth Partnership to make informed decisions

Key progress indicators

- By end June 2017:
Submit consultation response on the statement of alcohol licensing policy
- By end September 2017:
Help the licensing committee and others involved in licensing to recognise the health and wellbeing benefits of reducing access to alcohol (especially high strength, low cost), cigarettes and drugs through delivery of development sessions
- By end December 2017:
Develop shared objectives and projects to improve alcohol retailing in the city

- Work with emergency service partners to increase quality of data related alcohol related responses

- By end December 2017:
Work with the South Central Ambulance Service and police to improve quality of data collection regarding alcohol related crime and safety issues

Guiding indicators from the Public Health Outcomes Framework

- Admission episodes for alcohol related conditions
- Successful completion of alcohol treatment
- Domestic abuse (not currently RAG rated)

Support for the health and social care system

Sustainability and Transformation Plans

Sustainability and Transformation Plans were set up to support implementation of the NHS Five Year Forward View. They are joint plans supported by the six national health and care bodies: NHS England, NHS Improvement, the Care Quality Commission (CQC), Health Education England (HEE), Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE).

The Hampshire and Isle of Wight plan aims: 'to agree how best to meet the many opportunities and challenges facing the local health and care system around the need to empower people to stay well and to provide safe, high quality, consistent and affordable health and care to everyone'.

The Hampshire and Isle of Wight plan has a number of priorities, many of which clearly align to PCC priorities:

- “Stop before the op” and focused Stop smoking services
- Changing behaviour using advice and information
- Cancer – improved screening uptake
- Digital entry for lifestyle services
- Sexual health – digital self-service
- Focused Stop smoking services

Quality Innovation, Productivity and Prevention (QIPP) Savings

QIPP is a transformation initiative introduced to the NHS by the Department of Health in 2010 in order to make efficiency savings for reinvestment in frontline care. Some of them align with STP* and Public Health Portsmouth** objectives:

QIPP programmes for Portsmouth include:

- Living Well project**
- Every Contact Counts**
- National Diabetes Prevention Programme (NDPP)*
- Portsmouth Diabetes Service retender
- Increased proactive interventions for smokers**
- E-Referrals pathways*
- Telephone notification of results
- Living with and Beyond Cancer Pathway
- Straight to test pathways
- Tier 3 obesity services
- HIV screening**

Falls prevention (Living Well)

Independence and Wellbeing Team (Adult Social Care, funded through the Redistribution Fund) is running several falls and physical activity projects including:

- Community falls prevention exercise classes
- Information and signposting on physical activity opportunities across the city

End of Life Care

6 Steps Programme Pilot: Run by Rowans and commissioned by the Integrated Commissioning Service (ICS). Rowans support 14 homes over a 12 month period with 3 days a week support (education practitioner (nurse) from Rowans for:

- Difficult conversations and advanced care planning (Independence and Wellbeing Team)
- Confidence building around EOL care in the homes to reduce inappropriate conveyances.

Children 0-19 years

Children's Services, Portsmouth City Council delivers the 0-19 Integrated Early Help & Prevention service under a Memorandum of Understanding with public health.