Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 8 JANUARY 2020 AT 10.00 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

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 Matthew Winnington (Joint Chair), Gerald Vernon-Jackson CBE, Luke Stubbs, Rob Wood and Judith Smyth
Innes Richens, Dr Jason Horsley, Mark Cubbon, Dr Linda Collie (Joint Chair), Ruth Williams, Dianne Sherlock, Sue Harriman, Alison Jeffery, Andy Silvester, Siobhain McCurrach, Jackie Powell, Steven Labedz, Frances Mullen, Sarah Beattie, Steve Burridge, Barbara Swyer and Sandy Thomson

Dr Linda Collie (Joint Chair)
Plus one other PCCG Executive Member: Dr Elizabeth Fellows and Dr N Moore

(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 Chair's welcome and introductions

2 Apologies for absence

3 Declarations of Interest

4 Minutes of Previous Meeting - 25 September 2019 and matters arising (Pages 5 - 10)

RECOMMENDED that the minutes of the Health & Wellbeing Board meeting held on 25 September 2019 be agreed as a correct record.

5 Membership Update - Additional Member of Health and Wellbeing Board - University of Portsmouth (Pages 11 - 12)

The report by the Corporate Performance Manager **RECOMMENDS**:

That the Health and Wellbeing Board agree to co-opt Professor Gordon Blunn, representing the University of Portsmouth, as a member of the Health and Wellbeing Board with immediate effect.

6 Adult Safeguarding Board Annual Report 2018-19 (Pages 13 - 30)

Due to the transition between PASB Chairs, Andy Biddle, Assistant Director Adult Services, will be presenting the annual report.

7 Update on Safeguarding Reviews - Adult Mr D and Child G Learning Review (information report) (Pages 31 - 34)

This information report had been requested to update the Health and Wellbeing Board on progress in pursuing the recommendations of the Mr D Safeguarding Adults Review and the Child G Learning Review.

8 Domestic Violence and Abuse Strategic Review 2019-2023 (Pages 35 - 70)

Paper to be presented by Lisa Wills, Strategy and Partnership Manager, which seeks approval for the updated Domestic Violence and Abuse Strategy 2019-23.

RECOMMENDED that:

1) the Health & Wellbeing Board approves the updated three year Domestic Violence and Abuse Strategy (see appendix A to this report) and agrees to review and refresh the action plan annually

2) Partners consider whether the investment locally in responding to domestic abuse is sufficient (see page 8, and appendix A to the strategy document)

3) Monitoring of the action plan is delegated to the Domestic Abuse Steering Group (see appendix C for membership).

9 Health and Wellbeing Strategy - Progress and Future Plans (Pages 71 - 80)

The joint report seeks to update the Health and Wellbeing Board (HWB) on progress against the outcomes in the Health and Wellbeing Strategy (HWS) and get the board's view on the future development of the Joint Strategic Needs Assessment (JSNA).

RECOMMENDED that the Health & Wellbeing Board:
1) Note the progress against the indicators agreed for the HWS as set out in the report (section 4) and at appendix A
2) Consider areas where further work is required in response to performance issues identified or the key city challenges that will be presented at the meeting, as set out in section 6 of this report
3) Agree the outline proposal for future development of the JSNA that will underpin the next HWS.

10 Social, Emotional and Mental Health Strategy (Information report with links to Local Transformation Plan) (Pages 81 - 90)

Information report to be presented by Hayden Ginns which summaries Portsmouth's approach to SEMH support for children and young people 0-25, for noting.

11 Dates of future meetings

The next meeting has already been set for Wednesday 5th February 2020 from 10am and it is **proposed** that the meetings for the rest of the year are set as Wednesdays at 10am:

- 17 June
- 23 September
- 25 November

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, 25 September 2019 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Councillor Matthew Winnington (in the Chair)

Councillor Gerald Vernon-Jackson CBE
Councillor Rob Wood
Councillor Judith Smyth (co-opted)
Dr Linda Collie, CCG
Dr Nick Moore, CCG
Dr Jason Horsley, Director of Public Health
Sue Harriman, Solent NHS
Alison Jeffery Director of Children's Services
Siobhain McCurrach Healthwatch Portsmouth
Jackie Powell CCG Lay Member
Steven Labedz, Portsmouth Education Partnership
Frances Mullen, Portsmouth College
Supt. Steve Burridge

David Williams PCC Chief Executive
Kelly Nash PCC

22. Welcome, Apologies and Introductions (AI 1)

Councillor Winnington, chairing the meeting, welcomed everyone and introductions were made of those present.

Apologies for absence had been received from Innes Richens, Mark Cubbon and Dianne Sherlock.

23. Declarations of Members' Interests (AI 2)

There were no declarations of members' interests.

24. Minutes of Previous Meeting - 19 June 2019 (AI 3)

Councillor Smyth had previously raised the need for more outcome focussed work by the board; Kelly Nash confirmed that an item would be brought to the November meeting to take up this point.

Dr Moore raised a couple of typographical errors on page 3 of the minutes which should refer to GPs being "interested" in receiving information

(regarding exclusions), and also the use of expertise of partner organisations and the need for a "joined up" approach.

Subject to the above, the minutes of the previous meeting held on 19 June 2019 were approved as a correct record.

25. Dental Provision (AI 4)

Julia Booth presented the submitted report on behalf of NHS England. The report outlined their response to the termination of 3 contracts (where there had been under-performing) within 3 months, which had left a gap. Therefore 2 pieces of work were underway to firstly make interim arrangements for dental provision and secondly to procure new longer term contracts. 3 separate providers had agreed to undertake extra activity, prioritising cases of urgency. There was now a temporary 1 year contract with Portsmouth Dental Academy. NHS England was working closely with all 3 providers and there would be an overlap from the temporary to permanent providers in the city.

Elected member representatives on the HWB Board were concerned that there were gaps in areas of significant deprivation and wanted to ensure that dentists were present in Portsea and Paulsgrove. Julia Booth responded that this provision would be asked for within the tender but it was for the providers to say where they will cover. It was confirmed that NHS England property department was being consulted regarding the possible expansion to the Lake Road surgery in Buckland. Members stressed the importance of this provision in deprived area and the possible impact on hospital services, so the public should be made aware of the progress of plans. NHS England had written to Colosseum patients regarding alternative provision and a briefing had taken place with Healthwatch Portsmouth (who had put information on their website).

Ms Booth reported that the procurement survey had been published within the last 2 weeks, and she would feedback the comments raised by HWB Board members to their procurement group and noted the comments made regarding the way news had broken, with a better process of communication needed. Stakeholder letters had also been sent out via the CCG and HWB. They would continue to work with the local authority to promote good oral health for children and enhanced services for under 5s had been piloted over the wider region as well as the national Starting Well campaign. Dr Horsley offered assistance in similar promotion in more deprived areas.

The Chair thanked Julia Booth for attending and asked that updates be communicated to HWB Board Members

26. Safeguarding Issue - HWB response to PSAB Review (AI 5)

Councillor Winnington, as Chair, reminded members not to discuss the individual details of the case but focus on the 2 wider recommendations which had been brought to the attention of the Health & Wellbeing Board.

Rich Johns, the Independent Chair of the Portsmouth Safeguarding Children Board (PSCB), was in attendance to present the item on behalf of the PSCB and the Portsmouth Safeguarding Adults Board, also stressing the need for anonymity for 'Mr D' and recommendations had come from the independent reviewer and had been through the PSAB sub group, with these 2 recommendations being identified as having broader implications and which had therefore been referred to HWB. Recommendation 13 relates to accessibility of services and equipment designed to assist in cases of obesity and recommendation 18 relates to health outcomes for those with learning disabilities. The PSAB was therefore asking for assurances that these areas are being addressed. The PSAB wanted to see progress on providing services for all, which is not always easy in these specialist fields, and noted that the other recommendations were being considered by other bodies. Alison Jeffery also referred to lessons being learnt from the case of Child G.

It was agreed that a clear response report be brought to the November meeting of HWB regarding the lessons learnt from this case regarding specialist provision in response to the independent reviewer's recommendations 13 and 18.

27. Director of Public Health's Annual Report (AI 6)

Dr Jason Horsley presented his annual report "*Harm from illicit drugs and how to prevent it* " accompanied by Adam Holland who had undertaken research incorporated within it. The main conclusion was that a lot of this harm was not just physical but the wider social and mental harm to individuals and their families and the links to organised crime.

Dr Horsley raised areas of debate such as a national ban proving ineffectual; prices of drugs had not risen and the enforcement agencies could not stop a supply coming into the country (or being present in prisons). He asked if there should be a continuation of the same, a more draconian approach or a move to partially legalise or decriminalise drugs? It was hard to know the level of usage of illegal substances. It was however known that a small proportion of users were completely dependent, with links to mental illness, deprivation and adverse childhood experiences (neglect and abuse). It was thought that nationally drug use has decreased over the last decade, but there has been a slight increase in the proportion of young people (16-24 year olds) reporting recent drug use. There has also been a rise in those using opiates and crack cocaine. Most deaths nationally and locally are from opiates (due to higher potency), at a time of central cuts to associated services.

Most harm to individuals is to their life opportunities, as they are in the penal system there are restrictions to their education and employment and more vulnerability to organised crime and homelessness, with impacts on their children and at great public cost. Therefore the risk versus legislative changes needed further consideration, and the presentation slides showed experiences in different countries, with links between decriminalisation and lower death rates.

Section 7 set out the Director of Public Health's conclusions, including the need to review the legislation and lobby government which should treat this as a health issue (currently overseen by the Home Office). Dr Horsley also raised areas for future exploration, such as drugs consumption rooms, festival drug checking, more education in schools regarding the harm and giving strategies for children to resist taking drugs and work with the local universities to understand the scale of risks. The final version of the report was being designed and was due to be published in October.

It was reported that the link to this report on the agenda was wrong and needed to be rectified. The HWB Safety Advisory Group was investigating festival safety issues further. Supt. Steve Burridge responded that the police had to act with impartiality and they were also involved in cross agency work to address vulnerability and county lines work. Festivals were the subject of a national debate.

The Chair and HWB members welcomed the report, which would be further disseminated, and the further issues arising from it would continue to be discussed here and at other forums.

28. Health & Care Portsmouth Operating Model : progress report (AI 7)

Dr Linda Collie and David Williams presented this further update report; progress had been reported to the PCCG Board and PCC's Cabinet, with Solent NHS and Portsmouth Hospitals being involved in the process of delivering successful integration across health and care services in the city. Section 4 of the report detailed progress from the Blueprint plans and Section 6 detailed the first phase of the health and care operating model with the launch of new services and extension of joint leadership roles and joint commissioning.

Dr Collie explained how this would be delivered in parallel with the National Health's long term plan with 5 primary care networks in Portsmouth, with work now taking place on how these would work with the clusters. Section 10 of the report set out further proposals to increase integration between PCCG and PCC, with the extended leadership team to include the Accountable Officer functions, with delegated defined functions (and sub committee of HWB) and creating a joint finance role CCG/PCC.

David Williams reported that discussions had taken place with partner organisations and there continued to be the need for close engagement with providers for this to succeed, especially as there remained some peculiarities of boundaries with Hampshire and the Isle of Wight, with the need to look at Portsmouth City geography. Dr Collie stressed that work was taking place at all levels. Sue Harriman added her support on behalf of Solent NHS and reported that the NHS 10 year plan is also looking at tailoring services for people rather than organisational boundaries. Jackie Powell and Siobhan McCurrach both commented on public engagement and the need to make the process as clear as possible in communications. Dr Collie clarified that NHS England needs to approve the accountable officer role.

RESOLVED that the Health and Wellbeing Board:

i) **Noted the progress so far on the integration of PCC and PCCG functions in support of the Health and Care Portsmouth operating model.**
ii) **Noted and endorsed the progress on the proposals for further integration, including the preferred option for integrating of PCCG Accountable Officer and PCC Chief Executive functions.**
iii) **Noted that further work now needs to take place to develop the voice and relationship with local providers in the work, and to articulate the link with the developing NHS architecture and consider where there might be practical opportunities to develop this.**

29. Proposal for a pilot superzone to tackle childhood obesity and create a healthier environment (AI 8)

Dominique Le Touze presented the Director of Public Health's report. In Portsmouth 1 in 4 Reception Class children were classified as obese, above the national average. Whilst a lot of work was already taking place with children and families there had not been a significant impact so a new approach was being considered for a 1 year pilot "superzone". This would extend the idea of playstreets used elsewhere and seek to reduce the expansion of fast food outlets and their offers (encouraging healthier options and portions). This would need a co-ordinated approach between the Council, health sector and parents. The pupils at Arundel Court Primary School, in Charles Dickens ward, had been asked their views and experiences of what they liked and disliked in their environment; they were concerned by litter, dog fouling and safety concerns that prevented them using open spaces. Table 1 in the report detailed the workstreams.

There would also been wider implementation of initiatives such as the playstreets and the Pompey Monster scheme which encouraged walking to school (this was being copyrited for sale to other councils). There would also be use of community warden presence to promote safety. It was noted that the school which had expressed interest in participating had then made a presentation by the children on their views, and this direct feedback from children was welcomed by the Board. Steve Labedz commented that having sought their views the children would need to see something happen as a result of this exercise.

The Health and Wellbeing Board approved the proposal to implement a pilot superzone around a Portsmouth primary school (Arundel Court Primary School) with the aim of creating a healthier environment.

30. Economic Development Strategy & City Vision (AI 9)

David Williams presented this report; the far reaching Economic Development Strategy incorporated health and wellbeing and a joint approach would help in bids for funding for the broader health economy. This was for the

development of a City Vision not just a PCC vision, with engagement of partners and communities. Councillor Winnington welcomed the broader definition of key workers for the city, to include care workers and teaching assistants. It was noted that the list of key stakeholders had not been stated in the report.

This information report was noted.

31. Responding to Climate Change (AI 10)

Kelly Nash reported that since the Council had stated a Climate Change Emergency in March and the Cabinet had approved actions, a multi-agency board had been established, chaired by the University of Portsmouth, with a wide membership. The first meeting of the board had taken place the previous week and further updates would be given.

The information report was noted.

32. Dates of future meetings (for information) (AI 11)

The next meetings would take place on Wednesdays at 10am:

- 27 November 2019 (post meeting: this was rescheduled to 8 January)
- 5 February 2020

The meeting concluded at 12.07 pm.

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Councillor Matthew Winnington (Joint Chair)

Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	8th January 2020
Subject:	Additional member of the Health and Wellbeing Board
Report by:	Kelly Nash, Corporate Performance Manager, Portsmouth City Council
Wards affected:	n/a
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1 To recommend that Professor Gordon Blunn, representing the University of Portsmouth, is co-opted as a member of the Health and Wellbeing Board.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

a. Agree to co-opt Professor Gordon Blunn, representing the University of Portsmouth, as a member of the Health and Wellbeing Board with immediate effect.

3. Background

3.1 A previous discussion at the Health and Wellbeing Board identified that a significant city institution missing from the new extended membership is the University of Portsmouth. It was agreed that an invitation should be extended to the University to join the Board as a non-voting member in the first instance.

4. Recommended appointment

4.1 Following consultation with the Joint Chairs of the Health and Wellbeing Board, it is recommended that the Health and Wellbeing Board co-opt Professor Gordon Blunn to the Board. Professor Blunn is the University's Theme Director for Health and Wellbeing. The role of the theme directors is to focus on developing interdisciplinary partnerships across the institution and supporting engagement with a wide variety of external national and international partners. The Health and Wellbeing theme is focused on aspects of the prevention, treatment, and management of illness as well as the physical, mental, and social fulfillment of the individual.

5. Reasons for recommendations

5.1 The involvement of the University in the Health and Wellbeing Board will ensure that the identified gap in membership is addressed and will bring helpful new insights to the deliberations of the Board.

6. Equality impact assessment

6.1 An EIA is not required as this recommendation is not a change to policy or service delivery.

7. Legal implications

7.1 The Health and Wellbeing Board has the ability to co-opt members, as set out in the terms of reference agreed in March 2019.

8. Director of Finance's comments

8.1 There are no financial implications arising from the recommendation.

……
Signed by:

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:

Portsmouth Safeguarding Adults Board

Annual Report

PSAB

2018 - 2019

Statement from the Independent Chair

I am pleased to be able to introduce the Portsmouth Safeguarding Adults Board's Annual Report for 2018-19.

This year, we have taken steps to develop a new three-year business plan which sets out our priority areas of work for the coming years. A particular focus of our partnership working over the last year has been maintaining oversight of the quality of care across the city, and taking a multi-agency approach to supporting continuous improvement.

With all partners working in an increasingly challenging context, it has been a priority to ensure that joint working across organisations in the Hampshire and Isle of Wight region is effective. We have been able to embed pan-Hampshire/Isle of Wight working in the areas of quality assurance and workforce development through new sub-groups, and this year we have also launched joint policies on Hoarding and Escalation. With the imminent introduction of the new safeguarding arrangements for children,[1] we have also been working increasingly closely with our local Safeguarding Children Boards, to ensure that our services take a family approach to safeguarding.

One of the Board's key priorities is to ensure system-wide learning. Following the publication of the Independent Panel's report into deaths at Gosport War Memorial Hospital,[2] the Board has been reviewing oversight and governance processes to ensure that unexpected deaths are identified and scrutinised, and that our services listen and respond to the concerns of adults at risk and their families.

Finally, I would like to thank our partners for their contribution to the work of the Board over the last year, and their firm commitment to ensuring that adults at risk of abuse or neglect are safeguarded effectively and empowered to make their own decisions.

[1] *Working Together to Safeguard Children (July 2018)* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

[2] Gosport Independent Panel, *The Panel Report,* https://www.gosportpanel.independent.gov.uk/panel-report/

What is Safeguarding?

"Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action." (Care Act 2014)

Who are we?

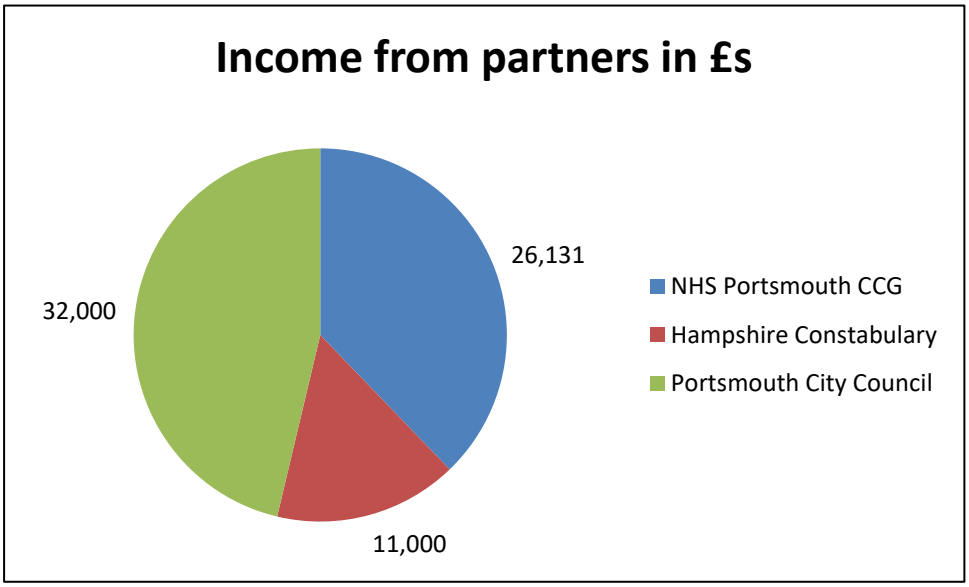
The Portsmouth Safeguarding Adults Board (PSAB) is a partnership of key organisations in Portsmouth who work together to keep adults safe from abuse and neglect. These include:

- Adult social care
- Health
- Emergency services
- Probation services
- Housing
- Community organisations

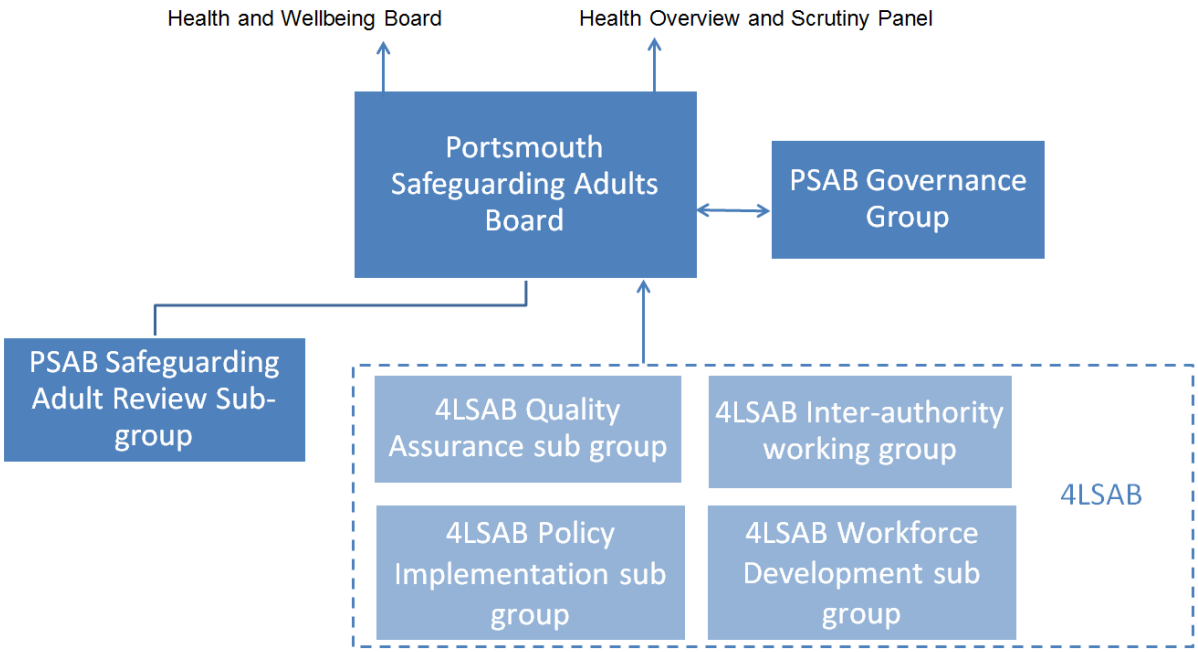
The Board has an independent chair that can provide some independence from the local authority and other partners. This is especially important in terms of:

- offering constructive challenge
- holding member agencies to account
- acting as a spokesperson for the PSAB.

The Board is funded through contributions from its statutory partners (Portsmouth City Council, NHS Portsmouth Clinical Commissioning Group and Hampshire Constabulary). The agreed contributions are:



The structure of our Board and its sub-groups is shown in the diagram below. In the areas of Policy Implementation, Workforce Development and Quality Assurance, we have shared '4LSAB' working groups with the neighbouring Boards (Hampshire, Southampton and the Isle of Wight). This helps ensure we work in a joined-up and coordinated way with our partners across the region on common priorities.



Our Vision

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

Our Strategic Priorities

During 2018 the Board reviewed its approach to strategic planning. Retaining the priorities identified for 2018-19, a business plan for a three year planning cycle from 2019-20 to 2021-22 was developed, with progress to be reviewed on an annual basis. The Board's strategic planning is firmly underpinned by a multi-agency assessment of key risks to keeping people safe across the City.

All actions set out within our priorities will be underpinned by the principles of 'Making Safeguarding Personal' (MSP), an approach which enables safeguarding to be done with, not to, people – 'no decision about me, without me'. MSP principles ensure that safeguarding is person-centred and outcome focussed.

Priority 1: Improve practice in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)

Adults at risk are empowered to make decisions where they have the mental capacity to do so. Adults at risk who do not have mental capacity are supported to ensure decisions are made in their best interests and that legal safeguards are in place.

The Board endorsed and promoted a revised MCA toolkit (produced by Hampshire County Council) to assist staff with assessing mental capacity and carrying out Best Interests assessments.

In December 2018 Board members were invited to observe (and take part in) innovative simulation training developed by Portsmouth Hospitals Trust. More information about improvements in this area are outlined in the following case study.

Case Study: Safeguarding Improvement Board and MCA/DoLs improvements at Portsmouth Hospitals Trust

During 2017-18 two inspection reports from the Care Quality Commission (CQC) were published regarding the quality of health provision in Portsmouth:

- CQC Portsmouth Hospitals NHS Trust, Queen Alexandra Hospital Quality Report (publication date 24th August 2017).
- CQC Review of health services for Children Looked After and Safeguarding in Portsmouth (publication date 19th September 2017).

These reports both identified areas of good practice as well as some areas concern relating to safeguarding of both adults and children in Portsmouth's health services.

To ensure that both the PSAB and the Portsmouth Safeguarding Children Board (PSCB) had sufficient oversight of the improvement activity in partner agencies, whilst not overly burdening them with duplication of reporting, a Joint Safeguarding Improvement Board was convened. This Board was constituted as a sub-group of both PSAB and PSCB on a task-and-finish basis and had agreed terms of reference. As two-thirds of the patients attending Portsmouth Hospitals Trust live in Hampshire, the Safeguarding Improvement Board has also sought to work in partnership with the Hampshire Safeguarding Adults Board and the Hampshire Safeguarding Children Board.

This Board was jointly chaired by the Independent Chairs of the PSAB and PSCB and the membership was made up of:

- Chief of Health and Care Portsmouth, NHS Portsmouth CCG/Portsmouth City Council
- Deputy Director of Quality and Safeguarding, NHS Portsmouth CCG
- Head of Safeguarding, Portsmouth Hospitals NHS Trust
- Associate Director of Quality and Governance, Portsmouth Hospitals NHS Trust
- Public Health Consultant, Public Health
- Director of Children's Services, Portsmouth City Council
- Head of Health and Wellbeing Partnerships, Healthwatch Portsmouth
- Associate Director Quality and Nursing, South Eastern Hampshire/Fareham and Gosport Hampshire CCG Partnership
- District Manager for Hampshire Children’s Services, Hampshire County Council
- Chief Superintendent, Head of Prevention and Neighbourhood Command Hampshire Constabulary

- Board Manager, Portsmouth Safeguarding Adults Board
- Safeguarding Partnerships Manager, Portsmouth Safeguarding Children Board
- Strategic Partnerships Manager, Hampshire Safeguarding Children Board
- Strategic Partnerships Manager, Hampshire Safeguarding Adults Board

The objectives of the Safeguarding Improvement Board were:

a. To ensure appropriate actions have been identified and undertaken to address the areas of concern
b. To provide a direct line of reporting and accountability for the actions / work streams being undertaken by providers
c. To provide an accessible escalation route to address any areas that may prevent or hinder the necessary actions being taken
d. To provide strategic support to providers as required.

The PSAB commissioned independent consultants CPEA to produce a report and recommendations to initiate the work and detailed action plans were developed in response to the recommendations in these reports.

The Improvement Board met for the final time in November 2018. The majority of recommendations had been completed and the remaining outstanding actions were in hand. The following improvements were noted:

- The adults and children's safeguarding teams are now co-located and there is a single contact number. There is now increased capacity within adult safeguarding.
- Reporting mechanisms are now clear and include reporting to the Trust Board.
- The backlog of DoLS notifications to CQC has been cleared and there is a process in place for managing these.
- Data on safeguarding alerts, S42 safeguarding enquiries and DoLS are collected and monitored on a weekly basis, and any anomalies are addressed.
- Policies are now integrated and a new MCA/DoLS policy has been developed.
- Training has been reviewed and extended, and 100 staff have been trained using simulation training. This has produced demonstrable outcomes for staff at all levels.
- Support was being received from a Best Interests Assessor from Hampshire County Council, and external agencies had offered support and training.

PHT indicated that plans for future improvement work include:

- Work on MCA/DoLS, addressing the enforcement notices from CQC.
- Embedding the training strategy.
- Embedding the Hampshire MCA toolkit.
- Further work on domestic abuse.

It was decided that the work of the Improvement Board should conclude and monitoring would become part of business as usual for the PSAB and PSCB. A final

report and evaluation of the process were produced and distributed to partners and the Local Quality Surveillance Group.

Priority 2: Increase the number of care providers rated good or outstanding by CQC

Service users experience high quality and safe care in all care settings in Portsmouth.

Case Study: Quality Improvement Team

The Quality Improvement Team was established in April 2018 to work proactively with all Portsmouth care homes and domiciliary care providers in a positive and supportive manner to enhance the quality of care provision and to prevent low level concerns escalating. The team was established due to the concerns about the quality of care in Portsmouth, with a need for improvement in Care Quality Commission (CQC) ratings and coordination of approaches to support providers. The team is hosted by Portsmouth CCG and is funded jointly with Portsmouth City Council Adult Social Care. The small team is an integrated health and social care team which includes both nurses and social workers. The team's remit is to support providers to meet the quality standards and requirements of CQC, and to sustain and continuously improve the quality of services by:

- Offering advice and signposting to resources and development opportunities to support best practice.
- Working with care home / domiciliary care staff to audit quality of care as a means to showcase excellence across the sector, to identify unmet need or unacceptable variation in care, and to drive improvement where necessary.
- Encouraging reporting of incidents and concerns, and supporting action planning, risk assessment and positive risk taking.
- Designing bespoke support for individual providers and managers through action planning as part of the quality audit process, which may include training, group workshops and/or one-to-one guidance.
- Developing sustainable initiatives to support the sector as a whole to ensure most appropriate and effective provision to enable care homes and domiciliary care providers to deliver the best possible person -centred care.

The Quality Improvement Team maintains a dataset and regularly reports to the new Quality Improvement Board, which includes senior managers from Portsmouth CCG and Portsmouth City Council and provides oversight of the quality of care provision within the city.

Priority 3: Pan-Hampshire working

Adults at risk will experience a consistency of approach across all agencies working in Portsmouth, Southampton, Hampshire and the Isle of Wight. Additional staff training will improve how adults at risk are identified and supported. Areas we will improve on are:

- *Supporting the whole family in a joined-up way*
- *Supporting people who self-neglect through hoarding*

- *Early signposting to sources of support for people who are vulnerable*

We will also work with partners on a pan-Hampshire basis to:

- *Reduce fire deaths by supporting adults at risk to improve fire safety*
- *Monitor and learn from deaths, and ensure that any failures in the system are identified and addressed effectively*

Through the 4LSAB Policy Implementation sub-group, a number of pan-Hampshire policies and protocols have been agreed to help staff support adults at risk.

In August 2018 the World Health Organisation categorised Hoarding as a standalone medical disorder for the first time. With key input from Housing services in the various local authorities and Hampshire Fire and Rescue Service, Hoarding Guidance was developed to help staff to identify when to raise concerns regarding poor self care or lack of care for living conditions, and identify agencies who can provide support.

Based on learning from Safeguarding Adults Reviews across the region, it was identified that it would be helpful to have a formal process in place for situations where staff need to challenge the professional practice or delivery of services in another agency. In response, the Escalation Protocol was developed to enable professionals to challenge effectively and resolve issues in a timely way. The protocol ensures that the risks to the adult concerned are minimised and their wishes and preferences are taken into account, in line with the principles of 'Making Safeguarding Personal'.

Hampshire Constabulary held a workshop for partners in January 2019 to scope the development of a toolkit to help frontline practitioners on visits to look beyond the issue they are there to address and consider the wider indicators and symptoms of vulnerability, and associated risks. Identifying that frontline staff can often be overwhelmed by the amount of information available, Hampshire Constabulary are now leading on work to draw together key information so that practitioners will be able to signpost more effectively to appropriate services.

Following the publication of the Independent Panel's report into deaths at Gosport War Memorial Hospital,[3] a new 4LSAB 'Learning from Deaths' meeting was convened in September 2018. This group has undertaken work to map out the mechanisms in place to respond to unexpected deaths and to provide ‘early warning’ of emerging systemic issues, across the pan-Hampshire health and social care system. The group also reviewed actions taken in response to the Gosport War Memorial Hospital, and the findings from other reviews such as Safeguarding Adults Reviews and the Learning Disabilities Mortality Review Programme (LeDeR).

Case Study: Learning from fatal fires

Hampshire Fire and Rescue Service (HFRS) led a piece of work analysing all fire deaths across Portsmouth, Southampton, Hampshire and Isle of Wight between

[3] Gosport Independent Panel, *The Panel Report,* https://www.gosportpanel.independent.gov.uk/panel-report/

2015 and 2017. Most of the cases were known to the relevant local authority and 16 cases (out of 26) had care and support needs with long term care and support in place. A standardised audit tool was developed to collate the information and this will be used for future work. The work identified a range of risk factors: environmental (such as living alone); behavioural (such as smoking, hoarding); and health-related (such as dementia, poor mobility). Areas for further work identified as a result of the project included:

- Fire safety and prevention needs to be an integral part of the support offered by partners, and in particular domiciliary care providers.
- Guidance needed on signs and indicators of fire safety risk, guidance relating specifically to ignition sources, smoking.
- Targeted work in mental health services.
- Awareness training to increase referrals to HFRS for Safe and Well visits.
- Use of the Multi-Agency Risk Management process to manage on-going risk.

These recommendations will be led and coordinated through a new 4LSAB Fire Safety Development Group.

Priority 4: Improve the quality of transition

Service users moving between Children's Services and Adult Services receive timely, effective and coordinated support to help them stay safe and plan for adulthood.

Families are supported in a holistic and joined-up way by all professionals.

Alongside the 4LSAB and the four Local Safeguarding Children Boards (4LSCB), a 'Family Approach' protocol was developed. The Family Approach secures better outcomes for children (including unborn babies), adults with care and support needs, children and their families by co-ordinating the support they receive from Adult and Children and Family Services. The protocol was launched at the HSAB/HSCB conference in January 2019 and a toolkit to assist professionals is under development. Training for practitioners on the use of the new toolkit is planned across the four local authority areas for 2019-20.

Portsmouth City Council has also begun work on revising its transition policy.

Priority 5: Ensure PSAB decision making is underpinned by robust data

Service users and carers are assured that Board priorities and plans are shaped by evidence, and that resources are allocated where they are most needed.

The Board now receives regular data at each meeting from the Adult Multi-Agency Safeguarding Hub (MASH), Hampshire Constabulary, and Hampshire Fire and Rescue Service.

The MASH reviewed the way it collects and records data on safeguarding concerns and has made some changes so that the data provided to the Board is more useful in making comparisons and identifying trends.

Through the 4LSAB Quality Assurance sub-group, a dataset has been agreed which will enable data collection from a wider range of agencies, including NHS partners and Trading Standards. It is planned that the use of the dataset will be rolled out in 2019-20.

Priority 6: Improve safeguarding adults practice within Portsmouth

Adults at risk will receive a high quality response if referred to safeguarding services, in line with 'Making Safeguarding Personal' principles. If they do not meet the threshold for safeguarding, agencies will work together effectively to ensure that risks are documented and managed.

The 4LSAB Workforce Development sub-group has begun a review of the 4LSAB learning and development framework, following the publication of a new NHS Intercollegiate document setting out the required competencies in adult safeguarding for staff in different roles. In response to a request by Healthwatch Portsmouth for e-learning resources which could be accessed by the voluntary sector, the sub-group also developed a list of adult safeguarding e-learning opportunities.

Priority 7: Develop engagement with service users, carers and the public

Service users, carers and the public understand that safeguarding is everybody's business. They have access to information about safeguarding, including how to raise a concern and how to keep safe. There are mechanisms for service users, carers and the public to engage with the Board.

The Board conducted a review of its membership to ensure that relevant partners are involved and that its reach is maximised. As a result, the Board has recruited a representative from the voluntary sector and from the University of Portsmouth.

Working with members, the Board is in the process of conducting a review of its website.

Jointly with the other three LSABs, the Board has commissioned an 'animation scribe' video to help explain to service users and the public what safeguarding is and the process of raising a concern. It is planned that this will be completed in 2019-20.

Learning from Safeguarding Adults Reviews

The Care Act 2014 states that a Safeguarding Adults Review (SAR) must take place when:

"There is reasonable cause for concern about how the Safeguarding Adults Board, members of it or others worked together to safeguard the adult, and death or serious harm arose from actual or suspected abuse".

The PSAB has a SAR sub-group which is chaired by the Deputy Director for Quality and Safeguarding from NHS Portsmouth Clinical Commissioning Group. The group is a multi-agency group with members who have a specialist role or experience in safeguarding adults. The group met monthly during 2018-19 and part of each meeting is conducted jointly with the Portsmouth Safeguarding Children Board's (PSCB) Case Review Committee (CRC) to work together on cases which might involve both children's and adult services.

Summary of SAR activity during 2018-19

Two new SAR referrals were received in 2018-19. One of these referrals was not considered to have met the criteria for a SAR, but it was identified that there may be learning for substance misuse services within the city for cases when a client is discharged following detoxification treatment. A learning event has been planned with all the agencies involved in the case to explore this issue further. For a second case, scoping has been initiated to identify whether or not the criteria for a SAR have been met.

Further work has been undertaken on the SAR which had been commissioned as a result of a referral from 2017-18. An independent author has been engaged to write a report on the case, working under the oversight of a SAR panel. This review is close to concluding and will be published early in 2019-20.

One SAR referral was carried forward from 2017-18. The case was referred by Hampshire Fire and Rescue Service (HFRS) after they attended a house fire in which a death occurred. After scoping the case, it was decided that the criteria for commissioning a SAR had not been met. Although the coroner found that the death was due to a medical cause and that the fire started subsequent to death, both HFRS and Solent NHS Trust reviewed their processes for working with clients who need home oxygen for their medical condition and introduced some improvements as a result. These include:

- Information about home oxygen users is shared with HFRS by the supplier, who then offer all users a Safe and Well visit. Home oxygen information is shared to responders at incidents.
- The safety information advice and guidance provided to home oxygen users by clinicians has been reviewed and standardised by the supplier and HFRS.
- The supplier completes direct referrals for people who have been refused home oxygen installation because the risks are too high.
- There are regular review meetings with NHS Home Oxygen and the supplier.
- Online training is available for practitioners.
- There is improved training about home oxygen use for operational firefighters in partnership with the supplier.
- HFRS is also working on a Fire Fatality Thematic Review across Hampshire in partnership with the Safeguarding Boards, and a Fire Safety Development Group has been established to oversee the work emerging from the findings.

Additional learning and review work undertaken by the SAR sub-group

The Hampshire Safeguarding Adults Board undertook a thematic review of their SARs related to Learning Disability and physical health care.[4] The PSAB SAR sub-group reviewed the recommendations and action plan from this review to assure itself that the learning has also been embedded within organisations working in Portsmouth. Following on from this, in February 2019, PSAB collaborated with the other Safeguarding Adults Boards to host a 4LSAB workshop to develop the Health

[4] http://www.hampshiresab.org.uk/wp-content/uploads/HSAB-Thematic-Review-1.pdf

Sector response to learning from local Safeguarding Adults Reviews relating to meeting the physical health needs of people with learning disabilities.

Similarly, in response to Southampton Safeguarding Adults Board's publication of a learning review of the case of Adult H,[5] the SAR sub-group reviewed the findings in relation to Portsmouth. As a result, the sub-group scrutinised the data on the take-up of Annual Health Checks for people with a learning disability, and satisfied itself that the take-up is good and improving within Portsmouth. The sub-group also recommended to the PSAB that assurance is sought from its members that the new Escalation Protocol has been fully embedded within their organisations.

The Government's Rough Sleeping Strategy[6] was published in August 2018, and included a recommendation that Safeguarding Adults Boards should conduct SARs into the deaths of rough sleepers where abuse or neglect is suspected. The SAR sub-group was concerned that there was no mechanism for identifying the deaths of rough sleepers so they could be considered for SARs, so undertook some work to review the processes so that all such deaths would be reported to them, with a standing item on the agenda. Portsmouth Hospitals NHS Trust (PHT) reviewed their mortality review process to help identify rough sleeper deaths, and figures are now being reported to the SAR sub-group by the Police, South Central Ambulance Service NHS Foundation Trust (SCAS), and PHT. No such deaths were identified in 2018-19. As a result of this work data is also now being gathered and monitored on the reasons why rough sleepers have contact with SCAS, and processes have been clarified whereby SCAS can refer rough sleepers to the MASH if safeguarding concerns are identified.

Safeguarding Activity in Portsmouth

Safeguarding Duty

Under Section 42 of the Care Act, a local authority has a duty to make enquiries or cause others to make enquiries in cases where it has reasonable cause to suspect

- that an adult has needs for care and support (whether or not the local authority is meeting any of those needs) and
- is experiencing, or at risk of, abuse or neglect and
- as a result of those care and support needs, is unable to protect themselves from either the risk of, or experience of, abuse or neglect.

Portsmouth has an Adult Multi-Agency Safeguarding Hub (MASH) with a team of social workers and police officers working together who have direct links with colleagues in areas such as health, trading standards and children's safeguarding. The MASH manages a high volume of referrals.

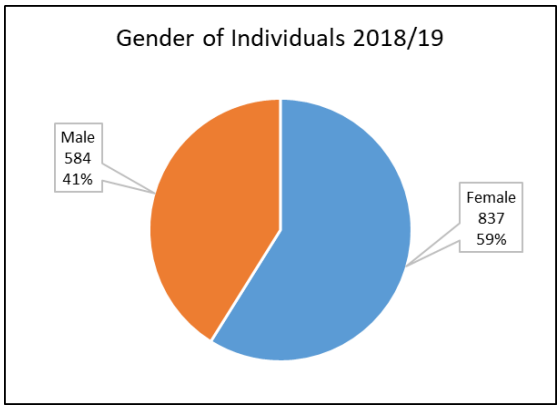
Data collected by the MASH gives further information about who has experienced abuse or neglect in Portsmouth, where abuse has taken place, and the types of risk they have experienced. The information below is taken from the NHS Digital Safeguarding Adults Collection end of year return.

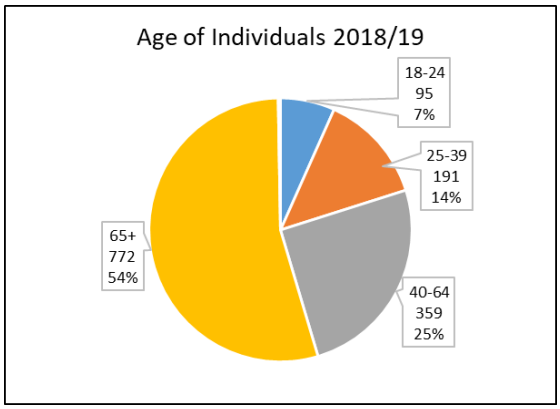
[5] http://southamptonlsab.org.uk/wp-content/uploads/Southampton-LSAB-Adult-H-6-step-briefing.pdf
[6] https://www.gov.uk/government/publications/the-rough-sleeping-strategy

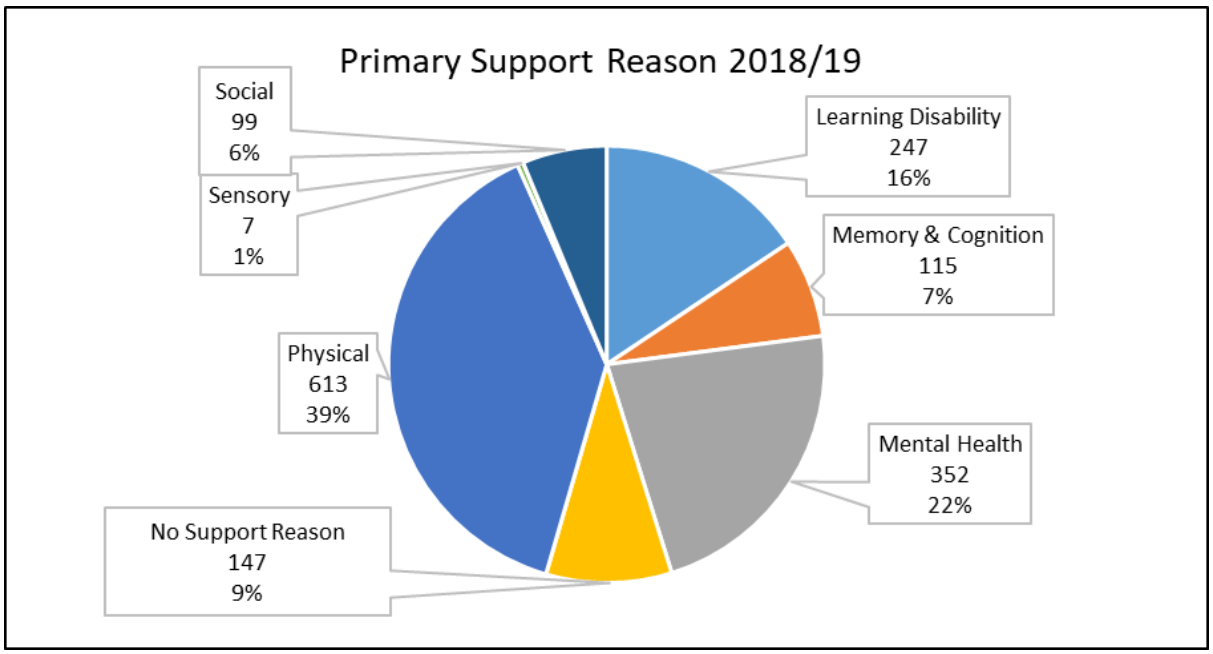
If an issue about an adult safety or welfare is raised with the MASH, this is categorized as a *Safeguarding Concern*. The MASH will then assess the concern and take appropriate action.

There were 2064 concerns raised in 2018-19 about 1421 individuals.

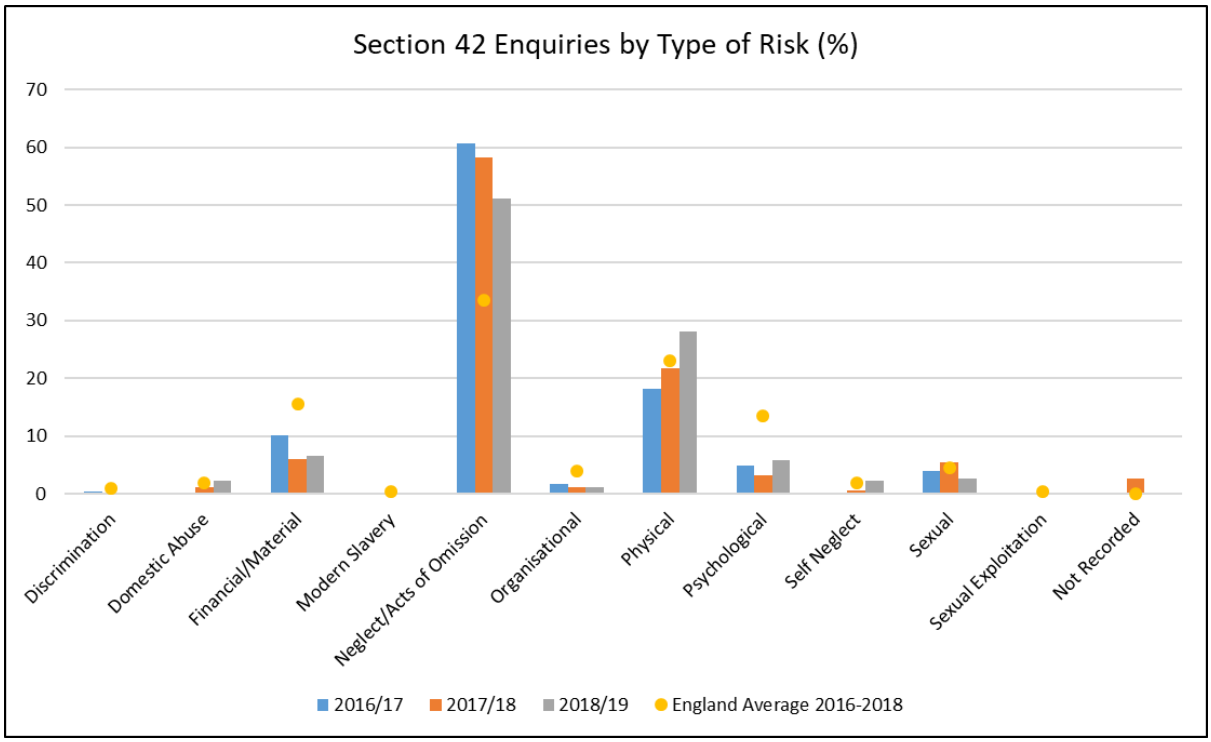
More information about the individuals involved in safeguarding concerns is shown below.

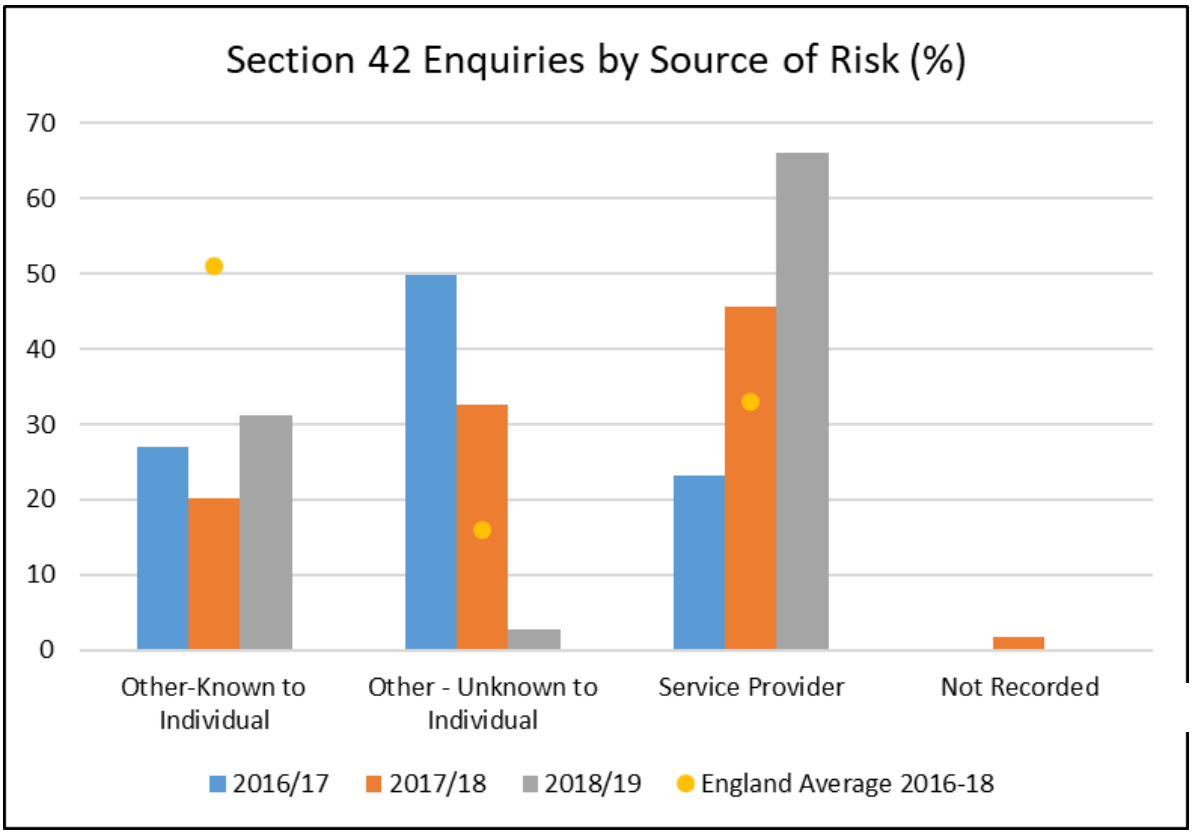


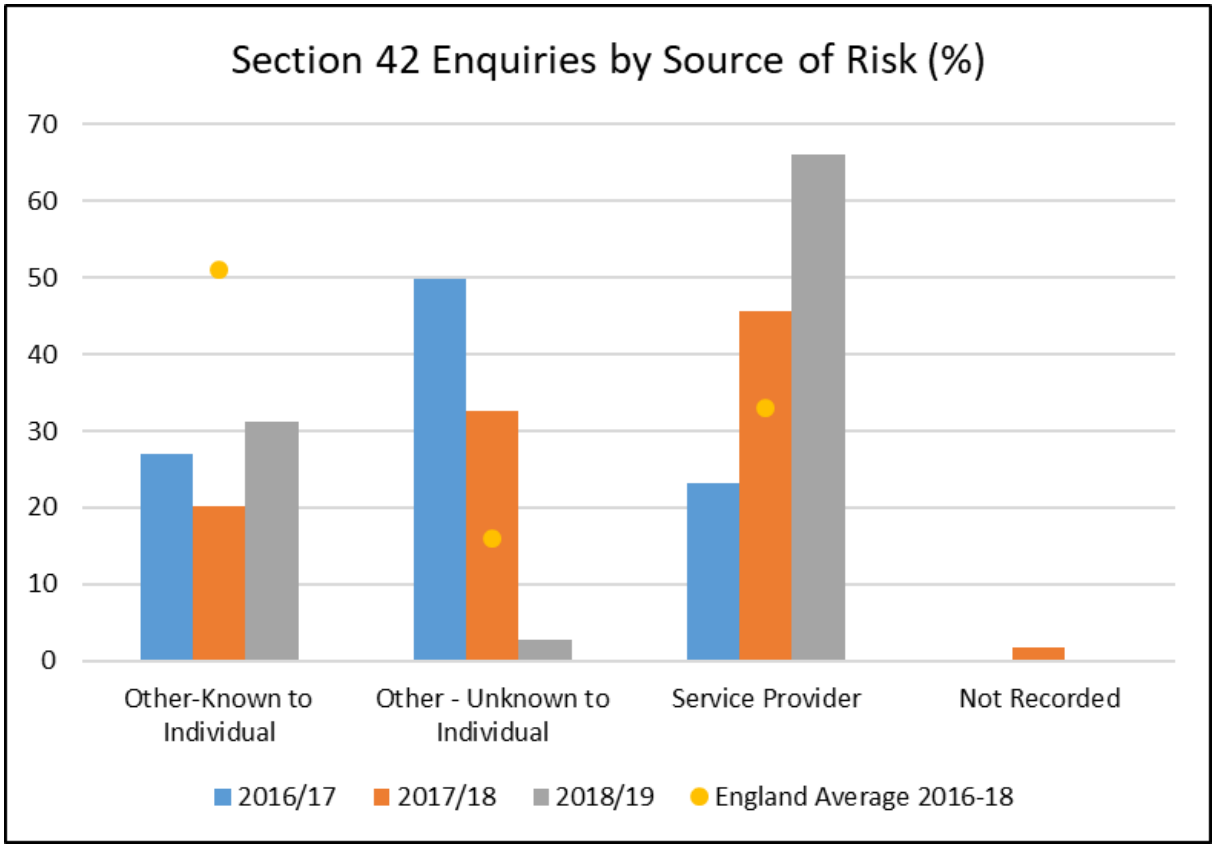




260 safeguarding concerns were taken forward as formal *Safeguarding Enquiries* under Section 42 of the Care Act.







The Board also receives data regularly from Hampshire Constabulary and Hampshire Fire and Rescue Service.

In 2018-19 Hampshire Constabulary reported:

- 10 incidents of Honour Based Violence where the victim was over 18.
- 6 incidents of trafficking of a person over 18.
- 782 high risk domestic crimes
- 607 incidents of hate crime

HFRS carried out 641 Safe and Well visits in Portsmouth in 2018-19.

There were 0 domestic homicides in Portsmouth in 2018-19.

There were 0 fire deaths in Portsmouth in 2018-19.

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Glossary

4LSAB - The Portsmouth, Southampton, Hampshire and Isle of Wight Safeguarding Adults Boards.

4LSCB - The Portsmouth, Southampton, Hampshire and Isle of Wight Safeguarding Children Boards.

CCG - Clinical Commissioning Group. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

CPEA - specialist social care consultants.

CRC - Case Review Committee (a committee of the Portsmouth Safeguarding Children Board, which also meets jointly with the Safeguarding Adults Review sub-group of the Portsmouth Safeguarding Adults Board).

CQC - Care Quality Commission. The independent regulator of all health and social care services in England.

DoLs - Deprivation of Liberty Safeguards. Part of the Mental Capacity Act 2005. A set of checks that aims to make sure that any care that restricts a person's liberty is both appropriate and in their best interests.

HFRS - Hampshire Fire and Rescue Service.

LeDeR - Learning Disabilities Mortality Review programme. A national programme funded by the NHS to review the deaths of people with a learning disability. It aims to reduce premature deaths and health inequalities for people with learning disabilities.

LSAB - Local Safeguarding Adults Board.

MASH - Adult Multi-Agency Safeguarding Hub. A multi-agency team including social workers and police officers which is the first point of contact for adult safeguarding concerns.

MCA - Mental Capacity Act 2005. The Act is in place to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment.

MSP - Making Safeguarding Personal. A personalised approach that enables safeguarding to be done with, not to, people.

NHS - National Health Service.

PHT - Portsmouth Hospitals NHS Trust. A large district general hospital providing comprehensive acute and specialist services. The main site is Queen Alexandra Hospital in Portsmouth.

PSAB - Portsmouth Safeguarding Adults Board. A multi-agency partnership which oversees and coordinates work to keep adults at risk safe in Portsmouth.

PSCB - Portsmouth Safeguarding Children Board. A partnership which brings together all the main organisations who work with children and families in Portsmouth, with the aim of ensuring that they work together effectively to keep children safe.

SAB - Safeguarding Adults Board.

SAR - Safeguarding Adults Review. A multi-agency review process which Safeguarding Adults Boards must carry out to identify learning when an adult at risk dies or is seriously harmed as a result of abuse or neglect, and there are concerns about the way in which organisations worked together to safeguard the adult.

SCAS - South Central Ambulance Service NHS Foundation Trust.

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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:	Update on Mr D Safeguarding Adults Review and Child G Learning Review
Date of meeting:	8th January 2020
Report by:	Alison Lawrence, Portsmouth Safeguarding Adults Board Manager
Wards affected:	All

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1. Requested by

Chair, Health and Wellbeing Board

2. Purpose

2.1 To update the Health and Wellbeing Board on progress in pursuing the recommendations of the Mr D Safeguarding Adults Review and the Child G Learning Review.

3. Background

3.1 At the meeting of 25th September, the Health and Wellbeing Board considered recommendations from the recent PSAB Safeguarding Adults Review ('Mr D'). One outcome from that meeting was to request an update from the PSAB and PSCP on the progress made with the recommendations from both the Mr D review and the Child G Learning Review undertaken by the PSCP which shares many of the themes.

4. Monitoring process for recommendations and action plans

4.1 The PSAB and PSCP have developed multi-agency action plans to implement the recommendations made by the independent reviewers for these cases. As there are themes and actions common to both cases, it was decided that the two action plans should be combined. The PSAB SAR sub group and PSCP Learning From Cases sub group meet jointly on a monthly basis and oversee this multi-agency action plan. Agencies are asked to submit RAG-rated updates on a bi-monthly basis and actions are reviewed by this group and closed when they are confident that the action has been completed. The actions identified by individual agencies as part of their Individual Management Reviews are also being monitored as part of the

combined action plan. Where relevant, partner organisations have been asked to give assurance that their systems, processes or practice have been reviewed in light of the findings of the reviews, and their responses and resulting action plans are also scrutinised by the joint sub group.

4.2 Where actions are not progressing in a timely manner, or there are concerns about the effectiveness of the actions being taken in addressing the original recommendations, initially these will be addressed by the Chair of the Committee. If the issue persists, then these will be escalated to the relevant PSCP Executive/PSAB Governance Group for consideration and follow-up as necessary. Once complete, these action plans are signed off by the PSCP Partnership Board, and by the PSAB Governance Group on an exception basis.

5. Examples of actions undertaken in response to the reviews

5.1 The following are examples of some of the actions that have been taken to address the recommendations from the reviews:

- The PSAB and PSCP jointly held 9 multi-agency training sessions in May/June 2019, reaching 237 staff to disseminate the learning from the cases. Three of these sessions were held at Queen Alexandra Hospital. Staff were asked to commit to making changes to their practice based on their learning and this is being followed up with a sample of attendees. Learning from the reviews has also subsequently been embedded in routine training opportunities for staff, for example via the regular briefings held by the Principal Social Worker.
- The PSAB and PSCP have worked with the other Safeguarding Adults Boards and Safeguarding Children Partnerships in Hampshire, Southampton and the Isle of Wight to develop a 'Family Approach' protocol and supporting toolkit. The 'Family Approach' aims to secure better outcomes for children, adults with care and support needs, and their families by co-ordinating the support they receive. The PSAB and PSCP delivered two multi-agency training sessions on this in September 2019, and a further session was put on in December 2019 following demand from staff.
- All GP practices in Portsmouth were asked to review their systems and processes to monitor adults with care and support needs who make frequent use of emergency services. This led to actions including the introduction of a new policy giving best practice for adults with a learning disability at one practice; and new processes to automatically identify such cases being introduced at several practices.
- Adult Social Care, Children and Families, PHT and Solent NHS Trust have all undertaken work to improve supervision. Audits have been undertaken to confirm changes have been implemented.

6. Areas of work still outstanding

6.1 Adult Social Care and Children and Families have been working together to review the transition policy to incorporate the learning from Child G and Mr D. This revised policy is still in draft and is being overseen by the SEND Preparing for Adulthood

group. It is planned that there will also be co-production of the document via the SEND Board representatives.

6.2 An organisational self-audit of Mental Capacity Act 2005 has been carried out. Based on the responses to this, and similar work undertaken recently by Hampshire, Southampton and Isle of Wight Boards, there is still work to be done regarding the Mental Capacity Act in terms of understanding, compliance and training. Further discussions will also take place with the other Boards and at STP level to identify further actions which may be taken on a system-wide basis.

……
Signed by Andy Biddle, Deputy Director of Adult Social Care, Portsmouth City Council

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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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	27th November 2019
Subject	Domestic Violence and Abuse Strategic Review 2019 - 2023
Report by:	Lisa Wills, Strategy and Partnership Manager Bruce Marr, Head Harm and Exploitation
Wards affected:	All
Key decision:	Yes
Full council decision:	No

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1 Purpose of report

1.1 Seeks approval for the updated Domestic Violence and Abuse Strategy 2019-23.

2 Recommendations

The Health and Wellbeing Board:

2.1 Approves the updated three year Domestic Violence and Abuse Strategy (see appendix A to this report) and agrees to review and refresh the action plan annually

2.2 Partners consider whether the investment locally in responding to domestic abuse is sufficient (see page 8, and appendix A to the strategy document)

2.3 Monitoring of the action plan is delegated to the Domestic Abuse Steering Group (see appendix C for membership).

3 Background

3.1 Discussions at the Safer Portsmouth Partnership on 13th December 2018 and again at the Domestic Abuse Steering Group on 14th January 2019 recommended a review of services and resources in relation to domestic abuse would be helpful and timely. The current strategy was updated in 2017 and prior to this 2012.

3.2 It was subsequently agreed in discussion with Children's Services Directorate Management[1] Team that a swift, light touch review of services across the city

[1] Feb 11th 2019

was the preferred option with an initial deadline of end of May 2019[2]. However, as work progressed, and partners have engaged with the process, the need to deepen and broaden the scope of the review became clear. The original scope was extended to enable a complete refresh the strategy approved in 2017.

4. Methodology

Using a tried and tested structure, the strategy was developed between January and October 2019 with the full range of partners engaged and involved. The process included three multi-agency workshops, data analysis, service user interviews, survey in schools and also draws on local and national research. The draft strategy and delivery plan attached as appendix A, was reviewed by the Domestic Abuse Steering group on 7th August and on 23rd October by Children, Families and Education Directorate Management Team.

4.1 The strategy aims to ensure that:

- Everyone in the city - especially young people - understand what a healthy relationship looks like
- Everyone in the city knows where to get the right support for their needs
- That professionals understand both the presenting and underlying needs of adults and families struggling with unhealthy or abusive relationships
- That there is a clear measurable, process to access the right support and that support is provided for as long as required in order to keep adults, children and families safe
- That those who use coercive control, unhealthy or abusive behaviour are held to account and supported to change insofar as this is possible.

4.2 There are five priorities for improvement:

A. Promote healthy relationships
B. Improve identification and assessment
C. Challenge and support those who use abusive or unhealthy behaviours
D. Hold to account those who use coercive control and violence
E. Improve performance monitoring, quality assurance and workforce development

5. Key issues

5.1 ***Data and understanding demand***: Given the nature of domestic abuse and associated under-reporting to police and other responsible authorities, it is difficult to assess the level and patterns of need in the city. Despite regular detailed analysis and monitoring of relevant data sets, there are still significant gaps in our shared understanding about the impact of services and the experience of services users.

[2] Interviews with service users, evaluation of "Is This Love" campaign in schools, pathway analysis and resource/service mapping.

5.2 ***Gathering the views of service users:*** this proved particularly difficult for a number of reasons, including concerns about the voice of the child and possible re-traumatisation of victims. Interviews with 13 service users from across our specialist services were undertaken and analysis of this data will be helpful in developing a more sustainable approach to understanding if services are making a difference top clients.

5.3 ***Inconsistent funding:*** analysis of current funding found a high proportion is short term and insecure. There are currently 21 grant funded or commissioned services (see appendix 1 to revised strategy document). 67% of this funding ends in March 2020, 24% in March 2021. Given the financial impact of domestic abuse on public services and the current financial pressures, this situation needs urgent attention.

5.4 ***Changing the language of domestic abuse***: in recognising the complex dynamics of domestic abuse we need to develop a new language for those who use unhealthy behaviours, violence and coercive control. It is also important to understand, that in the context of domestic abuse, 'families' don't always include children.

5.5 ***Referrals from health services:*** referrals from a range of health services, particularly from GPs, have fallen and require local scrutiny and focus. In 2014/15, 112 referrals were received from GPs. In December 2017 a paper was brought to the Safer Portsmouth Partnership (see Appendix B) raising the decline in referrals as an issue arising from. However in the past year (2018/19) only 10 referrals were received.

5.6 ***Understanding need - assessment, decision making and multi-agency working:*** it became clear early in the process that current risk assessment processes did not provide enough information about underlying needs for effective support planning to take place. Police processes have changed recently and this will have an impact on the capacity of specialist services and multi-agency working including the Multi-agency Risk Assessment Conference (MARAC) process.

5.8 ***Prevention:*** There was insufficient time to explore the prevention agenda in detail so there is more work to do in this area. Portsmouth's awareness raising campaign 'Is this Love?' will be delivered by the council's corporate communications team going forward. Resources have been identified to continue the campaign for the next 12 months.

6. **Equality Impact Assessment** - attached

7. **City Solicitor Comment**

The legal position is outlined within the body of the report and more accurately fully supported within the attached appendices. The report reflects the Domestic Violence Bill 2019 which whilst not enacted is the future primary legislation likely to be dealt with by the next Parliament. Additionally the appendices show

that the author(s) of the report has taken reasonable and proportionate steps to engage with a wide range of relevant organisations, service providers and service users to formulate a balanced and supported analysis of the key data.

8. **Finance Comments**

The 2019/20 Portsmouth City Council budget totals £797,800 (37% of the total cost of Domestic Abuse prevention) any request to increase further the Councils financial commitment to Domestic Abuse prevention recommended by the Board would require approval by the Cabinet of the City Council including the identification of an appropriate funding source

Portsmouth Domestic Violence and Abuse Strategy - 2020-2023

November 2019

Section A

Introduction

Discussions at the Safer Portsmouth Partnership on 13th December 2018 and again at the Domestic Abuse Steering Group in early 2019 suggested a review of services and resources in relation to domestic abuse would be helpful and timely.

It was subsequently agreed in discussion with Children's Services Directorate Management Team[1] that a swift, light touch review of services across the city was the preferred option with an initial deadline of end of May 2019. However, as work progressed, and partners have engaged with the process, the need to deepen and broaden the scope of the review has become clear. The original scope was extended to enable a complete refresh the strategy approved in 2017.

Legislation and research update

During the development of this strategy the **Domestic Abuse Bill** is in the early stages of the parliamentary process. The Bill considers establishing a legal definition of domestic abuse. This strategy is guided by the current definition[2] but can be amended if the Bill is passed in the new parliament. Of the nine measures identified in the Bill, the prevention requirements include:

- introducing a new Domestic Abuse Protection Notice/Order to further protect victims and place restrictions on the actions of offenders can be made not only by the police but also by the victim, specialist agencies and other third parties at the discretion of the court
- place the guidance supporting the Domestic Violence Disclosure Scheme on a statutory footing
- ensure that, where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social housing tenant who had or has a secure lifetime or assured tenancy (other than an assured short hold tenancy), this must be a secure lifetime tenancy

Central government launched several other significant consultations in relation to **serious violence** and accommodation related support for those suffering domestic abuse. The Safer Portsmouth Partnership has formally responded to the serious violence consultation and the Domestic Abuse

[1] Feb 11 2019

[2] https://www.gov.uk/government/news/new-definition-of-domestic-violence

Steering Group submitted its response to the Ministry of Communities, Housing, and Local Government consultation on **accommodation based provision for victims of domestic abuse**. The Ministry of Justice is also consulting on the best way to **support victims.**

From September 2020 it will be compulsory for secondary schools to deliver **sex and relationships education** and all schools relationship education.

Although research on the impact of **adverse childhood experiences** (ACEs) has been used in recent months to highlight the impact of domestic abuse on young people, the early help needs assessment process will balance this risk factor with levels of resilience.

Research in Portsmouth has shown that only about 5% of those who use unhealthy or abusive behaviours are offered support.[3]

Vision and ambition

This strategy aims to make sure that

- Everyone in the city - especially young people - understand what a healthy relationship looks like
- Everyone in the city know where to get the right support for their needs
- That professionals understand both the presenting and underlying needs of adults and families struggling with unhealthy or abusive relationships
- That there is a clear measurable, process to access the right support and that support is provided for as long as required in order to keep adults, children and families safe
- That those who use coercive control, unhealthy or abusive behaviour are held to account and supported to change insofar as this is possible.

Section B

What is the data telling us? Understanding demand for domestic abuse services

The 2017 Office of National Statistics (ONS) report[4] found only 46% of domestic abuse was reported to police nationally, so the local level of demand is also likely to be an underestimate. Recent increases in the number of domestic incidents and crimes recorded by police in Hampshire will also be affected by the impact of the 2018 crime data integrity inspection (HMIC[5]). Given this level of under-reporting and the recording issues highlighted in the HMIC report, it is difficult to assess the level and patterns of need in the city with any real accuracy.

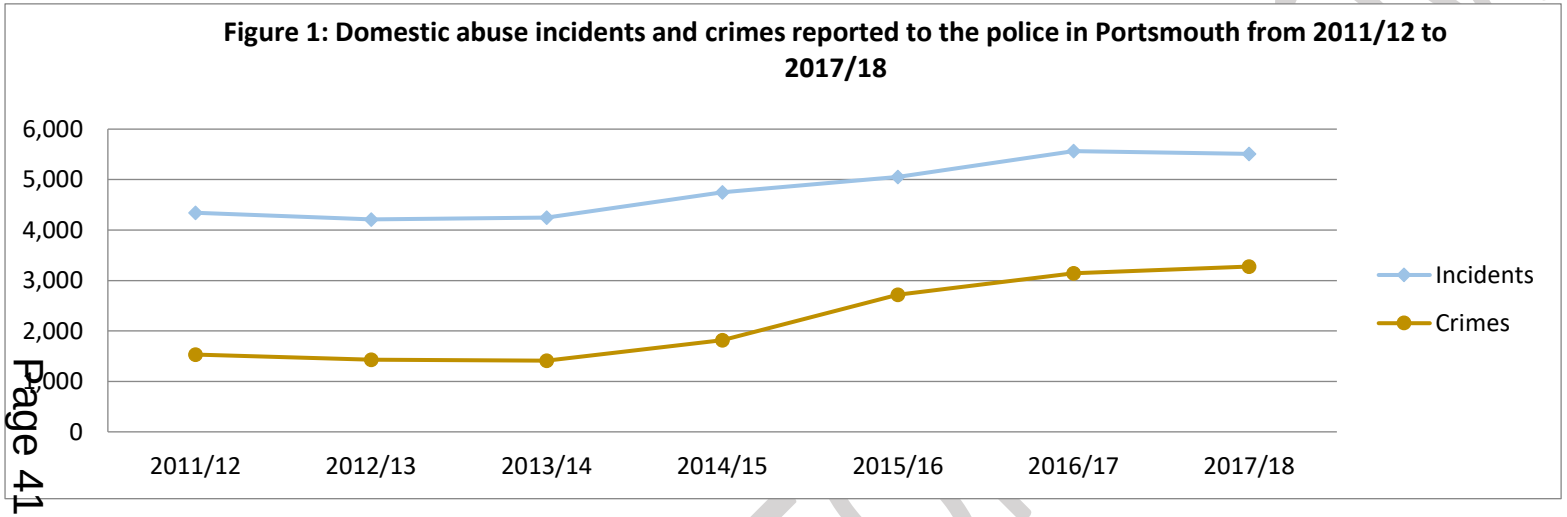
[3] S. Graves February 2019 'Are we successfully engagement repeat victims/survivors and perpetrator of domestic violence and abuse?'

[4] Page 4 (download in PDF) https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2017

[5]The 8.7 percent of reported crimes that go unrecorded include violence and domestic abuse offences. https://www.justiceinspectorates.gov.uk/hmicfrs/publications/hampshire-constabulary-crime-data-integrity-inspection-2018/#violence-against-the-person

The best estimates of prevalence are from the Crime Survey for England and Wales and police recorded incidents and crimes. As well as reporting to the police, domestic abuse can be disclosed to friends and family or reported to professionals, such as social workers, housing officers. We know also that domestic abuse is complex and dynamic; it is sometimes challenging to differentiate between the 'victim' and 'perpetrator'. The most recent Crime Survey for England and Wales (CSEW) estimated that 7.5% of women and 4.3% of men aged 16 to 59 had experienced DVA in the last year.[6] This equates to approximately 4,860 women and 3,040 men aged 16-59 in Portsmouth or a total of ***7,900 victims*** of DVA in 2016/17.[7] Nationally just over half the CSEW estimate were reported to Police (n1,068,020), but in Portsmouth the rate of reporting is higher with 5,508 incidents reported to the police, 59% (n3,276) of which were recorded as crimes. About a quarter of these will be repeat incidents, so there will be more victims than perpetrators. Numbers have increased steadily since 2013/14 (see figure 1). This may be due to improved reporting.

Figure 1: Domestic abuse incidents and crimes reported to the police in Portsmouth from 2011/12 to 2017/18



Data from support services also provides good information about risk and some information about the needs of clients that do seek help or are referred.

We also know that:

- Just under **20% of Multi-agency Safeguarding Hub contacts** involved evidence of domestic abuse.[8]
- Domestic abuse was noted as factor in **65% of child protection conferences**, **47% of repeat referrals to Children's Social Care and 40% of children taken into care had DVA as an issue in 2017/18.[9]**

[6] Office for National statistics (2017). *Statistical Bulletin: Domestic Abuse in England and Wales: Year ending March 2017)*. Retrieved from: file:///C:/Users/csf151/Downloads/Domestic%20abuse%20in%20England%20and%20Wales%20year%20ending%20March%202017%20(1).pdf and most recently https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018

[7] Using ONS mid 2017 estimate, retrieved on 25/09/18 from: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[8] SPP *Domestic Abuse: Measuring Success Performance Report - Q4 2017/18*

[9] Data from Children's Social Care

- The impact of domestic abuse on very young children is often under estimated and the impact on school age children could affect their ability to achieve.[10] **Low educational attainment and insecure family environments are risk factors for young people** in relation to entering the criminal justice system.
- Research has found that the single biggest predictor for children becoming either perpetrators or victims of domestic abuse as an adult is whether they grew up in a home with domestic violence.[11]
- Only a small proportion of those experiencing (and/or reporting) repeat incidents of domestic abuse receive a support from specialist services - approx. 60% of victims and only 5% of perpetrators.

More detailed analysis on domestic abuse can be found in the community safety strategic assessment (https://www.saferportsmouth.org.uk/wp-content/uploads/2018/07/Strategic-Assessment-2016-17-web-version.pdf

Section C - Are existing services making a difference?

The data gathered from current specialist services is limited in the city - as it is across the UK[12] - and 'success' looks different for different people so it is hard to measure in raw numbers whether existing services are making a difference to the lives of service users.

The existing 'Measuring Success' report, presented regularly to the DA Steering group, generally measures/monitors improvements to service capacity and efficiency rather than outcomes. The only metric collected regularly since 2013 that demonstrates a generally positive difference is the level of risk assessed at the beginning of contact with the specialist Portsmouth IDVA Project (previously EIP) compared to the risk level when a case is closed or referred on. The data shows that since 2013/14 this service has helped clients reduce their risk by approx. 70% rising to 82% in 2017/18. We also know from exit interviews that 94% of clients supported by Portsmouth IDVA Project (formally EIP) report a positive experience, 77% felt safe after working with the service[13]. A revised evaluation and performance framework is required going forward.

Raising awareness

The 'Is this Love?' awareness raising communications campaign has been delivered across the city since 2011/12. Based on an original Home Office campaign, 'Is this Love?' has several different strands targeted at different groups at different times during the year based on local research and analysis. For example, we know incidents of domestic abuse usually increase over the summer holidays and over the Christmas period. Posters targeted at friends of those suffering domestic abuse have been used during this period every year. In 2014 the campaign was redesigned and targeted at school age children to help them recognise and avoid unhealthy relationships. It was delivered in schools by the Public Health

[10] Byrne & Taylor (2007) *Children at risk from domestic violence and their educational attainment: Perspectives of education welfare officers, social workers and teachers.*
[11] Unicef 2006 *Behind Closed Doors: The impact of domestic violence on children.*
[12] There is such disparity across local authority areas in relation to recording domestic abuse that, research in 2016 on behalf of the Local Government Association had to use the number of incidents to assess costs to local authority services.
[13] Service user feedback from Sharon Furtado - cases closed between x and x - 95 contacted, 33% response rate (31 responses) - 71% strongly agree, 23% agree

team on or around Valentine's Day in previous years. Currently, however, 'Is this Love?' materials are provided to schools who deliver the assembly themselves.

The evaluation undertaken in 2019 for this review aimed to:

Assess awareness of the campaign in schools

- Identify how useful pupils and teachers find the campaign
- Determine whether pupils have changed behaviour as a result of the campaign
- Obtain suggestions and feedback with the view of improving the campaign

Ten secondary schools and colleges returned 1,238 self-competed questionnaires. The main findings were as follows:

Where participants answered the questions[14]:

- 63% (n645) said that the campaign had helped them recognise unhealthy behaviours,
- 31% (n333) said they would change their own behaviour
- 52% (n541) said they would challenge someone else's behaviour, and
- 74% (n794) felt they now knew where to get help for themselves or a friend.

The last question asked respondents to provide information about how the campaign could be improved. Only 13% (n161) of the respondents made any comments. In addition to raising awareness of the campaign, the key comments suggested that they would like:

- more real life examples of relationships
- guest speakers
- more information/contact numbers to get support
- to have a dedicated lesson in school on this campaign using PHSE
- more use of YouTube/Video
- for us to understand the target audience better, in particular to make it more relevant as many younger students who weren't in a relationship did not feel the campaign related to them

[14] % may not reflect total number of questionnaires as some individual questions were not answered.

Individual needs assessment

Risk levels are assessed systematically using the Domestic Abuse Stalking and Harassment (DASH check list) to identify immediate risk levels and support referrals to appropriate services. Support is delivered in the context of this assessed risk, and tailored to each client. However, the needs of those experiencing domestic abuse vary widely - counselling, re-housing, target hardening, legal protection, refuge provision, enforcement options and those couples who want the unhealthy behaviours to stop and the relationship to continue - and are not assessed in a systematic way across specialist services. Whilst Portsmouth's Early Help Assessment has been adapted and is used by the Portsmouth IDVA project, different needs assessment processes are used by Stope Domestic Abuse and Up2U.

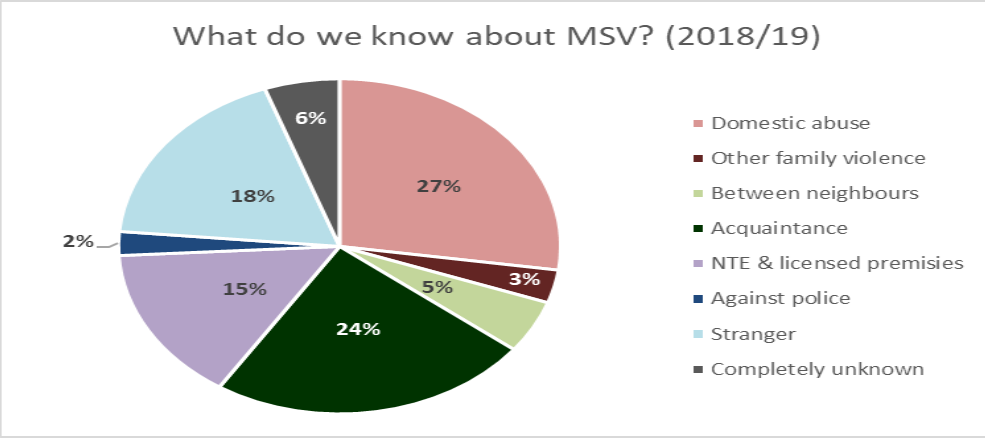
Focus on those who use "unhealthy or abusive behaviours"[15]

Previous reviews of domestic abuse services identified a significant gap in services for perpetrators of domestic abuse. Developing new services has highlighted the importance of understanding the difference dynamics of domestic abuse including co-abuse and the use of learned unhealthy behaviours and the need to use different, more restorative language when working with these clients. The new service - Up2U - has focused on raising external funds to develop and sustain delivery. It is important that this new approach is carefully monitored and evaluated in order to sustain funding.

Police have also shifted their focus to dealing more effectively with those who use coercive control and violence. Hampshire Constabulary is piloting a "high harm" team in Portsmouth to focus on those who present the greatest risk in relation to:

- Most serious violence (MSV) of which 27% is domestic violence (see pie chart)
- Domestic violence and abuse[16]
- Knife crime (associated with drugs and county lines)

The team and terms of reference are still in development so this is a good opportunity to ensure partners are involved from the outset in developing a multi-agency response to support police activity.



[15] Using the term 'unhealthy or abusive behaviours" as an alternative to 'perpetrators' is not designed to minimise the harm caused, simply facilitate meaningful engagement with individuals
[16] Other domestic violence offences not recorded as 'most serious violence'

Section D - **Current specialist services**

Appendix A identifies the support currently available in the city which includes:

- Specialist commissioned services across partner agencies
- Specialist grant funded services
- Added value from both the voluntary sector and statutory partners.

Commissioned services:

- Portsmouth Independent Domestic Violence Advocate (IDVA) Project - provides support to victims assessed at high risk and provided by Portsmouth City Council
- Stop Domestic Abuse - provides refuge provision, outreach for victims assessed at medium risk and support for children
- Victim Care Service (previously Victim Support) - now commissioned by the Office of the Police and Crime Commissioner (OPCC), provides support to victims assessed at standard risk
- PARCS[17] - commissioned by Portsmouth City Council provides counselling for victims of sexual violence and domestic abuse

Grant funded services:

- A variety of victim services have generated income from a variety of grant options including the OPCC, central government and other funders (i.e. Big Lottery)
- Services for those who use unhealthy or abusive relationships are provided by:
    - Hampton Trust who are commissioned by the OPCC to deliver Operation Car across Hampshire and the Isle of Wight; two sessions to raise awareness of domestic abuse as part of a conditional caution
    - Up2U which delivers interventions to adults who accept they use unhealthy or abusive behaviours and want to change
    - The Community Rehabilitation Company delivers Building Better Relationships (BBR) group provision and 1-2-1 support creating safer relationships to those convicted of intimate partner violence.

Added value from the voluntary sector and other partners:

- A variety of other provision is provided by the specialist domestic abuse services who work in the city

[17] Portsmouth Abuse and Rape Counselling Service

- Voluntary sector partners and statutory agencies support victims through their core delivery (e.g. midwives, health visitors, substance misuse services, housing etc.)

The financial challenge

Total cost of current specialist provision:

Portsmouth City Council	755,759
Police and Crime Commissioner (some provision includes Hampshire)	382,455
Additional time limited grant funding for a range of services	949,514
Total	***£2,087,728***

Research tells us that early intervention with both victims and perpetrators saves lives and money. Funding these services with reducing council budgets and time-limited grant funding continues to provide financial challenge. Funding has been inconsistent, short term and sometimes lacks co-ordination. We do not anticipate increases in funding for local authorities and the majority of grant funding identified above ends in March 2020 or 2021.The level of investment in services is therefore a key issue. The development of the 'family safeguarding model' has already secured some additional funding but the remodelling existing services around our clients is still a pressing priority.

Section E - What do professionals and commissioners say?

Two half day multi-agency workshops were held in March and May 2019 to undertake a 'pathway analysis' of current domestic abuse services and processes. Practitioners identified the key issues set out below each of which has been including in the priorities set out on page x (priority in brackets):

1. Need to re-design performance reporting to focus on effectiveness of services and positive outcomes for clients and their children (priority E).
2. Develop regular multi-agency audits to understand how well we are delivering services (priority E)
3. Redesign services around client/family need rather than 'perpetrators' and 'victims‘ (priorities B and C)
4. Develop information about services for perpetrators how the referral pathway works (priorities B and C)
5. Applying a tiered approach similar to children's services can be helpful to understand range of service provision but less so in reflecting the dynamics of domestic abuse
6. Review the resourcing and processes associated with MARAC and undertake analysis on the current MARAC outcomes (priority E)

7. How effective is the DASH as a tool for assessing risk and identifying need? What other tools could be used? (priority B)
8. More clarity needed in relation to service provision and referral pathways in the city, and to refresh these with the workforce regularly (priority B)
9. Suggested newsletter-type communication quarterly - brief summary of services, any changes, include data on what's happening in Portsmouth (priority B)
10. Establish a professional network - meet regularly - to share information, practice and problems (priority B)
11. Explore single point of access, whether that be the MASH or another mechanism similar to PIPPA (http://www.pippasouthampton.org/) (priority B)
12. Establish a perpetrator task and finish group to develop clear pathway and information sharing re single list of perpetrators for multi-agency focus (priority B)
13. Map services available to perpetrators and develop evaluation framework for Up2U and other perpetrator programmes (priority C & D)
14. Improve information sharing between police, community rehabilitation company and local authority including use of police community partnership intelligence reports (priority C & D)
15. Develop an agreed understanding of risk levels for perpetrators, understand the numbers and develop a multi-agency process for responding to risk and need (priority C & D)

Section F - Priorities for improvement

With a better understanding of demand, client need, and the views of professionals above, we have identified five priorities for improvement.

A. Promote healthy relationships
B. Improve identification and assessment
C. Challenge and support those who use abusive or unhealthy behaviours
D. Hold to account those who use coercive control and violence
E. Improve performance monitoring, quality assurance and workforce development

Delivery Plan

The delivery plan will be monitored by the Domestic Abuse Steering Group. All actions should be completed within 12 months unless otherwise stated. Final measures will be included in the new performance framework to be developed after ratification by the Health and Wellbeing Board.

Priority A: Promote healthy relationships

Objective	Action	Suggested measure	By Whom	By When
Influence the development of sex and relationship education implementation	Offer advice and guidance to schools in developing the new PSHE framework	All schools reference a high quality framework on their school website. % of children 6-16 receiving sex and relationship education	Chantalle Knight (Public Heath)	Sept 2020
Refine and re-target the 'Is this Love' campaign'	Use evaluation findings to re-design/target campaign Explore sponsorship for dedicated delivery in schools	Add Tell Us survey question You Tube and Instagram presences	Sam Graves Lisa Wills	 November 2019 -February 2020
Improve identification in early help services Athena (midwives) and ECHO (health visitors)	Work with Early Help to ensure questions asked about unhealthy behaviours/relationships recorded and appropriate action taken	Audit findings - and risk reduction Number of referrals to specialist services Number of midwives and health visitors acting as lead professionals?	Kate Slater, Tina Spears, Helen Bland	October 2020
Review agency processes so that workers feel empowered to call planning meetings to resolve difficulties	Develop and support the leadership skills of individual professionals to work with adults to work more closely	Support/training provided	Alison Lawrence (PSAB) and Bruce Marr	

Objective	Action	Suggested measure	By Whom	By When
	together where there are no children in the family			
Raise awareness of 'Right to know'/'Right to ask'	Include in 'Is this Love'? and work with Police to raise awareness	Increased number of requests - monitored quarterly	Dee Hutchinson (police staff) and Alice Dickson	October 2020
Mandatory multi-agency training for all public services in Portsmouth	Work with Health and Wellbeing Board to map training across CRC/Solent and develop proposal	Analysis of training data completed and programme of multi-agency graining in place for 2021	Lisa Wills	October 2020
Reduce parental conflict	Roll out restorative practice and online training for Early Help staff		Kate Slater	

Priority B: Improve identification, assessment and safety planning

Objective	Action	Suggested measure	By Whom	By When
Ensure NHS and other health services actively identify signs and symptoms and respond appropriately to disclosures of domestic abuse	Develop regular audit of health services including GP surgeries	Increased no. of referrals from health services Paper to H&WBB executive re GP referrals.	Chair - Domestic Abuse Steering Group (Bruce Marr/Lisa Wills)	
Shared city wide individual needs assessment and planning process when children are not involved	Gather all current assessments and review Draft documents and consult with practitioner network	New assessment document adopted and embedded	Chair - Domestic Abuse Steering Group - Sarah Daly	Dec 2020
Clear pathways depending on level of risk and need	Workshop to share new processes and practice	See priority C & D)	Ch. Insp Louise Tester	

Objective	Action	Suggested measure	By Whom	By When
Explore single point of access	Understand Southampton and Hampshire models	Paper to DA Steering Group	Chair - Domestic Abuse Steering Group	Dec 2019
Sustain and develop outreach and IDVA services for victims and perpetrators with local or external funding			Sarah Daly/Bruce Marr	
Review MARAC including business support.	Establish task and finish group to oversee review including detailed analysis alongside findings from police High Risk Domestic Abuse - HRDA)	New process in place	Rhi Stones/Teresa Darville/Lisa Wills/Hayden Ginns	September 2019 - Feb 2020

Priority C: Challenge and support those who use abusive or unhealthy behaviours

Objective	Action	Measures	By Whom	By When
Develop Family safeguarding[18] model (mental health, sub misuse and domestic abuse)	Recruit domestic abuse specialist workers Establish outcomes from Up2U Family intervention Embed Up2U Family Intervention in Children's Social Care Localities and Early Help and Prevention	Reduction in number of children in need re DA Reduction in Child Protection Plans were DA is an issue Increased levels of reunification Reduction of risk for adults	Sarah Daly (Bruce Marr/Rachel Roberts/Adam Shepherd/Amanda Haylock	

[18] The new family safeguarding model involves the recruitment of specialist practioners into the existing Children's Social Care Locality Teams (mental health, substance misuse and domestic abuse) to support children's social workers with parents who have complex needs and whose children are open to Children's Social Care.

Objective	Action	Measures	By Whom	By When
Op Cara (awareness raising programme - not behaviour change)	Establish status of programme and measures of success	Reduction in call outs/arrests re DA Reduction in number of repeat perpetrators	Lisa Wills work with police	
Up2U Creating Healthy Relationships - understand impact and sustainability - funding ends March 2020	Work with Stop Domestic Abuse to develop performance measures that demonstrate the value of sustaining the Up2U service.	Number of referrals Numbers starting and completing programme Reduction in repeat referrals to Children's Social Care where DA is the primary feature Reduction of risk Reduction in police recorded incidents Gather feedback from partners	Czarina Jacobs/Sam Graves/Lisa Dowry	January 2020
Explore models of interventions with perpetrators that support victims remaining at home, including temporary accommodation	Work with landlords (inc. local authority) to explore temporary accommodation and 'Amber House'.	More victims remaining at home where it is safe	Lisa Wills/Bruce Marr/Alison Cloutman (Housing)	

Priority D: Hold to account those who use coercive control and/or violence

Objective	Action	Measures	By Whom	By When
Increase use of Domestic Abuse Prevention Notice/Orders[19]	Police and other bodies will be able to apply post DA Act.	Increase number of DAPN/Os	Insp. Louise Tester	

[19] The Domestic Violence Protection Notice will change to the Domestic ABUSE protection notice is the DA Bill is passed into law - estimated

Objective	Action	Measures	By Whom	By When
(DAP Notice is pre-court up to 72 hours, DAP Order used as after court action)				
Support therapeutic recovery for victims - counselling and key work	Make sure funding is available to sustain service.	New contract awarded	Bruce Marr	March 2021
Consistent police response to coercive control and violence.	Understand police enforcement options and new processes Understand terms of reference for new High Harm teams and develop a multi-agency response Work with police to improve recording of positive action and arrest/positive action	Establish once process in place - should include reducing in number of repeat perps	Insp. Louise Tester/Lisa Wills	July 2020
Share information regularly on perpetrators to enable more collaborative working		Lists/names shared securely between police and specialist services	Insp. Louise Tester/Bruce Marr	
Increase arrest rate and conviction rate	Increase coverage of DA Car to support victims Use body-worn video to gather evidence New police process - all medium risk referrals to commissioned services.	Monitor introduction of new process	DCI Nic Heelan	
Prevent perpetrators assessed as standard risk from escalating	Analyse data to understand % of clients who go on to become med or high risk	Number of standard risk clients going on to be assessed as med or high	Sam Graves/Alice Dickson	

Objective	Action	Measures	By Whom	By When
		risk - what causes escalation?		

Priority E: Improve performance measures, quality assurance and workforce development

Objective	Action	Measures	By Whom	By When
Develop robust commissioning measures and performance measures in line with changing requirements from central government	Engage and respond to MHCLG consultation Respond to DA Bill Work with OPCC on increased joint commissioning	Framework in place and regular reports to H&WBB	Bruce Marr/Lisa Wills OPCC	TBC
Develop new measures of success including on-going programme of service user interviews providing real time feedback on service quality including the voice of the child	TBC - once interviews with service users complete. Agreement from DA strategic group on new measures - see G below	Report to DA Steering Group	Hayden Ginns/Lisa Wills/Sam Graves	Oct 19
Develop multi-agency audit programme	Work with health and other partners on process similar to existing programme in Children's Social Care (sub group to meet 6 monthly to review cases?)			
IT development to accommodate changes to MARC processes (post review)	TBA - post MARAC review (see Priority D)		Bruce Marr/Rachel Roberts	

Objective	Action	Measures	By Whom	By When
Develop practitioner forum and/or develop quarterly communication with practitioner's	Link to development of quarterly locality Network meetings to encourage practioners from different agencies to develop their relationships for the benefit of clients.		Kate Slater/Lucy Rylatt	
Improve and sustain multi-agency training	Work with Learning and Development to make DA training mandatory for (all?) council staff.			

Section G - Governance and accountability

The Health and Wellbeing Board will approve the new strategy and implementation will be monitored by the Domestic Abuse Steering Group.

A new performance framework will be developed and will take account of the difference between measures of success for professionals (which are often driven by system conditions) and for clients actually experiencing domestic violence and abuse. The framework will include headline outcome indicators, process indicators and measures that will help to understand demand for services.

We aim to develop performance measures using the following criteria:

- Relate to purpose from the client's point of view
- Are used by leaders to take effective action on the system
- Show variation over time so we can see if we are improving or getting worse
- Help PR actioners to learn, understand and improve the whole system

	A	B	C	D	E	F	G	H
1		ADULT VICTIMS						
2	**Tier**	**Demand**	**Resource (in-house, commissioned, external)**	**Funder**	**Funding/contract ends**	**External Funding**	**PCC Funding**	**Comments**
3		5508 police incidents						
4		7900 victims approx						
5								
6			Police Response and Patrol (R&P)	Police budgets				
7			Police Safeguarding (TBC)	Police budgets				
8								
9		500 approx high risk	Portsmouth IDVA Project (PIP) 7 x FTE IDVA inc. group work (Rockpool DA & Who's in Charge)	PCC Community Safety budgets			£120,000.00	
10	**4**	613 IDVA referrals / 457 MARAC referrals		Public Health (redistribution)			£283,000.00	Includes snr manager salary
11			Target hardening	Housing budgets			£3,500.00	
12			Adolescent Parent Violence	OPCC	Mar-20	£12,750.00		
13								
14			*Aurora New Dawn deliver:*					
15			Armed Forces Support	Armed Forces Covenant	Mar-21	£50,000.00		SE Hampshire
16			DV car	Big Lottery	Mar-21	N/K		Pan Hampshire
17			Stalking clinic	OPCC	Mar-20	£40,000.00		Pan Hampshire
18			Court witness support service (CAB)	Ministry of Justice		N/K		
19								
20			Police Response and Patrol (R&)	Police budgets				
21			Police Safeguarding (TBC)	Police budgets				
22								
23		2500 police medium incidents	Stop Domestic Abuse (Outreach, refuge (16 units), target harding, Freedom	OPCC and PCC Joint commissioned service total £ 384,720 (see £42,000 in services for children)	March 21 plus 1 plus 1	£100,100.00	£242,600.00	
24		340 medium victim referrals to outreach support (less capacity - add SDA 421 April - Dec 2018)						
25	**3**							
26			Rockpool ACE's (group)	OPCC	Mar-20	£16,000.00		
27			Up2U: My Choice	MHCLG	Mar-20	£477,619.00		Portsmouth, Havant, Fareham & Gosport
28								
29			Abuse and Rape counselling (PARCS)	PCC	Sep-20		£66,659.00	
30			Early Help and Prevention	Children's Services budgets				
31			Group work (Non-Violent Resistance / Who's in Charge)					
32								
33								
34	**2**	2500 police standard incidents						
35		1466 standard victim referrals	Victim care service (Pan Hants)	OPCC	Mar-21	£90,000.00		Whole of Victim Care service Pan-Hampshire. 2.6 FTE caseworkers based in the 3 locations.
36								
37								
38								
39								
40	**1**							
41			Midwifery & HV screening	CCG				
42			Bespoke DV pathway	Public Health				
43								

APPENDIX A - PORTSMOUTH DOMESTIC VIOLENCE AND ABUSE STRATEGY 2020-23

	A	B	C	D	E	F	G	H
44								
45	**Tier**	**Demand**	**Resource (in-house, commissioned, external)**	**Funder**	**Funding/contract ends**	**External Funding**	**PCC Funding**	**Comments**
46								
47		ADULTS WHO USE UNHEALTHY/ABUSIVE BEHAVIOUR						
48								
49								
50	**4**	11.5% (377) successful court outcomes	Building Better Relationships - CRC (post conviction)	CRC				
51								
52			Police Investigation Unit	Police				
53		28 DVPO's issued	Police Neighbourhood Patrol Teams	Police				
54								
55								
56								
57	**1,2,3,**	Include Up2U referrals	Up2U - Creaditng Health Relationships	Public Health	Mar-20		£15,000.00	
58				Troubled Families	Mar-20		£15,000.00	
59				Children Social Care			£10,000.00	
60				OPCC	Mar-20	£20,000.00		
61								
62			*Stop Domestic Abuse delivers:*					
63			Up2U: Creating Healthy Relationships (121 and gro	Big Lottery	Jun-20	£167,000.00		Portsmouth, Havant, Fareham & Gosport
64			Up2U: Family Intervention (North Locality)	Home Office VAWG	Mar-20	£97,000.00		
65			Up2U:Creating Health Relsationslhips (Armed force	Armed Forces Covenant	Mar-22	£133,000.00		
66								
67								
68			Operation Cara (awareness raising workshop Hamp	OPCC	Mar-20	N/K		
69								
70								
71		CHILDREN WHO WITNESS DOMESTIC ABUSE						
72								
73		604 children within 457 MARAC referrals						
74		Domestic abuse was recorded as an issue in:	YP IDVA (13 to 16)	Children's Social Care				
75	**4**	30% (646) of contacts with MASH						
76		where DA was an issue and had an						
77		initial assessment						
78		65% of child protection conferences	YP ISVA (PARCS)	OPCC	Mar-20	£15,000.00		
79		101 children who became Looked	Specialist trauma counsellor (PARCS)	OPCC	Mar-20	£19,000.00		
80		After had DA as an issue	Frankie worker (PARCS)	CCG	Health and Justice Mar-20	£24,895.00		
81				OPCC	OPCC Mar-20	£15,105.00		
82								
83								
84		2170 contacts with MASH where DA was an	*Stop Domestic Abuse delivers:*					
85		issue	121 outreach support	OPCC - part of combined contrac	Mar 21 plus 1 plus1	£42,000.00		
86		40 referrals to Stop Domestic Abuse children	121 refuge support					
87		service	It's a RAPP (Havant and Portsmouth)	OPCC	Mar-20	£12,500.00		
88		6 referrals to Rockpool DA children						
89								
90	**2 and 3**		*Portsmouth IDVA Project / Early Help and Prevention deliver:*					
91			Rockpool DA children	Children's Social Care				
92								
93						£1,331,969.00	£755,759.00	£2,087,728.00
94								
95					OPCC	£382,455.00		
96					Other	£949,514		
97					PCC	£755,759		
98					Total	£2,087,728.00		

Portsmouth CITY COUNCIL

DOMESTIC VIOLENCE AND ABUSE STEERING GROUP

Emma Sidney	Interim PSCP Manager
Theresa Darvill	Police Staff Manager Portsmouth & Southampton MASH
Leo Harverson	Adult Safeguarding Facilitator, Solent NHS
Claire Lambon	CEO, SDA
Rachel Windebank	Operations Director, Stop Domestic Abuse
Paula Reynolds	Safeguarding, Portsmouth Hospital Trust
Sarah Shore	Associate Designated Nurse, Safeguarding Children
Sharon George	Interim Head of Housing Needs Advice & Support
Rachael Roberts	Head of Safeguarding, Mental Health and Learning Disability Services
Sarah Daly (Chair)	Deputy Director Children and Families Services
Rob Mitchell	Hampshire Police
Lisa Wills	Strategy and Partnership Manager
Bruce Marr	Head: Harm and Exploitation
Sharon Furtado	Hidden Harm Team Manager
Kate Slater	Integrated Head Early Help & Prevention
Nicholas Heelan	Hampshire Police
David Ryan	Hampshire Police
Sarah Woods	Victim Support
Caroline Sargent	Hampshire Police
Scott MacKechnie	Hampshire Police
Claire Robson	MOD
Sue Watt	Interserve Justice
Wayne Fewings	Hampshire Police

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Report To: Safer Portsmouth Partnership

Report By: Lucy Rylatt, PSCB Business Manager

Report Date: 14/12/2017

Report Title: Reductions in referrals to EIP from health

Recommendation

For Safer Portsmouth Partnership to write jointly with the PSCB to Portsmouth CCG, Solent NHS Trust and Portsmouth Hospitals Trust; asking them to respond to the significant reduction in the number of referrals to EIP from GPs, Adult Mental Health Services and Accident and Emergency Department. To ask that they review the possible reasons for this reduction and develop a robust plan of action to adequately address these.

Domestic abuse is persistent and widespread, and it is the most common factor in situations where children are at risk of serious harm in this country. It can have a detrimental and long-lasting impact on a child's health, development, ability to learn and well-being. Because of this the Board is a member of the Portsmouth Domestic Abuse Review Group. This membership is to ensure that services provided to support adults affected by domestic abuse, take into account the impact on children.

As a member of this group we were presented the Measuring Success report at the meeting in September 2017. In this report it was noted that during 2016-17 there had been an increase in domestic abuse related incidents and crimes since the previous year; yet there had been reductions in referrals to the Early Intervention Project.

It was particularly noticeable that the greatest reduction in referrals had come from health services. The table below demonstrates a year on year decrease in the percentage of referrals to EIP from health professionals, with a decrease of 5.4% of the total number from 2013/14 to 2016/17.

Year	**2013/14**		**2014/15**		**2015/16**		**2016/17**	
Total referrals from all	**1,119**		**1,391**		**1,293**		**1,111**	
	Number	% of total	Number	% of total	Number	% of total	Number	% of total
A&E Dept.	7	0.6%	6	0.4%	8	0.6%	3	0.3%
GP	67	6%	109	7.8%	65	5%	45	4.1%
Health other	10	0.9%	12	0.9%	18	1.4%	12	1.1%
Health Visitors	38	3.4%	48	3.5%	56	4.3%	32	2.9%
Maternity	17	1.5%	16	1.2%	12	0.9%	3	0.3%
Mental Health	19	1.7%	12	0.9%	7	0.5%	3	0.3%
Total	159	14.2%	203	14.6%	166	12.8%	98	8.8%

The Board is aware that following audit and inspection activity both Solent NHS Trust and Portsmouth Hospitals Trust are putting action plans in place to ensure that Health Visitors and Midwifes are routinely asking whether domestic abuse has taken place; that appropriate risk assessments are completed; and referrals made to EIP where appropriate.

However, the Board is not aware of any similar action plans, training or initiatives occurring in adult health services or primary care. This is of particular concern as research shows that eighty percent of women in a violent relationship seek help from health services, usually general practice, at least once, and this may be their first or only contact with professionals.

It would appear that the increase in referrals from GPs was linked to them receiving IRIS (identification & referral to improve safety) training and support during April 2013 to March 2016 which was funded by the Safer Portsmouth Partnership and Public Health. Now that the IRIS Service has ended there is a clear indication that this is resulting in GPs referring fewer patients to EIP.

Given that the SPP has domestic abuse as one of its strategic priorities and an aim to develop capacity amongst non-specialist services to identify and respond to victims of domestic abuse; the Board would like your help in influencing Portsmouth CCG, PHT and Solent NHS Trust to ensure that their staff working understand the impact of domestic abuse, receive adequate training to be confident in asking whether their patient is experiencing domestic abuse and in appropriately responding to any disclosures.

NHS
Portsmouth
Clinical Commissioning Group

Portsmouth CITY COUNCIL

Equality Impact Assessment

Full assessment form 2018

www.portsmouthccg.nhs.uk www.portsmouth.gov.uk

Directorate: Children's social care

Service, function: Domestic Abuse Strategy

Title of policy, service, function, project or strategy (new or old):

Supporting victims of domestic violence and abuse

Type of policy, service, function, project or strategy:

- ☐ Existing
- ★ New / proposed
- ☐ Changed

Lead officer Bruce Marr; Head Harm and Exploitation

People involved with completing the EIA: Bruce Marr; Head Harm and Exploitation
Lisa Wills; Strategy and Partnership Manager

Introductory information (Optional)

The Safer Portsmouth Partnership (now part of the Health and Wellbeing Board) recommended a review of services and resources in relation to support for victims of domestic violence and abuse (DVA).

Step 1 - Make sure you have clear aims and objectives

What is the aim of your policy, service, function, project or strategy?

The strategy outlines how the Council and its partners will provide support to residents who are victims of DVA. The strategy aims to make sure that
• Everyone in the city - especially young people - understand what a healthy relationship looks like
• Everyone in the city know where to get the right support for their needs
• That professionals understand both the presenting and underlying needs of adults and families struggling with unhealthy or abusive relationships
• That there is a clear measurable, process to access the right support and that support is provided for as long as required in order to keep adults, children and families safe
• That those who use coercive control, unhealthy or abusive behaviour are held to account and supported to change insofar as this is possible.

The strategy was ratified by the:
a) Domestic Abuse strategic group on 16th October 2019
b) Children, Families and Education Departmental Management Team on 23rd October 2019 and
c) Due to be presented to the Health and Wellbeing Board on 8th January 2020

While there is currently no legal definition of DVA this is being reviewed as part of the Governments proposed Domestic Abuse Bill. The current Home Office definition includes any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. Chapter One of the Domestic Abuse Bill provides the proposed legal definition (https://publications.parliament.uk/pa/bills/cbill/2017-2019/0422/19422.pdf). It includes 2 people over 16 years of age who are in an abusive relationship and personally connected to each other and defines abuse and personally connected further.

Who is the policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Female and male residents of Portsmouth aged 16 and above who experience DVA. By supporting victims and those who use unhealthy or abusive behaviours the aim is that less residents are at risk and relationships are healthier regardless of whether the relationship continues or ends.

The strategy also includes needs of the children; both for those who witness DVA and for all children to raise their awareness of healthy relationships

What outcomes do you want to achieve?	What barriers are there to achieving these outcomes?
How Portsmouth City Council, including councilors and with the support of their partners, will provide support and advise to victims of DVA and hold those who use unhealthy or abusive behaviours to account. Victims to feel safer.	Measuring effectiveness is difficult due to the longevity and complexities of reducing risk and because DVA is an under reported crime. The complexities of holding those who use unhealthy and abusive behaviours to account and achieving change in their behaviour.

Step 2 - Collecting your information

What existing information / data do you have? (Local or national data) look at population profiles, JSNA data, surveys and patient and customer public engagement activity locally that will inform your project, natioinal studies and public engagement.

We know that DVA is an under reported crime with the March 2017 Office for National Statistics report finding that only 46% of DVA is reported to police nationally, so the local level of demand is also likely to be an underestimate. The 2018 report identified little change in the prevalence of domestic abuse in recent years. Nationally "the police recorded 599,549 domestic abuse-related crimes in the year ending March 2018. This was an increase of 23% from the previous year. This in part reflects police forces improving their identification and recording of domestic abuse incidents as crimes and an increased willingness by victims to come forward." The most recent Crime Survey for England and Wales (CSEW) estimated that 7.5% of women and 4.3% of men aged 16 to 59 had experienced DVA in the last year. This equates to approximately 4,860 women and 3,040 men aged 16-59 in Portsmouth or a total of 7,900 victims of DVA in 2016/17.

Since April 2015 there have consistently been over 5000 police call outs in the PO1 to PO6 area and in the 6 months from from April to September 2018 this increased to 3214. From April 2018 to March 2019 there were 554 cases discussed at the Multi Agency Risk Assessment Conference (MARAC) up from 457 in 2017/18 and 450 in 2016/17.

We also know that:
• Just under 20% of Multi-agency Safeguarding Hub contacts involved evidence of dDVA.
• DVA was noted as factor in 65% of child protection conferences, 47% of repeat referrals to Children's Social Care and 40% of children taken into care had DVA as an issue in 2017/18.
• The impact of DVA on very young children is often under estimated and the impact on school age children could affect their ability to achieve. Low educational attainment and insecure family environments are risk factors for young people in relation to entering the criminal justice system.
• Research has found that the single biggest predictor for children becoming victims or using unhealthy or abusive behaviours as an adult is whether they grew up in a home with DVA.
• Only a small proportion of those experiencing (and/or reporting) repeat incidents of DVA receive a support from specialist services - approx. 60% of victims and only 5% of perpetrators.

More detailed analysis on domestic abuse can be found in the community safety strategic assessment (https://www.saferportsmouth.org.uk/wp-content/uploads/2018/07/Strategic-Assessment-2016-17-web-version.pdf)

Using your existing data, what does it tell you?

With no consistent national or local reporting, it is not possible to provide comparable analytical information on the level of need or performance management for Portsmouth. Therefore this strategy has used this data to inform level of need as opposed to explore comparable provision elsewhere in the country. The strategy also recognises that not all victims will access support wider than their friends and family.

Nationally just over half the Crime Survey for England and Wales estimates were reported to Police (n1,068,020), but in Portsmouth the rate of reporting is higher with 5,508 incidents reported to the police, 59% (n3,276) of which were recorded as crimes. About a quarter of these will be repeat incidents, so there will be more victims than perpetrators. Numbers have increased steadily since 20113/14 which may be due to improved reporting.

Existing available data generally measures/monitors improvements to service capacity and efficiency rather than outcomes. The only metric collected regularly since 2013 that demonstrates a generally positive difference is the level of risk assessed at the beginning of contact with the specialist victim services (Portsmouth City Councils Portsmouth IDVA Project and the commissioned Stop Domestic Abuse service) In 2018/19, 77% of clients were assisted in reducing their risk (a slight reduction compared to Portsmouth IDVA Project in 2017/18 when risk was reduced in 82% of cases, but remained within the target range). While initial findings from those who accessed Up2U: Creating Healthy Relationships (for those who access support to to reduce their use of unhealthy or abusive behaviours) are positive, this is still a relatively new service.

Step 3 - Now you need to consult!

Who have you consulted with?	If you haven't consulted yet please list who you are going to consult with
Individuals who have accessed specialist DVA victim services and individuals who have acknowledged they use unhealthy or abusive behaviour and want to change.	While attempts were made to consult those who accessed specialist DVA and Children Social Care services this proved problematic due to concerns about re-traumatising victims. Therefore the strategic action plan includes developing an on-going programme of service user interviews providing real time feedback on service quality including the voice of the child
Professionals who work in Portsmouth	3 workshops which included members from non statutory and statutory services, the voluntary sector and children and adult services.

Please give examples of how you have or are going to consult with specific groups or communities e.g. meetings, surveys

See above

Step 4 - What's the impact?

Is there an impact on some groups in the community? (think about race, gender, disability, age, gender reassignment, religion or belief, sexual orientation, sex, pregnancy and maternity, marriage or civil partnerships and other socially excluded communities or groups)

Generic information that covers all equality strands (Optional)

Ethnicity or race

Based on 2011 census data residents of Portsmouth includes: 84% of the population is White British compared to 92% in 2001 with the Black and Minority Ethnic (BME) community accounting for 16% (5.3% in 2001).

The issue of Honour Based Violence and Forced Marriage is a potential problem within this group and access to some provision is difficult for some groups (e.g. refuge and those with no recourse for public funds). In 2016/17 and 2017/18 7% of referrals to MARAC were for the BME community which fell to 4.2% in 2018/19. In 2018/19 (where stated) 11% of referrals to the Portsmouth IDVA Project and 36% of referrals to Stop Domestic Abuse were for "non White British". In the 6 months from April to September 2019 the rate was 14% and 26.5% respectively.

Gender reassignment

There are 168,923 adults in Portsmouth of which 83,697 are females and 85,226 are males. This strategy identifies the need for provision for all victims regardless of gender and recognises that unhealthy and abusive relationships are wider than solely around coercive control and that different types of abuse develop differently, have their own causes and consequences and need diverse interventions. The strategy recognises the importance of understanding the dynamics of the relationship to ensure individual needs are met and since April 2018 there have been 2 referrals for individuals who were transgender.

Community victim services are available to both women and men while the refuge is only open to female victims. Male victims, who are fleeing domestic violence and abuse, are offered B&B.

Up2U: Creating Healthy Relationships is Portsmouth's bespoke programme to support those who acknowledge they use unhealthy and abusive behaviours in their relationship and is available to men and women regardless of whether they are in a heterosexual or same sex relationship.

Age

There are 168,923 adults in Portsmouth of which 83,697 are females. The most recent Community Safety Strategic Assessment (2016/17) identified that for cases reported to the police the peak age of female victims is 20-35 years, which is spread out over a larger age range, including older victims than

in 2014/15. The peak age range was the same but less pronounced for male victims.

Below are the referrals to the Portsmouth IDVA Project and Stop Domestic Abuse by age:

	2018/19		Apr-Sept 2019	
Referrals	PIP	SDA	PIP	SDA
16 - 30 yrs	39%	34%	40%	30.5%
31 - 45 yrs	43%	49%	42%	55%
46 - 65 yrs	16%	14%	16%	14.5%
Over 65 yrs	2%	3%	2%	0%

DVA has an impact on children and during 2018/19 the Multi-Agency Safeguarding Hub (MASH) received 12,554 contacts of which 19% (n2,448) involved domestic abuse. This is the same proportion as in 2017/18, although there were numerically more MASH contacts (n11,265) and contacts with DVA. Over the last 2 years roughly 70% of children with a child protection plan have DVA as a feature.

Disability

20% of the city's population has a disability. In 2018/19 11% of those who accessed the Portsmouth IDVA Project and 15% who accessed Stop Domestic Abuse had a disability. For the 6 months from April to September 2019 this was 8% and 11% respectively. In 2018/19 only 0.4% of cases discussed at MARAC were for those with disabilities; down from 0.9% in 2017/18 but up from 0% in 2016/17.

Religion or belief

There is nothing specifically considered within the DVA strategy or specialist provision in relation to religion or belief. The DVA strategy does not discriminate against anyone from a particular faith group and acknowledges that those from some faiths may find it more difficult to access services.

Sexual orientation

While there is no information available in relation to Portsmouth residents, it is believed that 15-17% of the UK population are lesbian, gay or bi-sexual. Support for victims of DVA is provided regardless of sexual orientation. In 2016/17 & 2017/18 0.2% of cases discussed at MARAC where from the lesbian, gay, bisexual and transgender communities. This increased to 1.6% in 2018/19 which is higher than similar police force groups (0.9%) and the national figure (1.1%).

Where the information was given referrals to Portsmouth IDVA Project and Stop Domestic Abuse for the LGBT community were 3% and 3% in 2018/19 and 2.5% and 2% from April to September 2019 respectively.

Sex

The most recent Crime Survey for England and Wales (CSEW) estimated that 7.5% of women and 4.3% of men aged 16 to 59 had experienced DVA in the last year. This equates to approximately 4,860 women and 3,040 men aged 16-59 in Portsmouth or a total of 7,900 victims of DVA in 2016/17. Since April 2015 there have consistently been over 5000 police call outs in the PO1 to PO6 area and in the 6 months from from April to September 2018 this increased to 3214. The 2016/17 Community Safety strategic assessment identified that where victim details were recorded, almost three quarters were women. There has been a gradual increase in the proportion of males over the past few years from 20% in 2013/14 to 27% in 2016/17.

Referrals to specialist provision by gender were: for high risk victims there were 627 females and 54 males referred to PIP in 2018/19 and 308 females and 30 males from April to September 2019. For victims assessed at medium risk there were 783 referrals for females and 19 for males in 2018/19 and 437 for females and 8 for males in Apr to Sept 2019.

Marriage or civil partnerships

No specific data is collected in relation to the individuals relationship however the current definition includes "intimate partners or family members regardless of gender or sexuality" therefore the very nature of DVA means there needs to be a relationship.

Pregnancy & maternity

Research identifies pregnancy as a high risk time to experience DVA and the Portsmouth Hospital Trust and Health visitors continually review and refresh they action plans to ensure all women are asked if they have experienced DVA at this time.

Other socially excluded groups or communities

DVA is a "hidden" and under reported crime with victims from all socio-economic backgrounds. The Domestic Abuse strategic group is aware of specific vulnerabilities and therefore has representatives on the board form Adult Safeguarding, housing and Health.

Note: Other sociallyexcluded groups, examples includes,Homeless, rough sleeper and unpaid carers. Many forms of exclusion are linked to financial disadvantage. How will this change affect people on low incomes, in financial crisis or living in areas of greater deprivation?

Health Impact

Have you referred to the Joint Needs Assessment (www.jsna.portsmouth.gov.uk) to identify any associated health and well-being needs?

★ **Yes** ☐ **No**

What are the health impacts, positive and / or negative? For example, is there a positive impact on enabling healthier lifestyles or promoting positive mental health? Could it prevent spread of infection or disease? Will it reduce any inequalities in health and well-being experienced by some localities, groups, ages etc? On the other hand, could it restrict opportunities for health and well-being?

The most recent JSNA (2016) identifies that DVA remains the largest category of violence in the City and that adult behaviours impact negatively on children from pregnancy onwards however there was no specific data in relation to DVA collected within this.

Health inequalities are strongly associated with deprivation and income inequalities in the city. Have you referred to Portsmouth's Tackling Poverty Needs Assessment and strategy (available on the JSNA website above), which identifies those groups or geographical areas that are vulnerable to poverty? Does this have a disproportionately negative impact, on any of these groups and if so how? Are there any positive impacts?, if so what are they?

For more help on this element of tackling poverty and needs assessment contact Mark Sage: email:mark.sage@portsmouthcc.gov.uk

There is national research (e.g. Womens Aid 2015 or Agenda 2016) that has identified the links between poverty and poor outcomes including DVA, especially for women, but there is no local data for Portsmouth and it is not possible to cross reference data around health inequalities with individuals (e.g. those who access specialist provision or who completed the consultation)

This strategy can address these risks and support positive outcomes by ensuring that:
1 Staff working in services that encounter people in poverty understand the impact of DVA and are able to provide appropriate levels of advice and guidance.
2 People who have experienced DVA receive timely and effective money, benefits and debt advice.

Step 5 - What are the differences?

Are any groups affected in a different way to others as a result of your policy, service, function, project or strategy?

Please summerise any potential impacts this will have on specific protected characteristics

With a better understanding of demand, client need, and the views of professionals, we have identified five priorities for improvement.
A. Promote healthy relationships
B. Improve identification and assessment
C. Challenge and support those who use abusive or unhealthy behaviours
D. Hold to account those who use coercive control and violence
E. Improve performance monitoring, quality assurance and workforce development

Does your policy, service, function, project or strategy either directly or indirectly discriminate?

☐ **Yes** ★ **No**

If you are either directly or indirectly discriminating, how are you going to change this or mitigate the negative impact?

Step 6 - Make a recommendation based on steps 2 - 5

If you are in a position to make a recommendation to change or introduce the policy, service, project or strategy clearly show how it was decided on and how any engagement shapes your recommendations.

The strategy was developed by a multi-agency group and ratified by the Domestic Abuse strategic group, Children, Families and Education Departmental Management Team and in the New Year will be considered by the Health and Wellbeing Board. The strategy is accompanied with an action plan

What changes or benefits have been highlighted as a result of your consultation?

The strategy was partially successful in consulting with service users (however to prevent risks of re-traumatisation will include this within the action plan) and had 3 workshops with professionals. This identified a number of areas for development including:
a) Given the nature of domestic abuse and associated under-reporting to police and other responsible authorities, it is difficult to assess the level and patterns of need in the city. Despite regular detailed analysis and monitoring of relevant data sets, there are still significant gaps in our shared understanding about the impact of services and the experience of services users.
b) The changing language in identifying and responding to DVA. When recognising the complex dynamics of domestic abuse we need to develop a new language for those who use unhealthy behaviours, violence and coercive control. It is also important to understand, that in the context of domestic abuse, 'families' don't always include children.
c) The need to ensure there are consistent referrals across partner agencies and those who are most likely to come in to contact with victims of DVA and those who use unhealthy and abusive behaviours.
d) the benefit of prevention programmes to raise awareness, specifically for young people.

If you are not in a position to go ahead what actions are you going to take?
(Please complete the fields below)

Action	Timescale	Responsible officer
To deliver the DVA strategy	April 2020 to March 2023	Bruce Marr and Lisa Wills

How are you going to review the policy, service, project or strategy, how often and who will be responsible?

While the Health and Wellbeing Board has overall responsibility for overseeing this strategy and will receive regular updates the monitoring of the action plan will be delegated to the Domestic Abuse Strategic Group who will meet 3 times a year to review progress.

Step 7 - Now just publish your results

This EIA has been approved by:

Contact number:

Date:

PCC staff-Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.
Telephone: 023 9283 4789, Email: equalities@portsmouthcc.gov.uk

CCG staff-Please email a copy of your completed EIA to the Equality lead who will contact you with any comments or queries about your full EIA. Email: sehccg.equalityanddiversity@nhs.net

Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	8th January 2020
Subject:	Health and Wellbeing Strategy - Progress and Future Plans
Report by:	Claire Currie, Consultant in Public Health and Matt Gummerson, Lead for Public Health Intelligence
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose of report

To update the Health and Wellbeing Board (HWB) on progress against the outcomes in the Health and Wellbeing Strategy (HWS) and get the board's view on the future development of the Joint Strategic Needs Assessment (JSNA)

2. Recommendations

a) Note the progress against the indicators agreed for the HWS as set out in the report (section 4) and at appendix A

b) Consider areas where further work is required in response to performance issues identified or the key city challenges that will be presented at the meeting, as set out in section 6 of this report

c) Agree the outline proposal for future development of the JSNA that will underpin the next HWS.

3. Background

3.1 The Portsmouth HWS was approved by HWB members in February 2018. The strategy indicated that progress would be tracked through annual reports setting out progress against the Public Health Outcomes Framework (PHOF).

3.2 The HWB has a statutory duty to oversee production of a JSNA. The JSNA should set out the big picture of health and care needs in the city, informing priority setting through things such as the HWS.

3.3 The HWB has developed considerably since the last HWS, with a broader remit reflected in membership that includes partners representing a wide span of sectors and interests. As such it seems likely that the next HWS will address

priorities in the city through a wider lens, and will need to be underpinned by a genuinely cross-cutting understanding of needs and priorities.

3.4 The remainder of this report (sections 4-6 below) summarises the progress against the outcomes in the current HWS. It updates the HWB on the JSNA and plans for its future development. Finally it asks the HWB to consider a set of key city challenges (presented separately at the meeting, alongside this report).

4. Monitoring progress against the Health and Wellbeing Strategy

4.1. The overarching aim of the HWS is to improve healthy life expectancy in the city and reduce inequality by improving the areas with the lowest life expectancy fastest. The monitoring framework is structured around the strands of the strategy, namely to:

- Support good physical health
- Support social, emotional, mental and economic health
- Make improvements for marginalised groups fastest, including our most vulnerable children, young people and adults.

4.2. Appendix A sets out in detail current performance against the outcomes in the monitoring framework for the HWS previously agreed by this board. Progress is shown against the baseline measures from June 2018, and the longer term trend has been included where possible.

4.3. Good progress *(defined as improving locally, and improving more quickly than the national picture where not already significantly better)* is being made against the following indicators:

- Healthy life expectancy at birth (female)
- Life expectancy at birth (male)
- Life expectancy at birth - gap between the least and most deprived areas (male and female)
- Alcohol related hospital admissions
- Population vaccination coverage - Flu (2-3 years old)
- Percentage physically active / inactive adults
- Fuel poverty
- Homeless young people aged 16-24
- Hospital admissions for violence

4.4. The following indicators are declining *(defined as declining locally, and declining more quickly than the national rate where not already significantly worse):*

- Healthy life expectancy at birth (males)
- Life expectancy at birth (females)
- Smoking status at time of delivery
- Smoking prevalence in adults in routine and manual occupations
- Obesity in Year R and Year 6
- Hospital admissions for asthma (under 19 years)
- Self-reported wellbeing
- Persistent absentees (primary and secondary)
- Hospital admissions as a result of self-harm
- Statutory homelessness - households in temporary accommodation
- Numbers of children in care

4.5. Indicators provide a guide to thinking about where further investigation may be required and how effective local efforts to tackle local priorities are being. However given the time periods covered in these outcome measures it is difficult to attribute current performance to any actions implemented as a result of the strategy. The HWB will need to consider whether further reports on actions to address any of the issues above are required.

5. Joint Strategic Needs Assessment

5.1 The statutory guidance on JSNAs does not provide details of how these functions should be fulfilled, leaving it to local areas to come up with solutions that meet local partners' needs.

5.2 JSNAs have evolved and in other areas are frequently not presented as a single document, but a collection of data and analysis that informs decisions by the council and its partners. This broader conception of a JSNA would include specific needs assessments undertaken by a range of stakeholders, such as the Children's Needs Assessment. It would also incorporate profiles of health and other needs in the city based on data from national bodies e.g. Public Health England and local partners.

5.3 The HWB agreed in 2019 to continue to oversee and support the Safer Portsmouth Partnership Strategic Assessment, as part of the broadening remit and membership of the board. The 2019/20 strategic assessment is currently being completed, and it will include the 'Serious Violence Problem Profile' arising from the work to establish a Violence Reduction Unit. This Strategic Assessment will form a key strand or chapter of the city's overarching JSNA.

5.4 Historically the JSNA has been collated into an 'annual summary' that has been presented to the HWB and its forerunners. The last iteration of this for Portsmouth was in 2016. While an annual summary is not essential, ideally the

JSNA should provide a mechanism that supports identification of the most significant needs and priorities for the city, as well as summarising evidence of what works, including local assets. A published Annual JSNA Summary / Key Messages could be a relatively simple front piece to highlight the other resources that form the wider JSNA picture, drawn from a range of sources.

5.5 It is proposed that the JSNA will undergo a significant refresh during 2020. This will include development of a published summary by the summer of 2020 specifically aimed at informing the next JHWS, as well as a significantly enhanced set of online JSNA resources. From that point forward, the JSNA summary would be produced on a three year cycle in line with the HWS.

6. Looking ahead to the Health and Wellbeing Board's next strategy

6.1 The HWB will be asked to spend time during 2020 working to identify and prioritise the needs, evidence and assets that will underpin an effective collective strategy for the city's health and wellbeing. This will need to include links with other key strategies for the city to ensure alignment e.g. the developing work around the City Vision. It will also need to draw on other strategic assessments including those for Children and Community Safety, and consider outcomes from the CCG and Adult Social Care Outcomes Frameworks as part of the HWS.

6.2 As a precursor to the strategy development work in the year ahead, the Board are asked to discuss a set of 'key city challenges' that will be presented at the meeting. This aims to highlight a number of issues that the HWB should be aware of, including;

- where Portsmouth is ranked poorly on national outcome frameworks
- key demographic trends and measures of multiple deprivation
- drivers of health inequalities drawn from national tools and local knowledge

6.3 It is important to note that these slides on some 'key city challenges' and local strengths are highlighting a set of issues to start a discussion, rather than presenting a prioritised set of the main issues for the city, and that a more comprehensive summary will be produced in 2020.

6.4 As the HWB works on its next strategy over the year ahead, it may wish to consider a more robust approach to prioritisation. There are a number of prioritisation tools that have been developed elsewhere, which enable prioritisation decisions to be made against various dimensions including:

a) Health and wellbeing impact on the individual

b) Potential number of people affected

c) Total cost over five years / value for money

d) Potential to reduce inequalities in health and wellbeing

e) Ability to, and likelihood of, intervening effectively

6.5 The HWB may wish to consider how spend could be mapped against outcomes across the Health and Care Portsmouth system. This would enable partners to understand what outcomes are achieved for those areas where most resources are targeted, and consider where else resources might more effectively be targeted to achieve greater impact. However it is a complex exercise to complete robustly and would need considerable commitment from partners on the Board.

7. Reasons for recommendations

7.1 The indicators presented at Appendix A demonstrate that, while progress is being made in some of the areas identified as priorities in the current HWS, there is still much to do if the board is to achieve its goals of increasing life expectancy and reducing health inequalities. The board is asked to consider whether any of the performance issues identified above require further consideration by the Board or appropriate sub-groups.

7.2 The strategy agreed in 2018 was focussed on physical health, mental health and reducing inequalities. As the focus of the board has broadened to consider the wellbeing needs of the city more holistically since this strategy was adopted, the board may wish to consider a new approach to priority setting, and associated indicators of progress, for its next strategy. As a precursor to those deliberations over the next six months, the Board are asked to consider the key city challenges presented at the meeting, and how they wish to use this information to support Board-level priority setting.

7.3 A major refresh of the broad 'JSNA offer' is planned for 2020, led by the interim Director of Public Health once in post. While local areas can be flexible about how they fulfil their statutory JSNA duties, it will be useful to get the Board's view on the broad direction of travel proposed for the JSNA. It will also help to frame discussions about how priorities are set for the next Joint Health and Wellbeing Strategy.

8. Equality impact assessment (EIA)

8.1 An EIA was undertaken on the HWS. This report updates on progress against that strategy so a separate EIA is not required.

9. Legal implications

9.1 Section 116 of the Local Government and Public Involvement in Health Act 2007 (as amended) ("the 2007 Act") places a statutory duty upon local authorities and their partner CCGs to prepare joint strategic needs assessments (JSNAs).

9.2 Section 116A of the 2007 Act requires that, through the HWB, local authorities and their partner CCGs develop a joint health and wellbeing strategy (JHWS) for meeting the needs identified in a JSNA.

9.3 Section 116B of the 2007 Act requires local authorities and CCGs to have regard to relevant JSNAs and JHWSs when carrying out their functions.

9.4 The 2007 Act places a duty upon the HWB to have regard to the statutory guidance published by the Secretary of State when undertaking JSNAs and preparing JHWSs

9.5 That statutory guidance highlights that HWBs must give consideration to the Public Sector Equality Duty under the Equality Act 2010 throughout the JSNA and JHWS process.

10. Director of Finance's comments

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

10.2. Future schemes and initiatives will require financial appraisal on case by case basis in order to support decision making. Before any schemes or initiatives will be able to proceed, specific funding sources would need to be identified and in place.

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Signed by:

Appendices:

Appendix A - Health and Wellbeing Strategy Monitoring Framework

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 Profiles	https://fingertips.phe.org.uk/

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

……
Signed by:

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Portsmouth's Health and Wellbeing Strategy 2018-2021

Monitoring Framework

Sep 2019

Significantly worse
No different
Significantly better
Significantly higher
Significantly lower

- Could not be calculated
↑ Increasing and getting worse
↑ Increasing and getting better
↓ Decreasing and getting worse
↓ Decreasing and getting better
↑ Increasing
↓ Decreasing
N/A (no new data since baseline)

							Baseline (Jun 2018 report)		Current value as at Sep 2019 report					Compared to baseline	Compared to previous time period		
Theme	Priority	Indicator	Time Period	Sex	Age	Unit measure	Portsmouth baseline Time period (June 2018)	Portsmouth baseline (June 2018)	Current Portsmouth Value (Sep 2019)	Current England Value (Sep 2019)	Portsmouth Compared to England	Comparator Ranking (1 = worst or 1= highest)	Portsmouth Sparkline	Portsmouth statistical trend (over 5 time periods)	Portsmouth direction of travel (compared to June 2018 BASELINE)	Portsmouth direction of travel (compared to previous time period)	England direction of travel (compared to previous time period)	Last updated
Overarching	Overarching	Healthy life expectancy at birth (males)	2015 - 17	Male	All ages	Years	2014 - 16	61.3	60.9	63.4		5 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↑	Aug 2019
		Healthy life expectancy at birth (females)	2015 - 17	Female	All ages	Years	2014 - 16	61.0	63.3	63.8		8 (out of 11 ONS/CIPFA LAs)		-	↑	↑	↓	Aug 2019
		Life expectancy at birth (males)	2015 - 17	Male	All ages	Years	2014 - 16	77.8	78.1	79.6		4 (out of 11 ONS/CIPFA LAs)		-	↑	↑	↑	Apr 2019
		Life expectancy at birth (females)	2015 - 17	Female	All ages	Years	2014 - 16	82.3	82.2	83.1		5 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↓	Apr 2019
		Life expectancy at birth - gap between least and most deprived areas (males)	2015 - 17	Male	All ages	Years	2014 - 16	9.0	8.1	9.4	Not compared	11 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↔	Feb 2019
		Life expectancy at birth - gap between least and most deprived areas (females)	2015 - 17	Female	All ages	Years	2014 - 16	7.3	6.7	7.4	Not compared	8 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↑	Feb 2019
1) Support physical good health	Priority 1a: Reduce the harms from tobacco and other substances	Smoking status at time of delivery	2017/18	Female	All ages	%	2016/17	12.7	12.7	10.8		5 (out of 11 ONS/CIPFA LAs)		↓	↓	↓	↑	Dec 2018
		Smoking Prevalence in adults - current smokers	2018	Persons	18+ yrs	%	2016	20.1	17.5	14.4		3 (out of 11 ONS/CIPFA LAs)		-	↓	↑	↓	Jul 2019
		Smoking Prevalence in adults in routine and manual occupations - current smokers	2018	Persons	18-64 yrs	%	2016	25.3	30.4	25.4		2 (out of 11 ONS/CIPFA LAs)		-	↑	↑	↓	Jul 2019
		Deaths from drug misuse	2015 - 17	Persons	All ages	DSR per 100,000	2014 - 16	9.4	8.8	4.3		3 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↑	Sep 2018
		Alcohol-related hospital admissions (narrow definition)	2017/18	Persons	All ages	DSR per 100,000	2016/17	604.1	579.9	632.3		10 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↓	Aug 2019
	Priority 1b: Reduce the harms from physical inactivity and poor diets	Reception: Prevalence of overweight (including obese)	2017/18	Persons	4-5 yrs	%	2016/17	24.2	24.5	22.4		1 (out of 11 CSSNBT LAs)		↓	↑	↑	↓	Apr 2019
		Year 6: Prevalence of overweight (including obese)	2017/18	Persons	10-11 yrs	%	2016/17	35.9	36.2	34.3		5 (out of 11 CSSNBT LAs)		↑	↑	↑	↑	Apr 2019
		Percentage of physically active adults	2017/18	Persons	19+ yrs	%	2016/17	66.6	67.7	66.3		4 (out of 11 ONS/CIPFA LAs)		-	↑	↑	↑	May 2019
		Percentage of physically inactive adults	2017/18	Persons	19+ yrs	%	2016/17	22.5	20.8	22.2		8 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↓	May 2019
	Priority 1c: Support the physical good health of children and young people in Portsmouth	Under 18s conception rate	2017	Female	<18 yrs	per 1,000	2016	26.4	25.5	17.8		3 (out of 11 CSSNBT LAs)		↓	↓	↓	↓	Jun 2019
		Population vaccination coverage - Flu (2-3 yrs old) (replaced old method of aged 2-4 yrs)	2017/18	Persons	2-3 yrs	%	2016/17	44.2	46.8	43.5		11 (out of 11 CSSNBT LAs)		-	↑	↑	↑	Feb 2019
		Hospital admissions for asthma (under 19 years)	2017/18	Persons	0-18 yrs	per 100,000	2016/17	158.5	166.6	186.4		7 (out of 11 CSSNBT LAs)		↓	↑	↑	↓	Apr 2019
2) Support social, emotional, mental and economic health	Priority 2a: Promote positive mental wellbeing across Portsmouth	Self-reported wellbeing - people with a low satisfaction score	2017/18	Persons	16+ yrs	%	2016/17	3.5	3.7	4.4		9 (out of 11 ONS/CIPFA LAs)		-	↑	↑	↓	May 2019
		Utilisation of outdoor space for exercise/health reasons	Mar 2015 - Feb 2016	Persons	16+ yrs	%	Mar 2015 - Feb 2016	16.2	16.2	17.9		5 (out of 11 ONS/CIPFA LAs)		-	-	↓	↑	May 2017
		Sickness absence - the percentage of working days lost due to sickness absence	2015 - 17	Persons	16+ yrs	%	2014 - 16	1.3	1.6	1.1		1 (out of 11 ONS/CIPFA LAs)		-	↑	↑	↓	Nov 2018
		Depression: Recorded prevalence (aged 18+)	2017/18	Persons	18+ yrs	%	2016/17	8.5	9.5	9.9		9 (out of 12 CCGs)		↑	↑	↑	↑	Mar 2019
		Dementia: Recorded prevalence (aged 65+)	Dec-18	Persons	65+ yrs	%	Sep-17	4.7	4.5	4.3		8 (out of 12 CCGs)		-	↓	↓	-	Apr 2019
	Priority 2b: Reduce poverty and other drivers of isolation and exclusion	Suicide rate	2015 - 17	Persons	10+ yrs	DSR per 100,000	2014 - 16	13.4	13.0	9.6		4 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↓	Aug 2019
		Hospital admissions as a result of self-harm (aged 10-24 yrs)	2017/18	Persons	10-24 yrs	DSR per 100,000	2016/17	547.7	570.6	421.2		5 (out of 11 CSSNBT LAs)		-	↑	↑	↑	Feb 2019
		Children in low income families (aged under 16 yrs)	2016	Persons	<16 yrs	%	2015	20.3	20.4	17.0		5 (out of 11 CSSNBT LAs)		↓	↑	↑	↑	Apr 2019
		Persistent absentees - Primary school	2016/17	Persons	Primary school age	%	2015/16	8.8	8.5	8.3		6 (out of 11 CSSNBT LAs)		-	↓	↓	↑	Dec 2018
		Persistent absentees - Secondary school	2016/17	Persons	Secondary school age	%	2015/16	17.7	17.1	13.5		2 (out of 11 CSSNBT LAs)		-	↓	↓	↑	Dec 2018
		Unemployment	2017	Persons	16+ yrs	%	2016	5.7	4.1	4.4		9 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↓	Nov 2018
		Social Isolation: % of adult social care users who have as much social contact as they would like	2017/18	Persons	18+ yrs	%	2016/17	45.6	43.1	46.0		3 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↑	Jun 2019
		Fuel poverty	2016	Persons	All ages	%	2015	14.5	12.3	11.1	Not compared	5 (out of 11 ONS/CIPFA LAs)		↑	↓	↓	↑	Apr 2019
3) Make improvements for marginalised groups fastest, including our most vulnerable children, young people and adults	Priority 3a: People with complex needs	Statutory homelessness - households in temporary accommodation	2017/18	Persons	Not applicable	per 1,000	2016/17	0.7	0.9	3.4		8 (out of 11 ONS/CIPFA LAs)		↑	↑	↑	↑	Nov 2018
		Homeless young people aged 16-24	2017/18	Persons	16-24 yrs	per 1,000	2016/17	1.1	1.0	0.5		3 (out of 11 CSSNBT LAs)		↓	↓	↓	↓	Dec 2018
		Hospital admissions for violence	2015/16 - 17/18	Persons	All ages	DSR per 100,000	2014/15 - 16/17	23.8	20.0	43.4		10 (out of 11 ONS/CIPFA LAs)		-	↓	↓	↑	Feb 2019
		Concurrent contact with mental health services and substance misuse services for drug misuse	2016/17	Persons	18+ yrs	%	2016/17	27.8	27.8	24.3		2 (out of 11 ONS/CIPFA LAs)		-	-	↑	↑	Dec 2017
	Priority 3c: People with special educational need or disabilities, and their families	% of all primary school age pupils with special educational needs	2018	Persons	Primary school age	%	2016	14.0	14.4	13.8		7 (out of 11 CSSNBT LAs)		-	↑	↑	↑	Sep 2018
		% of primary school pupils with social, emotional and mental health needs	2018	Persons	Primary school age	%	2017	2.4	2.6	2.2		3 (out of 11 CSSNBT LAs)		-	↑	↑	↑	Sep 2018
	Priority 3d: Looked after children and care leavers	Children in care (aged under 18 yrs) per 10,000	2018	Persons	<18 yrs	per 10,000	2017	81.0	93.9	63.6		2 (out of 11 CSSNBT LAs)		↑	↑	↑	↑	Feb 2019
		Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2017/18	Persons	5-16 yrs	mean score	2016/17	14.7	14.7	14.2	Not compared	5 (out of 11 CSSNBT LAs)		-	↔	↔	↑	May 2019

Notes:
DSR = Directly age-Standardised Rate
ONS & CIPFA comparator LAs = Unitary authorities in the 2011 OAC ONS Business, Education and Heritage Centres group and in the CIPFA 2018 nearest neighbours group.
CSSNBT LAs = Children's Services Statistical Neighbour Benchmarking Tool
CCG comparators = 2017 Clinical Commissioning Groups in the 2011 OAC ONS Larger Towns and Cities group and Brighton and Hove CCG and Nottingham City CCG from the University Towns and Cities group (all within the Business, Education and Heritage Centres supergroup)

Both ONS and CIFPA UAs
Portsmouth
Bournemouth
Brighton and Hove
Bristol
Coventry
Liverpool
Newcastle upon Tyne
Nottingham
Plymouth
Sheffield
Southampton

CSSNBT UAs
Portsmouth
Bournemouth
Bristol
Coventry
Derby
Peterborough
Plymouth
Sheffield
Southampton
Southend-on-Sea
Telford and Wrekin

ONS CCGs
NHS Portsmouth CCG
NHS Bath and North East Somerset CCG
NHS Brighton and Hove CCG
NHS Bristol CCG
NHS Canterbury and Coastal CCG
NHS Leeds West CCG
NHS Liverpool CCG
NHS Newcastle Gateshead CCG
NHS Norwich CCG
NHS Nottingham City CCG
NHS Sheffield CCG
NHS Southampton CCG

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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:	Social, Emotional and Mental Health Strategy
Date of meeting:	8th January 2020
Report by:	Hayden Ginns, Assistant Director - Performance and Commissioning, Portsmouth City Council
Wards affected:	All

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1. Requested by

Chair, Health and Wellbeing Board (in response to correspondence with NHSE)

2. Purpose

2.1 To summarise for the Health and Wellbeing Board Portsmouth's approach to SEMH support for children and young people 0-25.

3. Background

3.1 There is a clear-shared intention across all Children's Trust partners to adopt a whole system approach to developing and transforming the support for children and young people's mental health and wellbeing. Fundamental to this approach is the importance of partnership working and that social and emotional mental health becomes 'everyone's business' in the same way as safeguarding has become 'everyone's business' across Portsmouth.

4. Our Vision

4.1 We want all children and young people in Portsmouth to enjoy good emotional wellbeing and mental health. The ways in which we will achieve this vision is by:

- Establishing a clearly understood needs-led model of support for children and young people with Social Emotional Mental Health difficulties, which will provide access to the right help at the right time through all stages of their emotional and mental health development.

- Ensuring that children and young people have access to a range of early help in supporting their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services.

- Supporting professionals working with children and young people to have a shared understanding of Social Emotional Mental Health and to promote resilience and emotional wellbeing in their work.

5. What we achieved in 2018/19

5.1 The council, CCG, schools and the voluntary scector have been working together for some time to deliver improvements in services, systems and processes to enable good emotional and mental wellbeing in children. Key achievements across 2018 and 2019 include:

- Organised a Wellbeing in Education Conference that was attended by 120 + stakeholders with Natasha Devon as guest speaker
- Developed the role of senior mental health leads in Portsmouth
- Ensured basic mental health awareness training available for all school staff
- Diversity in Education network established , supporting wellbeing across the equality strands
- Made a successful bid for £1.7m for Mental Health Teams in Schools
- Piloted the Portsmouth Inclusive Education Quality Mark (PIE QM)
- Mapped the current SEMH training offer available to the children and families workforce that includes the schools workforce.
- Agreed our vision, principles and values for SEMH
- 150 schools staff have been trained in PACE (Playfulness, Acceptance, Commitment, Empathy)
- We have trained over 1000 professionals in Restorative Practice
- Half of our schools have signed up to becoming restorative schools.
- Organised a Restorative Practice Conference that was attended by 200 + stakeholders
- Held a Restorative Practice Leadership Day for senior leaders of key agencies
- Achieved the national access target for 2018/19
- CAMHS and U Matter service are flowing data to the National MH Data Set
- Identified System Wide SEMH Outcomes
- Developed a tool to support young people transitioning from CAMHS
- Implemented the neuro-diversity waiting list initiative to enable a reduction in waiting times from 52 weeks to 34 weeks
- Developed a neurodiversity training pathway
- Set up a Coproduction Group to develop the innovative neuro-diversity profiling tool and process (piloted on behalf of the STP)
- Commissioned Paediatric Liaison Psychiatry Team which will operate 7 Days a week, 4pm-12am
- Adjusted the age criteria of U Matter to support children between 8 - 11 in response to stakeholder feedback

- Deployed Frankie Workers based in the Edge of Care Team
- Completed a 'Deep Dive' analysis into childhood anxiety
- Launched a 'Deep Dive' into conduct disorder
- The 0 - 19 Sleep Pathway has been reviewed and is clearly articulated.

5.2 In late 2019, the SEMH Strategy Steering Group has refreshed the SEMH Strategy and submitted to NHS England as part of the Local Transformation Plan process.

6. Expected Outcomes

6.1 The strategy targets nine key outcomes.

1. Reduced exclusions from school
2. Improved attendance at school
3. Reduce the referrals into alternative provision
4. Good response times for young people's SEMH support
5. Reduce the number of inappropriate referrals to CAMHS
6. Reduce the demand to specialist CAMHS
7. Reduce self - harm attendances/admissions
8. Reduce the prevalence of mental ill-health including anxiety, self-harm, low mood and eating disorders
9. Skilled and confident workforce able to promote emotional well-being, respond to emotional distress and mental ill-health

7. A Strategic Framework

7.1 We have identified 11 strategic objectives within the strategy:

1.Securing Strong Early Attachment in the first 1001 days of life
2. Self Help and Early Help
3. Improving Wellbeing and Resilience in Education
4. Improve the neurodevelopmental offer and pathway
5. Improving the mental health of our LAC and care leavers
6. Improving the support for specific groups of vulnerable children and young people
7. To further improve the CAMHS offer
8. Suicide Prevention Strategy
9. Workforce Development
10. Improving our local knowledge and performance management
11. Making emotional wellbeing everybody's business - including communication.

8. SEMH Strategy - What we will do

8.1 Below is a short summary of key delivery headlines under each Strategic Objective.

SO1. To secure Strong Early Attachment in the first 1001 days of life

- Ensure sustainability of Post-Natal Depression support
- Explore feasibility of delivering Parenting, Birth and Beyond programme
- Retain, sustain and embed peri-natal mental health offer
- Develop the volunteer workforce to support and promote attachment
- Improve ante-natal identification of factors leading to poor attachment

SO2. To improve early help and promote self help

- Develop and share self-help resources to be available to the community
- Raise awareness with schools of the importance and impact of self- help techniques
- Promoting anxiety mental health related apps
- Parenting support - expand the parenting guide to liaise Parenting Carer Board
- Hold a system-wide conference to raise the awareness, profile and importance of emotional wellbeing Options appraisal for sustainability and integration of current Early Help offer

SO3. To improve Wellbeing and Resilience in Education

- Implement Mental Health Support Teams
- Roll out Youth Mental Health First Aid
- Roll out and evaluate MH Awareness Training
- Develop the offer around supervision to increase the availability and uptake of supervision by school staff
- Develop training module for classroom based staff
- Roll-out Restorative Practice in Schools

SO4. Improve the neurodevelopmental offer and pathway

- Finalise Level 1 Profile and tools to support identification of needs and support strategies
- Roll out training programme to pilot schools / settings
- Pilot schools use new pathway profiling tool to identify support needs
- Evaluate success against identified benefits and desired outcomes

SO5. To improve mental health support for LAC and care leavers

- Consultation with social care practitioners, personal advisors and CAMHS Staff to further understand the SEMH needs of our 170 care leavers.
- Map out the current mental health offer available to care leavers
- Review the effectiveness of the SDQ tool
- Ensure full integration of support between CAMHS LAC and Social Work

SO6. To improve the support for specific groups of vulnerable children and young people

- Review the CAMHS LD offer
- Develop a DDP local network
- To review the mental health pathways for young people that offend and whether the support meets their needs.
- Hold an LGBTQ workshop

SO7. To improve CAMHS Services

- Agree and formalise shared care arrangements between Primary Care and CAMHS
- Presentation to GP Target in early 2020
- CAMHS ND waiting initiative
- New tracker to be introduced to capture eating disorder presentations
- Solent to undertake a demand and capacity analysis of the Eating Disorder Offer
- Embedding outcomes in line with the national requirement of paired outcomes

SO8. To prevent suicide and its impact on Children, young people and families

- Map the current bereavement support pathway and offer
- Work with schools and schools services to strengthen the offer of complex suicide-specific bereavement support for children & young people
- Develop & roll out 'School Protocol' - providing information and tools to support the School/College community in the case of a death by (suspected) suicide
- Ensure Portsmouth is included in STP-wide wave 2 suicide prevention funding, priority areas: bereavement support & CYP self-harm
- CYP representation on Portsmouth Suicide Prevention Partnership

SO9. To develop the Children and Young people's Workforce

- Map current training offer
- Agree the competency framework - knowledge, skills and competencies
- Commission professional development against recognised gaps

SO10. To improve our local knowledge and performance management

- Conduct disorder deep dive
- Demand modelling based on THRIVE
- Triangulate the THRIVE modelling data with local service data

- SEMH Scorecard including CAMHS
- Identify the baseline of current activity for 18-25 year olds in Adult Mental Health Services.

SO11. To make emotional wellbeing everybody's business - including communications

- Revise and promote the CYP Mental Health guide
- Revise and promote the Behaviour Management guide
- Promote the Wessex Healthier Together website
- Review and redesign the Local Offer website
- Promote the Local Offer website
- Provide increased clarity around expectations of services for parents and young people

9. Joint Targeted Area Inspection

9.1 In November/December 2019, Portsmouth was subject to a Joint Targeted Area Inspection with the theme of child mental health.

9.2 It was a wide-ranging inspection of major services in the city for children, conducted by a 14-strong inspection team from four inspectorates. The SEMH Strategy came under some significant scrutiny and feedback from Inspectors was positive about the ambition, breadth and clarity of the strategy.

10. Feedback from NHS England

10.1 Portsmouth's plan has been submitted to NHSE as required. Feedback via the Wessex Strategic Network on the strategy and progress was commended. Those areas identified for improvement by Wessex will be addressed where capacity allows whilst not taking our focus away from the agreed strategy.

10.2 A summary of their feedback appears in Appendix 1.

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Signed by Hayden Ginns, Assistant Director - Performance and Commissioning, Portsmouth City Council

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

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Portsmouth CITY COUNCIL

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 SEMH strategy	On request

Appendix 1 - Local Transformation Plan Feedback from Wessex Strategic Network, Nov 2019

Strengths
This is a strong and mature LTP approach, demonstrating what embedded strategic priorities and action planning can look like in a partnership system with strong governance (closest regional example is Kent in KSS) i.e. a long-term embedded SEMH strategy.
There is clear governance and this is multi-agency led at the highest level, with clear strategic leadership
The interface with STP strategic leadership is evident and congruent
There is a clear overview of what's been achieved in the previous year and outputs are evident (outcomes are not identified, see below)
There is a clear 'golden thread' from strategic ambition to operational delivery, with nominated leads and clearly defined timescales
Excellent analysis of risks against each area of activity, providing congruent strategic and operational risk mitigation
Strong needs analysis from last year has been updated this year; relevant national learning has been effectively used
Proactive exploration of the impact of EMH for vulnerable or marginalised groups
Strong and integrated EIP offer, ensuring all CYP aged 0-18 with First Episode of Psychosis are seen by Solent, with consideration for out of hours and CYP not in education
The analysis of Anxiety is very strong and of potential relevance to the wider system e.g. example of good practice (the application of the learning to improving outcomes for children could be further developed)
The Workforce development level of development is accurately described, clarifying next steps for development
Good examples of evidence based interventions
Strong MHST proposal and good progress with project management milestones
Commitment to consultation and participation with CYP is evident (see below for observation re: co-production)
Current financial investment is clearly set out
Excellent examples of partnership co-production and systems improvement are evident, linked to the RP roll-out

Development areas
An overview document that is designed to help navigate the suite of documents submitted would be of benefit
How will this LTP be presented to the public?
Whilst the strength of the Portsmouth system is not in doubt, there is a lack of clarity on the inter-relationship with STP/ICS integration for priorities to be progressed at scale and where Portsmouth is proactively leading these developments.
Impact on outcomes are not set out; readiness for outcome reporting from April 2020 would be of benefit.
Performance Dashboard is a good tool, but evidences a number of gaps that would benefit from further discussion, there is little quality/outcomes data evident and this may be worth further review
Consideration of Adopted Children and children in Police Custody could be further developed in this Strategy
Workforce strategy is a regional development area – with HEE project support identified to assist.
Data for EIP response is a gap, this is potential contract monitoring consideration
In the 0-25 development there is potential to start to unpick the 16-18 arrangements
Review of out of hours crisis provision for CYP under 18 would be of benefit
More reference to the engagement and use of the CETR process is important, and reference to the CETR pilot work and associated baseline is not evident in the current LTP
Urgent and emergency data is captured, but further description of the analysis and change/impact of the data would be of benefit
The development of how we develop a commissioner and provider collaborative, and the subsequent interface with STP/ICS arrangement is helpful
CYP participation could be further developed in a co-production conversation.
ED needs further review and information, in line with current Assurance discussions (i.e. national focus) and defining continual improvement priorities. Under reporting is identified for ED in Portsmouth and routine case performance in quarter 1 would value from ongoing monitoring, small numbers are recognised. Understanding impact on CYP outcomes.
Health inequalities and the strategic operational response to these inequalities could be further developed in the SEMH Strategy, vision and plan
The waiting time between initial CAMHS assessment and treatment/first appointment would benefit from closer strategic attention
Long term financial investment would benefit from further development

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