



NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 23 SEPTEMBER 2020 AT 10.00 AM

VIRTUAL REMOTE MEETING - REMOTE

Telephone enquiries to Anna Martyn, Democratic Services Tel: 9283 4870

Email: anna.martyn@portsmouthcc.gov.uk

Health and Wellbeing Board Members

Councillors Matthew Winnington (Joint Chair), Gerald Vernon-Jackson CBE, Suzy Horton, Matthew Atkins and Judith Smyth

Innes Richens, Mark Cubbon, Dr Linda Collie (Joint Chair), Ruth Williams, Dianne Sherlock, Sue Harriman, Alison Jeffery, Andy Silvester, Jackie Powell, Steven Labedz, Frances Mullen, Sarah Beattie, Steve Burrige, Barbara Swyer, Sandy Thomson, Roger Batterbury and Professor Gordon Blunn

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

Written 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 by email 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).

A G E N D A

- 1 Chair's welcome and introductions
- 2 Apologies for absence
- 3 Minutes of Previous Meeting - 17 June 2020 (Pages 5 - 8)

RECOMMENDED that the minutes of the previous Health and Wellbeing Board meeting held on 17th June 2020 be approved as a correct record.

4 Local Outbreak Engagement Board (information item) (Pages 9 - 12)

This information report by the Director of Public Health is to update the Health and Wellbeing Board on the work of the Local Outbreak Engagement Board (sub-committee of the Health and Wellbeing Board). Helen Atkinson and Kelly Nash to present.

5 CCG Consultation - Health & Care Portsmouth - Your views on next steps (Pages 13 - 16)

Dr Linda Collie, Clinical Leader and Chief Clinical Officer has requested discussion of this item from the NHS Portsmouth Clinical Commissioning Group (CCG). This will help inform the CCG Governing Board discussions and decision making at their October meeting.

6 Public Health Update by Director of Public Health on wider determinants of health during COVID-19 Pandemic (information report) (Pages 17 - 22)

Update report by the Director of Public Health, Helen Atkinson. The paper gives an update on work across the city, and with multiple partners to address the 'causes of the causes' in Portsmouth during the pandemic, and ongoing work to reduce inequalities and prevent further ill-health.

7 Community Safety Strategic Assessment - presentation

Sam Graves, PCC Community Safety Researcher, will present the findings from the 2020 Community Safety Strategic Assessment and recommended priorities for discussion and agreement by the board. It is a statutory requirement under the Crime and Disorder Act 1998 that community safety partnerships regularly analyse a wide range of partnership data in order to identify community safety priorities for the local area.

N.B. The background document, which contains some sensitive data, will only be circulated to members of the Board prior to the meeting - and is not for further dissemination or publication. Once the priorities are agreed by the Board, a revised version will be produced and published on the Safer Portsmouth Partnership website for public reference.

8 Troubled Families Early Help Self Assessment (info) (Pages 23 - 26)

The purpose of the information report by the Director of Children's Services is:

- a) For the HWB to note the positive picture in Portsmouth on system-wide early help and safeguarding work with children and families and the importance of this work to the wider health and care preventative agenda.

- b) To inform the HWB of the development of work on 'predictive analytics' to more effectively use personal level data to identify risk and harm to children and potential future issues for population health.

9 Children's Trust Plan 2020-2023- (annual update and information report)
(Pages 27 - 60)

The report by Alison Jeffery, Director of Children's Services seeks to inform the Board of progress in refreshing the Children's Trust Plan for 2020-2023.

10 Date of next meeting

To confirm Wednesday 25th November at 10am.

This page is intentionally left blank

Agenda Item 3

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held on Wednesday, 17 June 2020 at 10.00 am in Conference Room A, Civic Offices, Portsmouth.

Present

Dr Linda Collie (in the Chair)

Councillor Matthew Winnington (Joint Chair)
Councillor Gerald Vernon-Jackson CBE
Councillor Suzy Horton

Innes Richens
Dr Nick Moore
Sue Harriman
Alison Jeffery
Jackie Powell
Steve Burridge
Sandy Thomson
Roger Batterbury
Helen Atkinson

Non-voting members

Helen Bray (for Mark Cubbon)

Officers Present

Kelly Nash

23. Chair's introduction and apologies for absence (AI 1)

Dr Collie, as Chair, opened the meeting by welcoming members to the first virtual meeting of the Health and Wellbeing Board, necessitated by the COVID 19 restrictions, and explained how the meeting would work. All present introduced themselves.

Apologies for absence had been received from Sarah Beattie, Frances Mullen, Dianne Sherlock, Steven Labeledz and Mark Cubbon (who was represented by Helen Bray). Councillor Smyth later sent in her apologies (due to a personal engagement) and David Williams needed to attend another meeting. Councillor Vernon-Jackson apologised for his late connection to the meeting.

24. Declarations of Interests (AI 2)

There were no declarations of interest for this meeting.

25. Minutes of previous meeting - 5 February 2020 (AI 3)

It was reported that at minute 21 paragraph 3, a correction was suggested to read "Dr Williams was grateful for the support of the CCG and **public health**".

(There were also some typographical errors for correction to refer to SEND Strategy on page 5 and to take out "Professor" before Roger Batterbury's name that would be corrected.)

RESOLVED that the minutes of the Health and Wellbeing Board held on 5 February 2020 be approved, as amended, as a correct record.

26. Local Outbreak Planning (AI 4)

Helen Atkinson, Interim Director of Public Health, presented her report, assisted by Kelly Nash, Corporate Performance Manager. The report set out the background to the requirement for Local Outbreak Control Plans (COVID 19) and the need to set governance arrangements for the proposed sub committees of a local Health Protection Board and a Local Engagement and Oversight Board. The 7 key areas were listed on page 2/3 of the report, with much of this work already underway. Helen Atkinson stressed the importance of accessing national and local intelligence and the need to support the most vulnerable in the community. The government required detailed plans to be produced by the end of June, which had necessitated this meeting of the Health and Wellbeing Board to discuss the necessary arrangements.

The Test and Trace system had gone live on 26 May, with a 3 tier reporting structure nationally, regionally and locally with staff engaged to follow up contacts. The Tier 1 local level of complex cases was supported by Public Health teams.

Kelly Nash then explained the proposed governance arrangements for the 2 boards as set out in the report (the appendices detailed the proposed terms of reference). The Local Health Protection Board would formulate recommendations for the Local Engagement Board to ratify, and there were already statutory powers invested in the appropriate officers. The Local Engagement Board had half councillor membership, Dr Collie, Helen Atkinson, a representative of the HIVE, Healthwatch Portsmouth, with 2 additional posts to be filled.

Councillor Winnington, Joint Chair, suggested **amendments** to ask that in respect of the Oversight Board to propose that of the remaining 2 spaces, one of these is offered to representation from the Portsmouth Education Partnership (who are part of the Health and Wellbeing Board) that a further representative is invited from the business community in the form of Shaping Portsmouth. As Shaping Portsmouth are not currently represented on the wider board the Terms of Reference will need to be amended to make clear that membership is drawn from outside the Board.

On the detail of the Terms of Reference, Cllr Winnington wished to propose a **further amendment** to the resource allocation bullet points to make clear that

the role of the Board on these issues is to provide assurance around the allocations recommended by the Health Protection Board, and not to make wider resource allocations to read:

- * Ensuring that recommendations from the Health Protection Board for allocation of grant resources to support the effective delivery of the Plan:
- * Comply with the conditions of grant funding
- * Are affordable within the grant allocation
- * Monitoring the expenditure incurred in implementing the plans to ensure it remains affordable within the grant allocation.
- * Identifying where representations may be required to funding organisations for further resource if this is required.

This would clarify that the role of the Local engagement board is not to make decisions on resources of partner organisations, but to ensure consensus on the allocation of the grant, compliance with conditions and potentially making representations on behalf of the Health Protection Board if resources are considered to be inadequate.

The written comment of Steve Labedz was reported, in which he asked that schools be kept informed and be listened to by the boards.

Jackie Powell asked regarding capacity within the required timeframe; Helen Atkinson responded that for the more complex tracking currently the position is within current capacity across Hampshire and the Isle of Wight Health Protection Team. There were regular meetings to look at infection control measures for schools and care homes, with other sub groups dealing with risks assessments. The testing process would move gradually from government to local authority control. The importance of this gathering of intelligence and relaying of information to the public was reflected in the setting up of these boards, to engage residents and provide reassurance.

The Director of Public Health reported that Portsmouth was currently ranked 135th out of 150 local authorities in terms of the infection rate (with 324 confirmed cases) - the South East Region being 6th lowest region in the country.

In response to questions on handling of the ports and BAME considerations Helen Atkinson reported that these were both within the planning process regarding port arrivals and considering the increasing evidence base regarding the impact of Coronavirus on the Black, Asian & Minority Ethnic communities. There was work underway regarding appropriate risk assessments and looking at wider health inequalities linked to COVID-19. This included work on getting vulnerable children back to school.

Alison Jeffery, Director Children & Families, reported on the work with head-teachers and teachers at the Infection Prevention Sub Group. Schools were keen to have information on infection rate for the city. She reported that the Local Government information database provides useful charts comparing local authority infection rates.

Innes Richens, Chief Operating Officer and Director of Adult Services, was supportive of the proposals which showed the good connections in resilience work between health and local authorities.

Councillor Winnington was appreciative of the work being undertaken with schools and favoured an education representative being on the Local Engagement and Oversight Board.

Helen Atkinson clarified that the health trusts would be represented on the Health Protection Board, and she had been impressed by the level of integration she had witnessed since joining earlier in the year.

RESOLVED that the Health and Wellbeing Board agreed:

- 1. the proposals for a local Health Protection Board and the Terms of Reference**
- 2. the proposals for a Local Engagement and Oversight Board and the Terms, as amended.**
- 3. membership for the Local Engagement and Oversight Board, as amended.**

The meeting concluded at 10.50 am.

.....
Councillor Matthew Winnington and Dr Linda Collie
Chair

Agenda Item 4

THIS ITEM IS FOR INFORMATION ONLY

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



Portsmouth
CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Local Outbreak Engagement Board
Date of meeting:	23 rd September
Report by:	Director of Public Health, Portsmouth City Council
Wards affected:	All

1. Requested by

Chair, Health and Wellbeing Board

2. Purpose

- 2.1 To update the Health and Wellbeing Board on the work of the Local Outbreak Engagement Board (sub-committee of the Health and Wellbeing Board).

3. Background

- 3.1 At the Health and Wellbeing Board in on June 17th 2020, it was reported that national Government had announced the requirement for Local Outbreak Control Plans (CoVid-19) to be developed to reduce local spread of infection and for the establishment of a Member-led Covid-19 Engagement Board for each upper tier Local Authority.
- 3.2 Government guidance required that local plans should be centred on 7 themes:
- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
 - Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).
 - Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
 - Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing

assumptions to estimate demand, developing options to scale capacity if needed).

- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

- 3.3 Terms of reference for a Local Outbreak Engagement Board (LOEB) were agreed at the Health and Wellbeing Board on 17th June, and this was established as sub-committee of the Health and Wellbeing Board.

4. Summary of Local Outbreak Engagement Board activity since June

- 4.1 Since June, the LOEB has met four times. Full minutes of board deliberations are published at <https://www.portsmouth.gov.uk/ext/coronavirus-covid-19/local-outbreak-control-plan> . Significant business has included:

- Signing off the full Local Outbreak Plan for Portsmouth within the deadline set by Government, and ensuring this was published on the PCC website.
- Regularly receiving a summary of the latest intelligence and data relating to COVID-19 in the local community. This information is updated weekly and is also placed on the Local Outbreak Plan page on the PCC website at the link above.
- Considering the lessons that could be learned from the experience in Leicester, where a spike in infection levels led to local restrictions. The Board considered the need for early sight of data; the importance of clear lines of responsibility between local agencies and central government; and some key operational lessons including implications where there is a low level of digital access or a language barrier.
- Considering changes to powers and regulations and ensuring that proposed responses are appropriate.

- 4.2 The LOEB also receives a regular assurance report which summarises the supporting work of the local Health Protection Board, which is providing the focus for local outbreak prevention activity, and assesses the local preparedness picture. The report is structured around four key areas:

- Local context, looking at local data including the early warning indicators
- Local activity, looking at confidence in a range of local matters such as enforcement, provision of PPE, testing etc.

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)

- Assurance to PHE, looking at the confidence in the seven areas of the plan required to be included; and
- Risks, looking at what are the issues that may cause Portsmouth to see an increase in infections.

4.3 At the most recent meeting, assurance was provided to the LOEB that there were no significant areas of concern arising from the local intelligence. There was a focus on preparing for the return to schools, and the good relationships between education and schools was noted and the work that has been taking place to ensure effective infection prevention and control measures in schools was outlined. The significant risks noted were in relation to the return of students to the university, and our arrangements for housing our homeless and rough sleeping population to prevent spread of infection in this vulnerable group.

5. Future working

- 5.1 The LOEB will continue to meet on a monthly basis, and will receive reports summarising the activity of the Health Protection Board and the resultant assurance levels. The Board is a helpful forum for providing check and challenge around local outbreak arrangements, and for ensuring that the arrangements are fully appropriate to the city and its communities.
- 5.2 Summary reports of LOEB activity will be presented to each Health and Wellbeing Board meeting.

.....
Signed by Helen Atkinson, Director of Public Health, 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

This page is intentionally left blank

Agenda Item 5



Health and Care Portsmouth - your views on next steps

This document sets out what is happening with the development of our Health and Care Portsmouth operating model and - at the end - invites comments and feedback from you – our Portsmouth Health and Well Being partners.

Operating model - next steps

As outlined to you last summer, NHS Portsmouth CCG (PCCG) and Portsmouth City Council (PCC) is progressing work to integrate key functions, to help deliver the wider city partnership that is Health & Care Portsmouth.

In recent years we have already achieved a great deal, building a very advanced **integrated way of working** under the Health & Care Portsmouth banner. For example, PCCG and PCC have in the past year:

- integrated roles and teams for adult's & children's strategic and operational functions
- closely aligned teams for Public Health, pending the substantive appointment of a Director of Public Health dedicated to Portsmouth
- changed our ways of financial planning and management so they are more closely aligned than ever before
- and we have integrated teams for key functions such as HR, complaints and, in September, communications and engagement

In our response to the pandemic we have seen the **benefits of this integration**, in particular:

- how we have responded to and supported the response to the epidemic in the care sector, to testing, to the supply of PPE and infection control support
- in our rapid establishment of community support, alongside the voluntary sector and HIVE Portsmouth to support the most vulnerable people to access food, medicines and welfare support
- in our pragmatic handling of the covid-19 funding and grants, ensuring it got to the services and people who needed it
- how we quickly redeployed CCG and Council staff across a range of health and local authority functions and;
- how the whole range of our business as usual switched rapidly to new and often very testing ways of working

There is a strong commitment to continuing the Health & Care Portsmouth approach into the future. As we strengthen the integration between PCCG and PCC we have also been considering how we then work across the local Portsmouth and South East Hampshire (PSEH) system, as well as more strategically across Hampshire and the Isle of Wight (HIOW) and in particular the developing Integrated Care System (ICS).

We are working together with the CCGs in HIOW to achieve this, as they also think about their own operating models. Through working with their Boards and working groups, by March our partner CCGs had arrived at a preferred model of operating that intended to establish delivery at 3 levels:

- at a HIOW level focused on functions such as strategic commissioning, planning, prioritisation and financial strategy (ICS);
- at a 'place' level based on the 3 Local Authorities of Hampshire, Southampton and the Isle of Wight, building these in partnership with each LA and;
- at the level of the developing Integrated Care Partnerships based predominantly on acute hospital catchment areas (ICP)

As part of establishing this operating model, the Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG will be considering proposals to form a single CCG for Hampshire, Isle of Wight and Southampton (excluding Portsmouth).

NHS England (NHSE), which has been part of these discussions, has been clear throughout that CCGs in HIOW are expected to reach an agreement and implement a model of working together. NHSE has been supportive of a configuration of CCGs that includes the integrated model we have in Health & Care Portsmouth. However, they have also been clear that they expect a single shared Accountable Officer (AO) for commissioning across HIOW, and that this AO would also be the chief executive officer (now appointed) of the HIOW Integrated Care System.

NHS Portsmouth CCG's Governing Board met in March to review the outcomes of these discussions and any implications for the development of the Health & Care Portsmouth operating model. In particular, the Board discussed the NHSE expectation of a single AO for the HIOW CCGs, because this conflicted with our previously stated intent that the chief executive of Portsmouth City Council take on the functions of the AO of NHS Portsmouth CCG.

NHS Portsmouth CCG Governing Board agreed:

- it remains strongly **committed to further integrated working** with Portsmouth City Council under the executive leadership of the PCC Chief Executive, clinical leadership of the CCG and elected leadership of the Council
- that **retaining NHS Portsmouth CCG as a legal entity**, with its Board, associated dedicated functions and resources - and based within the city - was the more significant priority and we would thus **not be proposing a merger with other HIOW CCGs**
- that it would support the **delegation of CCG functions to the PCC chief executive officer** to lead and continue delivery and development of Health & Care Portsmouth, including the further integration of executive roles across PCCG and PCC
- to **propose the appointment of a shared CCG AO** with other CCG(s) in HIOW for strategic commissioning across HIOW and as the chief executive officer of the HIOW ICS and;
- to continue to work with partners in Health & Care Portsmouth and the PSEH Integrated Care Partnership to **agree arrangements to deliver system working** at PSEH level

Consultation and engagement

NHS Portsmouth CCG is undertaking consultation and engagement to seek the views of member practices (for which this represents a formal constitutional change), staff, you - our Portsmouth Health and Well Being partners and other partners in order to understand the impact of the model. This consultation and engagement will run from July to September 2020 with the PCCG Governing Board receiving any feedback and considering any revisions to the model in October. As with previous proposals regarding the Health and Care Portsmouth operating model we also intend to bring the amendment to the proposals to the Portsmouth Health & Wellbeing Board.

Depending on that decision, there may be a series of technical changes needed to the PCCG's constitution as well as a legal and HR process regarding the AO role, delegation of functions to the CEO of PCC and NHSE approval. The aim will be to have new arrangements in place for April 2021, in line with the timeline for establishing the start of the HIOW ICS.

In conclusion, a Health & Care Portsmouth operating model led by the PCC CEO directing both PCCG and PCC functions remains our intended long term plan. We will continue to work closely with partners both in the HIOW ICS and also the PSEH ICP - as these also continue to develop how they operate - in order to determine how each of these different tiers work together.

Hearing from you

The views of our Health and Well Being Board partners in the City is important in ensuring our arrangements and work remain appropriate and relevant to deliver our common aspirations and aims for Portsmouth.

Therefore we would welcome your questions, feedback and in particular your views regarding what is important to you as we move forward in developing our operating model.

Dr Linda Collie, Clinical Leader, Dr Elizabeth Fellows, our Clinical Chair and other members of our Governing Board would be very happy to discuss with you individually our plans should you find this useful.

All feedback received prior to **Friday 18th September 2020** will be summarised and considered in October when our Governing Board plans to formally consider the amendment to our operating model. As stated above we will also schedule time on the next agenda of the Health and Well Being Board to discuss this as a group and feedback from that will be presented to our Governing Board.

Any questions, requests for one on one conversations and feedback on the proposals should be sent to pccg.engage@nhs.net

Dr Linda Collie
Chief Clinical Officer and Clinical Officer
NHS Portsmouth CCG

G:\PCCG - Business Development\Organisational Development\operating model\HCP 2020\HWBB Partners HCP Op Model Summary FINAL 08.07.20.docx

This page is intentionally left blank

Agenda Item 6

THIS ITEM IS FOR INFORMATION ONLY

(Please note that "Information Only" reports do not require Integrated 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 the wider determinants of health during the COVID 19 pandemic
Date of meeting:	23 rd September 2020
Report by:	Dominique Le Touze, Consultant in Public Health, Portsmouth City Council, Bethan Mose, Health Development Manager, Andrea Wright, Health Development Manager
Wards affected:	All

1. Requested by Health and Wellbeing Board

2. Purpose

The COVID-19 global pandemic has highlighted existing health inequalities in our population. Greater risk of serious illness and death from COVID-19 has been seen in black, Asian and minority ethnic communities, older people, and people living in socioeconomically deprived areas. Those living in the most deprived neighbourhoods are more than twice as likely to die from COVID-19 as those living in the most affluent areas. Long-term, preventable conditions such as cardiovascular disease and type 2 diabetes are also major risk factors for contracting and experiencing serious illness from COVID-19, and these disproportionately affect people living in disadvantaged areas and from ethnic minority backgrounds.

In Portsmouth, around 60% of the most common causes of preventable death and disease (liver disease, cardiovascular disease, cancer and respiratory conditions) can be linked to four risk factors - alcohol misuse, poor diet, physical inactivity and smoking. It is also estimated over the long-term, air pollution can be attributed to between 28,000 to 36,000 deaths in the UK each year. Risk factors such as these are intimately linked to the way people live. The local environment, availability of good quality food, options for travel, housing, employment, education - all have a huge impact on health, and individuals' ability to be healthy. These wider determinants are sometimes referred to as the 'causes of the causes' of illness.

This paper gives an update on work across the city, and with multiple partners to address the 'causes of the causes' in Portsmouth during the pandemic, and ongoing work to reduce inequalities and prevent further ill-health.

3. Information Requested

3.2 Air Quality

- 3.3** A public consultation on Clean Air Zone (CAZ) proposals took place over the summer. Having been legally directed to implement a Class B CAZ, the purpose of the consultation was to seek views on how the CAZ should operate. The consultation ran for 6 weeks and is now closed. A report will be taken to Cabinet on 06th October to discuss the findings of the consultation and next steps.
- 3.4** The CAZ is a small part of the solution to cleaner air in the city, in addition to a variety of measures to improve active travel, outlined in the Local Transport Plan and Local Cycling and Walking Infrastructure Plan, and other measures such as Portsmouth Port's ambition to become the UK's first carbon neutral port.
- 3.5** The COVID-19 has created a very clear reduction in traffic volumes and associated improvements in roadside air quality, seen consistently across the UK. The Transport team have run a number of sensitivity tests on air quality and transport modelling to consider the impact of changes in travel behaviour/ patterns following the pandemic and associated impact on NO₂ concentrations.
- 3.6** Traffic volumes have now reverted to near normal, with Portsmouth at times seeing traffic volumes higher than pre-lockdown levels as a result of good weather, furlough and 'staycations'. However, emerging evidence from residents indicates an appetite for increased active travel opportunities, with 50% of residents in the Portsmouth residents survey walking more since lockdown, and 78% keen to retain temporary road closures and other travel measures.

4. Active Travel

- 4.2** In response to the pandemic, the Department for Transport has outlined a number of changes to local transport to support the recovery of the economy and in response to the green and active travel agenda. Central government identify local transport networks as being central to local economic recovery and therefore it is expected that changes to the local travel network should be quickly mobilised and should help embed altered behaviours and demonstrate the positive effects of active travel.
- 4.3** Portsmouth City Council's approach to addressing the changes needed to the transport network to support the economic recovery of the city is set out in the [Emergency Transport Recovery Plan](#). The Plan aligns with the objectives of the [draft Local Transport Plan 4](#) and sets out the initial activity that will take place over the next year to support the restart of local transport, including identifying a number of sustainable and active travel measures that will be delivered. The Draft Local Transport Plan 4 was approved in March 2020 and will be consulted on at the end of September together with the Local Cycling and Walking Infrastructure Plan.
- 4.4** The Emergency Active Travel Fund awarded PCC £214,515 from the Department of Transport to allow for greater social distancing for cyclists and pedestrians. Measures include additional space to walk and cycle by temporary road closures along the Seafront, City Centre and Castle Road, temporary pedestrian crossings

THIS ITEM IS FOR INFORMATION ONLY
(Please note that "Information Only" reports do not
require Integrated Impact Assessments, Legal or
Finance Comments as no decision is being taken)

and segregated cycle routes. Additional space for hospitality and local businesses to allow customers to socially distance has been provided on Palmerston Road South, Albert Road, Marmion Road. On 7 August the Council submitted a bid into Tranche 2 of the fund which, if successful could see an additional £769,000 to be used towards further improvements to walking and cycling infrastructure in the city.

- 4.5** Transport regularly review all temporary road changes to ensure they are working during the pandemic. Data will be gathered on the route usage, road safety audit and current information from Public Health and the Police, and feedback received will also be reviewed. The reviews could lead to alterations, removal of the road closure or adapting designs to make them permanent depending on how well the change works.
- 4.6** In July 2020, the Government published a new physical activity strategy in July 2020 - 'Gear Change: a bold vision for cycling and walking' with a focus on making England a nation where walking and cycling are part of everyday life, from active travel to leisure and recreation. The changes in the Emergency Travel Fund support this strategy.

5. Childhood Obesity

- 5.2** Identifying the increased risk of serious illness from COVID among those who are obese, the Government published 'Tackling Obesity: empowering adults and children to lead healthier lives' in July 2020. This paper is supported by some key recent actions from central government and the NHS such as the Better Health Campaign and NHS 12 week weight loss plan. Both are primarily aimed at adults, but hold benefits for the whole family, promoting positive dietary and physical activity behaviours.
- 5.3** A 'Superzone' pilot to address Childhood Obesity was due to start earlier this year, working with Arundel Court Primary Academy to address issues raised by the children around four key themes: healthy food environment, active places, cleaner air and community and safety. The place-based pilot used a new approach coordinating policy and community action in one specific area, aligning actions to maximise impact, achieving joint aims of reducing childhood obesity, reducing air pollution and promoting a safe environment.
- 5.4** The launch scheduled for mid-March had to be cancelled as the country went into lockdown. After careful consideration and in conjunction with the school it has been decided to postpone the Superzone pilot until September 2021, to allow the safe return of children to education without additional demands on teachers and pupils.
- 5.5** Childhood obesity remains an area of concern and both Public Health Portsmouth and all the partners involved are committed to piloting the superzone for the 21/22 academic year. In the meantime we strive to reduce obesity through working in partnership with key agencies across the city, both around improving dietary behaviours and increasing activity levels, amongst the children and their families.

6. Physical activity

- 6.2 Public Health Portsmouth is working in conjunction with the other three Public Health teams across SHIP and our regional active partnership - Energise Me - to develop a new physical activity strategy for April 2021. The new strategy will focus on the least active, as encouraging those not active to do some activity has the greatest health gains. In addition the strategy will seek to proactively target the health inequalities so keenly highlighted during Covid-19, focusing on those groups and those areas that have become less active, and are higher risk of COVID and long-term health conditions. The work underpinning the strategy will be developed based on local need, with the Active Portsmouth Alliance playing a vital role in helping address physical inactivity. Over the autumn months there will be opportunities for consultation from a wide range of partners, with the final strategy ready by April 2021.

Active Portsmouth Alliance

The Active Portsmouth Alliance is a multi-agency network who have interest in physical activity in its widest form. Currently membership stands at over 90 members from over 40 organisations across the city, including 7 council departments, NHS, Navy, Fire Service, University, regional/national bodies, key community providers, range a of charities etc. and membership is continuing to grow year on year. The focus of the alliance is to work together to improve inactivity levels across the city and has target audiences based on the greatest need. Currently they are: women and girls, disability and long-term conditions, Black, Asian, Minority Ethnic, mental health and lower socio-economic.

There is a commitment from partners to work together to harness opportunities and resources, to improve activity levels of the most inactive, particularly those who have become less active during the pandemic. The Alliance target groups will be refreshed in line with the upcoming Physical Activity Strategy.

.....
Signed by:

Appendices:

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
Office for National Statistics. <i>Health state life expectancies by national deprivation deciles,</i>	https://www.ons.gov.uk

THIS ITEM IS FOR INFORMATION ONLY
(Please note that "Information Only" reports do not
require Integrated Impact Assessments, Legal or
Finance Comments as no decision is being taken)



Portsmouth
CITY COUNCIL

<i>England: 2016 to 2018. UK government; 2020</i>	
Office for National Statistics. <i>Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020. UK government; 2020</i>	https://www.ons.gov.uk
Public Health England <i>Health matters: air pollution</i> , 2018	https://www.gov.uk/government/publications/health-matters-air-pollution
Emergency Transport Recovery Plan	https://travel.portsmouth.gov.uk/wp-content/uploads/2020/07/portsmouth-transport-recovery-plan-june-2020.pdf
Draft Local Transport Plan 4	https://travel.portsmouth.gov.uk/
Coronavirus Resident Research	Pending publication

This page is intentionally left blank

Agenda Item 8

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:	Troubled Families, Early Help Self-Assessment
Date of meeting:	23 rd September
Report by:	Alison Jeffery, Director of Childrens Services
Wards affected:	All Wards

1. Requested by

Alison Jeffery, Director of Childrens Services

2. Purpose

- a) For the HWB to note the positive picture in Portsmouth on system-wide early help and safeguarding work with children and families and the importance of this work to the wider health and care preventative agenda.
- b) To inform the HWB of the development of work on 'predictive analytics' to more effectively use personal level data to identify risk and harm to children and potential future issues for population health.

3. Background and Context

- 3.1 The Ministry of Housing, Communities and Local Government (MHCLG) leads the national Troubled Families Programme on behalf of central government and working through all relevant government departments - e.g. Department for Education, Department of Health, DWP and the Home Office.
- 3.2 The national Troubled Families Programme is coming to the end of Phase 2 with any announcement on a Phase 3 currently awaiting the Comprehensive Spending Review. Local performance against the national programme in Portsmouth has been successful.
- 3.3 A key expectation from MHCLG is to complete a self-assessment at local authority level on how embedded key practices and work is in the local area around:
 - Whole-family Practice (one family, one worker, one plan)
 - Multi-agency working including multi-disciplinary and co-located services
 - A shared set of family outcomes across the system and in direct practice with families
 - All agencies contributing to the lead professional workforce

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)

- The use of multi-agency data to identify vulnerable families and measure progress and outcomes

Portsmouth Self-Assessment

- 3.4 The Self-Assessment has been completed by the multi-agency Portsmouth Early Help Board (part of the wider Children's Trust governance structure overseen by the Health and Wellbeing Board).
- 3.5 The Table below outlines the areas we were asked to reflect on and how we scored ourselves on key descriptors using the MHCLG scales which run through a four-point scale of:
- 'Yes'
 - 'Mostly Yes'
 - 'Mostly No'
 - 'No'.

Self-assessment Area (No. of descriptors)	Yes	Mostly Yes	Mostly No	No
Whole-family practice (10)	4	6	0	0
Empowering Communities (8)	2	6	0	0
Workforce Development (14)	5	9	0	0
System Leadership (9)	5	4	0	0

Key Findings

- 3.6 The key findings are as follows:

What we do well

- Whole-family practice with allocated lead professionals
- One family, one plan
- Common set of family outcomes
- Evidence of improved outcomes for families
- Shared case management systems
- Joint working between agencies
- Joint working with the Voluntary and Community Sector
- Joint workforce development
- Shared practice model (restorative practice and trauma informed practice)
- NHS services fully engaged in whole family working

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)

- Joint working with Neighbourhood Police
- Multi-agency audit and learning from practice
- Co-location of services (the Multi-Agency Teams)
- System leadership is strong through Children's Trust structures

What we need to further improve

- Use of data to identify vulnerability and need
- Work with schools on early help
- A single shared workforce development plan

Predictive Analytics

- 3.7 The main area of work we need to develop is around our use of child and family level data from across the system to highlight which families we should be concerned about and what progress those families make following support.
- 3.8 A number of other areas (Bristol, Reading, Dorset) have developed quite sophisticated systems for pulling together council, NHS and police data into a single place to identify multiple vulnerability factors for single families. Portsmouth has previously pioneered some similar work (in 2007-8) and has some legacy systems that put us in a good place to bring this work back.
- 3.9 There are myriad Information Governance issues and some technical issues - but these can and have been overcome in other areas. The benefits of such systems are enormous in terms of using already held data to enable more effective targeting of stretched resources to prevent families from requiring more expensive service support later down the line.
- 3.10 A simple example. Data in education may indicate to a school a potentially vulnerable child through diminishing school attendance. Meanwhile in police systems, police colleagues may note that an officer has been called out twice to the same child's family. And in NHS systems, mental health colleagues may note that the child's sibling has not been turning up to sessions with CAMHS. Each individual episode may not trigger much immediate action. But taken together - these three occurrences would tell us that we should be concerned for this family and some form of assessment and plan is required to stop things getting worse.
- 3.11 In Bristol, reading and Dorset, this work has also expanded into commissioning tool - able to map vulnerable families across localities and reshape services at particular hotspot localities.
- 3.12 We would like to explore the potential of such a system for Portsmouth and would be seeking to keep the Health and Wellbeing Board informed of progress.

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)



.....
Signed by Alison Jeffery
Director, Children, Families and Education

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

Agenda Item 9

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:	Children's Trust Plan 2020-2023
Date of meeting:	23 rd September
Report from:	Alison Jeffery, Director of Children's Services
Wards affected:	All Wards

1. **Requested by:** Alison Jeffery, Director of Children's Services

2. **Purpose:**

To inform the Board of progress in refreshing Children's Trust Plan for 2020-2023

3. **Background**

The Portsmouth Health and Wellbeing Board has taken on the strategic oversight of the Portsmouth Children's Trust and as such has overall responsibility for the Children's Trust Plan. We are currently nearing the end of the process for refreshing the Children's Trust Plan - the single city-wide strategy to improve outcomes for Children and families.

This is the tenth such plan and has been developed across the wide partnership of agencies serving children and families in Portsmouth, including consultation and co-production with children and families.

4. **The Structure of the Plan**

Page 7 of the attached Plan provides a tidy 'Plan on a Page' summary of the Children's Trust Plan for 2020-23.

The structure of the Plan has been designed to be easy to communicate, easy to deliver and easy to monitor. The Plan is made up of:

- Six Priorities - each with a written strategy, clear Strategic objectives, Key Performance Indicators and a multi-agency governance Board
- The 'Children's Trust Spine' - six areas of work that are cross-cutting in nature and will help improve all outcomes for all children and families. Of particular note is the intention to develop some work with families on a 'Portsmouth Deal with Families' along the 'Wigan Deal' type approach.

- Clearly defined work to ensure that on a multi-agency basis we continue to respond to the Covid-19 pandemic

Two key changes for this Plan from the previous 2017-2020 Plan are:

- The construction of a single 'Safeguarding Children Strategy' for the city that brings together in one place all our multi-agency work on early help, child protection, youth offending and domestic abuse as it affects children (linked to the wider city-wide all age work on domestic abuse).
- A clear single strategy on improving children's emotional wellbeing - the Social Emotional and Mental Health strategy.

5. Consultation and Communication

The process for refreshing the Plan started off in November 2019 with a well-attended Workshop with key strategic leads from all the relevant agencies in the city. This conversation was informed by a refreshed Children's Trust Needs Assessment and some work with the local Parent Board.

Whilst the development of the Plan has been hampered and slowed by the work on Covid-19, we have managed to continue the strategic conversations across the Children's Trust and this culminated in a well-attended consultation session with key leaders and parents' representative on the 14th September 2020.

At this session, the Plan was largely agreed and feedback very positive - some of which was easily rectified in the Version 7 attached to this report.

Two areas which require a bit more work before we can complete the Plan are:

- Improved integration of the developmental work in maternity services in the wider strategy
- A strengthened reflection of the critical role of early years providers

Once these two issues have been clarified in the Plan, it will be ready for final approval and then communication.

Children's Trust partners are keen to see wide communication of the Plan on a Page so that all staff feel a part of the wider strategy to improve the lives of children and families in Portsmouth.

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)

.....
Signed by Alison Jeffery, Director of Children, Families and Education

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
Children's Trust Plan 2020-2023 - Version 7	

This page is intentionally left blank



Children's Trust Plan
CONSULTATION VERSION (Vs 7)
2020 - 2023

**Portsmouth's multi-agency strategy for improving
outcomes for children and families from pre-birth to 25**

Foreword

Welcome to this, the tenth Children's Trust Plan for Portsmouth, refreshed to cover the 2020-2023 period.

Portsmouth is widely recognised for the excellent partnership working between public bodies and with the community. We have a long history of excellent joint working at strategic and operational levels between the City Council, NHS commissioners and providers, the police, our early year's settings, schools, colleges, adult services and the voluntary and community sector.

This new Children's Trust Plan articulates six clear priorities for improving the lives of children and families in the city and how partner agencies will work together to enable children, young people and families to enjoy their childhood - be happy, healthy, safe and engaged in learning as they grow into young adults. We have made a clear statement in this Plan that we will work together to give children the best possible start in life, all the way from the pre-birth period up to the age of 25.

In this new Plan, we have also identified six key areas of work that will underpin the delivery of good services and support for children and families - known as the Children's Trust Spine. These areas of work help embed our restorative way of working - working with families and across organisations to build strong families, strong organisations, strong practice, a strong, community and shared ways of working to drive improvement across the city. We have included in this list a shared commitment to playing our part in tackling the scourge of racism.

I am really looking forward to the delivery of this Plan over the coming three years and working with families and with all partners to make a tangible difference to the lives of children and families in Portsmouth.



Cllr Suzy Horton

Contents

Contents	
A	Introduction
B	Our Six Priorities
C	A Strategic Spine
D	Plan on a Page
E	<p>Overview of Each Strategy:</p> <p>Priority One - Education</p> <p>Priority Two - Safeguarding</p> <p>Priority Three - Physical Health</p> <p>Priority Four - Social, Emotional Mental Health</p> <p>Priority Five - Corporate Parenting Strategy for Looked After Children and Care Leavers</p> <p>Priority Six - Special Educational Needs and Disabilities</p>
F	The Strategic Spine - Crosscutting Themes for Each Strategy
G	Impact Monitoring
H	Governance and Delivery

A. Introduction

Portsmouth has had a single strategic 'Children's Plan' since 2003. The most recent Plan came to an end in March 2020.

The 'refresh' process to create the 2020-2023 Plan has been hampered by the Covid-19 pandemic. Moreover, the pandemic and the resulting impact on both child welfare and on service delivery has inevitably changed some of our thinking about what is important right now in terms of service delivery for children and families.

We have therefore sought to articulate here not just a three-year strategic plan but also how we will build resilience for families and services over the next year, taking into the account the new landscape we are in.

In December 2019, we held a consultation and engagement session with over 40 representatives from Children's Trust partners and the findings of that session have been woven into this new plan. This is in addition to feedback from the Parents Board following some consultation with local parents.

One key message from partners was to make the Children's Trust Plan cover the full age range pre-birth to 25 and this is plan seeks to achieve that.

Underpinning the Plan remains the Portsmouth commitment to integrated multi-agency planning and delivery which helps meet the needs of children and families. This Plan includes a number of key areas of work to further expand and deepen the integration of services - building on the strong work over the last decade to develop multi-agency and multi-disciplinary responses such as the MASH, the Youth Offending Team and locality-based Multi-Agency Teams including integrated early help services.

B. Our Six Priorities

The Children's Trust Needs Assessment was updated in late 2019. Analysis of the data, alongside conversations with all partners - has brought us to a consensus across the partnership that we adjust the 2017-20 plan (with its five priorities) as follows:

- Retaining four of the existing priorities
- Adapting the Stronger Futures strategy to create a comprehensive Safeguarding Strategy incorporating early help and youth justice
- Elevating existing work on child mental health into a full Children's Trust priority
- Covering the full pre-birth to 25 age range

This means our Priorities for 2020-2023 are:

1. Improve education outcomes - the Education Strategy
2. Improve early help and safeguarding - the Safeguarding Strategy
3. Improve physical health - the Physical Health Strategy
4. Improve Social, Emotional and Mental Health - the SEMH Strategy

5. Improve outcomes for children in care and care leavers - the Corporate Parenting Strategy
6. Improve outcomes for children with Special Educational Needs and Disabilities - the SEND Strategy

Each of these Priorities has a set of (existing or proposed) Performance Indicators, a multi-agency governing group and a named strategic lead.

In addition, we are outlining in this document the key Strategic Objectives that sit below each Priority. Each of these Strategic Objectives will have a more detailed delivery/action plan below it.

C. A Strategic Spine

Partner agencies have been discussing a set of cross-cutting themes which should be evident in all our service delivery, commissioning and practice. We are seeking to strengthen this by articulating a "strategic spine" that runs through all the 6 priorities.

The "strategic spine" encompasses five areas that all strategies need to reflect and progress:

- a) A 'deal' with parents: a social contract with families and co-production
- b) The Portsmouth Model of Family Practice: restorative and relational Practice which is trauma-informed and whole-family
- c) Strong Organisations: Excellent Workforce: leadership development, restorative organisations and high quality professional development - training and coaching
- d) Performance and Quality Management: using data well and learning from front-line practice
- e) Community capacity building: enabling the community and the voluntary sector to meet need
- f) Tackling racism in services and in the community

D. Children's Trust Plan on a Page

Strategic Spine

A. A Deal with Parents

- Confident parenting
- "You do, we'll do"
- Co-production

B. Portsmouth Model of Family Practice

- Restorative and Relational Practice
- Trauma-Informed Practice and PACE
- Whole-family practice and Lead Professionals

C. Strong Organisations: Excellent Workforce

- Leadership development
- Restorative organisations
- High quality professional development - training and coaching

D. Performance and Quality Management

- Needs Assessments
- Key Performance Data
- Audits of front-line practice

E. Community Capacity Building

- A strong and vibrant voluntary and community sector
- Peer-led support for children and families

F. Tackling Racism

- Addressing unconscious bias in services
- Educating children and young people to cherish equality

1. Education Strategy

- | | |
|--------------------------------|---------------------------------|
| a) Attainment and progress | f) Covid-secure schools |
| b) Inclusion | g) Safeguarding in schools |
| c) Digital learning | h) Emotional health & wellbeing |
| d) Literacy and language | i) School attendance |
| e) Recruit and retain teachers | j) Sufficient school places |

2. The Safeguarding Strategy

- | | |
|------------------------------------|------------------------------------|
| a) Universal services & early help | f) Exploitation & missing children |
| b) Integrated Early Help Service | g) Tackling domestic abuse |
| c) Effective MASH | h) Reducing neglect |
| d) Family Safeguarding practice | i) Quality assurance and learning |
| e) Youth offending and violence | j) Intelligence-led safeguarding |

3. Physical Health Strategy

- | | |
|-----------------------------------|--|
| a) Advice and guidance | f) Promote breastfeeding |
| b) Reduce childhood obesity | g) Reducing health inequalities in pregnancy |
| c) Increase physical activity | h) Immunisations & vaccinations |
| d) Effective sexual health advice | i) Long-term conditions |
| e) Alcohol and substance misuse | |

4. Social, Emotional and Mental Health Strategy

- | | |
|-----------------------------------|--|
| a) Early attachment | g) LAC and care leavers |
| b) Advice, guidance and self-help | h) Other vulnerable groups of children |
| c) Strong, confident workforce | i) CAMHS developments |
| d) Early help and digital offer | j) Suicide prevention |
| e) Wellbeing in education | k) Loss and bereavement |
| f) Neuro-diversity pathway | |

5. Corporate Parenting Strategy

- | | |
|--|---|
| a) Integrated multi-agency service | e) Improve placement stability |
| b) Enabling strong relationships | f) Improve education, employment and training |
| c) Quality care and pathway plans | g) Physical and mental health |
| d) High quality placements and accommodation | h) Transform care leavers offer |

6. SEND Strategy

- | | |
|--|---|
| a) SEND inclusion | d) Autism and neurodiversity |
| b) Inclusion of children with SEMH needs | e) SEND Joint Commissioning |
| c) Preparing for adulthood | f) Co-production with children and families |
| | g) Workforce and practice |

E. Overview of Each Strategy

Each of our Six Priorities has a more detailed strategy articulating what we will be delivering over the next three years to improve outcomes for children and families.

The next few pages provide an overview of each of the Strategies, outlining:

- Governance
- Leadership
- The Vision
- Key Performance Indicators
- Covid-related response and recovery
- Strategic Objectives

In total, the Children's Trust Plan contains

- 58 Key Performance Indicators
- 54 Strategic Objectives

Section G outlines in more detail how we will monitor impact of the six Strategies.

Priority One - Education



Governance:	Portsmouth Education Partnership Board
Strategic Lead:	Mike Stoneman, Chairs of the Portsmouth Education Partnership
Vision	Children and Young people make strong progress through education which sets high expectations for them, is infused with restorative high support and high challenge and which is supported through leading edge use of digital technology, empowering them to drive their own learning anywhere.
Key Performance Indicators:	<ol style="list-style-type: none"> 1. Educational attainment at all key stages including FSP 2. Educational progress 3. School attendance and exclusions 4. Destination data 5. Good and outstanding schools 6. Teacher vacancies
Covid19 Response and Recovery Dedicated and more detailed plans	<ol style="list-style-type: none"> a) To enable schools safely to bring children back into school following lockdown b) A digital learning strategy and action plan which supports strong teaching in schools and empowers children and young people to drive their own learning at the pace and level which is right for them c) ITT recruitment drawing on benefits of contribution to society

	d) Strong collaboration and mutual support between schools, colleges and early years settings to support their communities to thrive safely and confidently
Strategic Objectives Dedicated and more detailed plans	<ol style="list-style-type: none"> 1. Improve attainment and progress at all key stages 2. Improve inclusion of all children and young people including effective provision for all children with SEN and improved outcomes for vulnerable learners including those open to social care and early help and those identified by schools as requiring additional support 3. Implement a digital learning strategy for the city that supports learning both at school and at home 4. Improve pupil outcomes in literacy (reading, writing and oral) with a focus on early language development 5. Recruit, retain and grow the best teachers and leaders under the Teach Portsmouth campaign 6. Ensure all schools have access to clear and up to date infection control and health and safety information and are able to respond appropriately to local Covid-19 outbreaks 7. To ensure all education settings have robust safeguarding policies, processes and culture in place 8. Promote emotional health, wellbeing and resilience in education 9. Ensure all pupils regularly attend school supported by the Miss School Miss Out school attendance campaign 10. Invest in school buildings to create additional school places, focusing on secondary and SEND / AP places

Priority Two - Safeguarding



Governance:	Portsmouth Safeguarding Children Board Executive
Strategic Leads:	Sarah Daly, Darren Rawlings, Sarah Shore
Vision	Children and young people should grow up feeling safe, protected and cared for by their families. Our role as a multi-agency partnership is to work with families to enable them to keep their children safe from harm, including involvement in offending, by providing the right advice, guidance and intervention from the right services at the right time.
Key Performance Indicators:	<ol style="list-style-type: none"> 1. Contact, referral and assessment activity and ratios (including re-referral & s47 rates) 2. Quality of assessments and plans 3. Number of children open to Early Help 4. Number of children open to Children Social Care (CIN/CP/LAC) 5. Strategy meetings are Working Together compliant 6. Reunification of Looked After Children back with families 7. First Time Entrants into the Youth Justice System 8. Youth reoffending 9. Numbers of young people in custody 10. Number of children living in high risk domestic abuse situations 11. Numbers at high risk of CSE/CE and length of time 12. Disruption and prosecution of perpetrators of harm and exploitation

Covid19 Response and Recovery Dedicated and more detailed plans	<ul style="list-style-type: none"> a) Effective safeguarding practice whilst social distancing b) LA Link Co-ordinators and Children's Hub - retaining 'safeguarding eyes' on vulnerable children c) Planning for increase in safeguarding activity
Strategic Objectives Dedicated and more detailed plans	<ul style="list-style-type: none"> 1. Ensure universal settings provide high quality preventative and early help support including the youth offer 2. Deliver an effective integrated prevention and early help service 3. Ensure an effective MASH function 4. Develop and embed family safeguarding practice 5. Reduce the prevalence and impact of offending, serious violence and custody 6. Keeping young people safe from exploitation including disruption activity 7. Reduce the prevalence of domestic abuse 8. Improve the identification and multi-agency response to neglect 9. Enable learning, quality assurance and practice development across the system 10. Intelligence-led safeguarding - using our data across the system to identify and respond to need.

Priority Three - Physical Health

Governance	CYP Physical Health Board (to be established)
Strategic Lead	Helen Atkinson (Portsmouth Director of Public Health)
Vision	To be written
Key Performance Indicators:	<ol style="list-style-type: none"> 1. Reduced prevalence of obesity at Year R and Year 6 2. Level of physical activity amongst children 3. Teenage pregnancy - contraception, conception and termination rates 4. Rate of sexually transmitted infections for young people 5. Reduced number of young people using alcohol, substances and tobacco 6. Breastfeeding initiation and 6-8 week rates 7. Reduce instances of smoking and obesity in pregnancy 8. Improved mental and physical health in pregnancy 9. Increased take up of immunisations and vaccinations

	10. Reduced hospital admissions relating to asthma and other long-term conditions
Covid-19 Response and Recovery Dedicated and more detailed plans	a) Advice and guidance to schools on infection prevention b) Winter flu vaccination programme c) NCMP catch up project d) Covid-19 vaccination roll-out to children and families
Strategic Objectives Dedicated and more detailed plans	SO1. High quality early-help and self-help health advice and guidance for families SO2. Reduce number of children with excess weight at the end of Year R and Year 6 SO3. Increase physical activity within a more protected environment (more cycle paths, school streets, parks) SO4. Ensure effective sexual health & relationships advice, guidance and support for young people SO5. Reduce use of alcohol, substances and tobacco including the impact on medical admissions SO6. Promoting breastfeeding SO7. Improving prevention and reducing health inequalities in pregnancy - smoking, obesity, mental & physical health SO8. Improve take-up of immunisations and vaccinations including Winter Flu

	SO9. Effective pathways between acute, community and primary care for children with long-term conditions
--	--

Priority Four - Social, Emotional and Mental Health



Governance:	SEMH Board
Strategic Lead:	Hayden Ginns
Vision	<p>There is a clear-shared intention 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.</p> <p>We want all children and young people in Portsmouth to enjoy good emotional wellbeing and mental health.</p>
Key Performance Indicators:	<ol style="list-style-type: none"> 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

	<ul style="list-style-type: none"> 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
Covid19 Recovery Dedicated and more detailed plans	<ul style="list-style-type: none"> a) Surge strategy for increased demand for services post-lockdown b) Ensure schools have the right resources and support for school reopening
Strategic Objectives Dedicated and more detailed plans	<ul style="list-style-type: none"> 1. Secure strong early attachment in the first 1001 days of life 2. Provide high quality advice, guidance and self-help 3. Develop the children and young people's workforce 4. Improve early help and develop digital solutions 5. Improving wellbeing and resilience in education 6. Redesign the neurodevelopmental offer and pathway 7. Improve mental health support for LAC and care leavers 8. Improve the support for specific groups of vulnerable children and young people 9. Develop CAMHS services to meet demand 10. Prevent suicide and its impact on children, young people and families 11. Provide effective support for loss and bereavement

Priority Five - The Corporate Parenting Strategy



Governance:	Corporate Parenting Strategy
Strategic Leads:	Dannii Tully
Vision	<p>Portsmouth has a long-established 'corporate parenting approach' in caring for our children in care and care leavers. Whilst very specific responsibilities are placed upon the City Council, all public services in Portsmouth place high priority on our children in care and care leavers. They are our children.</p> <p>We want all children and young people in care and leaving care to achieve the best possible outcomes and not be disadvantaged by their care experience.</p> <p>As all good parents do, we want our children to be happy, healthy, safe and achieving their goals in life.</p> <p>We will achieve this by having high quality placements, excellent care, strong and meaningful relationships and receiving the right support in the right way at the right time.</p>
Key Performance Indicators:	<ol style="list-style-type: none"> 1. High quality of Care Plans and Pathway Plans 2. Numbers of children reunified back with birth parents or other family members 3. Short-term and long-term care placement stability 4. Timeliness and quality of health assessments

	<ul style="list-style-type: none"> 5. Mental and physical health outcomes 6. Educational inclusion - attendance and exclusions 7. Education progress and attainment 8. Employment and training for care leavers 9. Suitable accommodation for care leavers 10. Reduction in offending rates 11. Reduction in high-cost placements and spend 12. Self-reported wellbeing and welfare
Covid19 Response and Recovery Dedicated and more detailed plans	<ul style="list-style-type: none"> a) Effective safeguarding practice whilst social distancing b) Support to ensure all looked after children and care leavers are engaged in education or training/employment c) Quality Assurance of children's homes
Strategic Objectives Dedicated and more detailed plans	<ul style="list-style-type: none"> SO1. Develop and deliver an integrated LAC and Care Leaver service SO2. Support and enable children and young people to develop strong relationships SO3. Ensure all children and young people have co-produced high-quality care and pathway plans SO4. Ensure sufficient and high quality placements and housing provision for all children and young people SO5. Improve placement stability SO6. Improve education, employment and training outcomes SO7. Improve physical health and mental health outcomes SO8. Transform the care leaver offer

Priority Six - The Special Educational Needs and Disabilities (SEND) Strategy



Governance:	The SEND Board
Strategic Leads:	Julia Katherine
Vision	<p>The aim of the special educational needs and disability (SEND) strategy is to promote inclusion and improve the outcomes for Portsmouth children and young people aged 0-25 years with SEND and their families.</p> <p>In order to improve outcomes, we aim to ensure that there are in place a continuum of high quality support services that contribute to removing the barriers to achievement for all Portsmouth children and young people, in particular those with special educational needs and disabilities. This includes enabling children and young people to lead healthy lives and achieve wellbeing; to benefit from education or training, with support, if necessary, to ensure that they can make progress in their learning; to build and maintain positive social and family relationships; to develop emotional resilience and make successful transitions to employment, higher education and independent living.</p> <p>It is our ambition in Portsmouth that children and young people's special educational needs will be identified early so that a high quality and co-ordinated offer of support can be put in place that meets the child's needs and enables them to achieve positive outcomes as they prepare for adulthood.</p> <p>In order to achieve this, we will work in partnership to jointly commission a comprehensive continuum of support for children and young people across education, health and care. This offer of support will be published as the Portsmouth 'local offer' at www.portsmouthlocaloffer.org/</p>

	<p>This strategy aims to achieve increased percentages of children and young people with SEND who are able to:</p> <ol style="list-style-type: none"> 1. Be included within their local community, 2. Lead healthy lives and achieve wellbeing, 3. Learn and make progress, 4. Make and maintain positive relationships within their family and community 5. Participate in education and training post-16 and prepare for employment
Key Performance Indicators:	<ol style="list-style-type: none"> 1. Increased attendance at school for those with SEND (Including those with EHCPs and on SEN Support) 2. Reduced exclusions from school for those with SEND (including those with EHCPs and on SEN Support) 3. Increased proportion of SEND children in local mainstream settings 4. Sufficient specialist education placements to ensure that all children with an EHCP have a school/college/setting place 5. Continued timeliness of EHC needs assessments 6. Continued high quality of EHCPs 7. Improved educational progress for those with SEND (including those with EHCPs and on SEN Support) 8. Reduced number of young people with SEND who are NEET 9. Increased, timely access to mental health support for those who need it 10. Increased, timely access to therapies for those who need it 11. Increased, timely access to neurodevelopmental assessment and support for those who need it 12. Improved access to specialist services for those who need it, including specialist health services and specialist education services

	13. Workforce development - all staff working with children and young people with SEN have accessed on-line SEND training
Covid19 Response and Recovery Dedicated and more detailed plans	a) Risk assessments in place and up to date for all EHCP children b) Sufficient, reshaped short-break offer, including during school holidays c) Increased attendance at school/college/setting for those with an EHCP d) Support available to schools/colleges/settings, including transition support and support to manage behaviour that challenges e) Information and support for home families, including on the local offer website
Strategic Objectives Dedicated and more detailed plans	<p>SO1: Inclusion: Enabling Portsmouth to be an even more inclusive city where inclusive schools are recognised and celebrated, attendance is high, exclusions are low and specialist support is available to those that most need it .</p> <p>SO2. Social emotional and mental health (SEMH): Ensuring children with SEMH needs receive a good education, with the right support at the right time to enable them to develop resilience and achieve the best possible outcomes.</p> <p>SO3. Preparing for Adulthood: Ensuring young people with SEND develop independence, achieve good health, make and maintain positive relationships, be included in their local community and receive support, where necessary to successfully prepare for employment.</p> <p>SO4: Autism and Neurodevelopment: Identifying neurodiversity early so that the right support can be put in place to enable them to achieve the best possible outcomes - 'needs-led' rather than diagnosis-led support.</p> <p>These will be achieved through the following:</p>

SO5. SEND 0-25 Joint Commissioning: The Council and Clinical Commissioning Group will work in partnership with families to identify what services and support should be available in the city: our 'local offer', to monitor the effectiveness of services in meeting needs and improving outcomes.

SO6. Co-production and effective communication with families: We will ensure that parent/carers and young people have access to the information, advice and guidance they need to make informed decisions about their support. We will embed coproduction with parents/carers and young people as the way that we work in the city.

SO7. Workforce and Practice: We will ensure that professionals have the knowledge and skills they need to work effectively to meet the needs of children and young people with SEND and their families.

F. The Strategic Spine - Crosscutting Themes for Each Strategy

In addition to the six strategies outlined above, partners have committed to five cross-cutting themes that form a 'spine' threaded through the Children's Trust Plan.

These areas of work are designed to 'lift all boats' - make a systemic difference to how agencies work together and with families to improve outcomes for children.

Each is outlined below.

a) A 'deal' with parents: a social contract with families and co-production

Parenting is a huge job and a huge responsibility for which, quite rightly, the ultimate responsibility lays with the parents. But the crucial and significant contribution to parenting that public services make cannot be over-stated. The Portsmouth Parent Board, a partner of the Children's Trust made up of a group of representative parents in the city, held a consultation in 2020 to determine how parents felt about the partnership that exists between parents and services in the city and how it can be strengthened. The outputs of that consultation can be expressed in the following way:

(Parents are) responsible for the physical and emotional health of their children and their wellbeing and happiness. They felt they had a responsibility for their children's safety, their conduct, their diet and to ensure they were clothed, fed and well cared for. They believed it was paramount for children to feel loved by their parents and they were happy and stimulated.

(Public services are) responsible for providing a full range of services and ensuring they are accessible and joined up; the most vulnerable are safeguarded, up to date information about support is available and promoted well.

In addition to these responsibilities, it is crucial that the right to be consulted on service development and enhancement and the responsibility to engage with those consultations are recognised. What we then actually end up with is a real sense of **co-production** that mirrors beautifully the Portsmouth model of family practice that is steeped in **restorative and relational practice**.

Outcomes for children and families can only be improved if these responsibilities are all met and a solid partnership is established whereby partners are free and comfortable to challenge each other where this is not the case. This type of 'deal' or 'partnership' is an arrangement that all partners are committed to developing and improving throughout the lifetime of this plan and beyond.

b) The Portsmouth Model of Family Practice: restorative and relational Practice which is trauma-informed and whole-family

In 2016, Portsmouth chose restorative practice as 'the way we work with families'. *The city continues to be committed to embedding the language, practice and principles of restorative practice: working with, fair process, high support: high challenge. Restorative practice also reflects and informs the way we work together as professionals within and across agencies.*

Recent work in a number of fora (family safeguarding, social and emotional mental health, domestic abuse, reunification) has helped us articulate more fully our Portsmouth Model of Family Practice. We start from a core principle set out below:

*Human beings are happier, more productive and more likely to make positive changes in their behaviour when those in positions of authority do things **with** them rather than **to** them or **for** them. Ted Watchel*

The key principles and practices of our model are set out below.

Family Practice: Key Principles

1. Working whole family. Strong families are the bedrock of good outcomes for children. Being child-centred means understanding the whole family dynamics, in terms of risk and protective factors. We are there for all members of the family and need to address adult's issues to help them care for children.
2. Restorative: Working with the family - and with each other - to co-produce solutions for that family.
3. Relational: Developing and sustaining strong intra-familial relationships through strong relational practice with families, supporting families to stay together as a bonded unit.
4. Trauma-informed: Understanding the impact of past and current trauma on the capacity of families to make and sustain relationships, make changes and on child and adult behaviours
5. Strengths-based and compassionate: We seek to understanding the need behind the behaviour. *'Flipping the Narrative'* ... parents aren't 'lying' - they may be fearful; parents aren't 'angry', they may be frightened.
6. Holistic: Understanding all aspects of a family lives using the Assessment Framework
7. Hopeful: We expect and enable change to keep children safely living at home wherever possible and remain ever confident of the capacity of the

family to make changes, while continually testing all possible narratives against the evidence to ensure we are sufficiently protecting children.

Family Practice: Key Practices

1. Family Lead Professional. Each family at Tiers 3 and 4 of the Portsmouth Thresholds has a named lead professional.
2. High quality assessment, analysis of risk and protective factors and SMART planning
3. Co-production of family plans
4. Aligned and integrated planning: Some families will be subject to multiple plans from different agencies. The expectation is that the lead professional enables clarity and integration of planning, review and achievable objectives for the family so as not to bombard the family and make unachievable asks.
5. Restorative conversations and circles to build relationships, maintain community and repair harm
6. Developing the capacity to change in families - for example using Motivational Interviewing

Implementation

Each agency in the city will have their own models of practice for direct work with children and families. For example, the City Council's Children and Families Service (social care and early help), has it's 10x10x10 model which is informed by the Portsmouth Model for Family Practice.

All agencies in the city are developing their approach to restorative and relational practice. We are all improving our understanding of restorative practice to inform leadership development work on organisational culture and values (also part of our Children's Trust Spine).

The Principles and Practice for Family Practice outlined here are common to all work with vulnerable children and families because the evidence is there that they are most effective in enabling improvement in child and family outcomes.

Across Children Trust Partners, we will be providing high support and high challenge to effective front-line family practice, including for example, embedding compliance with this model in all quality assurance, audit and learning activity.

c) Strong Organisations: Excellent Workforce: leadership development, restorative organisations and high quality professional development - training and coaching

All partners recognise that supporting our workforce at all levels is critical to our success. We are very fortunate in having a dedicated, skilled and imaginative workforce across our agencies, with a strong loyalty and commitment to the city. We continue to develop our collective understanding of what it means to be restorative in all that we do, and in our relationships with each other. Over the period of this plan we plan to check in with each other on a regular basis to test out how well we are doing in our development as restorative organisations. Leadership development is crucial and we will explore how we can expand joint development opportunities for leaders at all levels. We will also explore opportunities to share across the partnership the coaching expertise within individual agencies.

d) Performance and Quality Management: learning from front-line practice and using data well

All partners are committed to further extending and strengthening quality assurance arrangements over the period of this plan, including through work under the auspices of our statutory local safeguarding partnership. The Joint Targeted Area Inspection in December 2019 of child protection arrangements with a particular focus on mental health demonstrated the value of multi-agency approaches to assessing the quality of front line practice and the experiences of children and families; we are keen to develop more multi agency approaches, for example in looking at work to support looked after children. Our auditing of the impact of Education, Health and Care Plans on children also needs to involve a broad range of partners.

The Children's Trust Partnership has always used a wide range of data to analyse strengths and weaknesses in the impact of our work together, including benchmarking against performance in other areas of the country and to explore impact for specific groups of children and young people. We are keen to develop our approaches to the wider use of data to anticipate trends, for example through "predictive analytics" which can be used to improve the way we focus our resources in order to be more effective in preventing problems or intervening early to the support families. Over the period of this plan we will strengthen the networking between data analysts across the partnership in order to explore more ways to use our data and increase both curiosity and capacity to bring together data across the workforce.

e) Community capacity building: enabling the community and the voluntary sector to meet need

Professional support for children and families via statutory organisations is absolutely crucial when there are medical or legal reasons for this. For many challenges that we face in the community however, the best response might be

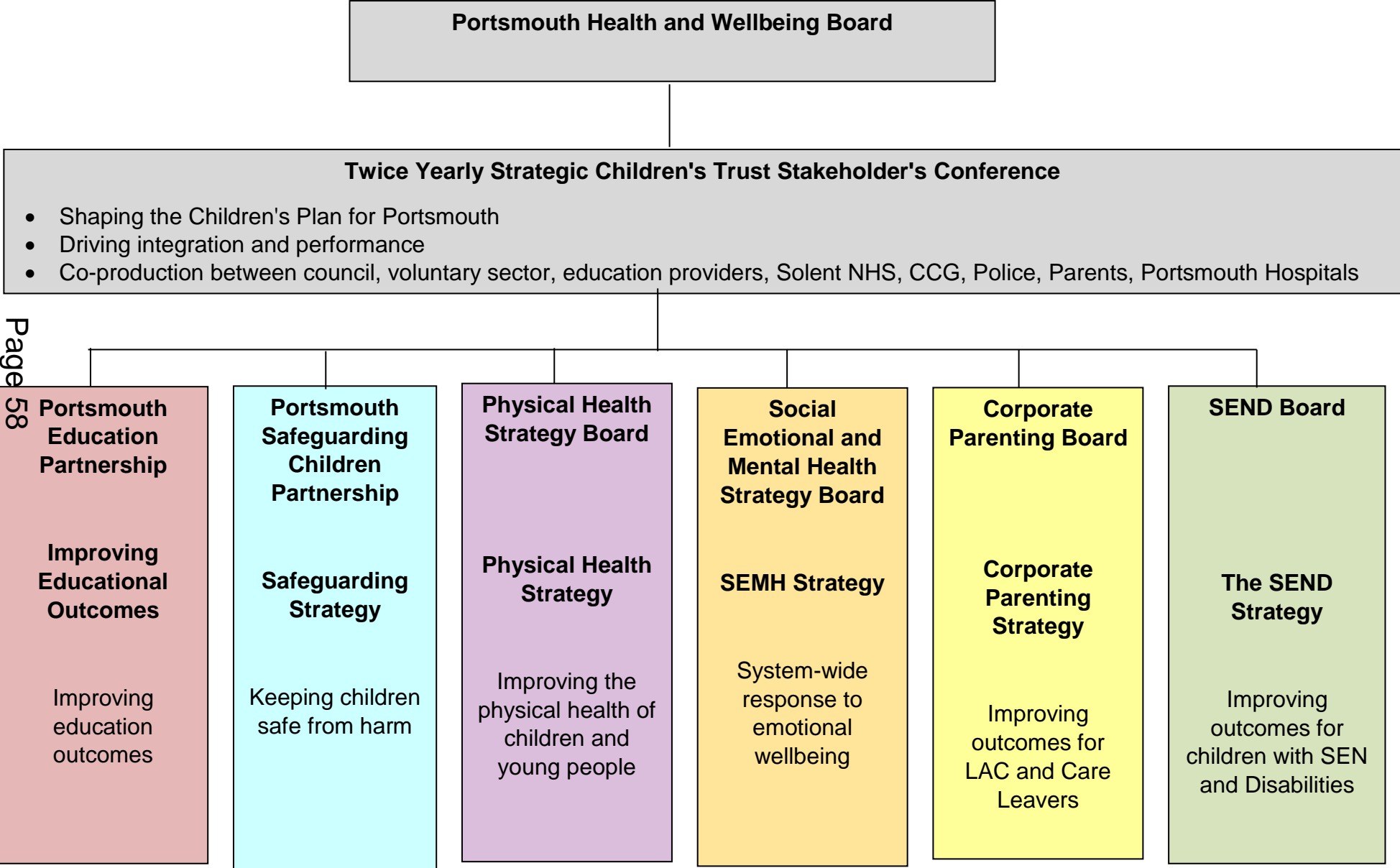
peer support, support from those that have experienced difficulties in family life and can really stand alongside those experiencing those difficulties now. Often, peer support is delivered by volunteers professionally recruited, trained and supported to fulfil their role. For this type of work, we need to make sure the community has the right skills, capacity and infrastructure to respond and that's why we are committed to working with Portsmouth's Voluntary and Community Sector. There is a huge network of organisations ranging from national registered charities right through to small community groups who are experts in working with the community to respond to need. These organisations are brought together by the Children and Young People's Alliance (CYPA). All partners for all priorities in this plan are committed to considering a community-led solution to challenges wherever possible and using their strong relationship with the CYPA to achieve this.

f) Tackling Racism

Issues of race and racism have been the focus point of many action plans and strategies within health and care over many years yet, lasting change continues to be elusive and progress to reduce experience of racism by Black, Asian and Minority Ethnic (BAME) people is poor. Furthermore, little is known or collected regarding children and young peoples experience of racism and we are committing as part of this Portsmouth Childrens Trust Plan to change this.

Our vision is to create a city in which all children and young people will describe fair and equitable chances to thrive and achieve their potential; where the colour of a child's skin does not limit opportunities and where children and adults collectively embrace diversity and inclusion and challenge any threat to this. We will begin to capture children and young peoples' experience of racism in Portsmouth and listen to the views of our BAME young people. We will work with health, education, local authority and voluntary sector agencies to create a whole city approach towards improving training and education opportunities for our people to identify and support those who experience racism. Finally we will commit to learning from CYP experiences and make changes (no matter how big or small) to ensure that our vision can be delivered and we can be proud of our city where opportunity is for everyone

G. Governance and Delivery



H. Monitoring Impact

Effective monitoring of the Children's Trust Plan is essential in ensuring that the strategies and delivery plans are having an impact on children and families in Portsmouth.

Each Strategy will be monitored as through a Quarterly report to the corresponding (six) governing groups to enable plans to be adjusted in the light of performance and impact. Quarterly monitoring will include summary performance on:

1. Data and performance indicators
2. Progress of the implementation plans
3. What's going well and what needs to improve

There will be an annual progress report to the Health and Wellbeing Board reporting impact across all six strategies.

This will be informed by a six-monthly gathering of key Children's Trust stakeholders to ensure we respond effectively as a system to new and emerging issues.

This page is intentionally left blank