Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 3 FEBRUARY 2021 AT 10.00 AM

VIRTUAL REMOTE MEETING

Telephone enquiries to Anna Martyn Tel 023 9283 4870
Email: democratic@portsmouthcc.gov.uk

Health and Wellbeing Board Members
Councillors Matthew Winnington (Joint Chair), Gerald Vernon-Jackson CBE, Suzy Horton, Matthew Atkins, Judith Smyth and Jeanette Smith
Innes Richens, Mark Cubbon, Dr Linda Collie (Joint Chair), Andy Silvester, Jackie Powell, Roger Batterbury, Sarah Beattie, Dianne Sherlock, Sue Harriman, Alison Jeffery, Clare Jenkins, Steven Labedz, Jacqueline Markie, Frances Mullen, Andy Weeks and Professor Gordon Blunn

Dr Linda Collie (Joint Chair)
Plus one other PCCG Executive Member: 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 two working days 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

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HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 25 November 2020 at 10.00 am

Present

Councillor Matthew Winnington (Joint Chair) in the Chair

Dr Linda Collie, PCCG and Joint Chair
Councillor Suzy Horton
Councillor Jeanette Smith
Councillor Judith Smyth
Councillor Gerald Vernon-Jackson

Steve Ash, Hampshire Fire & Rescue Service
Helen Atkinson, PCC
Sarah Beattie, National Probation Service
Siobhain McCurrach, Healthwatch Portsmouth
Alison Jeffery, PCC
Jacqueline Markie, Community Rehabilitation Company
Rob Mitchell, Portsmouth Police
Jackie Powell, PCCG
Innes Richens, PCCG / PCC
Suzannah Rosenberg, Solent NHS
Dianne Sherlock, Age UK

Non-voting members

Officers present

David Goosey, Alison Lawrence, Dominique Le Touze, Kelly Nash, Innes Richens, David Williams, Dr Fiona Wright

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

Councillor Matthew Winnington, Cabinet Member for Health, Wellbeing & Social Care, as Chair, opened the meeting by welcoming members to the third virtual meeting of the Health and Wellbeing Board (HWB). All present introduced themselves.

Apologies for absence had been received from Roger Batterbury (represented by Siobhain McCurrach), Superintendent Steve Burridge (represented by Rob Mitchell), Mark Cubbon, Frances Mullen and Dr Nick Moore. Alison Jeffery gave her apologies as she arrived later due to a previous meeting.

38. Declarations of Interests (AI 2)

There were no declarations of interest.

39. Minutes of previous meeting - 23 September 2020 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 23 September 2020 be approved as a correct record.

40. Portsmouth Safeguarding Adults Board - Annual Report (AI 4)

David Goosey, Independent Chair of the Portsmouth Safeguarding Adults Board (PSAB), introduced the report and highlighted the Board's seven key strategic priorities. Despite progress in some areas such as developing a new transitions policy for children's to adult services, the business plan needs to be more aspirational and focused on outcomes so the Board is working on a new set of strategic priorities. It is more beneficial to be proactive than present work retrospectively. It is hoped to report next year on the new plan. Priorities need to align more closely with the Health & Wellbeing Board and other work across Portsmouth, for example, with the Safer Communities Partnership and health and social care generally. Safeguarding adults to be more prominent. The fact that nearly 60% of about 1,500 referrals were for neglect or self-neglect shows where the new strategic priorities should focus. Focus should also be directed at groups who may not have received attention in the past, for instance, the homeless; more has become known about the homeless and their needs during Covid-19. Another neglected group are drug and alcohol users.

Deputy Police Commander Rob Mitchell had discussed hate crime with the Independent Advisory Group a couple of days ago. Hate crime reporting has increased nationally since Covid-19, including across Hampshire, but the number of reported incidents does not reflect the amount of hate crime that is happening in Portsmouth. The police are working with their cohesion officer and partners to generate third-party reporting centres as more work is needed to encourage reporting. Much of the hate crime is finger pointing and blaming people for a number of matters such as inequalities and causing Covid-19. David Williams, Chief Executive, thought the emergence of work around the City Vision (Imagine Portsmouth) would help as it shows the extent to which compassion and the need to ensure that people feel secure is evident. Work on the City Vision would be brought to the HWB and it would be an opportunity to discuss how it links to other groupings that feed into the PSAB. Councillor Smyth thought linking the work of the PSAB to other strategies such as the City Vision was beneficial, particularly in view of Covid-19, as it provides an impetus to consider outcomes holistically.

The Chair noted safeguarding priorities provide every opportunity to expand into other issues such as health, housing and adult social care as well as connecting with drug and alcohol users and the homeless. He thanked Mr Goosey for his report and sterling work in difficult circumstances.

RESOLVED that the Health and Wellbeing Board note the report.

41. Local Outbreak Engagement Board activity related to the pandemic (information item) (AI 5)

Kelly Nash, Corporate Performance Manager, introduced the report, outlining the Local Outbreak Engagement Board's (LOEB) activity since the previous

HWB meeting. The LOEB has an extraordinary meeting on 1 December by which time the local tier of Covid-19 restrictions will be known.

Councillor Smyth was reassured by the LOEB's activity and expressed gratitude for its interagency work with its clear sight lines. The Chair noted that the LOEB built on the joint working that has existed for many years in Portsmouth. In addition, the difference the increased partnership working has made during Covid-19 is apparent at the LOEB. Involving key partners means more can be achieved than the statutory minimum and it can address issues that are not being addressed nationally. He thanked those involved with the LOEB for the report and their work. The LOEB will report to the next HWB meeting.

RESOLVED that the Health and Wellbeing Board note the report.

42. Plan for Health and Care Portsmouth (AI 6)

Innes Richens, Chief of Health and Care Portsmouth, introduced the report and emphasised that it drew together current work on revising existing plans with the aim of refreshing them. At its recent meeting the CCG Board recommended three areas in particular should be strengthened: focus on inequalities and where the city should be aligned on specific inequalities and where different practices are needed; clarity on when it is right to work within the city and when to work in the wider Hampshire and Isle of Wight area; the concept of "no wrong front door" in the mental health strategy to be adopted across other strategies.

Siobhain McCurrach said Healthwatch were currently undertaking a survey of the impact on Covid-19 on carers, many of whom became carers overnight and are unaware of the services available. The survey ends in January and a report, whose results Healthwatch are happy to share, will be completed in February. Ms McCurrach made the following comments on the Plan:

- What was the rationale for the target of 67% for uptake of annual health checks for people with learning disabilities?
- Where would people with lower-level mental health needs get support if the emphasis of Positive Minds changes?
- It would be beneficial for the "no wrong front door" concept to be incorporated into other services like Positive Minds and Talking Change.
- Does the reference to mental health assessments for young people undertaken in under four hours mean they are seen or registered on a waiting list?
- It was good to see MECC (Making Every Contact Count) included in the adult care priorities. Will priority be given to rolling out MECC training to frontline primary care staff and the voluntary sector? Healthwatch had found the MECC training very good.

Mr Richens acknowledged the impact of Covid-19 on carers and will work with Healthwatch as the survey would be very useful in shaping the Plan. He would respond to Healthwatch in more detail on the other points raised.

Councillor Smyth suggested rather than statements such as "improving access" the objectives should be more specific about the impact on service users, for example, the number of people supported and how they were supported. A service might have been overwhelmed with inappropriate demand or people had poor service. What one person saw as an improvement could be the opposite for someone else. The strategy needs measurable outcomes at the front to clarify what is trying to achieve. Mr Richens explained that it was challenging trying to marry adult priorities with NHS strategic priorities, one of which is the numbers coming through its doors. He agreed it was important to focus on outcomes and that the section on adults needed some development which was why he brought the Plan to the HWB.

David Williams said an important aspect of the Plan was about finding interfaces between work in Portsmouth and work in the wider South East Hampshire area. There is sometimes a misguided feeling that Portsmouth is seen as not always being involved in the wider geographical area. The Plan should be celebrated for focusing on better outcomes for Portsmouth people. However, it could include a comment to show how Portsmouth is committed to working within the wider geographical area where appropriate.

The Chair said one of the most important and valuable practices in Portsmouth was integrating health and care as well as bringing other statutory functions such as businesses, schools, the police and fire service closer together. There is always pressure from outside so organisations need to be careful not to move their focus away from Portsmouth, particularly during uncertain times when policies may be imposed from above. Ms McCurrach suggested that when times are more normal initiatives like Project Bridge could resume as they are a good mechanism for identifying and achieving key goals. The Chair said some Project Bridge developments were in the pipeline but delayed due to Covid-19; however, once there is funding they will proceed.

The Chair thanked Mr Richens for his report and asked HWB members to send any comments or suggestions to Mr Richens and his team.

RESOLVED that the Health and Wellbeing Board note the report.

The Portsmouth Mental Health Alliance report was presented after the Physical Activity Strategy due to technical issues. For ease of reference, the minutes will be kept in the original order.

43. Portsmouth Mental Health Alliance (AI 7)

Dr Fiona Wright, Public Health Consultant and Co-Chair of the Portsmouth Mental Health Alliance, introduced the report and gave a presentation on the Alliance which was established in May 2020 in response to Covid-19. In workstream 4 (Debt and Financial Issues) the Ask Twice approach is being used when training staff. In workstream 7 (Raising Awareness in Workplaces) the Alliance is working with Shaping Portsmouth to engage employers, which is important as many Portsmouth businesses are small and medium enterprises whose staff have been affected during Covid-19. It is hoped

bigger businesses might fund activities. Co-occurring conditions used to be known as dual diagnosis (when people have substance misuse and mental health conditions). An online event to raise awareness of mental health and Covid-19 in the BAME community was attended by the Lord Mayor.

The Chair said HWB members would receive an email about MECC and Connect 5 training and urged them to do the training, which he had found very worthwhile. Dr Wright confirmed MECC training would be offered to frontline staff and Shaping Portsmouth partners on a rolling programme.

Dr Wright acknowledged the impact of Covid-19 on the student and college population in the life course; the Alliance is working with the University of Portsmouth. It seems to be older children and young adults who are suffering more. Alison Jeffery noted that referrals were increasing to the Multi-Agency Safeguarding Hub for primary school age children where the main need is emotional wellbeing; referrals to CAMHS were also increasing. There is a trauma informed board which brings together key senior leaders from Hampshire-wide organisations such as the police and it would be beneficial to include the Alliance in their work. The board has just received funding for 1,000 places for training on trauma informed approaches. In Children's Services Ian Hunkin (formerly of the Harbour School) has run training for teachers on trauma informed approaches. The Harbour School adapted an American pilot (PACE Programme) for looked after children to help excluded children return to school. Dianne Sherlock thanked Dr Wright for her work and said Age UK was delighted to join the Alliance and participate in the training; its work is valuable as the impact of Covid-19 will continue for some considerable time.

Healthwatch had provided resources on bereavement for a central hub used by their host organisation Help & Care. Ms McCurrach will send the resources to Dr Wright who will put her in touch with Dr Paul Beadon, who hosts a bereavement forum. Dr Wright will liaise with children's and young persons' voluntary services and Stuart McDowell (Children & Families Commissioning), the link with the Social & Emotional Mental Health Strategy, to see if it was helpful for them to be in the Alliance.

The Chair noted that Dr Wright was leaving on 30 November when Claire Currie returned from maternity leave and thanked her for her work with the Alliance, which was a great example of partnership working. He also thanked Gordon Muvuti (Solent NHS), the Alliance's other co-chair for his work. An online debt event (Managing Money Worries) was being held the following week. The report on the Alliance would be considered at the Cabinet meeting on 1 December. The PHMA will report to the next HWB meeting.

Post-meeting note: on 1 December HWB members received an email from Councillor Winnington about MECC and Connect 5 training.

It was RESOLVED that the Health and Wellbeing Board

1) **note the establishment of the PMHA, membership organisations, work streams, the work to date and future plans.**

2) **agree the terms of reference and accountability of the alliance.**
3) **consider how individual Board members and organisations get involved in and support the work of the alliance (including training, communications and embedding a trauma informed approach).**

44. Physical Activity Refresh (information item) (AI 8)

Dominique Le Touze, Public Health Consultant, introduced the report.

With regard to progress on the Superzone pilot around Arundel Court Primary, Ms Le Touze said she had met Councillor Horton and Pam Turton (Assistant Director, Transport) to discuss school streets. It was hoped to fund school streets via Tranche 2 of the Emergency Active Travel Fund but the funding earmarked for them was not as much as hoped so officers are looking to modify plans to make them more realistic. They are studying Southampton City Council's work on school streets that was undertaken on a modest budget. The Superzone around Arundel Court has paused as schools already have significant other pressures; however, some work could be done to progress the initiative prior to its proposed start in September 2021. Councillor Horton said it was important not to miss the opportunity to implement school streets while there is support for them.

Dianne Sherlock offered to publicise the initiative at the workshops planned for winter 2020/2021. Accessible streets and open spaces are also important for older people. In the last few months older people have lost physical ability leading to muscle deterioration as they are going out less; some are also afraid of going out because of Covid-19 or abuse.

The Chair noted that the council takes a holistic and integrated approach towards implementing active travel through the cross-council Air Quality Board. The Air Quality Board is discussing active travel with the NHS as much travel is generated by staff going to work or people going to appointments. In addition, Public Health has a dedicated officer who promotes healthy environments as a healthy city benefits all ages.

RESOLVED that the Health and Wellbeing Board note the report.

45. Health and Wellbeing Strategy Refresh (information item) (AI 9)

Kelly Nash, Corporate Performance Manager, introduced the report. Unfortunately since the Strategy's underlying themes were identified at the workshop on 5 February there has been limited capacity to work on it. However, officers are keen to resume progress in the New Year, taking into account the context of Covid-19 and other strategies such as the Health and Care Plan. She and the Chair acknowledged the work Wigan Council were doing; they are similar to Portsmouth in the way health and care are integrated, and their approach to co-production and what services can and cannot do is valuable.

RESOLVED that the Health and Wellbeing Board note the report.

The meeting concluded at 11.48 am.

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Councillor Matthew Winnington and Dr Linda Collie
Chair

Dates of future meetings for reference:

3 February, 16 June, 22 September, 24 November - all Wednesdays at 10 am

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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:	Local Outbreak Engagement Board
Date of meeting:	3rd February 2021
Report by:	Director of Public Health, Portsmouth City Council
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 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 Nationally 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. The Health and Wellbeing Board received a report on activity between September and November at its last meeting.

4. Summary of Local Outbreak Engagement Board activity since September

4.1 Since September's HWBB meeting, the LOEB has met five 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:

- Continuing to oversee the Local Outbreak Plan, including significant changes relating to the local testing picture.
- 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 changes to powers and regulations and ensuring that proposed responses are appropriate.
- Receiving reports relating to Test and Trace payments to support those at risk of hardship through losing income because of a requirement to self-isolate.
- Considering progress in developing a local contact tracing service.
- Considering issues in relation to the developing vaccination programme.
- Considering matters relating to testing.

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.

- 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 In relation to risks, the most recent concerns highlighted have been the new variant of coronavirus which is more transmissible and is currently the dominant strain circulating in Portsmouth; the high local infection rate following the Christmas relaxations; and the increase in infection rates across all age groups in the city.

4.4 The most recent assurance report considered by the LOEB is attached as Appendix 1.

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.

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Signed by Helen Atkinson, Director of Public Health, Portsmouth City Council

Appendices

Appendix 1 - Local Outbreak Engagement Board Assurance Report

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

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

Title of document	Location

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Appendix 1 - Local Outbreak Engagement Board - Assurance template - January 2021

Local Context - data and intelligence

Source	Status	RAG
Early warning indicators	Hospital case data trends suggest total new hospital COVID-19 cases beginning to slow and decrease, but level of hospital activity has continued to grow, and the number of patients in intensive care beds continues to increase. Primary care and 111 trend data suggests decreases in Covid-19 activity during the last 7 days. Mobility data highlights extent to which this lockdown is less restrictive (and impactful) than the one in March 20	AMBER
Cases - weekly rate per 100,000	Case rates appear to have peaked but remain very high and sustained reductions are not yet apparent	RED
Testing positivity ratio	Positivity remains very high indicating widespread community transmission, and is relatively high compared to neighbouring areas	RED
Confirmed outbreaks and clusters	Significant outbreaks in several care settings, with greater transmissibility of new variant making outbreak management more challenging	AMBER
Neighbouring authorities / region	Rates of Covid-19 are falling in all districts of HIOW and regionally. However, rates remain high in many of these areas including within HIOW	AMBER

Commentary:

The number of new confirmed Covid-19 infections in Portsmouth appears to have begun to fall in recent days, having seen consistent rises in almost all age groups throughout December and the first part of January. However rates remain high and sustained reductions are not yet apparent. Positivity also remains very high indicating widespread community transmission, and is relatively high compared to neighbouring areas.

The rise in infections during December and January led, as in wave 1, to increases in hospital admissions and mortality. Hospital case data trends suggest total new hospital COVID-19 cases are beginning to slow and decrease, but level of hospital activity has continued to grow, and the number of patients in intensive care beds continues to increase. Primary care and 111 trend data suggests decreases in Covid-19 activity during the last 7 days. Mobility data highlights extent to which this lockdown is less restrictive (and impactful) than the one in March 20

The HIOW LRF Situational Awareness Summary on 19/01/21 reports that the rate of new infections is beginning to decrease across HIOW although numbers of new infection, and positivity, remain high. There continues to be a high number of care home outbreaks and this will be a contributing factor to the lack of sustained decrease in over 60s rates across HIOW. Outbreaks in confined areas are continuing to take hold more quickly and impact more people than in wave 1 or in the autumn, as a result of the new variant.

Surveillance indicators suggest that at a national level Covid-19 case rates have declined in week one of 2021, while hospitalisations, ICU admissions and mortality continued to increase. Positivity rates decreased in Pillar 1 and Pillar 2. Case rates were highest among the 20 to 59 year olds, however declines in case rates were seen in most age groups. The highest rates were in London and East of England but decreases were seen in these regions and in the South East. The R

number for the South East region is now estimated to be between 1.0 and 1.2 and the growth rate between -1 and +3.

Local Activity

Source	Status	RAG
Enforcement activity	Established processes	GREEN
Testing availability	Improved	AMBER
PPE availability	Sufficient local stocks and good routes of communication	GREEN
Contact tracing	Service operational - analysis underway to identify potential improvements.	AMBER
Vaccination position	Still awaiting good local data to support judgements	AMBER

Commentary:

Enforcement: PCC Covid Business Compliance Officers have been in place since the end of October 2020 working as necessary in spilt shifts during the day and into the evening / night. Since commencement the officers have undertaken a range of reactive (responding to complaints) and proactive interventions (responding to national and local priorities) across Portsmouth to monitor and ensure business compliance with the changing Health Protection Regulations and guidance imposed by the Government. The focus of these officers has been to offer friendly appropriate advice to businesses in respect to such and only where absolutely necessary to report non-compliance to the established enforcement officers within Regulatory Services. The reaction to these officers has generally been extremely positive, with businesses being grateful of the services offered, however, more recently some hostility to officers has occurred from the populace as the detrimental economic impacts of the lockdown increase.

Over the period, approximately 3100 physical interventions have been made to businesses. Average levels of compliance have been very high throughout this period and continue to increase. In the week 11th January to 17th January the average compliance level was 94.6% resulting in an exceptionally low need for formal enforcement interventions.

PPE: Good availability of PPE locally, and positive feedback around access to this from local providers. Local LRF drops have ended and settings now need to work with existing supply lines - there is a mixed picture on the success of this locally as the new process beds in and this is being closely monitored. System for accessing PPE through the LRF is now well-embedded. Notification has been received that providers will continue to be able to access PPE through national supply lines until June 2021.

Testing: Overall test availability is good for symptomatic testing options (including our two Local Testing Sites)

A bid has been submitted to DHSC to undertake Community Testing at one site in Portsmouth. This is being planned in collaboration with the LRF colleagues, with an intention in the first instance to offer LFTs to critical public sector workers who cannot work from home. A local site is being sought.

A number of other national asymptomatic testing programmes are also underway in the city including regular testing for NHS staff, care homes, other adult social care support services, school staff and Universities, with plans for other settings being piloted.

Contact tracing: The local contact tracing service is getting better established. Between 4th November and 22nd December, there were 467 cases referred to the service, with an average of 67 weekly referrals. In that time we were adding contact details to around 30% of cases referred. Weekly referrals have risen substantially since the beginning of January, and we are now receiving around 40 new cases per day. We are seeking to expand the staff team to manage the increase in demand.

We are working with the HIVE to follow up cases over 70 years old that we cannot contact via phone. Volunteers will visit cases homes to ensure that cases are able to self-isolate, offer support to do so if necessary and request that they contact the local contact tracing service. A local test centre in the North of the city, at Northarbour, is now live and we will be monitoring usage against capacity. An option has been accepted for at further local test centre and we are awaiting news from DHSC on when this will be stood up. Overall test availability is good.

The city has now taken on more responsibility for contact tracing. The local service was established on 4th November, and 317 cases have been referred, an average of 10 per day (with high of 18 and a low of 4). Of successfully closed cases, 27% had referral contacts added to national system (NHS Test and Trace).

The team are seeing between 15-28% of the total number of positive cases. This has risen from 13-15% initially - so indicates that the local team are receiving more hard to reach cases despite the downward trend in case numbers.

Around 38% of new positive cases are self-reporting symptoms and contacts via the national Test and Trace system, using the 8 hour self-reporting window to which they have access when they are notified of their positive result. National call handlers, who have the cases for 24 further hours before passing them to the local team, are reaching and dealing with between just over a third and just under a half our cases.

The team are in the process of analysing cases closed for any reason to improve service e.g. whether contacts shared, escalated to tier 1, uncooperative, uncontactable, or attempts to contact exhausted.

Vaccination: The NHS covid vaccination programme (CVP) is being rolled out through the Queen Alexandra Hospital hub, five GP sites covering all of the city's registered population. A community vaccination is expected to open in the coming weeks. Over 80's and care home residents and staff have been the initial focus in line with nationally defined priority groups. HIOW data indicates good uptake in over 80's (verbal report from NHS CVP lead), though more granular data is not yet available. All care homes for older adults in Portsmouth have been offered vaccination - a small number of homes have not yet been able to go ahead due to substantial outbreaks. Vaccinations for eligible frontline health and social care workers are also underway with plans in place to reach this cohort by the national target of mid-February.

Assurance levels on Local Outbreak Plan as reported to PHE

Source	Status	RAG
Care Homes	Good state of preparedness	GREEN
Schools	Good state of preparedness	GREEN
High risk locations	Partially complete	AMBER
Vulnerable people	Good state of preparedness	GREEN
Contact tracing	Complete	GREEN
Contact tracing in complex settings	Partially complete	AMBER
Mobile testing	Complete	GREEN
Data integration	Good state of preparedness	GREEN
Governance	Good state of preparedness	GREEN
Commentary: Contact tracing readiness has now moved to a rating of "Green" as necessary data is available.		

Identified risks

Highest local risk factors are currently considered to be:

- The new variant of coronavirus which is more transmissible and is currently the dominant strain circulating in Portsmouth.
- High local infection rate following the Christmas relaxations prior to the third national lockdown impacts starting to show.
- Still seeing an increase in infection rate across all aged groups in Portsmouth.

RAG: Green = no cause for concern;

Amber = some cause for concern / requires monitoring;

Red = serious cause for concern / requires action

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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Subject:	Next steps to integrated care systems
Date of meeting:	3rd February 2021
Report by:	Chief Executive, Portsmouth City Council
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 recent consultation document "Integrated Care - Next Steps to building a strong and effective integrated care system across England" and the response sent on behalf of Health and Care Portsmouth.

3. Background

3.1 In November, the NHS launched a consultation document, "Integrated Care - Next Steps to building a strong and effective integrated care system across England" describing how integrated care systems (ICSs) could be embedded in legislation and guidance and seeking views on two options for taking this forward. Whilst the scale of an ICS can vary widely in population and geography, for Portsmouth the ICS is the Hampshire and Isle of Wight footprint with a population of circa 2m.

3.2 The document anticipates that from April 2021, all parts of the health and care system will work together as an Integrated Care System. The paper notes that many commissioning functions are now **coterminous with ICS boundaries**, and this will need to be consistent across the country before April 2022. Under the legislative provisions recommended in the document, current CCG functions would subsequently be absorbed to become core ICS business.

3.3 The document describes how integrated care systems and their constituent organisations will be expected to accelerate **collaborative ways of working** in future; create stronger **partnerships in local places** between the NHS, local government and others with a more central role for primary care in providing joined-up care; where **provider organisations** will create formal collaborative arrangements that allow them to operate at scale; and strategic **commissioning** will be done across systems with a focus on population health outcomes. The

paper references a greater role for the use of **digital and data** to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care.

3.3 The document also describes options for giving ICSs a firmer footing in **legislation** likely to take affect from April 2022 (subject to Parliamentary decision). NHS England and NHS Improvement invited views on the proposals from all interested individuals and organisations by Friday 8 January.

4. Response from Health and Care Portsmouth

4.1 A number of organisations locally have sent responses to the consultation document or have contributed to responses sent by other groups. In Portsmouth, a collaborative response was sent on behalf of Health and Care Portsmouth, over the signature of the co-Chairs of the Health and Well-Being Board. Key points from the response are:

- Support for the general principles set out in the consultation document, particularly the principle of subsidiarity and the recognition of the importance of place-based care and deeper integration of agencies
- Commitment from Health and Care Portsmouth to engage fully at all appropriate levels of the system, including at the HIOW and Portsmouth and South East Hampshire system geographies
- Willingness to share examples and experiences to help develop the place-based models
- Support for the importance of the 'place' (described in the paper as aligning to the local authority geography) as a building block for local systems, and the understanding of local populations and their issues that this brings
- Highlighting the importance of Health and Wellbeing Boards in any future models.

4.2 The overarching message is that whilst the partners operating in the city are all open to the new proposals, it is important that any evolution of operating models does not destabilise the strength of collaboration and the strong integration in Portsmouth.

4.3 The full response is attached at Appendix 1. It was not possible to bring this to the Board ahead of the deadline set by NHS.

……
Signed by David Williams, Chief Executive, Portsmouth City Council

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

Portsmouth CITY COUNCIL

Appendices

Appendix 1 - Health and Care Portsmouth response to "Integrated Care".

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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NHS
Portsmouth
Clinical Commissioning Group

Portsmouth
CITY COUNCIL

Councillor Matthew Winnington and
Dr Linda Collie
Joint Chairs of Portsmouth's Health and Wellbeing Board

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NHS England
PO Box 16738
Redditch
B97 9PT

BY EMAIL

Date: 8th January 2021

Dear colleague

Integrated Care - next steps to building strong and effective integrated care systems across England

Thank you for the opportunity to comment on the proposals in "Integrating Care - next steps to building strong and effective integrated care systems across England."

In Portsmouth, we are supportive of many of the purposes and general principles set out in this paper, particularly the recognition of the importance of place-based care and deeper integration of agencies. Our appetite and commitment to this is a real strength in our city. Whilst we have made significant progress, we are enthusiastic about proposals to embed this approach more widely - we believe that there are significant contributions we can make to the development of these approaches based on our experiences and learning.

We understand that some decisions need to be taken at scale through Integrated Care Systems as advocated in the paper. We have concerns, however, that many of the mechanisms that will enact these principles are as yet not clearly defined. The paper also appears seriously to misunderstand the scale and significance of the system management and decision making which are required at levels of geography smaller than an ICS if good health and wellbeing are to be developed and maintained for everyone.

We believe that with an appropriately broad vision of health and wellbeing, a commitment to reducing health inequalities, and a skilled and sensitive operation of local determination in accordance with the principles of subsidiarity, it should be possible to achieve the ambitions set out in this paper. It is essential, however, to approach this task with care, avoiding superficial assumptions and by listening to the voices of those who understand needs of local populations and have experience in addressing them. If this careful approach is not taken, there is a risk that beneficial integration, across a wide range of health and care partners, is unpicked, and outcomes are jeopardised. Locally, we have

been on a journey to develop broad and deep integration in our local health and care system, under the banner of Health and Care Portsmouth and working to our locally developed Blueprint for Health and Care in Portsmouth. This encompasses the four fundamental purposes set out in the paper (1.3) and the observations reflected at 1.9. We have been clear that our ways of working are about delivering on commitments to our residents to put them at the heart of our system and focus relentlessly on their experiences and outcomes.

We have many examples of how we are integrating and designing services around our residents to better serve the population. We understand how to make community and primary care work for our population, and understand what needs to be done to make it better. We believe that there are services and needs that are appropriately organised on a wider footprint, and look forward to supporting the discussion about these as it develops. However, we also strongly believe that as a local system, we should retain the discretion to serve the population according to need and what works for residents, rather than applying superficially "consistent" templates[1].

We welcome the opportunities afforded by the proposals to strengthen this place based delegation and strengthen the integration within the City boundaries, utilising and further strengthening the budgetary delegations already in place through the Better Care Fund S5 pooled fund arrangements. We would welcome opportunities to share our learning on these areas and would be happy to meet with NHSE/I colleagues to discuss some of our examples in detail and the possibility of being considered for any 'early adopter' approaches to delivering truly delegated place based care.

In broad terms, we can provide the following feedback:

1. Devolution of function and resources

We welcome the commitment to the principle of subsidiarity (2.21). Within this, we are supportive of proposals that enable an ICS to lead on certain functions at a wider system level and have put in place measures for a strategic commissioning board at ICS level. We believe that there is great value from the wider footprint working on the development of the workforce - particularly given the known challenges for the future - and specialised commissioning. The expertise required to deliver on some of the low-volume but high-complexity health and care issues experienced by some of our residents is not replicable at a smaller place level and it makes absolute sense for this to be managed at a wider geography. The relationship between wider geography and population scale and identity is worthy of greater attention; the Paper has a tendency to over-use 'system' as a convenient catch-all where greater rigor will be needed if meaningful devolution is to be delivered. Indeed, the 'system' envisaged at ICS level for us locally is not in any way a meaningful system in real life (particularly not to the wider public) - it is instead a series of nested/related systems that local partnerships have blended to ensure there is cohesion. We are clear that much of the work that impacts on the day to day experience of residents

[1]Our experience has been that standardisation mandated from the centre tends to create sub-optimisation, as it cannot readily absorb variety. If the sub-optimisation becomes too stark, managers and staff start to devise workarounds. Even in a city as geographically small as Portsmouth, wherever there are locality models there are differing approaches that develop over time, based on staff perception of what is most appropriate locally. This is where the gulf develops between work-as-imagined (by leaders), work as prescribed (by commissioners) and work-as-done (by staff).

is organised and delivered at a much smaller footprint than ICS, whether that is within community and primary care network level, the boundary of the city or across the hospital system. This makes sense to us currently, and despite the various assertions, it is not clear how this local focus and cohesion will be maintained in terms of ensuring close contact with the locality and ensuring resources flow accordingly.

It is also the case that many of the issues that impact on health sit outside the formal health system (the wider determinants) and are organised and addressed on local place footprints - for example, housing or community support. Again, it not clear from the proposals how the local place-based arrangements will be empowered to take full advantage of what integration at that level can bring. Community and primary healthcare are interdependent on a whole range of wider community resources, including social care, schools, housing, leisure provision and the local network of voluntary and community provision. In Portsmouth city, there is a complex set of relationships and local understanding of these relationships has been built up over decades. There needs to be local flexibility to continue to develop and nurture the system that is right for the place, recognition that all places are different, and that different models are at different points in their maturity.

There is also a linked issue around local accountability which is fundamentally important to the effective coalescence of the NHS and local authorities. The resource directed by the ICS should be linked explicitly to those issues that are best planned and delivered at that ICS level. Within the spirit of subsidiarity, perhaps this should be devolved to the ICS from local places, not the other way around as the paper infers? This means recognising the strong part that local authorities play, as service commissioners and providers and democratically accountable advocates for their communities. One of the values of local commissioning is to fully understand the ways that services are experienced, and also where they are not meeting a need. A system that dilutes this locally-based intelligence and advocacy for those with poorer experiences will be poorer overall, and already failing in the purpose of improvement. For example, the interface between social care services and early help and prevention is critical, and needs to be worked through locally.
This brings challenges around mandate. Decision-makers in local authorities have a direct democratic mandate from their local electorate, and tensions within the system that this may bring are best resolved in the local system. Local health systems have already started to think through how this works in the development of health and wellbeing boards, and these boards have understandably developed differently to reflect different local circumstances and dynamics. In all cases, HWBs have had regard to the line of decision-making and resource allocation back to local governance bodies.

In Portsmouth, this is recognised in an explicit acknowledgement of the important interplay between the clinical, political and executive strands of leadership and decision making necessary for a local system to function effectively and collaboratively. Clarity about this triumvirate interplay in decision-making is essential; the proposals in the paper discuss governance, but have not clearly reconciled this, particularly at the ICS level. This leaves unanswered important questions including, for example, the future role for Health and Wellbeing Boards - will these be the local, place-based governance? Or will there be an additional body? How will health overview and scrutiny functions work? How will the political, clinical and executive voices be heard and be reflected in decision-making at the ICS tier? It is not only the local "place-based" governance proposals that must be developed on a footprint that makes sense when viewed through the lens of local

democracy and accountability. It will be important to demonstrate how the duty placed on ICS leaders (2.42) '*to deploy resources to protect the future sustainability of local services and to ensure that their health and care system consumes their fair share of resources allocated to it*' will be guided by clearly evidenced equity models and be held to democratic account. Hopefully, the expectation on ICS leaders to delegate significant budgets to place level (2.42) will assist this; protecting the sustainability of local services is a laudable aim if those services address the prioritised needs – if not it could be a recipe for status quo.

2. Place: an important building block for health and care integration

We strongly believe in 'the place' as a building block – if not the keystone. We consider that for Portsmouth, a key 'place' that works as the core of most health and care planning is the city level. The hospital footprint is, of course, another level of place which is important and the basis of our current Integrated Care Partnership.

At city level, through our shared working, we have gained an understanding of the challenges faced by our population, and how these manifest themselves. We have developed responses to address this and collaboratively have allocated resources accordingly. This means that in some areas (for example, mental health services for young people) we are now doing things differently to better address local need. We understand the intentions around wanting to ensure that there is equality of access and outcome, but we are concerned that this can suggest a homogeneity of response across a system. What is actually needed is equity in how communities are understood, advocated on behalf of and responded to by decision-makers. This is achieved by allowing resources to be directed as flexibly as possible at the lowest possible level of geography, not necessarily by aggregating and 'levelling'.

The issues of equality/equity are also about measurement - how will performance be measured and understood in future? There doesn't appear to be anything in the document about requiring ICSs to consider outcomes at a local (city) level, nor any obligation then to address areas where outcomes and priorities are different.

In maintaining a sense of place, the GP representation currently on CCG Boards provides a vital local voice expressing the experience of the patients in the place that the GP's work in. GP representation on CCG Boards is structured to ensure direct representation between patient experience and healthcare commissioning and provision. GP colleagues are often best placed in their communities to implement digital tools that work well for patients. In Portsmouth, the 'responsible clinician for care home' role has enabled a local focus on the needs of vulnerable patients and support to reduce unnecessary conveyance. These tailored responses to local needs could be diluted by local arrangements being removed to a larger geographical level.

We have seen care pathways constructed in response to out of hospital care during the pandemic that have worked successfully because they are recognised to meet locally observed need (and demonstrate the clear value of shared recording systems that enable better informed clinical decisions and avoidable conveyance).

Ensuring that local areas retain autonomy to decide on appropriate provider collaboratives and leadership and respond to local challenges can ensure public involvement and insight to inform decision-making, using tools such as citizens' panels, local health champions,

and co-production with people with lived experience. Systems should make particular efforts to understand and talk to people who have historically been excluded. Again, we would argue this is often best achieved at the smallest local level, where local community voices can represent their communities.

The delivery of Continuing Health Care; rapid response; reablement and rehabilitation; out of hospital pathways; care and support to people with severe mental illness; commissioning and delivery to people with a Learning Disability are all currently delivered in Portsmouth through a truly integrated, one team approach, based on advanced partnership relationships between NHS commissioners, NHS providers, local support providers and the Local Authority. To recreate an eco-system such as this at a regional level that is accountable to local patients would be overly complex and challenging and likely to lose the richness of local design and response.

A sense of place is also embodied in VCS providers. The heart of many communities are voluntary organisations and many of the city's Better Care Fund Contracts depend on local, grassroots VCS organisations that would not gain representation at a regional/ICS level. There is a need for both autonomy and, of course, accountability, for place based commissioning and provision to ensure that these relationships continue to be available, are able to flourish and they are part of the feedback into health and care.

3. Developing provider collaboration at scale

In Portsmouth, we have a strong provider partnership in the 'P3' arrangement (Portsmouth Provider Partnership), and our commentary here reflects these arrangements.
The Portsmouth Provider Partnership welcomes and unreservedly supports a move towards cooperation and collaboration, with responsibilities devolved to place based partnerships. Within Portsmouth we have been working within a virtual Multi-speciality Community Provider (MCP) framework, which is now a Provider Partnership that spans primary, community, secondary, voluntary and social care. We believe that a focus on collaboration over competition, allowing providers to work together to transform services in a way that minimises the need for resource intensive competitive procurements, is the right approach for our city. As with the wider proposals, we would of course want to clearly understand the mechanisms that will enable and support the delegation of budgets, assurance processes and contractual obligations and would appreciate early sight of the detail behind those.

Our provider partnership is comprised of clinical and managerial leadership spanning health and care in the way described within the consultation paper (representation is detailed below), all with a strong insight into what is needed within Portsmouth. Functioning networks that ensure broader system leadership at ICP level, surrounding our acute Trust, are also well embedded, providing the right level of challenge and support to the planning and provision of care across Portsmouth and South East Hampshire. Strong local leadership is enabling the voice of patients to be heard throughout, from the voluntary sector and patient representative bodies (such as Healthwatch) through Primary Care with PCN and CCG Clinical Leads and through to our Primary Care Alliance, Community Trust and Acute sector. The focus, driven by local leaders, on making tangible improvements to what we already have and from the perspective of person-centred care provision is already enabling inspiring and efficacious innovations to take shape.

Whilst we welcome reform and progress around the mechanisms that will support greater collaboration, particularly in removing bureaucracy and organisational barriers, the most important element is the establishment of effective and trusted relationships. We do not believe this can be effectively achieved at a scale as broad as Hampshire and Isle of Wight and would therefore strongly urge that a significant proportion of what is currently managed at CCG level continues to be managed at 'place' - for us, the city. The Portsmouth Provider Partnership arose from our virtual MCP, within which significant progress has still been made around many of the Long-Term Plan commitments (outside of any formal statutory change). It is vital that these relationships can continue to flourish and that the programme isn't destabilised as part of the reforms. It is also important that the role of non-statutory NHS bodies is recognised and can be included as an equal partner in the proposals for provider collaboratives.

There are a number of unanswered questions in the consultation regarding Governance arrangements and these are important issues, for example on the process for making financial allocations, the rules under which they are governed (for example management of risk and the extent of budgets) and to whom they are delegated to (or from) at a place based level.

In respect of the specific questions in the paper:

Q. Do you agree that giving ICSs a statutory footing from 2022, alongside other legislative proposals, provides the right foundation for the NHS over the next decade?

As the paper states, there are things best done at an ICS level and a statutory footing (Option 1 or 2) may be the best way to achieve these objectives; but this should take care to safeguard the primary principles, including subsidiarity and the delegation of funding to place.
The wider vision and system within which such legislation operates is absolutely crucial, however. As we have set out, it is essential to understand how place based health and care systems connect health and care providers, improve outcomes and put the citizen at the heart of their own care. A deep understanding and promotion of place based arrangements within the accompanying guidance would conform to the route map set out in the NHS Long Term Plan and support the aspiration for health and care (and the wider determinants of health) to be joined up locally around people's needs.

Q. Do you agree that option 2 offers a model that provides greater incentive for collaboration alongside clarity of accountability across systems, to Parliament and most importantly, to patients?

Incentivisation by statute is a sad place to start. People will be incentivised through the knowledge and belief that their choices in designing and deploying the systems and resources will meet the evident needs of the communities they work for and feel part of. The statutory duty to develop, comply with and deliver an ICS plan signed up to by the mandatory members (Option1) would appear to offer a similar surety for collaboration and accountability via the ICS AO as Option 2. This option would also appear to enable collaborative commissioning and provision between NHS bodies. Neither should be confused with incentive.

The delivery of some NHS services at scale will always be the most effective and efficient

option for public investment. However there is a necessity for a 'feedback loop' into commissioning and provision of services, bridging the current divide between commissioning and providers proposed by both Options 1 and Option 2. This ‘loop’ or a re-casting of the relationship into one which better reflects the need for feedback from patients/clients and constant tuning of the system and the services, will strengthen the relevance of both processes, but without a place based operation, input and outcomes can be more complex to demonstrate.

There is no detail in the proposals set out in the paper about the acute provider footprint that currently operates at an ICP level. If ICP footprints are considered important, and we believe they are, it would be helpful to give them a clear mandate in guidance including their relationship to the other ‘provider partnerships’ mentioned. In Portsmouth, we have developed a place-based provider partnership (‘P3’) which includes the hospital trust, the community trust, the GPs and the local authority. This will co-exist and collaborate with relevant emerging provider partnerships on other footprints.

The proposals indicate that population health management should inform decision making at all levels. This is welcomed. Recognising that skills and infrastructure to support this work may appropriately sit across a larger area is important, but utilising this approach in a tailored way at place level is key. To deliver a system fit for the future, prominence should be given to this programme. More detailed understanding of the governance arrangements that will support such an approach is needed, as well as the need to understand potential conflict of interests and to ensure that providers are able to reach decisions in the ‘common good’ rather than those based on individual organisational preferences.

The role of public health at ICS level is not articulated. A strong public health link to healthcare decision making is crucial at all levels in order to integrate a population approach. If strategic commissioning is a role of the ICS, it makes sense that public health is embedded within these arrangements as well as at place level. This is also important for quality assurance, for example around screening and immunisation programmes.

Q. Do you agree that, other than mandatory participation of NHS bodies and Local Authorities, membership should be sufficiently permissive to allow systems to shape their own governance arrangements to best suit their populations needs?

Whether Option 1 or 2 or some hybrid, the level of representation of Local Authorities and provider bodies needs careful consideration. Whilst the Lower Tier Local Authorities (LTLA) have significant responsibilities pertinent to health and well-being, including housing, leisure and environmental health, Upper Tier Local Authorities (UTLA) have many more resources and responsibilities with which to serve the health and wellbeing needs of their local population. The character and nature of places differs in terms of the health and wellbeing needs of its population. Any Board constituted under either Option 1 or Option 2 needs to reflect the nature of local places as well as the region of the ICS. The leadership role of the UTLA Health &
Wellbeing Board and the scrutiny function of the Health Overview and Scrutiny Panel, is key to holding health and care systems to account on behalf of the local population. Political engagement from every UTLA (and appropriate relationships with the autonomous LTLAs) is therefore essential on any ICS Board, though it may be a better option to continue current arrangements which would most effectively be facilitated by Option 1.

There is also a question about how the breadth of local authority functions needs to be recognised. Local authority functions including housing, transport and regeneration have important roles to play in improving the wider determinants of health, for instance, recognising the impact of physical place on physical activity. It's this link which we would encourage the ICS to consider as a primary prevention measure with downstream impacts on healthcare activity. As a particular local example, Portsmouth has excellent partnerships with businesses and wider institutions across the city whose input into the work of Health and Care Portsmouth is significant.

Q. Do you agree, subject to appropriate safeguards and where appropriate, that services currently commissioned by NHSE should be either transferred or delegated to ICS bodies?

The range of services currently commissioned by NHSE cover a significant variety and scale of service provision including primary care commissioning (general practice, optometry and dentistry), through to specialist tertiary service provision. It is therefore unlikely that a one size fits all solution as suggested by transferring and delegating these services to the ICS will provide the most optimal solution. There needs to be consideration of the commissioning of these service in line with the overall aims of the paper - including the principle subsidiarity expressed at 2.21. So for primary care commissioning, for example, all three elements may best fit within an overall place-based budgetary delegation, recognising that the ability to respond and align these responsibilities is better served closer to local needs and decision making. However, for some of the more specialist services, it may absolutely make sense for these to be delegated up to ICS level. Some of the most specialist tertiary services may continue to benefit from a regional or national approach to commissioning.

In conclusion, would welcome early sight of the additional guidance and for a consultative approach to that as well. As previously set out, we believe that those working in Portsmouth can add value in developing a place-based approach and articulating some of the opportunities, and just as we continue to learn from the work and experience of other cities across the country, we would welcome a wider engagement. We also note that there is an ambitious timetable for change, and that this may be a challenge given the significant issues that are currently being addressed, and the scale of work that will be required around recovery. It is important that these changes do not detract from or destabilise operational delivery.

Yours sincerely

Dr Linda Colle
Chief Clinical Officer
Portsmouth Clinical Commissioning Group

Councillor Matthew Winnington
Cabinet Member for Health, Wellbeing & Social Care
Portsmouth City Council

On behalf of Health and Care Portsmouth

Portsmouth CITY COUNCIL

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Title of meeting:	Health and Wellbeing Board
Subject:	Special Educational Needs and Disability (SEND) Strategy
Date of meeting:	3rd February 2021
Report from:	Alison Jeffery, Director of Children Families and Education
Report by:	Julia Katherine, Head of Inclusion
Wards affected:	All

1. Reason

1.1 A regular update is provided for the Health & Wellbeing Board. The last update was in February 2020.

2. Purpose

2.1 To seek approval of the updated SEND Strategy for 2019 to 2022.

2.2 To update the Health & Wellbeing Board on the progress made since the Local Area SEND Inspection in July 2019.

2.3 To seek endorsement of progress towards Portsmouth's aspiration to become an even more inclusive city.

2.4 To seek endorsement of the SEN accommodation strategy.

3. SEND Strategy

3.1 The SEND Strategy continues to be a priority within the Children's Trust Plan. Progress is monitored by the SEND Board, which meets quarterly. An annual report is provided to the Health and Wellbeing Board.

3.2 The aim of the SEND strategy remains to promote inclusion and improve the outcomes for Portsmouth children and young people aged 0-25 years with SEND and their families. The full document is included as appendix 1 at the end of this report.

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3.3. The strategy states that:

'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.

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.

In order to achieve this, we will work in partnership to jointly 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/

We aim to work in coproduction with young people and their parents and to co-design this 'local offer' of support, and keep it under review to ensure that it continues to meet local needs and makes best use of the resources available' (SEND Strategy 2020, page 5)

3.4 The SEND Strategy has been refreshed and updated to include updated delivery plans for all of the priority workstreams, as summarised below:

3.5 Removing Barriers to Inclusion

3.5.1 We want Portsmouth to become an even more inclusive city, where inclusive schools are recognised and celebrated.

3.5.2 We want children receiving SEN Support to make good progress.

3.5.3 We want to increase school attendance and reduce exclusions from school.

3.6 Social emotional and mental health (SEMH)

3.6.1 We want children with SEMH needs to receive the right support at the right time to enable them to develop resilience and achieve the best possible

outcomes. Services and support for 18-25 year olds will be strengthened in line with funded national expectations.

3.7 Preparing for Adulthood

3.7.1 We want young people to 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.

3.8 Autism and Neurodiversity

3.8.1 We want children and young people with autism and neurodiversity have their needs identified early so that the right support can be put in place to enable them to achieve the best possible outcomes

3.9 SEND 0-25 Joint Commissioning and Performance

3.9.1 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. A statutory dedicated clinical officer role for the 18-25 age group will be created.

3.10 Co-production and Communication

3.10.1 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.

3.10.2 We will embed coproduction with parents/carers and young people as the way that we work in the city.

3.11 Workforce development and Practice

3.11.1 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.

3.11.2 The governance of the SEND Strategy is by the Health and Wellbeing Board.

3.11.3 A full copy of the updated SEND Strategy can be found as appendix 1 to this report.

4. Progress since the Local Area SEND Inspection

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4.1 Portsmouth was subject to the Local Area SEND Inspection from 1st to 5th July 2019. This is a joint inspection carried out by Ofsted and the Care Quality Commission. The inspection framework focuses on how well local leaders know the effectiveness of local area SEND services across health and the local authority in identifying special educational needs and disabilities, meeting needs and improving outcomes.

4.2 Portsmouth was one of a minority of local areas to receive an inspection report which did not require a Written Statement of Action to address concerns identified as part of the inspection process. In fact a number of strengths were identified, including:

- Strong leadership of SEND across the local area
- Co-production with children, young people and their parents and carers
- Partnership working across services and agencies
- Joint commissioning
- Support for vulnerable groups
- Inclusive practice in schools
- The impact of the Designated Clinical Officer
- Quality and timeliness of Education Health and Care Plans
- Improving information advice and guidance
- Improving educational outcomes

4.3 The narrative inspection report also identified a number of areas for further improvement. A post-inspection action plan was developed to show progress since the inspection to address these areas for development. The update from November 2020 has been RAG rated to demonstrate progress (Green indicated achieved, Amber indicates in progress, Red indicates not yet achieved).

4.4 The Post-inspection Action Plan can be found in Appendix 2.

4.5 All of the actions set out in the table have been incorporated into the refreshed SEND Strategy for 2019 to 2022, which is included as appendix 1 to this report.

5. SEND and AP accommodation strategy

5.1 The SEND Strategic review, carried out in 2017-18 highlighted the need to change the way that we forecast need and demand for specialist school places as the need and demand was predicted to increase much more than previously forecast.

5.2 Based on the revised methodology, the most significant area of increase is for children with learning difficulties and Autism/neurodiversity.

5.3 This led to a number of actions including:

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- The successful bid for external ESFA funding for the Wymering special free school which is due to open in Sept 2022.
- The revision of admission criteria for the inclusion centres at Devonshire, Southsea, Portsdown, Victory, Milton Park and Trafalgar to include pupils with communication and interactive needs, including Autism/neurodiversity.

5.4 In January 2020, building on the previous work, an accommodation review commenced to consider the current provision of SEND and AP accommodation in Portsmouth in terms of capacity and suitability to meet the future needs over the next 5 years. This work concluded in October 2020.

5.5 The findings of this accommodation review can be summarised as follows:

- There is limited ‘spare’ accommodation in mainstream schools and no ‘spare’ accommodation in special schools which can be utilised as new SEND accommodation to create pupil places. There is also very limited scope to extend existing inclusion centres.
- The additional accommodation required for the forecast increase in SEND places will therefore need to come from either extensive refurbishment or new build projects
- There is an associated time lag with the provision of new accommodation through these routes. Options will therefore have to address the need for spaces year on year, until such projects are completed. Temporary accommodation may be required in the interim period.
- All projects, and especially the provision of SEND places within new inclusion centres in mainstream schools, will need to allow for the staged filling of places over a number of years. This is to ensure an even spread of pupil ages and avoid bulges in year groups. A large number of projects will therefore need to start simultaneously in order to facilitate this.
- This staged approach will take a number of years to build up the proportion of SEND pupils in mainstream settings. In the interim period, a greater proportion of places will need to be created in the existing special schools to meet the year on year increase in places.
- A small surplus in the number of pupil places across the city is usually required to ensure there is flexibility in the system to be able to correctly place pupils in the right setting. As all SEND accommodation is at maximum capacity, additional numbers of places over and above the forecast need to be factored in.

5.7 In the light of this, a 5-year plan have been developed to ensure that sufficient SEN school places are available to meet the growing need and demand in the city.

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5.8 A capital bid is now being put forward for the first instalment of additional funding required for the following 5 year programme to meet the full need according to our rigorous forecasts.

5.9 In order to meet the full forecast demand for SEND places the additional accommodation is required:

2020 to 2021	**2021 to 2022**	**2022 to 2023**	**2023 to 2024**	**2024 to 2025**
Inclusion Centre on mainstream Primary school site	Cliffdale Primary Expansion £3.97m Project (Pre start costs 20%) Flying Bull Inclusion Centre expansion Feasibility for expansion of Redwood Park required for September 2024.	Cliffdale Primary Expansion (80% of project cost) The Lantern expansion and initial changes at Redwood Park to accommodate Year 6 pupils.	Redwood Park extension to provide all through provision plus post 16	Inclusion Centre on mainstream Primary school site
24 pupil places	18 pupil places	24 pupil places 20 pupil places	112 pupil places	48 pupil places
£1,157,720	£2,057,406	£4,426,608	£7,349,770	£3,971,960
Inclusion Grant £100,000	Inclusion Grant £100,000	Inclusion Grant £100,000	Inclusion Grant £100,000	Inclusion Grant £100,000
£1,257,720	**£2,157,406**	**£4,526,608**	**£7,449,770**	**£4,071,960**

5.10 This plan enables sufficient specialist places to be commissioned to meet the growing need, whilst also remaining consistent with the stated aim that Portsmouth becomes an even more inclusive city. Around half of the additional specialist educational places to be created are in Inclusion Centres attached to mainstream schools. In addition, a bid has been put in for capital funding to create an annual Inclusion grant to support mainstream schools to develop their accommodation to achieve greater inclusion and improve outcomes. The full bid that has gone to council members is for the first instalment (up to 2023) of additional funding required for a 5 year programme of works as shown above and is subject to approval by Full Council in February of this year. With some funding already identified and available

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within the education capital programme, the initial funds required to meet the projects identified above to 2023 is £3.4m.

……
Signed by (Director)

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
HWB - List of post inspection actions	
SEND Strategy - Sept 2019 FINAL	

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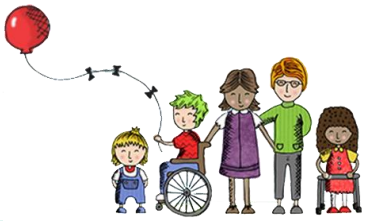
PORTSMOUTH EDUCATION PARTNERSHIP

pulling together | achieving more



Portsmouth CHILDREN'S TRUST

Special Educational Needs and Disability (SEND) Strategy:

A strategy to promote inclusion and improve outcomes for children and young people with SEND and their families

2019 to 2022

Lead Partnership Board:	SEND Board
Programme Sponsors:	Alison Jeffery, Director of Children's Services, PCC Innes Richens, Chief Operating Officer, CCG
Lead:	Julia Katherine, Head of Inclusion, PCC
Contact Details:	julia.katherine@portsmouthcc.gov.uk

Version Control		
Version 1	1st August 2019	Early Draft
Version 1	10th September 2019	SBFT
Version 1	1st October 2019	SEND Board / DCS Approval / CCG Approval / Lead Member for Education Approval
Version 1	4th February 2020	Health and Wellbeing Board
Version 2	January 2021 update	SEND Board
Version 2	3rd February 2021	Health and Wellbeing Board

Special Educational Needs and Disability (SEND) Strategy: A strategy to promote inclusion and improve outcomes for children and young people with SEND and their families

September 2019 to September 2022

INTRODUCTION

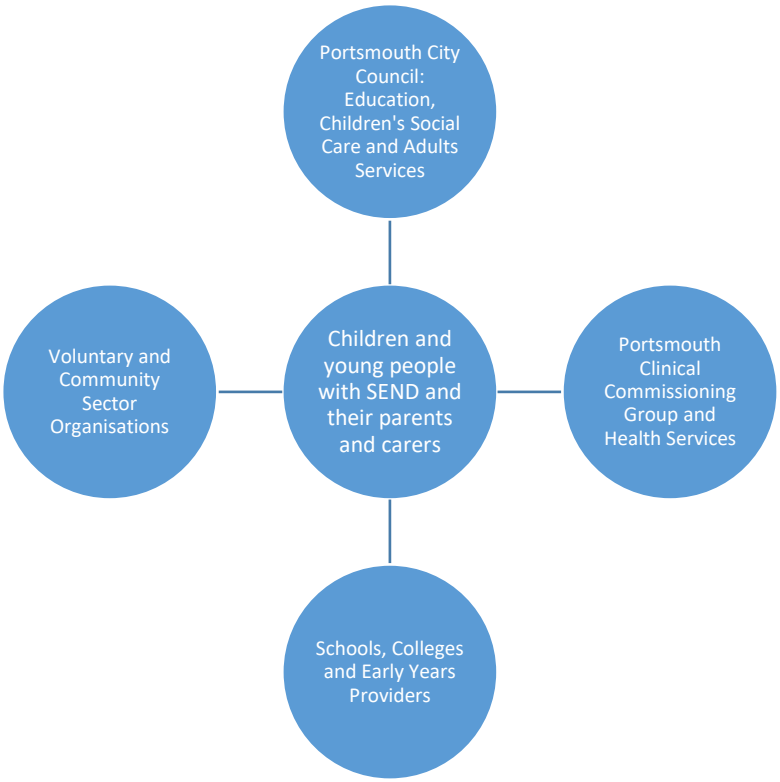
Portsmouth Children's Trust - under the governance of the Health and Wellbeing Board - has had a dedicated SEND Strategy in place since 2006.

Significant progress has been made in improving outcomes for children with SEND in the city. We have now taken the opportunity to refresh the Strategy and the Governance arrangements to ensure we make the next step change in improving outcomes for children with SEND children in Portsmouth.

This revision has been informed by the SEND Local Area Inspection in July 2019 and incorporates the areas for development that were identified in the Ofsted/CQC inspection report.

This document sets out Portsmouth's revised strategy for children and young people aged 0-25 with Special Educational Needs and Disabilities (SEND).

The strategy is owned by and covers the Portsmouth Local Area, as depicted below



Accountability is to the Health and Wellbeing Board.

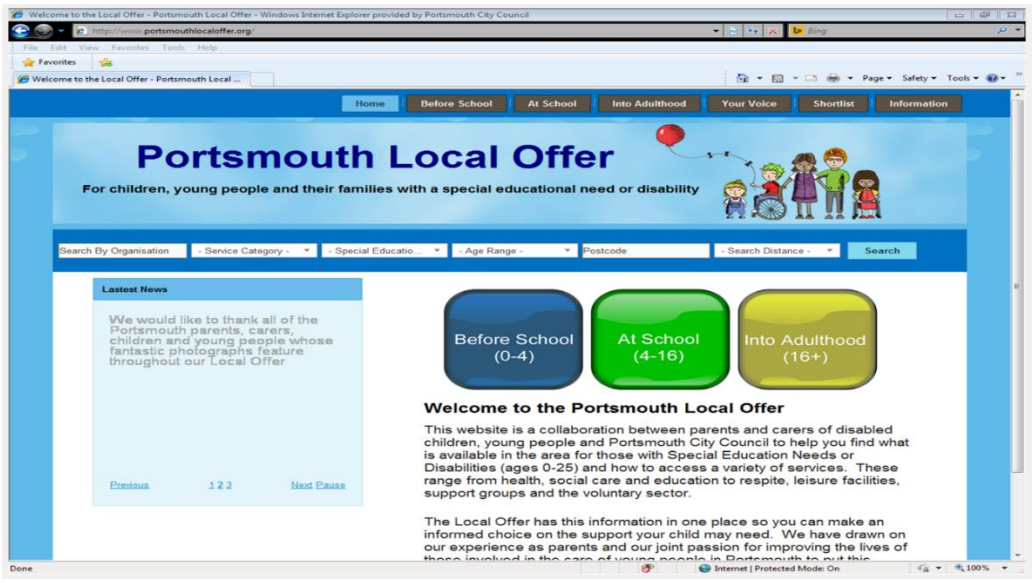
VISION

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.

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.

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.

In order to achieve this, we will work in partnership to jointly 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/



We aim to work in coproduction with young people and their parents and carers to co-design this 'local offer' of support, and keep it under review to ensure that it continues to meet local needs and makes best use of the resources available.

INCLUSION

We have worked in co-production with young people, parents/carers and professionals to agree what Inclusion means to people in

Principles underpinning the Portsmouth SEND strategy:

- Inclusion of children and young people with SEND, with needs met locally wherever possible
- Co-production with children and young people and their parents and carers
- Joined-up multi-agency working across the local area
- Personalisation and person-centred approaches
- Early identification and support
- Restorative approaches
- Holistic, multi-agency, co-ordinated outcomes-focused assessment and planning
- Key working and family-centred systems
- A skilled and confident multi-agency workforce
- Informed and empowered parents and young people
- More choice and control about the services received
- Joint planning for transitions, including a smooth transition to adult services
- Improved care pathways and clear lines of responsibility
- Equal access to services for children and young people with SEND
- High aspirations for children and young people with SEND to achieve the best possible outcomes

Legislation which underpins this strategy

The delivery of support for children and young people with SEND and their families is underpinned by a number of key pieces of legislation, including:

- Children and Families Act 2014 and the SEN code of practice
- Children Act 1989 and 2004
- Care Act 2014
- Working Together to Safeguard Children 2018
- Children and Young Persons Act 2008
- Care Planning, Placement and Case Review (England) Regulations 2010
- Care Leavers (England) Regulations 2010
- Chronically Sick and Disabled Persons Act 1970
- Mental Capacity Act 2005
- National Health Service Act 2006
- Mental Health Act 2007
- Equality Act 2010
- NHS Mandate
- Public Health Outcomes Framework

SEND Reforms

The Children and Families Act 2014, introduced significant changes to the ways services are provided for children and young people aged 0 to 25 with SEND, and their families. Key changes include:

- Joint commissioning of services required across education, health and social care to meet the needs of children and young people with SEND.
- Publication of a 'local offer' of services available, as a 'one stop shop' for accessing information, as well as feeding into the commissioning cycle.
- Implementation of a multi-agency co-ordinated statutory assessment process to identify the education, health and care (EHC) needs of children and young people aged 0 to 25 and the provision required to meet those needs.
- For the identified needs and provision to be set out in a statutory EHC Plan, with a new duty on health to deliver the health element of the EHC Plan.
- For all those with an EHC Plan, to have the option to request a 'Personal Budget' for delivery of identified aspects of the provision.
- Statutory protections previously available only to school-age children with SEND, through a statement, are extended from 0 to 25 years, where additional resources are required to enable access to education or training.
- Independent information, advice and guidance for parent/carers and young people about the services available to them and how to access support.

These duties apply to all education providers, schools, academies, colleges etc.

Implementation in Portsmouth

In Portsmouth, we have been working hard to successfully implement and begin to embed the reforms in compliance with the new SEN Code of Practice and in the spirit of the reforms, including transferring all SEN statements to EHC Plans by 31st March 2018.

Alongside the introduction of a new system for the delivery of SEND services across education, health and care, there are existing pressures on special educational provision within the city, including pressure on the specialist school places available to meet some areas of need, as well as pressure on the budget available to resource such provision.

Key outcomes to be achieved

This strategy aims to achieve increased percentages of children and young people with SEND who are able to:

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

Self-evaluation

Our local self-evaluation, which is refreshed each year, has outlined a number of areas of good and effective practice. These include:

a) Strong partnership working
b) Engagement, participation and co-production
c) Quality and timeliness of EHCPs
d) Quality of specialist provision

We have also identified six areas for improvement:

a) Increasing school attendance and reducing exclusions
b) Improving educational outcomes for those on SEN Support
c) Ensuring smooth and successful transitions between phases
d) Improving services and support for children and young people with Autism
e) Using data to capture, monitor and report on outcomes at an individual level
f) Workforce development

Strategic Objectives 2019 - 2022

The current intention - subject to engagement with parents and young people and the SEND Board - is that the new SEND Strategy is split into two parts:

A. Priority Improvement Areas (linked to the SEF) - what needs to improve for children with SEND and their families

B. Enabling Work - the crosscutting areas of work that will help us deliver the Priority Improvement Areas

The diagram overleaf outlines the Strategy in a single page.

Portsmouth SEND Strategy - Plan on a Page

A. Priority Improvement Areas (linked to the SEF) - what needs to improve for children with SEND and their families					
A1. Inclusion: Enabling more children with SEND to be educated in mainstream settings	A2. SEN Support - Improving education, health and care outcomes for children requiring SEN Support	A3. Reducing exclusions and school absence for children with SEND	A4. Meeting the Social emotional and mental health (SEMH) needs of children and young people in education and community settings	A5. Preparing for Adulthood - ensuring effective support up to the age of 25	A6. Meeting the needs of children with neuro-diversity

B. Enabling Work - the crosscutting areas of work that will help us deliver the Priority Improvement Areas
B1. High quality needs assessment, data and intelligence to manage performance and inform commissioning
B2. Effective Joint Commissioning across health, education and care - service and micro-commissioning
B3. Effective involvement, participation and co-production with parents and carers
B4. Effective involvement, participation and co-production with children, young people
B5. Accessible and comprehensive information, advice and guidance
B6. Workforce remodelling, workforce development and practice improvement

SEND Governance and Delivery Structure

The SEND Strategy will be effectively governed and delivered through the following multi-agency structure,

Portsmouth Health & Wellbeing Board
(Incorporating the governance of the Children's Trust)

SEND Board

SEND & PEP Inclusion Group

Leadership and accountability for:

A1 - Inclusion
A2 - SEN Support
A3 - Reducing exclusion and absence

SEMH Group

A4. SEMH support in schools and community

Preparing for Adulthood Group

A5. Multi-agency support for young people up to age 25

Including reporting to Learning Disability Partnership

Autism and ND Steering Group

A6. Meeting the needs of children with autism and Neurodiversity

SEND 0-25 Joint Commissioning and Performance Group

B1. - Needs assessment, data and performance management

B2. Joint Commissioning Plan

Co-production and Communication

B3 - Shaping Better Future Together (parent/carers coproduction group)

B4. Dynamite and Young Inspectors

B5. Information, Advice and Guidance including communications

Workforce and Practice Group

B6 - Workforce Remodelling, Development and Practice

Response to the SEND Inspection

The 2019 SEND Inspection highlighted a wide range of good and effective practice and validated the SEND Self-evaluation. Inspectors' feedback noted 18 areas for further improvement. In addition, there are a further 3 areas for development which are noted in the inspection report and which were already underway.

Each of the areas for improvement has been allocated to one or more of the groups under the SEND Governance and Delivery structure and will appear in the refreshed strategy and in the delivery plans for the relevant workstreams, as set out below:

IDA = Inspection Development Area
ADD = Additional Area for Development

SEND & PEP Inclusion Group (Chair: Nys Hardingham)

IDA 15. Educational outcomes for those on SEND Support (A2 & A3 & Portsmouth Education Partnership School Improvement Board)

SEMH Group (Chair: Hayden Ginns)

IDA 2. CAMHs/CAMHs-LD waiting times (A4)
IDA 13. Re-referral to CAMHs (A4)

Preparing for Adulthood Group (Chair: Andy Biddle)

IDA 12. Transition to adult health and care services (A5)
IDA 16. Opportunities for supported employment and the range of employment opportunities for young people with SEND (A5)
IDA 17. Information about the proportion of young people with SEND in independent or supported living (A5)
IDA 18. Transition between paediatric and adult health services (A5)

Autism and ND Steering Group (Chair: Liz Robinson)

IDA 1. ND assessment pathway delays (A6)
IDA 3. Post-diagnostic support for ASD (A6)

SEND Joint Commissioning and Performance Group (Chair: Hayden Ginns)

IDA 1. ND assessment pathway delays (A6)
IDA 2. CAMHs/CAMHs-LD waiting times (A4)
IDA 3. Post-diagnostic support for ASD (A6)
IDA 5. Annual GP health checks (B2)
IDA 6. Health and dental assessments for looked after children (B2)

IDA 7. Support for families (B2)
IDA 8. Support for sensory processing needs (B2)
IDA 9. Specialist short breaks provision (B2)
IDA 13. Re-referral to CAMHs (A4)
IDA 15. Educational outcomes for those on SEND Support (A2)
ADD 19. Wheelchairs delays (B2)
ADD 20. DCO required for 19 - 25 age group (B2)

IAG and Communications Group (Chair: Julia Katherine)

IDA 10. Communicating changes to services (B3, B4, B5)
IDA 14. Improving access to IAG for young people (B5)
ADD 21. Recommissioning Local Offer website to increase accessibility (B5)

Workforce and Practice Group (Chair: Julia Katherine)

IDA 4. Integrated assessment of child's developmental progress (B1)
IDA 11. Aspirations influencing outcomes in EHCPs (B1)

Response to the Local Area SEND Inspection

The SEND Inspection in July 2019 highlighted a wide range of good and effective practice and validated the SEND Self-evaluation. Inspectors' feedback noted 18 areas for further improvement. In addition, there are a further 3 areas for development which are noted in the inspection report and which were already underway.

Each of the areas for improvement has been allocated to one or more of the groups under the SEND governance and delivery structure and has been incorporated into the refreshed strategy and in the delivery plans for the relevant workstreams.

Post-inspection Action Plan

	Area for development identified in the Local Area SEND inspection report	Workstream	Lead	Update November 2020
Identifying needs				
1.	ND assessment pathway delays	Joint Commissioning and Performance/ Autism and ND	HG	£160,000 full year investment to reduce the length of the waiting list - around 200 children. High confidence in new ND Profiling initiative to impact on wait times over the next 2 years. Progress very strong - impact to be felt mid-2021.
2.	CAMHs/CAMHs-LD waiting times	Joint Commissioning and Performance/SEMH	HG	Waiting times have increased during Covid-19 but not to the % level seen nationally. Data flow during Covid is very poor so anecdotal at present. MHST investment (£1.2m) and Digital Early Help offer (£80k pa) Eating Disorders (£208k pa) and Paediatric Psychiatric Liaison at QAH (£83k from Portsmouth with £162k from across ICP) expected to impact by mid 2021
3.	Post-diagnostic support for ASD	Joint Commissioning and Performance/ Autism and ND	HG	Under the ND Profiling Pilot, we have developed a huge array of resources for children and families, matched to the 9 profile spectra. We are on the cusp of launching a review to develop a multi-

				disciplinary team to support ND children and their families to shift resource from diagnosis to support.
4.	Integrated assessment of child's developmental progress	Workforce and Practice	JK	Review of Early Years Panel has taken place and changes to process implemented. Some further work to do to address capacity issues in Health Visiting
5.	Annual GP health checks	Joint Commissioning and Performance	HG	Data remains poor in this area so still work to do to ascertain the severity and locus of the issue. PFA group continues to try to develop the data.
6.	Health and dental assessments for looked after children	Joint Commissioning and Performance	HG	The Health pathway for LAC is being redesigned and the new pathway is expected to be in place March 21. Performance remains below previous levels.
Meeting needs				
7.	Support for families	Joint Commissioning and Performance	HG	Group-based provision for families of SEND children still requires more resourcing. A review of the Parent Support Pathway is underway post-Covid.
8.	Support for sensory processing needs	Joint Commissioning and Performance	HG	Review of needs across City underway, report and recommendations expected by January 2021, with implementation of any changes from April 2021.
9.	Specialist short breaks provision	Joint Commissioning and Performance	HG	Covid 19 has delayed the review of short breaks to ensure a clear offer across education, health and social care commissioned services. Short breaks during Lockdown was a successful project and demonstrated the agility of service providers.
10.	Communicating changes to services	IAG and Communications/ Coproduction	JK	Solent attend the monthly SBFT Parents co-production group and have made good use of this to coproduce information for service users and to gain feedback to improve communication of changes to services.
11.	Aspirations influencing outcomes in EHCPs	Workforce and Practice	JK	Termly multi-agency EHCP audits are in place to continue to improve the quality of EHCPs. Aspirations influencing outcomes is one of the

				aspects of EHCPs that is looked at via these audits. Termly reports show continual improvement.
12.	Transition to adult health and care services	Preparing for Adulthood	MS	We have published a Transition Protocol for Adult Social Care which incorporates CHC and Mental Health transition. We will look to publish an accessible version for the Local Offer. We have developed and use a Tracker tool that identifies children and young people likely to require support from Adult Social Care - at Review. The tool looks at the level of support that young people require and are likely to require in terms of the 4 PfA outcomes - which is a good indicator of eligibility as it matches some ASD criteria. The Tracker tool is intended to support planning for children and young people who have traditionally fallen through the gaps.
13.	Re-referral to CAMHs	Joint Commissioning and Performance/SEMH	HG	CAMHS are still unable to measure re-referrals but it is in the new SEMH Scorecard.
14.	Access to IAG	IAG and Communications	JK	We have continued to promote IAG, however the referrals from young people remain low.
Improving outcomes				
15.	Educational outcomes for those on SEND Support	Joint Commissioning and Performance/ Inclusion/ Portsmouth Education Partnership School Improvement Board	SC	We have • Revised Profile of Need to increase consistency in identification of SEN • Developed a comprehensive central SENCo training offer including one session looking at outcomes • Commissioned the Inclusion Outreach Service to offer broader range of support to schools to better meet needs

				• Launched the Portsmouth Inclusive Education Quality Mark (PIE QM) with one standard specifically on teaching and learning
16.	Opportunities for supported employment and the range of employment opportunities for young people with SEND	Preparing for Adulthood	AP	Portsmouth City Council have been working with post-16 providers and social enterprise organisations to increase the provision of supported internships. All local post-16 providers now have a Supported Internship offer. In February 2020 a Employability Conference was held which brought together a range of partners including post-16 providers, employers, social enterprise, young people, parents and carers to identify an action plan for the future. Whilst the pandemic has had in impact on progress work is still moving forward. Plans are progressing for a Project Choice Supported Internship Programme to be in based at QA Hospital from September 2021. The SEND Employability Forum are working together to address the issues around the loss of placements and employment opportunities and Portsmouth City Council has made an application to the DWP to fund a Youth Hub which will include support for young people with SEND who are seeking employment.
17.	Information about the proportion of young people with SEND in independent or supported living	Preparing for Adulthood	MS	We have currently no mechanism for capturing this information. We are developing a new set of quantitative and qualitative measures to capture achievement in terms of delivery of outcomes related specifically to the PfA outcomes.
18.	Transition between paediatric and adult health services	Preparing for Adulthood	MS	The transition protocol relating to Adult Social Care is not matched by a comprehensive protocol across

				health services. Development of a parallel protocol for Health is included in the PfA workstream.
Additional				
19.	Address wheelchair service delays	Joint Commissioning and Performance	HG	Wheelchair services have been recommissioned. Most recent monitoring data indicates only 3 children rated 'Red' for waiting delay/impact (none of whom are at risk). These are part of legacy waiting list that will be managed down further over the next Quarter.
20.	DCO required for 19 - 25 age group	Joint Commissioning and Performance	HG	0-25 DCO has been appointed to start in Jan 2021.
21.	Recommissioning Local Offer website to increase accessibility	IAG and Communications	JK	New website is in place. Feedback on accessibility has been positive.

WORKSTREAMS

The high level objectives for each of the subgroups of the SEND Board are set out below. There is a separate, detailed delivery plan for each of the SEND Strategy workstreams. Delivery plans are refreshed annually.

INCLUSION

The Long-Term Plan

For Portsmouth to be a leading example of good, inclusive practice, with the vast majority of children and young people with SEND able to have their needs identified early and met within what is 'ordinarily available' (universal and targeted services) across education, health and care. Staff are confident to meet the needs of the majority of children with SEND. Where additional support is required, this is accessed in a timely way and is of a high quality so that needs are met and outcomes improve.

Priorities for this strand of work

A1. Removing barriers to inclusion
A2. SEN Support
A3. Reducing exclusion ad absence

What we achieved in 2015-16

- Established an annual conference to share and celebrate good practice
- Revised the service level agreement for the provision of outreach services
- Developed an 'Ordinarily Available Provision' document for school SENCos

What we achieved in 2016-17

- Developed the Ordinarily Available Provision suite of documents
- Developed a shared understanding of how we monitor 'good progress' for those on SEN Support
- Developed an offer of school SEN support to promote good inclusive practice
- Monitored the impact of the outreach service in building capacity within mainstream schools
- Delivered the annual Inclusion Conference
- Developed the well-being and resilience strategy

What we achieved in 2017-18

- Launched the SEN Support project to improve outcomes for pupils on SEN Support
- Developed and published the Ordinarily Available Provision guidance

- Successfully bid for grant funding to enhance our Alternative Provision offer and increase reintegration to mainstream school

What we achieved in 2018-19

- Piloted the Inclusion Quality Mark/Portsmouth Inclusion Pathway
- Delivered the first Emotional Health and Wellbeing Conference in March
- Published a comprehensive joint training offer for SEMH

What achieved in 2019-20

- Launched the Portsmouth Inclusive Education Quality Mark (PIE QM)
- Delivered the Turnaround project to facilitate effective reintegration from Alternative Provision
- Launched the new integrated Inclusion Outreach Service offer to schools

What we will achieve in 2020-21

- Identify further support for schools to address SEN Support variability
- Identify further support for schools to improve literacy
- Roll out the use of the PIE QM across all schools
- Carry out a review of secondary schools' internal AP provision
- Embed the work of the Turnaround project in the Early Help and Prevention Service in order to increase reintegration rates
- Renew the focus on addressing school absence for children with SEND
- Embed the new model of delivery for the Inclusion Outreach Service
- Make available grant for mainstream schools to support inclusion building projects

Monitored via: SEND Inclusion Group
Co-chaired by : Nys Hardingham, Head Teacher, ALNS and Julia Katherine, Head of Inclusion, PCC

SOCIAL EMOTIONAL AND MENTAL HEALTH

The Long-Term Plan

To ensure there is in place a continuum of multi-agency support for children and young people with social emotional and mental health needs and that families are aware of the support that is available and how to access it.

Priorities for this strand of work

A2. To meet the social emotional and mental health (SEMH) needs of children and young people in education and community settings

What we achieved in 2018-19

This is a new subgroup of the SEND Board

What we achieved in 2019-20

- Successful JTAI Inspection with Mental Health theme
- Better alignment of the SEMH offer from providers in the SEMH Partnership working in schools
- Successful bid for third MHST team (Wave 4) meaning whole city coverage from late 2021. Good school engagement in Wave Two roll-out.
- Investment in psychiatric liaison service
- Pilot of Team Around the School approach
- Commissioning Group set up for Alternative Provision
- Mainstreaming plans in place for Turnaround project following successful initial phase
- Huge take up in training around restorative practice and PACE
- Roll-out of support for trauma-informed practice support during Covid-19
- Set up Link Co-ordinator scheme to improve working between LA, health and schools for vulnerable children

What we will achieve in 2020-21

- Expand Team Around the School approach
- Embed MHSTs in all schools
- Roll out of DDP Training to key teams in the city
- Launch of Digital Mental Health platform
- Additional resourcing for Eating Disorder pathway
- Bid for NHS resources to support multi-disciplinary working for pupils in the Harbour School

Monitored via: SEMH Group

Chair: Hayden Ginns, Assistant Director Commissioning and Performance, PCC

PREPARING FOR ADULTHOOD

The Long-Term Plan

For all young people with SEND to have a clear plan in place that identified outcomes and resources to enable a smooth transition to adulthood, able to access the support they need in order to achieve their identified outcomes.

Priorities for this strand of work

To ensure that each young person has a co-produced plan in place which they 'own' and which identifies clear outcomes and actions relating to each of the PfA outcomes i.e.

- Health
- Independent Living
- Positive relationships/community
- Employment

To commission a range of services and support that will help young people achieve these outcomes

A5. To have a clear multi-agency pathway of support in place for 14 to 25 year olds with SEND.

This group will also report to the Learning Disability Partnership.

What we achieved in 2015-16

- Rolled out person-centred approaches to all young people with SEND
- Worked with colleges to develop supported internship programmes

What we have achieved in 2016-17

- Extended the provision of supported internships
- Ensured that clear transition pathways are in place so that young people do not 'fall through the net' when they reach 18.
- Developed tools and guidance to ensure that PfA reviews are focused and effective
- Carry out pilot of 'Ready Steady Go' health transition programme with schools

What we achieved in 2017-18

- Developed an EHCP template that focuses on the 4 Preparing for Adulthood Outcomes, to be used from age 14 onwards.
- Produce tools to support the PfA outcomes to be published on the local offer website.
- Ensured there are pathways for assessment and support for young people in transition
- Improve processes to enable effective transition for people into and following on from college

- Publication of a transition protocol

What we achieved in 2018-19

- Ensured that the Education, Health and Care Planning process identifies and works towards the realisation of PfA outcomes for those in transition
- Maximised Social Care and Health Contribution to the EHC planning process
- Reviewed and further developed the information on the local offer website to ensure that it provides the information and tools required for young people and their families to plan effectively
- To ensure that there are clear pathways for assessment and support for people with including people with autism, working in partnership with the Autism Board
- To finalise and publish the overarching Transition policy
- To develop a range of supported employability options for young people
- Establish a SEND Employability Forum
- Deliver 2 good practice events and training to partners on employability

What we achieved in 2019-20

- A Transition Protocol for Adult Social Care has been published which incorporates Continuing Health care and Mental Health transition.
- A Tracker tool has been developed that identifies children and young people likely to require support from Adult Social Care - at Review. This tool looks at the level of support that young people require and are likely to require in terms of the 4 PfA outcomes - which is a good indicator of eligibility as it matches some ASD criteria. The Tracker tool is intended to support planning for children and young people who have traditionally fallen through the gaps

What we will achieve in 2020-21

- To ensure that 75% of young people with an EHCP have the opportunity to have a Health Check by March 2020 in line with NHSE target
- To improve transition for young people and their families, including continuing care to continuing health care
- DCO role to include PfA agenda and cover 19-25
- To increase the number of young people with SEND making a positive transition to employment
- To improve information sharing between education, health and social care about children with and without EHCPs who may need support from adult services
- To improve the information published on the Local Offer that sets out the support available to young people and enables them to plan effectively
- To increase the number of young people with SEND to make a positive progression to post-16
- To ensure that young people, families and carers have an understanding of housing (and support) options available and how to access them

• To increase the availability of independent travel training
Monitored via: Preparing for Adulthood Group Chair: Mark Stables, Head of Service - Market Development and Community Engagement, Adult Social Care, PCC

AUTISM AND NEURODEVELOPMENT

The Long-Term Plan

To ensure there is in place a continuum up multi-agency support for children and young people with autism and neurodiversity and that families are aware of the support that is available and how to access it.

Priorities for this strand of work

A6. To ensure there is a continuum of multi-agency support in place to meet the needs of children and young people with Autism and neurodiversity

What we achieved in 2018-19

This is a new subgroup of the SEND Board

What we achieved in 2019-20

- ND Profiling pilot gathered pace with widening number of professionals involved in the project.
- New ND Profiling Tool created.
- ND Resource pack for children, families and professional
- Evaluation Framework in place
- ND profiling Training started roll-out
- Significant NHS investment (£60k) to clear ND Waiting List in CAMHS

What we will achieve in 2020-21

- Initial evaluation findings on new ND Profiling tool
- Refresh of ND Strategy
- Scoping, benefits assessment and business case for development of multi-disciplinary ND service
- To ensure there is a comprehensive training offer available for staff working with children and young adults with autism and ND
- Prepare for opening of new special free school in 2022

Monitored via: Autism and ND Steering Group

Chair: Liz Robinson, Service Manager, Education Support And Principal Educational Psychologist, PCC.

SEND 0-25 JOINT COMMISSIONING AND PERFORMANCE

The Long-Term Plan

Education, health and care work together to carry out an annual joint strategic needs assessment of the needs of children and young people aged 0-25 with SEND and their families as part of the Joint Strategic Needs Assessment. This data is used to identify gaps in provision and to agree priorities for commissioning with service users. The joint commissioning plan is co-produced with children and young people with SEND and their parents and carers.

Priorities for this strand of work

B1. Needs, data and performance management

B2. Joint Commissioning Plan

What we achieved in 2015-16

An initial joint strategic needs assessment for 0-25s with SEND was carried out.

Reviews were carried out in each of the 4 areas of need and action plans were developed based on the recommendations of each:

- Sensory and Physical
- Cognition and Learning
- Communication and Interaction
- Social Emotional and Mental Health

What we have achieved in 2016-17

- SEND Needs Assessment has been completed
- Joint Commissioning Plan has been agreed across the CCG, local authority, Schools, Solent and Portsmouth Parent Voice.

Specific achievements include:

Sensory and Physical

- Reviewed the wheelchair service - following feedback re: waiting times

Cognition and learning

- Re-designated Cliffdale and Redwood Park as special schools for children with complex needs and autism
- Began phased remodelling of the accommodation at Cliffdale and Redwood Park in order to enable these schools to provide effectively for children with more complex needs and autism

Communication and interaction

- Established a new Inclusion Centre for secondary aged pupils with communication and interaction needs (including autism) at Trafalgar school
- Established new Inclusion Centres for primary pupils with communication and interaction needs (including speech and language difficulties and autism) at Devonshire Infants and Portsdown Primary schools.

Social emotional and mental health difficulties

- Re-defined the AP and SEN pathways for children with SEMH
- Developed new SLAs with The Harbour School and Flying Bull for the provision of SEMH support to children and young people within the city
- Included Future in Mind developments within joint commissioning plan

What we achieved in 2017-18

- SEND needs assessment was refreshed as part of the SEND Strategic Review
- SEND Strategic Review was carried out to inform future commissioning, all 49 recommendations have been incorporated into the Joint Commissioning Plan
- Children and young people's Autism strategy has been developed

What we achieved in 2018-19

The Joint Commissioning Plan for 2018-2020 outlined nine commissioning ambitions agreed following the SEN Review and significant engagement with professionals, parents and young people.

Across the nine ambitions there has been a wide range of commissioning and service development activities to better meet the needs of children and young people with SEND. Headlines include:

- Reshaping key parts of the workforce to enable us to provide named Lead Professionals for children and young people with complex SEND
- Delivery of the new SEND Place Strategy to ensure we have sufficient special school and resourced provision placements over the next five years
- Delivery of a comprehensive new SEMH strategy including a revised offer to schools to support inclusion of children with SEMH and address exclusions and absence
- Reshaping services to drive mainstream school inclusion
- Further improved joint commissioning of out of city placements
- A revised neuro-diversity profiling pathway

What we achieved in 2019-20

- Improving use of data to understand service and system performance
- Designated Clinical Officer resource in place for 0 - 25
- Additional resource to manage Complex Care and High Needs Panel functions
- Stood up short breaks provision during Lockdown 1

- Reduced wheelchair waiting times to acceptable level
- Good progress on SEND/AP Pupil Placement commissioning
- Tracheostomy Protocol in place
- Improved community nursing response

What we will achieve in 2020-21

- Capital bid for SEND/AP Pupil Places
- Data and scorecards for all parts of the SEND system
- Tighten contract management processes for all commissioned services
- 18 - 25 Needs Assessment
- Full review of Short Breaks Offer
- Redesign CAMHS LD offer
- Specialist Schools Nursing review complete
- Implementation of new pathways for respiratory illnesses and allergies

Monitored via: SEND 0-25 Joint Commissioning Steering Group

Chair: Hayden Ginns, Assistant Director Commissioning and Performance, PCC

CO-PRODUCTION AND COMMUNICATION

The Long-Term Plan

For participation and co-production with children and young people with SEND and their parents and carers to become embedded as a way of working both at the strategic level and at an individual case work level.

Priorities for this strand of work

B3. Participation and co-production with parents and carers

B4. Participation and co-production with children and young people with SEND

B5. Information Advice and Guidance for young people with SEND and parent/carers

What we achieved in 2015-16

A Parents and Carers Co-production group is established and has completed key tasks including designing the Local Offer website.

There is a parent/carer co-chair of the SEND Board and parent/carer reps on all subgroups of the SEND Strategy

A Young people's Co-production group is established 'Dynamite' and has completed tasks including a young people's survey 'The Big Bang'.

What we achieved in 2016-17

- Dynamite coproduced 2nd annual survey which reached over 100 young people
- Established of a Young Inspectors programme - 12 trained Young Inspectors are regularly visiting a range of services and submitting reports
- Training delivered by young people to 25 professionals across agencies
- Widened parent/carer engagement activity to include parents of children on SEN Support and recruited 13 SEN Champions in mainstream schools
- Appreciation awards have been presented to around 30 professionals
- Recruited and trained new parent/carer reps on the Inclusion Support Panel

What we achieved in 2017-18

- Incorporated ECAF into the SEND Strategy governance and accountability structure, alongside the parent/carer co-production group and Dynamite (young people's co-production group)
- Re-purposed the terms of reference of the parent/carer co-production group (renamed Shaping Better Futures Together) to take on a more strategic role
- Embedded coproduction across the city e.g. via coproduction self-evaluation

- Continued to develop the Social Emotional and Mental Health (SEMH)/Future in Mind (FiM) work in partnership with the FiM Co-production group
- Continued to deliver the Young Inspectors programme
- Co-produced information for Parents/Carers and Young People including:
  - Transition guide for parents/carers
  - Parenting Offer

What we achieved in 2018-19

- Continued to facilitate strategic coproduction with young people through the work of Dynamite
- Carried out the Dynamite 'Big Bang' annual survey
- Further developed the Local Offer website to take account of feedback from young people
- Continued to deliver the Young Inspectors programme
- Continued to facilitate strategic coproduction with parents/carers through the Shaping Better Futures Together parents coproduction group
- Worked in partnership with parents/carers on the recommendations arising from the SEND Strategic review including the SEND Hub and SEN Place Planning strategy
- Continued to review the local offer website and make recommendations as to the further development of the website to ensure it continues to meet parents/carers' needs
- Co-produced information and guidance for parents/carers in partnership with professionals from PCC and the CCG.

What we achieved in 2019-20

- Actively promoted IAG for young people and ensured it is accessible to young people
- Continued to deliver the Young Inspectors programme
- Carried out the annual parent/carer and young people's surveys in collaboration between PPV, Dynamite and PCC
- Worked in co-production to ensure that changes to service delivery are effectively communicated to families
- Co-designed, recommissioned and published the new local offer website
- Co-designed the new ND pathway
- Continued to work in coproduction between families and services on identified priority areas

What we will achieve in 2020-21

- Continue to raise awareness of the local offer website
- Increase use of social media and other forms of communication with families
- Further develop the local offer website to better meet the needs of young people
- Embed co-production as a way of working across the Children's Service and Education directorate, including CCG children's services

Monitored via:

Local Offer and Information Advice and Support Steering Group

Chair: Julia Katherine, Head of Inclusion, Inclusion Service, PCC

WORKFORCE REMODELLING, DEVELOPMENT AND PRACTICE

The Long-Term Plan

For Portsmouth to have successfully implemented the SEND reforms, as outlined in part 3 of the Children and Families Act 2014 (often described as a 10 year whole system change programme). Ultimately this will be independently tested via the Ofsted/CQC SEND inspections process.

The SEND Strategy (alongside its sister strategy 'Stronger Futures') makes up the children's element of the Portsmouth 'Blueprint' for health and care in the city, which sets the ambition to more strongly integrate public service spending across the local public service system.

Priorities for this strand of work

B1. Local Offer
B2. SEN Support
B3. EHC assessments and plans
B4. Personal budgets, short breaks and home to school travel assistance
B5. Independent advice and support and engagement

What we achieved in 2015-16

Good progress has been made in implementing the SEND Reforms to date. Portsmouth are compliant with all new statutory duties.

A self-assessment has been undertaken and an implementation plan is in place.

What we achieved in 2016/17

- Further developed the Local Offer
- Maintained the high quality of our EHCPs
- Improved the % of EHCPs completed within statutory timescales to 98%
- Increased the number of Personal Budgets included within EHCPs
- Published the revised Short Breaks statement and eligibility criteria
- Increased the number of direct payments in place
- Commissioned Portsmouth IASS
- Continued parent and young people's engagement work, including coffee mornings and pizza evenings delivered by PPV and Dynamite

What we achieved in 2017-18

- Maintained and further improved the quality and timeliness of EHCPs
- Continued to monitor and further develop the Local Offer in response to feedback from young people
- Recommissioned the targeted short break offer
- Increased the number of personal budgets and direct payments included within EHCPs

- Continued to co-produce all EHCPs with children, young people and parents/.carers
- Enabled children and young people with SEND and their parents/carers to contribute to strategic decision-making about local provision
- Maintained strong leadership and lines of accountability for the SEND Strategy
- Joint planned and commissioned provision for children and young people with the most complex needs who require jointly funded packages of support
- Continued to improve services by learning from complaints and tribunal cases

This group has taken on the role of monitoring the performance indicators across the whole SEND Strategy, prior to quarterly performance being reported to the SEND Board.

What we achieved in 2018-19

- Put in place a comprehensive quarterly performance report
- Monitored outcomes for children and young people with SEND from vulnerable groups across the year with targeted data dashboards
- Reviewed and recommissioned the Local Offer website to ensure that it is meeting parent/carer and young people's needs
- Developed and delivered training for professionals involved in the EHCP process and decision making panels

What we achieved in 2019-20

- Further developed and strengthened termly, multi-agency EHCP audits to ensure continued improvement, including ensuring that the voice and aspirations of the child are consistently informing outcomes and provision in EHCPs
- Further embeded the consideration of Early Help Assessments within the EHC needs assessment process
- Planned a centralised programme of professional development for SENCos
- Developed a SEND induction e-learning module for the whole of the children's workforce
- Deliver training for evidence-writers to improve the advice provided as part of the EHC Process, particularly for 14-25 year olds.
- Roll out programme of professionals development to strengthen the Lead Professional role for children and young people with SEND
- Develop the independent travel training offer so that all young people are supported to develop their ability to travel independently before they leave school
- Embed involvement, participation and co-production as a way of working across the children's workforce.

What we will achieve in 2020-21

- Embed the learning from EHCP Audits across education, health and care

- Carry out a SEND workforce development needs analysis and develop a comprehensive programme of SEND workforce development on the basis of this.
- Publish a basic awareness raising SEND e-learning module for the children's workforce and monitor completion rates
- Develop and publish an intermediate SEND e-learning module
- Effectively publicise the training and workforce development that is available and monitor uptake

Monitored via: Workforce development and practice group

Chair: Julia Katherine, Head of Inclusion, Inclusion Service, PCC

Appendix 2 - Post Inspection Action Plan

	Area for development identified in the Local Area SEND inspection report	Workstream	Update on progress	Status
1	Neurodiversity (ND) assessment pathway delays	Joint Commissioning and Performance/ Autism and ND	£160,000 full year investment to reduce the length of the waiting list - around 200 children. High confidence in new ND Profiling initiative to impact on wait times over the next 2 years. Progress very strong - impact to be felt mid-2021.	Achieved
2	CAMHs/ CAMHs-LD waiting times	Joint Commissioning and Performance/ SEMH	Waiting times have increased during Covid-19 but not to the % level seen nationally. Data flow during Covid is very poor so anecdotal at present. MHST investment (£1.2m) and Digital Early Help offer (£80k pa) Eating Disorders (£208k pa) and Paediatric Psychiatric Liaison at QAH (£83k from Portsmouth with £162k from across ICP) expected to impact by mid 2021	Achieved
3	Post-diagnostic support for ASD	Joint Commissioning and Performance/ Autism and ND	Under the ND Profiling Pilot, we have developed a huge array of resources for children and families, matched to the 9 profile spectra. We are on the cusp of launching a review to develop a multi-disciplinary team to support ND children and their families to shift resource from diagnosis to support.	Partially achieved
4	Integrated assessment of child's developmental progress	Workforce and Practice	Review of Early Years Panel has taken place and changes to process implemented. Some further work to do to address capacity issues in Health Visiting	Partially achieved
5	Annual GP health checks	Joint Commissioning and Performance	Data remains poor in this area so still work to do to ascertain the severity and locus of the issue. PFA group continues to try to develop the data.	Not yet achieved

6	Health and dental assessments for looked after children	Joint Commissioning and Performance	The Health pathway for LAC is being redesigned and the new pathway is expected to be in place March 21. Performance remains below previous levels.	Not yet achieved
7	Support for families	Joint Commissioning and Performance	Group-based provision for families of SEND children still requires more resourcing. A review of the Parent Support Pathway is underway post-Covid.	Partially achieved
8	Support for sensory processing needs	Joint Commissioning and Performance	Review of needs across City underway, report and recommendations expected by January 2021, with implementation of any changes from April 2021.	Partially achieved
9	Specialist short breaks provision	Joint Commissioning and Performance	Covid 19 has delayed the review of short breaks to ensure a clear offer across education, health and social care commissioned services. Short breaks during Lockdown was a successful project and demonstrated the agility of service providers.	Partially achieved
10.	Communicating changes to services	IAG and Communication/ Coproduction	Solent attend the monthly SBFT Parents co-production group and have made good use of this to coproduce information for service users and to gain feedback to improve communication of changes to services.	Achieved
11.	Aspirations influencing outcomes in EHCPs	Workforce and Practice	Termly multi-agency EHCP audits are in place to continue to improve the quality of EHCPs. Aspirations influencing outcomes is one of the aspects of EHCPs that is looked at via these audits. Termly reports show continual improvement.	Achieved
12.	Transition to adult health and care services	Preparing for Adulthood	We have published a Transition Protocol for Adult Social Care which incorporates CHC and Mental Health transition. We will look to publish an accessible version for the Local Offer. We have developed and use a Tracker tool that identifies	Partially achieved

			children and young people likely to require support from Adult Social Care - at Review. The tool looks at the level of support that young people require and are likely to require in terms of the 4 PfA outcomes - which is a good indicator of eligibility as it matches some ASD criteria. The Tracker tool is intended to support planning for children and young people who have traditionally fallen through the gaps.	
13	Re-referral to CAMHs	Joint Commissioning and Performance/SEMH	CAMHS are still unable to measure re-referrals but it is in the new SEMH Scorecard.	Not yet achieved
14	Access to IAG	IAG and Communication	We have continued to promote IAG, however the referrals from young people remain low.	Partially achieved
15	Educational outcomes for those on SEND Support	Joint Commissioning and Performance/ Inclusion/ Portsmouth Education Partnership School Improvement Board	We have • Revised Profile of Need to increase consistency in identification of SEN • Developed a comprehensive central SENCo training offer including one session looking at outcomes • Commissioned the Inclusion Outreach Service to offer broader range of support to schools to better meet needs • Launched the Portsmouth Inclusive Education Quality Mark (PIE QM) with one standard specifically on teaching and learning	Partially achieved
16	Opportunities for supported employment and the range of employment opportunities for young people with SEND	Preparing for Adulthood	Portsmouth City Council have been working with post-16 providers and social enterprise organisations to increase the provision of supported internships. All local post-16 providers now have a Supported Internship offer. In February 2020 a	Achieved

			Employability Conference was held which brought together a range of partners including post-16 providers, employers, social enterprise, young people, parents and carers to identify an action plan for the future. Whilst the pandemic has had in impact on progress work is still moving forward. Plans are progressing for a Project Choice Supported Internship Programme to be in based at QA Hospital from September 2021. The SEND Employability Forum are working together to address the issues around the loss of placements and employment opportunities and Portsmouth City Council has made an application to the DWP to fund a Youth Hub which will include support for young people with SEND who are seeking employment.	
17	Information about the proportion of young people with SEND in independent or supported living	Preparing for Adulthood	We have currently no mechanism for capturing this information. We are developing a new set of quantitative and qualitative measures to capture achievement in terms of delivery of outcomes related specifically to the PfA outcomes.	Not yet achieved
18	Transition between paediatric and adult health services	Preparing for Adulthood	The transition protocol relating to Adult Social Care is not matched by a comprehensive protocol across health services. Development of a parallel protocol for Health is included in the PfA workstream.	Not yet achieved
19	Address wheelchair service delays	Joint Commissioning and Performance	Wheelchair services have been recommissioned. Most recent monitoring data indicates only 3 children rated 'Red' for waiting delay/impact (none of whom are at risk). These are part of legacy	Partially achieved

			waiting list that will be managed down further over the next Quarter.	
20	DCO required for 19 - 25 age group	Joint Commissioning and Performance	0-25 DCO has been appointed and started in Jan 2021.	Achieved
21	Recommissioning Local Offer website to increase accessibility	IAG and Communication	New website is in place. Feedback on accessibility has been positive.	Achieved

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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	3rd February 2021
Subject:	Community Safety Plan 2021-22
Report by:	Lisa Wills, Strategy and Partnership Manager
Wards affected:	All
Key decision:	Yes
Full Council decision:	No - endorsement

1. Purpose of report

To present the Community Safety Plan 2021-22 to the responsible authorities for approval, and to other partners for information.

2. Recommendations

2.1 That the Health and Wellbeing Board approve the plan (appendix 1)
2.2 That responsible authorities take the plan forward for endorsement to their organisational senior management groups in order to encourage a collaborative leadership approach.

3. Background

3.1 The Safer Portsmouth Partnership was incorporated into the Health and Wellbeing Board in June 2019. The constitution of the board was amended to take on the statutory duties of a local community safety partnership.

3.2 The responsible authorities are required by sections 5 and 6 of the Act to produce a detailed piece of analysis (strategic assessment) that identifies local priorities and then develop strategies to address them. The priorities identified in the strategic assessment are directly reflected in the statutory partnership plan for 2021-22. See summary and conclusions from the strategy assessment attached at appendix 2. The full strategic assessment can be found here: http://www.saferportsmouth.org.uk/strategic-assessments/

3.3 Increasingly over the years, local and national analysis, has identified key

risk factors including, domestic violence and abuse, poor mental health and substance misuse that drive crime, anti-social behaviour and reoffending. These are wicked[1] societal issues that require long term, collaborative focus by a range of organisations. Often interrelated, these risk factors can also drive a range of other poor outcomes e.g. educational attainment, unhealthy life choices and child protection issues. The priorities identified in the plan are therefore similar to previous years:

- Tackling violent crime; continuing to focus on domestic abuse, serious violence, and knife-enabled violence
- Tackling drug misuse in the city
- Early identification of and interventions with children and young people at risk of exploitation or abuse, of misusing substances and of perpetrating anti-social behaviour or offending

3.4 Increasing pressure on public sector resources has necessitated an evolving, more mainstream approach to tackling our priorities. This is reflected in the new plan, which pulls together the activity set out in three existing strategies; the Domestic Violence and Abuse Strategy, the Violence Reduction Response Strategy, and the Early Help Strategy. The substance misuse element led by Public Health is evolving more slowly due to the impact of the pandemic.

3.5 The plan demonstrates the extent to which community safety awareness and activity now runs through mainstream services.

3.6 Progress will be monitored by the partnership support team and reported by exception to the Health and Wellbeing Board at its quarterly meetings.

4. Reasons for recommendations

4.1 The Health and Wellbeing Board is now the vehicle through which the five statutory partners - council, fire, police, health and probation - work together to reduce crime, anti-social behaviour, substance misuse and reoffending as required by Sections 5 and 6 of the Crime and Disorder Act 1998 (as amended).

4.2 It is a statutory requirement for local areas to produce a community safety plan.

5. Integrated impact assessment

Attached at appendix 3

6. Legal implications

The report is clear in addressing the relevant issues. The report is compliant in that it is a statutory function to produce a community safety plan. The plan seeks to cover a number of key areas without placing any group that may have particular protected characteristics in a disadvantaged position.

[1] https://www.youtube.com/watch?v=w5gt8zrXjGQ and https://www.leadershipcentre.org.uk/artofchangemaking/theory/critical-tame-and-wicked-problems/

Portsmouth CITY COUNCIL

7. Director of Finance's comments

There are no direct financial implications arising from the recommendations contained within the report. The services being monitored through this plan by the Health and Wellbeing Board will need to continue to operate within their approved Cash Limit.

……
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
Community Safety Strategic Assessment	Public Health Intelligence

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

……
Signed by:

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Community Safety Plan 2021 - 2022

Foreword

We are pleased to present Portsmouth's Community Safety Plan for 2021-22. The council, police, fire service, health services and probation services have a collective responsibility to identify community safety priorities for the city and put in place a plan to address them. We encourage our partners to share this document widely within their individual organisations. The strategic assessment for 2019/20 identifies the priorities and this plan sets out how the priorities will be addressed. All community safety partners and all council departments are responsible for making sure the actions in the plan are delivered. This plan supports our **City Vision 2040** and aims to make sure all our residents, communities feel safe, feel like they belong, and can thrive. The plan will also inform the next Health and Wellbeing Strategy.

Over the past 20 years, the community safety partnership has regularly analysed a wide range of data in order to understand what drives crime in the city, taking what is now referred to as a 'public health approach' by refining research and focusing in on the detail as well as long term trends. Plans based on the findings from this analysis have been updated and published every few years in line with statutory requirements. Crime levels and rates have come down over the past 10 years, despite changes in the way crime is recorded by police. Violence - especially most serious violence - has remained relatively stable over the past two years, although, like all densely populated urban centres, Portsmouth continues will always have challenges. Overall, it is a safe city.

However, there are known risk factors including, domestic violence and abuse, poor mental health and substance misuse that often result in young people and adults becoming involved in crime and anti-social behaviour. It is important to raise awareness that community safety issues touch so many areas of our work, and to join up the plans and activities of a wide range of council services alongside our partners to reduce duplication and maximise efficiency. This collaborative approach can reduces costs and increases opportunities for early intervention, crime prevention and working together in active partnership to drive down crime and anti-social behaviour in the city.

As the approach to analysis has developed over the years, there has been increasing pressure on public sector resources. This has necessitated an evolving, more mainstream approach to tackling the 'wicked issues'[1] described above, often challenging our established systems and changing the way we deliver services to better reflect the needs of those who are vulnerable to poor outcomes.

The 1996 Morgan Report put forward the idea that crime reduction was not solely the responsibility of the police. Nearly twenty-five years on it feels as though this is understood and embraced by all partners working to improve community safety in Portsmouth.

We know the Covid 19 virus has had a huge impact on our city and on our work, and has affected different groups of people in very different ways. This plan will be refreshed in line with other key strategies in the city once the pandemic is over. The Health and Wellbeing Board approved this plan on (insert date).

Cllr Lee Hunt - Cabinet Member for Community Safety, Portsmouth City Council
Cllr Matthew Winnington - Co-Chair, Health and Wellbeing Board

[1] https://www.youtube.com/watch?v=w5gt8zrXjGQ and https://www.leadershipcentre.org.uk/artofchangemaking/theory/critical-tame-and-wicked-problems/

Contents

A. Introduction

As we have discovered more and more about what drives crime, city leaders across public services have improved their focus on key priorities that will improve the lives of Portsmouth residents, the local economy and environment. The understanding of the relationship between 'people' and 'place' continues to evolve; the more we know, the clearer it is that the underlying causes of a significant proportion of crime are the same as the underlying causes of poor health, poor educational attainment and worklessness. It is appropriate therefore that Portsmouth's community safety partnership merged with the Health and Wellbeing Board in June 2019 to enable a more efficient leadership structure. The board brings together the human and financial resources of businesses, the voluntary and public services - in one place - to jointly tackle shared priorities.

The 'Safer Portsmouth Partnership' is now an integral part of this multi-agency group, that is responsible for health and care in Portsmouth as well as community safety, and also supports the development of the Children's Trust Plan. Children and adult safeguarding partnerships, local economic partnerships sit alongside the Health and Wellbeing Board to create a comprehensive governance framework for the city supported by a range working groups that co-ordinate, deliver and monitor improvement and development activity.

Service delivery has also changed since the Crime and Disorder Act 1998 required 'responsible authorities' to work together, moving from individual specialist services established to tackle newly identified priorities, such as domestic abuse, through to larger co-located multi-agency community safety teams and departments. As public sector resources dwindled, many of these specialist services were pulled back into mainstream provision. The aim is for community safety to be 'business as usual' for all council services[2], joining together with other key partners to reduce crime and improve wellbeing.

The legal requirements relating to strategic analysis and planning remain in place so the link between priorities identified in the local community safety strategic assessment and those in this plan should be clear. This will inform the development of the Health and Wellbeing Strategy for Portsmouth once business returns to normal, hopefully by the summer of 2021.

Plans already in place

In June 2019, in response to a surge in serious violence and knife crime in the UK's urban centres, the Home Office provided funding to establish Violence Reduction Units in key areas of the UK via local Police and Crime Commissioners. Portsmouth used the funding to embed the work on violence reduction within existing partnerships and strategies rather than create a competing structure without the same deep foundations.[3] The Violence Reduction Unit Response Strategy was approved in January 2020.

[2] Section 17 Crime & Disorder Act 1998 (as amended)

[3] Violence Reduction Unit Response Strategy

The Domestic Abuse Strategy was refreshed in 2019 and approved in January 2020. This was followed by the Children's Trust Plan 2020-2023 in June 2020. This plan is supported by detailed related strategies; Safeguarding Children Strategy, Youth Justice Plan, Exploitation Action Planning and Children's Safeguarding Strategy and the Education Strategy. Together these three plans set out the city's approach to early intervention and prevention.

So, rather than duplicating effort, this short community safety plan aims to demonstrate the connectedness of these existing strategies and their collective capacity to deliver improvements for the city in relation to the identified priorities; violence, and substance misuse and early intervention and prevention. The Venn diagram at Appendix 1 explains the co-dependant relationship between priorities.

B. Three community safety priorities

The impact of the pandemic on staff capacity means the community safety strategic assessment has been developed over a longer period of time; from late 2019 until September 2020 when it was approved by the Health and Wellbeing Board.

The priorities for 2020-2023 are:

A. Tackling violent crime; continuing to focus on domestic abuse, serious violence and knife-enabled violence

B. Tackling drug misuse in the city

C. Early identification of an interventions with children and young people at risk of exploitation or abuse, of misusing substances and of perpetrating anti-social behaviour or offending

These priorities are based directly on the findings from the strategic assessment and community consultation as well as local research and analysis undertaken over the past three years[4].

[4] https://www.saferportsmouth.org.uk/community-safety-survey/ and https://www.saferportsmouth.org.uk/strategic-assessments/

C. Summary of each priority

As referenced above, each of the community safety priorities is addressed by pre-existing plans, with agreed objectives, measures and associated delivery plans, a summary of which is set out below. The full plans and strategies are available on request.

Priority A - Violence *Focusing on domestic violence and abuse, serious violence and knife enabled violence*	
Strategic planning group (s)	Domestic Abuse Steering Group
Objectives	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
Key Personnel	Supt Clare Jenkins, Sarah Daly, Assistant Director, Children's Services, Bruce Marr, Head of Hidden Harm, Lisa Wills, Strategy Unit
Measures	Some key measures from the new Domestic Abuse Monitoring Framework: a) Number of cases where midwives, health visitors and GPs identify and discuss domestic abuse b) Number of early help assessment where parental conflict is an issue c) Number of Domestic Abuse Disclosure Scheme requests to police d) Develop measures to evaluate the impact of interventions with perpetrators of domestic abuse and those who use unhealthy behaviours e) Number of Domestic Violence Protection Notices and Orders f) Numbers of staff across all agencies attending regular multi-agency training g) Number of cases where service users feel safer
Delivery	• Deliver 'Is this Love' campaign in all secondary schools and FE Colleges Feb-March 2021 • Make sure domestic abuse is included in new Sex and Relationship Education • Explore alternative shared city wide needs assessment alongside established risk assessment • Retender domestic abuse support services • Establish domestic abuse practioners forum • Review the Multi-agency Risk Assessment Conference process • Work with Police to align activity in relation to offending and reoffending and develop consistent response to coercive control • Develop new monitoring framework including regular feedback from service users

Priority B - Substance Misuse

Strategic planning group (s)	TBC
Key personnel	Helen Atkinson, Director of Public Health; Alan Knobel, Public Health Development Manager, Portsmouth Police (DCI)
Objectives	A. Support more homeless people with complex needs to access drug and alcohol treatment B. Increase the number of women engaged in treatment, providing specific women only provision C. Continue to reduce drug related deaths D. Improve pathways for people with co-occurring substance misuse and mental health needs E. Explore innovative interventions which may encourage the most hard to reach in to treatment F. Engage with business and partners to reduce alcohol-related harm and promote responsible retailing
Measures	a) Number of people in drug and alcohol treatment, including: b) Number of rough sleepers or those at risk of rough sleeping c) Women d) Drug related deaths e) % of people accessing drug and alcohol with mental health need that is being met f) Monitor and analyse drug related and acquisitive crime
Delivery	• Develop a new homeless drug & alcohol support service using funding from the Rough Sleeping Drug & Alcohol treatment grant - March 2021 • Retender the existing adult substance misuse service to commence in April 2022 to address, among other things, provision for: women, parents, alcohol only, offenders and homeless clients. • Develop a co-occurring conditions action plan, to form part of the work of the Portsmouth Mental Health Alliance - March 2021 • Public Health and Hampshire Constabulary to explore funding options for innovative interventions which may engage the hardest to reach in to treatment.

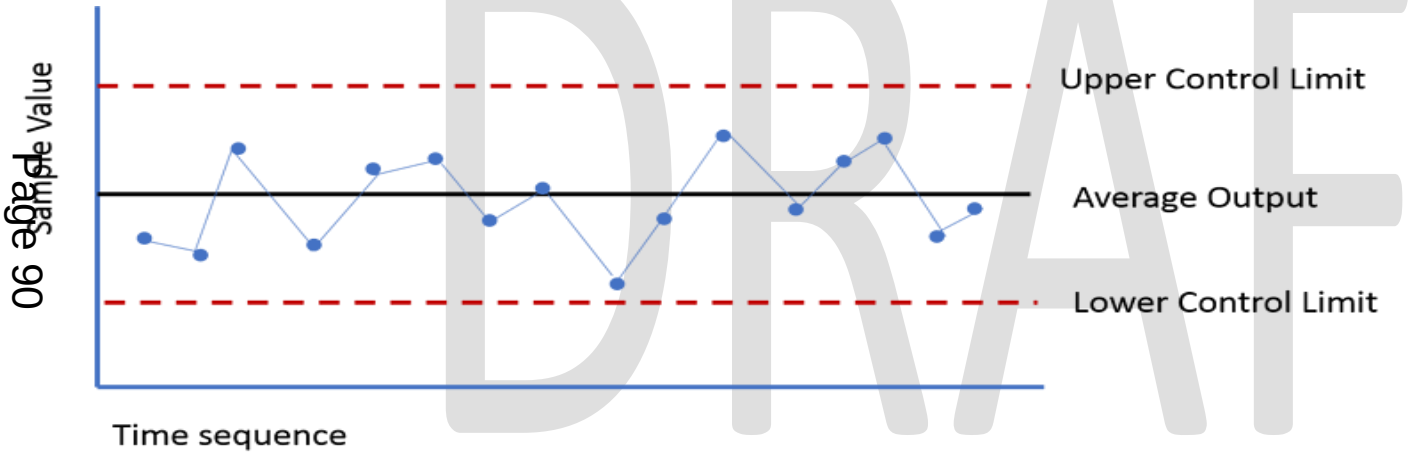
Priority C - Early intervention

Strategic planning group (s)	Violence Reduction Unit Local Core Group, Excellent Early Help Board (Stronger Futures Phase 2) and Portsmouth YOT Partnership Management Board
Key Personnel	Sarah Daly, Assistant Director, Children's and Families, and Kelly Pierce Head of Early Intervention and Prevention, Bruce Marr, Head of Hidden Harm
Objectives	1a Reduce school absence and exclusion 1b. Review of diversionary activities in the city 1c. Delivery of the Domestic Abuse Strategy (see priority) 1d. Educate young people on serious violence and knife crime 2a. Develop shared data system to identify risk 2b. Reduce First Time entrants into Youth Justice 2c. Improve family-based Early Help offer to tackle criminogenic risk 2d. Mainstream Trusted Adults offer 3a. Reduce Reoffending Rate 3b. Reshape pathways for high risk young people through the YOT, social care and CAMHS 3c. Improve the multi-agency disruption of County Lines
Measures	See existing monitoring arrangements
Delivery	• Review diversionary activities in the city - develop a youth strategy and commission appropriate services • Work with police colleagues to establish the Youth Crime Reference Group • Work with local communities to deliver crime prevention projects targeted at young people • Youth Justice Plan to support and enhance the work of partners in respect of children who are at risk of, or who are, offending • Pathway analysis of children involved in serious violence - workshop took place 12th November 2020, supported by police audit of 120 PPN1's due early 2021. • Analysis of hospital data • Continue to delivery Trusted Adult Worker programme • Develop predictive analytics • Interviews with knife carriers

D. Monitoring impact and using measures

Monitoring regimes are already in place for serious violence, domestic abuse, and early intervention.

There will be no numerical targets - Portsmouth's Community Safety Analyst is now part of the central public health intelligence team and will focus on monitoring police and related data sets quarterly using Statistical Process Control (SPC) Charts that plot performance data over time. This method suggests that variation between the upper and lower control limits (see below) is to be expected and should not cause concern unless other signals are present.



The focus is on spotting and understanding the reason for unusual patterns and responding appropriately. The signals that indicate a need for further investigation or action are:

- a point that falls outside the parameters determined by the upper and lower control limits
- trends of six or more consecutive data points in one direction
- a run of 8 data points on the same side
- a clear run of 14 or more alternating points either side of the centre line
- 3 points in succession close to a control limit line.

Figure 1

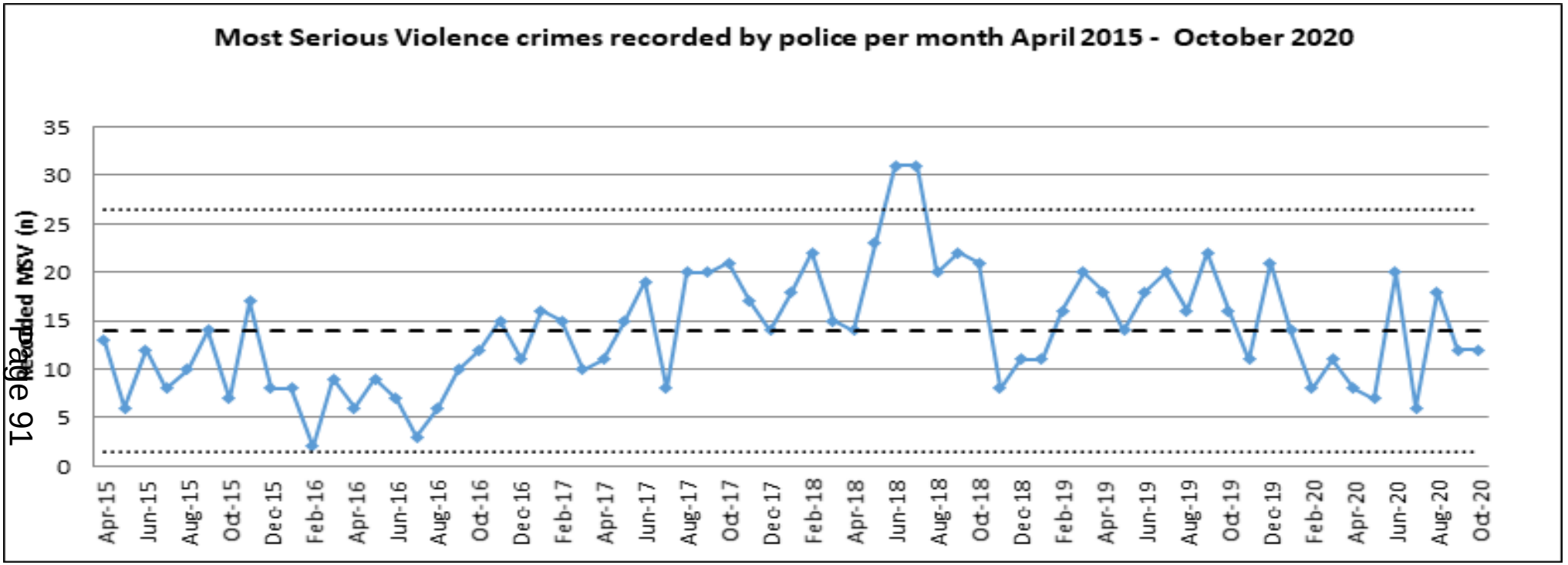


Figure 1 above shows significant increases in most serious violence recorded by police in response to which detailed analysis was commissioned in 2016 and which subsequently informed the Serious Violence Problem Profile.

This approach tracks key measures, but will also take into account the voice of service users, the experience of service providers, alongside financial considerations, and statistical analysis.

Measures using the following criteria will be developed:

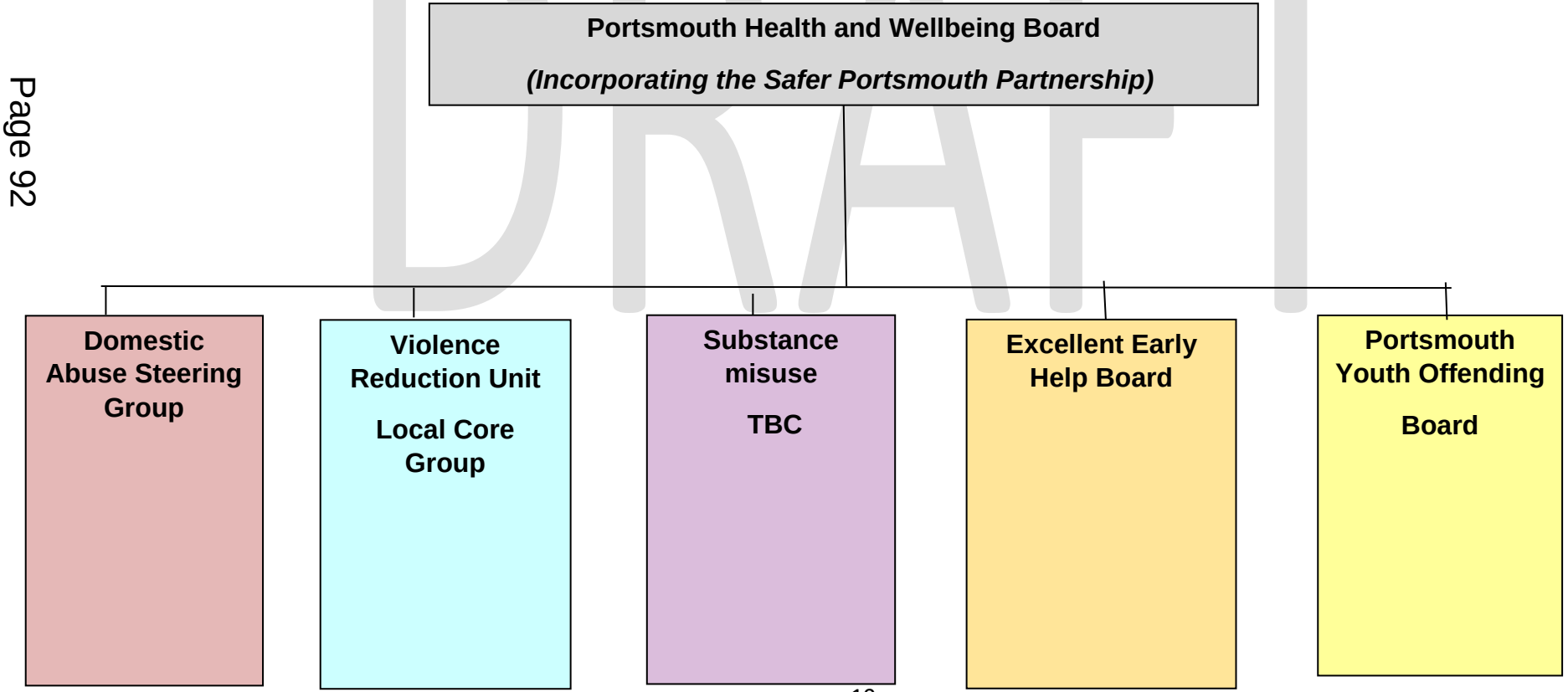
- Are used by leaders to take effective action on the system
- Show variation over time so we can see if we are improving or getting worse

- Help PR actioners to learn, understand and improve the whole system

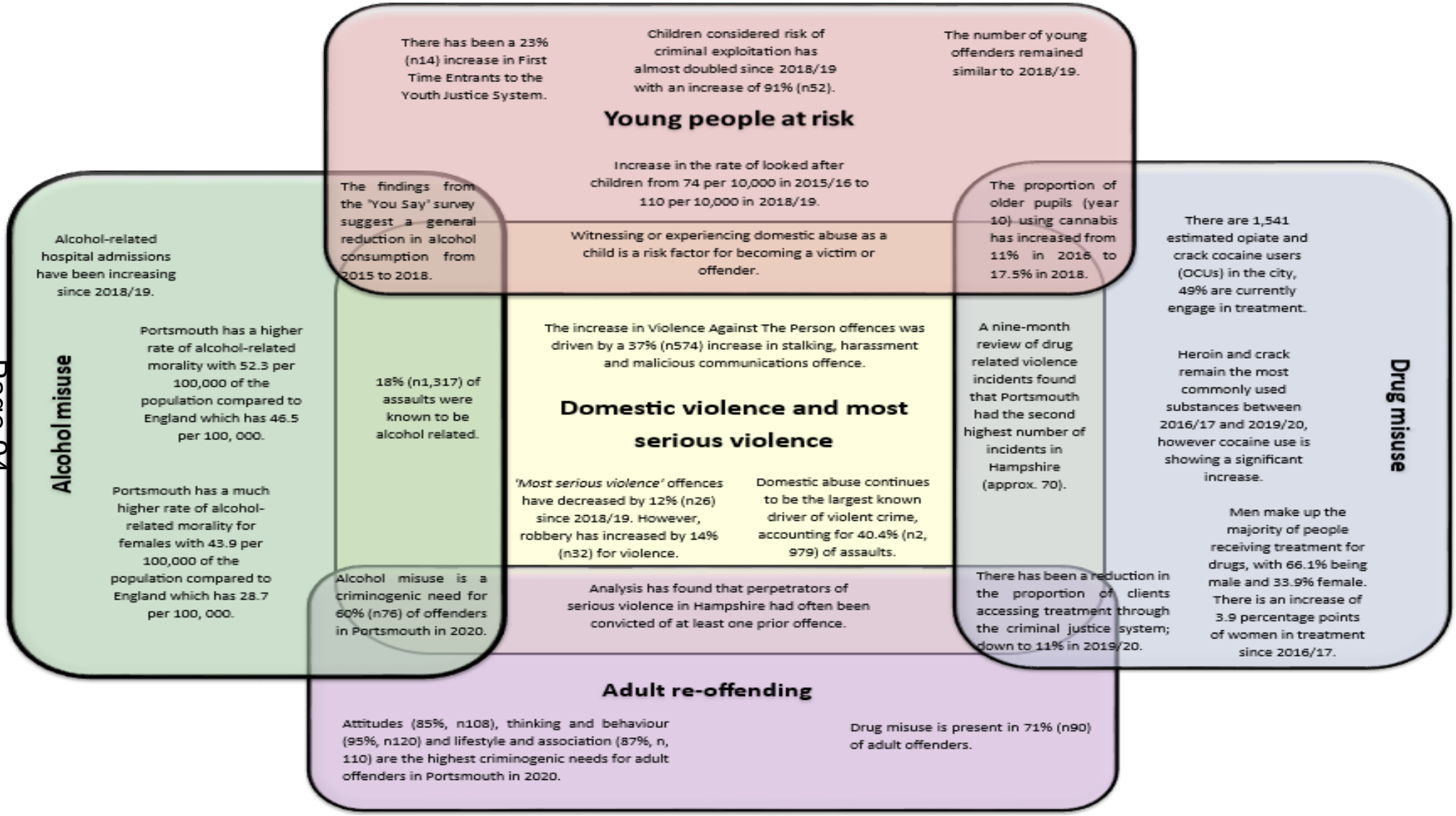
E. Governance

The Health and Wellbeing Board is responsible for delivering the statutory duties of the Safer Portsmouth Partnership. The dynamic sub-groups set out in the diagram below will monitor progress and an annual progress report will be provided to the Health and Wellbeing Board. Other groups may be established on a task and finish basis as necessary.

Support services are provided by the council's Strategy Unit and Public Health Intelligence Teams.



Appendix 1 - Venn diagram - inter-connected priorities


There has been a 23% (n14) increase in First Time Entrants to the Youth Justice System.
Children considered risk of criminal exploitation has almost doubled since 2018/19 with an increase of 91% (n52).
The number of young offenders remained similar to 2018/19.
Young people at risk
Increase in the rate of looked after children from 74 per 10,000 in 2015/16 to 110 per 10,000 in 2018/19.
Witnessing or experiencing domestic abuse as a child is a risk factor for becoming a victim or offender.
Alcohol misuse
Alcohol-related hospital admissions have been increasing since 2018/19.
Portsmouth has a higher rate of alcohol-related morality with 52.3 per 100,000 of the population compared to England which has 46.5 per 100, 000.
Portsmouth has a much higher rate of alcohol-related morality for females with 43.9 per 100,000 of the population compared to England which has 28.7 per 100, 000.
The findings from the 'You Say' survey suggest a general reduction in alcohol consumption from 2015 to 2018.
18% (n1,317) of assaults were known to be alcohol related.
Alcohol misuse is a criminogenic need for 60% (n76) of offenders in Portsmouth in 2020.
Domestic violence and most serious violence
The increase in Violence Against The Person offences was driven by a 37% (n574) increase in stalking, harassment and malicious communications offence.
'Most serious violence' offences have decreased by 12% (n26) since 2018/19. However, robbery has increased by 14% (n32) for violence.
Domestic abuse continues to be the largest known driver of violent crime, accounting for 40.4% (n2, 979) of assaults.
Analysis has found that perpetrators of serious violence in Hampshire had often been convicted of at least one prior offence.
Adult re-offending
Attitudes (85%, n108), thinking and behaviour (95%, n120) and lifestyle and association (87%, n, 110) are the highest criminogenic needs for adult offenders in Portsmouth in 2020.
Drug misuse is present in 71% (n90) of adult offenders.
The proportion of older pupils (year 10) using cannabis has increased from 11% in 2016 to 17.5% in 2018.
A nine-month review of drug related violence incidents found that Portsmouth had the second highest number of incidents in Hampshire (approx. 70).
There has been a reduction in the proportion of clients accessing treatment through the criminal justice system; down to 11% in 2019/20.
Drug misuse
There are 1,541 estimated opiate and crack cocaine users (OCUs) in the city, 49% are currently engage in treatment.
Heroin and crack remain the most commonly used substances between 2016/17 and 2019/20, however cocaine use is showing a significant increase.
Men make up the majority of people receiving treatment for drugs, with 66.1% being male and 33.9% female. There is an increase of 3.9 percentage points of women in treatment since 2016/17.

Strategic Assessment 2019-20

Conclusions and recommendations

Nationally, **crime reported to the Crime Survey for England and Wales (CSEW) has been fairly stable over recent years,** following a sustained reduction since levels peaked in 1995. Meanwhile, crimes recorded by the police nationally have increased slightly, which may still be due to improvements in recording practice. Overall police recorded crime for Portsmouth was also found to be stable and this is reflected in the findings from our local community safety survey.[1] However, detailed analysis shows that this stability doesn't apply to all crime types. Some types of crime have decreased since 2018/19, **particularly acquisitive crimes, while others have increased, for example stalking & harassment, public order, robbery and drug offences**.

Domestic abuse continues to be the most common known driver of assaults, but while the proportion of assaults between spouses/partners/ex-partners has remained fairly constant (30%) over the last seven years, **the proportion of assaults between family members has been increasing.** It is now double what it was in 2012/13 (9% compared with 4.3%). Meanwhile, the **number and proportion of assaults taking place in the main night-time economy areas has reduced** by 22% (n163) since 2016/17.

Serious violence had seen an upward trend locally since 2014/15, but has been fairly stable overall for the last two years. 'Most serious violence' has reduced by 12%, knife-enabled serious violence has reduced by 3% and possession of a weapon offences have remained stable. However, **robbery (which makes up 16%, n54 of serious violence) has continued to increase since 2018/19 (by 14%, n32) and the subcategory of knife-enabled robbery has increased by 16% (n9). Three quarters of victims of serious violence were male**, and the peak age was **18-24 years**. Young males were more likely to be assaulted by a stranger or acquaintance than in a domestic setting. The reverse is true for females; **two thirds of female victims of serious violence were victims of domestic violence, including 25% by ex-partner** (compared to 3% of male victims). **Most offenders were male and the peak age groups were 10-17 and 18-24 years**. Analysis has found that perpetrators of serious violence in Hampshire had often been convicted of at least one prior offence, been a victim themselves (on average at 14 years of age) **and two thirds had either experienced, witnessed or perpetrated domestic abuse.**

While 40% of Portsmouth residents who participated in the CSS 2020 thought knife crime was a problem, most were basing this on what they had heard from friends or in the media. **Just over one in ten had seen someone carrying a knife, 3% (n26) had witnessed someone being threatened or attacked with a knife and 1% (n11) had been threatened or attacked themselves.** These findings indicate that **knives are visible in the community** and is anticipated to be even more of an issue for more vulnerable groups who are less likely to have engaged with the survey.

The CCS 2020 found that that **fewer than half of crimes reported to the survey had been reported to the police or other agencies**, often because they felt the crime

[1] Community Safety Survey 2020

was not that serious or a belief that the police would not do anything because they did not have the resources.

Anti-social behaviour recorded by the police has also been on a downward trend both locally and nationally. The Office for National Statistics report that these figures should be treated with caution as **improvements in police recorded crime could mean that incidents that would have been recorded as 'anti-social behaviour' are now being recorded as crime.** Conversely, complaints reported to the noise pollution team are increasing, and our local survey also found that more people were witnessing and experiencing anti-social behaviour. This indicates that **anti-social behaviour is likely to be increasing, but that residents may be increasingly reluctant to report incidents to the police**.

Drug use is becoming more of an issue in Portsmouth. More residents reported people **using or dealing drugs** to the residents' survey and this has become the **most commonly witnessed/experienced type** of anti-social behaviour for the first time. The **number of drug possession and supply offences has been increasing,** and was the only crime type not to dip in April when the UK lockdown measures were the most restrictive. While drug markets appear to be stable, there has **been a slight increase in County Lines** (which tend to supply the majority of heroin & crack), although the number of young people known to be linked to drug networks doesn't appear to have increased. There has also been an **increase in the proportion of year 10 pupils reporting that they use cannabis**, which is often thought of as a gateway drug, exposing young people to dealers where they may be able to procure other substances. Finally, the **number of people in treatment for dependence on drugs has increased, but the number successfully completing treatment hasn't**.

The rate of **First Time Entrants to the youth justice system has increased, along with the rate of re-offending** and both are higher than the national average, and the average for similar areas. However, there has been a notable reduction (28%, n203) in the offences committed by young people that resulted in a substantive outcome, which should result in the rate of reoffending reducing for the 2019/20 cohorts.

Despite the reduction in police recorded trafficking offences for children and young people, **children considered at risk of criminal exploitation has almost doubled since 2018/19**. And while there have also been fewer episodes of young people going missing, **the number of missing reports for young people in care have not reduced**. Local analysis has continued to **highlight the links between these high risk children and young people and their home environment**; for example, the majority of the children considered at high risk of criminal exploitation had either witnessed domestic abuse or directly experienced abuse or neglect. Due to the focus early intervention for serious violence, it is recommended that the risk and protective factor framework (designed as part of the violence reduction work) is populated so that other areas of concern relating to other aspects that could be linked to young people becoming a victim or perpetrator of crime can be addressed.📖

Consultation with residents via the Community Safety Survey and the Building Safer Communities workshops found that the priorities for participants were to **increase the presence of police or wardens** in the community, and to **focus on early intervention activities and groups with children and young people** to keep them

engaged and occupied. In addition, some participants in both consultation exercises also felt that **community 'spirit' or cohesion was the key to a safer community**.

The lockdown and social distancing measures introduced to limit the harm caused by Covid-19 pandemic has had far reaching effects on our society, particularly from a mental health and financial perspectives, and researchers have also warned of a predicted rise in suicide rates for young people (15-29years) as a consequence of increased food and housing poverty. These measures have changed behaviour patterns, and **almost all types of crime experienced lower levels during April, followed by a gradual return to pre-lockdown levels**. However, there was a higher level of public order and possession of a weapon offences, often relating to social distancing measures. Reports of antisocial behaviour have also increased substantially during this period. **Drug possession and supply offences have continued to increase,** while county lines have remained active by adapted their model to bypass restrictions. There is also concern about the possibility of increase adulteration of substances to keep up with demand. There has also been a slight **increase in domestic abuse offences,** although this is a continuation of the current upward trend. It is **possible that the levels of domestic abuse have been higher than the reported crimes suggest but that lockdown measures have meant that people experiencing domestic abuse have had less opportunity to seek support or engage with services**.

1.1. Recommended priorities

Whilst many of the main themes have remained the same for a number of years, with the changes in partnership structure and the amalgamation of the Safer Portsmouth Partnership into the Health and Wellbeing Board, there is a need for a clearer focus on fewer priorities.

It is recommended that the following are key priorities for the partnership:

- **Tackling violent crime; continuing to focus on domestic abuse, serious violence, and knife-enabled violence**
- **Tackling drug misuse in the city**
- **Early identification of and interventions with children and young people at risk of exploitation or abuse, of misusing substances and of perpetrating anti-social behaviour or offending**

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Portsmouth CITY COUNCIL

Integrated Impact Assessment (IIA)

Integrated impact assessment (IIA) form December 2019

www.portsmouth.gov.uk

The integrated impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies that could impact positively or negatively on the following areas:
  - Communities and safety
  - Regeneration and culture
  - Environment and public space
  - Equality & - DiversityThis can be found in Section A5

Directorate: The Executive

Service, function: Strategy Unit

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

Community Safety Plan

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

- ☐ Existing
- ☐ New / proposed
- ★ Changed

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

To reduce crime, anti-social behaviour, substance misuse and reoffending in Portsmouth

Has any consultation been undertaken for this proposal? What were the outcomes of the consultations? Has anything changed because of the consultation? Did this inform your proposal?

Community Safety Survey 2020 https://www.saferportsmouth.org.uk/community-safety-survey/

A - Communities and safety	Yes	No

Is your policy/proposal relevant to the following questions?

A1-Crime - Will it make our city safer?	★	

In thinking about this question:

- How will it reduce crime, disorder, ASB and the fear of crime?
- How will it prevent the misuse of drugs, alcohol and other substances?
- How will it protect and support young people at risk of harm?
- How will it discourage re-offending?

If you want more information contact Lisa.Wills@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/cou-spp-plan-2018-20.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

The community safety plan is a statutory requirement for all local authority areas. The 2021-22 plan pulls together a range of activity across the council and partner organsiations designed to address priorities identified by data analysis and community consultation. The plan addresses the underlying drivers for crime, substance misuse and offending - these are complex issues so the impact of the activity is often not immediate but evident over a longer period of time.

How will you measure/check the impact of your proposal?
The Public Health Team will track agreed indicators and report by exception every 6 months to the appropriate sub-groups and the Health and Wellbeing Board.

A - Communities and safety	Yes	No

Is your policy/proposal relevant to the following questions?

A2-Housing - Will it provide good quality homes?		★

In thinking about this question:

- How will it increase good quality affordable housing, including social housing?
- How will it reduce the number of poor quality homes and accommodation?
- How will it produce well-insulated and sustainable buildings?
- How will it provide a mix of housing for different groups and needs?

If you want more information contact Daniel.Young@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/psh-providing-affordable-housing-in-portsmouth-april-19.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

A - Communities and safety	Yes	No

Is your policy/proposal relevant to the following questions?

A3-Health - Will this help promote healthy, safe and independent living?	★	☐

In thinking about this question:

- How will it improve physical and mental health?
- How will it improve quality of life?
- How will it encourage healthy lifestyle choices?
- How will it create healthy places? (Including workplaces)

If you want more information contact Dominique.Letouze@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/cons-114.86-health-and-wellbeing-strategy-proof-2.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

Early intervention with young people will help to reduce the impact of mental health problems, facilitate healthy lifestyle choices and longer term quality of life.

How are you going to measure/check the impact of your proposal?

As above - in particular the rate of youth offending, and substance misuse

A - Communities and safety	Yes	No

Is your policy/proposal relevant to the following questions?

A4-Income deprivation and poverty-Will it consider income deprivation and reduce poverty?	★	☐

In thinking about this question:

- How will it support those vulnerable to falling into poverty; e.g., single working age adults and lone parent households?
- How will it consider low-income communities, households and individuals?
- How will it support those unable to work?
- How will it support those with no educational qualifications?

If you want more information contact Mark.Sage@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/cou-homelessness-strategy-2018-to-2023.pdf
https://www.portsmouth.gov.uk/ext/health-and-care/health/joint-strategic-needs-assessment

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

Early intervention with young people will help them remain engaged with eduction, which is more likely to lift them out of poverty.

How are you going to measure/check the impact of your proposal?
As above

A - Communities and safety	**Yes**	**No**

Is your policy/proposal relevant to the following questions?

A5-Equality & diversity - Will it have any positive/negative impacts on the protected characteristics?	☐	★

In thinking about this question:

- How will it impact on the protected characteristics-Positive or negative impact (Protected characteristics under the Equality Act 2010, Age, disability, race/ethnicity, Sexual orientation, gender reassignment, sex, religion or belief, pregnancy and maternity, marriage and civil partnership,socio-economic)
- What mitigation has been put in place to lessen any impacts or barriers removed?
- How will it help promote equality for a specific protected characteristic?

If you want more information contact gina.perryman@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/cmu-equality-strategy-2019-22-final.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

B - Environment and climate change	Yes	No

Is your policy/proposal relevant to the following questions?

B1-Carbon emissions - Will it reduce carbon emissions?	☐	★

In thinking about this question:

- How will it reduce greenhouse gas emissions?
- How will it provide renewable sources of energy?
- How will it reduce the need for motorised vehicle travel?
- How will it encourage and support residents to reduce carbon emissions?

If you want more information contact Tristan.thorn@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/cmu-sustainability-strategy.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

B - Environment and climate change	Yes	No

Is your policy/proposal relevant to the following questions?

B2-Energy use - Will it reduce energy use?	☐	★

In thinking about this question:

- How will it reduce water consumption?
- How will it reduce electricity consumption?
- How will it reduce gas consumption?
- How will it reduce the production of waste?

If you want more information contact Triston.thorn@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/pln-portsmouth-plan-post-adoption.pdf
https://democracy.portsmouth.gov.uk/documents/s24685/Home%20Energy%20Appendix%201%20-%20Energy%20and%20water%20at%20home%20-%20Strategy%202019-25.pdf
Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

B - Environment and climate change	Yes	No

Is your policy/proposal relevant to the following questions?

B3 - Climate change mitigation and flooding-Will it proactively mitigate against a changing climate and flooding?	☐	★

In thinking about this question:

- How will it minimise flood risk from both coastal and surface flooding in the future?
- How will it protect properties and buildings from flooding?
- How will it make local people aware of the risk from flooding?
- How will it mitigate for future changes in temperature and extreme weather events?

If you want more information contact Tristan.thorn@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/env-surface-water-management-plan-2019.pdf
https://www.portsmouth.gov.uk/ext/documents-external/cou-flood-risk-management-plan.pdf
Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

B - Environment and climate change	Yes	No

Is your policy/proposal relevant to the following questions?

B4-Natural environment-Will it ensure public spaces are greener, more sustainable and well-maintained?	☐	★

In thinking about this question:

- How will it encourage biodiversity and protect habitats?
- How will it preserve natural sites?
- How will it conserve and enhance natural species?

If you want more information contact Daniel.Young@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/pln-solent-recreation-mitigation-strategy-dec-17.pdf
https://www.portsmouth.gov.uk/ext/documents-external/pln-portsmouth-plan-post-adoption.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

B - Environment and climate change	Yes	No

Is your policy/proposal relevant to the following questions?

B5-Air quality - Will it improve air quality?	☐	★

In thinking about this question:

- How will it reduce motor vehicle traffic congestion?
- How will it reduce emissions of key pollutants?
- How will it discourage the idling of motor vehicles?
- How will it reduce reliance on private car use?

If you want more information contact Hayley.Trower@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/env-aq-air-quality-plan-outline-business-case.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

B - Environment and climate change	Yes	No

Is your policy/proposal relevant to the following questions?

B6-Transport - Will it improve road safety and transport for the whole community?	☐	★

In thinking about this question:

- How will it prioritise pedestrians, cyclists and public transport users over users of private vehicles?
- How will it allocate street space to ensure children and older people can walk and cycle safely in the area?
- How will it increase the proportion of journeys made using sustainable and active transport?
- How will it reduce the risk of traffic collisions, and near misses, with pedestrians and cyclists?

If you want more information contact Pam.Turton@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/travel/local-transport-plan-3

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

B - Environment and climate change	Yes	No

Is your policy/proposal relevant to the following questions?

B7-Waste management - Will it increase recycling and reduce the production of waste?	☐	★

In thinking about this question:

- How will it reduce household waste and consumption?
- How will it increase recycling?
- How will it reduce industrial and construction waste?

If you want more information contact Steven.Russell@portsmouthcc.gov.uk or go to:

https://documents.hants.gov.uk/mineralsandwaste/HampshireMineralsWastePlanADOPTED.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

How are you going to measure/check the impact of your proposal?

C - Regeneration of our city	Yes	No

Is your policy/proposal relevant to the following questions?

C1-Culture and heritage - Will it promote, protect and enhance our culture and heritage?	★	☐

In thinking about this question:

- How will it protect areas of cultural value?
- How will it protect listed buildings?
- How will it encourage events and attractions?
- How will it make Portsmouth a city people want to live in?

If you want more information contact Claire.Looney@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/pln-portsmouth-plan-post-adoption.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

Reduction in crime rates should encourage people to come to the city to live.

How are you going to measure/check the impact of your proposal?
There is unlikely to be a measurable impact.

C - Regeneration of our city	Yes	No

Is your policy/proposal relevant to the following questions?

C2-Employment and opportunities - Will it promote the development of a skilled workforce?	★	☐

In thinking about this question:

- How will it improve qualifications and skills for local people?
- How will it reduce unemployment?
- How will it create high quality jobs?
- How will it improve earnings?

If you want more information contact Mark.Pembleton@portsmouthcc.gov.uk or go to:

https://www.portsmouth.gov.uk/ext/documents-external/cou-regeneration-strategy.pdf

Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

Early intervention with young people will improve their skills and employment opportunities. Working with the new National Probation Service (NPS) to support the rehabilitation of offenders by engaging them in work experience and learning will also improve employment opportunities.

How are you going to measure/check the impact of your proposal?

The council monitors the level of young offenders and NEET which should reduce - the NPS will monitor the rate of reoffending,

C - Regeneration of our city	Yes	No

Is your policy/proposal relevant to the following questions?

C3 - Economy - Will it encourage businesses to invest in the city, support sustainable growth and regeneration?	★	

In thinking about this question:

- How will it encourage the development of key industries?
- How will it improve the local economy?
- How will it create valuable employment opportunities for local people?
- How will it promote employment and growth in the city?

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Please expand on the impact your policy/proposal will have, and how you propose to mitigate any negative impacts?

As previously mentioned - a safer city is one where businesses will be happy to invest.

How are you going to measure/check the impact of your proposal?
There is unlikely to be a measurable impact.

Q8 - Who was involved in the Integrated impact assessment?

Lisa Wills

This IIA has been approved by:

Contact number:

Date: