Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 24 NOVEMBER 2021 AT 10.00 AM

VIRTUAL REMOTE MEETING

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

Health and Wellbeing Board Members
Councillors Jason Fazackarley (Joint Chair), Gerald Vernon-Jackson CBE, Suzy Horton, Lewis Gosling, Kirsty Mellor and Jeanette Smith
Dr Linda Collie (Joint Chair), Jo York, Penny Emerit, Maggie MacIsaac, Andy Silvester, Jackie Powell, Helen Atkinson, Roger Batterbury, Sarah Beattie, Andy Biddle, Professor Gordon Blunn, Sue Harriman, Clare Jenkins, Frances Mullen, Paul Riddell and Dianne Sherlock

Dr Linda Collie (Joint Chair)
Plus one other PCCG Executive Member: Dr Nick Moore

Portsmouth Councillor Standing Deputies:

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

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

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

A G E N D A

1 Apologies for absence

2 Declarations of interest

3 Minutes of previous meeting on 22 September 2021 (Pages 3 - 8)

RECOMMENDED that the minutes of the previous meeting held on 22 September 2021 be approved as a correct record.

4 Local Outbreak Engagement Board update (Pages 9 - 12)

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

5 Health and Wellbeing Strategy (Pages 13 - 36)

To present a draft of a refreshed Health and Wellbeing Strategy (HWS) for Portsmouth and seek agreement from the Health and Wellbeing Board (HWB) to progress to wider consultation on the strategy, with the objective of completing the refreshed strategy in February 2022.

6 Portsmouth Adult Safeguarding Board Annual Review (Pages 37 - 60)

David Goosey, Independent Chair of the Portsmouth Adult Safeguarding Board, will present the report.

RECOMMENDED that the content of the annual report be noted.

7 Safer Portsmouth Partnership - Strategic Assessment (Pages 61 - 74)

To present the findings from the 2020-2021 Community Safety Partnership Strategic Assessment and to recommend priorities for discussion and agreement.

8 Preventing Violent Extremism Strategy (Pages 75 - 80)

To update the Health and Wellbeing Board on the Local Authority's plans to meet the Prevent statutory duty.

9 Better Care Fund Plan (Pages 81 - 100)

To update Health and Wellbeing Board members on the Better Care Fund (BCF) for 2021/22 and seek formal Health and Wellbeing Board sign-off for the BCF plan that has been submitted to NHS England and NHS Improvement.

Agenda Item 3

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 22 September 2021 at 10.00 am

Present

Dr Linda Collie, PCCG (Joint Chair) in the Chair

Councillor Jason Fazackarley (Joint Chair)
Councillor Lewis Gosling
Councillor Suzy Horton
Councillor Kirsty Mellor
Councillor Jeanette Smith
Councillor Gerald Vernon-Jackson

Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Andy Biddle, Director of Adult Care, PCC
Hayden Ginns, Children's Services, PCC
David Goosey, Portsmouth Adult Safeguarding Board
Andrea Havey, Solent NHS Trust
Rob Marsh, Probation Service
Robert Mitchell, Portsmouth Police
Frances Mullen, City of Portsmouth College
Jackie Powell, Portsmouth CCG
Graham Terry, Portsmouth Hospitals University Trust
David Williams, Chief Executive, PCC
Jo York, Health and Care Portsmouth

Non-voting members

Officers present

Matthew Gummerson, Kelly Nash

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

Dr Linda Collie, Chief Clinical Officer, Portsmouth Clinical Commissioning Group, as Chair, opened the meeting. All present introduced themselves.

Apologies for absence were received from Sarah Beattie (Probation Service, represented by Rob Marsh), Gordon Blunn (University of Portsmouth), Penny Emerit (PHUT, represented by Graham Terry, Director of Strategy & Performance), Sue Harriman and Suzannah Rosenberg (Solent NHS Trust, represented by Andrea Havey, Director of Operations), Justina Jeffs (Portsmouth CCG), Supt Clare Jenkins (Portsmouth Police, represented by Chief Inspector Robert Mitchell), Dr Nick Moore (Portsmouth CCG), Paul Riddell and Andy Weeks (Hampshire Fire & Rescue Service).

20. Declarations of Interests (AI 2)

There were no declarations of interest.

21. Minutes of previous meeting - 7 July 2021 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 7 July 2021 be approved as a correct record.

22. Matters arising

Guildhall Walk surgery - minute 16

Jo York, Managing Director of Health and Care Portsmouth, reported that Safe Space has a new home in the Civic Offices which could be long-term if it is successful. There are no concerns so far. Health and Care are working closely with the Civic Offices to ensure there are no problems. The new location is on social media and Ms York will ask Corporate Communications to share it. Rob Mitchell had seen positive comments on social media.

23. Local Outbreak Engagement Board (information item) (AI 4)

Kelly Nash, Corporate Performance Manager, introduced the report, noting that the Local Outbreak Engagement Board (LOEB) had met only once since the previous Health & Wellbeing Board (HWB) meeting. It next meets on 27 September when it is due to approve the updated Local Outbreak Management Plan, which will take account of the recently published contain framework of the autumn / winter plan. As well as reviewing the Plan it will review its terms of reference. HWB members are welcome to comment.

RESOLVED that the Health and Wellbeing Board note the report.

24. Public Health Annual Report

Helen Atkinson, Director of Public Health, introduced the report, noting that publication is a statutory requirement. Ms Atkinson gave a presentation and highlighted the main points. The report covers the period up to 31st March 2021, though some data is included beyond that where appropriate for specific topics.

The report's focus is on the response to Covid, which has had a huge impact on everyone and is still not over after a tough 19 months; however, there is a clear plan for moving forward. Ms Atkinson thanked her colleagues in Public Health, PCC and those in sectors such as the CCG, NHS, the University, voluntary sector, businesses and education who have stepped up admirably. She has worked in inner-city and rural/urban areas but has not seen such a fantastic sense of community and place as in Portsmouth. She thanked residents for complying with guidance which has resulted in Portsmouth having lower than average infection levels than expected, considering it is a compact city. The focus on inequalities enabled Portsmouth to support the homeless population and those having to self-isolate. Partnership working enabled testing and vaccination to be offered to the homeless as well offering them screening for TB and other blood born viruses. This focus can feed into the Health and Wellbeing Strategy and place-based partnership working.

The data led approach of routinely sharing intelligence across partner organisations has really helped to underpin decision making in Portsmouth and across the Hampshire and Isle of Wight Local Resilience Forum. All parts of the local system have played a crucial role, for example, the Hive has worked with the voluntary and community sector, and the PCC/CCG

communications team has worked to understand communities and give consistent messaging to the public. Thanks to members of the Health Protection Board, which now meets fortnightly, all members/partners are clear on what the Local Outbreak Control Plan delivery is.

Councillor Fazackarley said the report was a credit to all individuals and organisations. Councillor Smith requested that it be put on record that Ms Atkinson started her role in difficult circumstances and without her leadership the city would be in a worse place than it is. Councillor Vernon-Jackson and other members of the HWB thanked Ms Atkinson and all involved for everything they have done. Covid is particularly difficult to tackle as about 30% of people who have it are asymptomatic and it causes about three times more deaths than flu which puts the scale of the challenge into perspective. Andy Biddle thanked Ms Atkinson and her team. He noted that despite still having a strong relationship with Southampton, the transition to Portsmouth having its own Director of Public Health (rather than a joint Director) had been successful. The team was fundamental to the Covid response and a reliable source of support. Councillor Horton thanked Ms Atkinson and formally thanked schools who have worked brilliantly together with public health. The Link Co-ordinator scheme, which will continue, is a good example of this relationship. The inequalities highlighted and exacerbated by Covid will be around for a long time so organisations still need to commit to providing services. Jo York thanked Ms Atkinson for her support for care homes and primary care. It has felt like a single team effort which will set foundations for future work.

Slides of the presentation are available by contacting jsna@portsmouthcc.gov.uk

RESOLVED that the Health and Wellbeing Board note the report.

25. Health & Wellbeing Strategy update

Matt Gummerson, Strategic Lead for Intelligence, introduced the report, explaining that despite delays to the proposed workshops due to summer leave work is continuing. The first workshop, looking at the priority on poverty, is being held on 27 September and an updated draft strategy will be brought to the next meeting. David Williams said there were national changes in how health services are organised so the city needs a well-informed voice and to contribute to the wider Hampshire and Isle of Wight agenda. The Strategy needs to maintain a wide approach focussing on the wider determinants of health. Finally, the Board had done an excellent job in appointing Ms Atkinson as Director of Public Health.

RESOLVED that the Health and Wellbeing Board note the report.

26. Health and Care Portsmouth update

Jo York, Managing Director of Health and Care Portsmouth, introduced the report and gave an update on commissioning arrangements. The Joint Commissioning Board (a sub-committee of the HWB) was set up in 2018/2019 with the aim of supporting the commitment to bring the council's and the CCG's commissioning functions together. Legal advice was taken

from the firm Bevan Brittan on how the Board can operate effectively. The current arrangements will remain in place until April 2022 or until the Health & Care Bill is passed. Bevan Brittan recommended the Board should remain as a sub-committee of the CCG with council membership with provision for council members to take decisions using delegated authority.

The Board aims to meet in October when it will consider the funds available to Portsmouth and the integrated commissioning arrangements (both the current pooled funds of nearly £100 million and how these could be extended in the coming months). Other partners such as Solent NHS Trust, the NHS, the Hive, the PHUT and the Primary Care Alliance will be represented. The Board will work with P3 (Portsmouth Provider Partnership) to see how the membership works without becoming too cumbersome. All partners will be involved with decisions on commissioning, which Bevan Brittan have advised is reflective of the new direction of travel for the NHS and the Integrated Care System (ICS). The Board will enable a place-based partnership with delegated decision making from the Integrated Care Board and the ICS, where the NHS joins with all four local authorities across Hampshire and the Isle of Wight.

Graham Terry said it was a positive step to invite providers. Once the Health & Care Bill is passed the Board's terms of reference could be refreshed so it is a joint decision-making partnership. Ms York confirmed the terms of reference could be changed to reflect developments.

Ms York said the HWB and Portsmouth Provider Partnership (P3) met in June to look at refreshing the Blueprint for Health and Care. They considered their understanding of the footprints of place, city, and how they need to work with the local acute trust and in the wider ICS area. It hoped to meet at the beginning of the summer but because of work pressure did a desktop exercise around the Blueprint refresh, commitments, priorities and working across the footprints. Work will be collated and partners will meet in early to mid-October with a clear set of priorities which will give a clearer view of what delegation might look like. The engagement and commitment of partners will be welcome.

RESOLVED that the Health and Wellbeing Board note the report.

27. Dates of future meetings

The Board agreed the dates of meetings for 2022 as 9 February, 22 June, 21 September and 23 November (all Wednesdays at 10 am). There is a large gap between February and June to allow for purdah and making new appointments at the Annual General Meeting in mid-May. The next meeting this year is Wednesday 24 November at 10 am.

The meeting concluded at 10.40 am.

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Councillor Jason Fazackarley and Dr Linda Collie
Chair

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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:	24th November 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 has received regular summaries of the work of the LOEB since it was established.

4. Summary of Local Outbreak Engagement Board activity since February

4.1 Since July's HWBB meeting, the LOEB has met twice. Full minutes of board deliberations are published at https://www.portsmouth.gov.uk/ext/coronavirus-covid-19/local-outbreak-control-plan

4.2 Significant business included:

- 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 Management Plan page on the PCC website at the link above.
- Signing off a refreshed Local Outbreak Management Plan, which had regard to the CONTAIN framework and the Autumn & Winter Plan.
- 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.

4.3 The Board also gave particular consideration, at the request of Healthwatch Portsmouth, to the findings of the Health and Social Care, and Science and Technology Committees recent report on Coronavirus: lessons learned to date. It was noted that at all times, local activity has sought to find the balance between acting on data and evidence, but also in line with the relevant national guidance.

4..4 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 progress on test, trace and isolate, vaccination, enforcement, provision of PPE, testing etc;
- Consideration of the effectiveness of the plan in addressing high risk groups and settings; and
- Risks, looking at what are the issues that may cause Portsmouth to see an increase in infections.

4.5 In relation to risks, the most recent report reflected the highest local risk factors as:

- locally, and across the SE Region, rates are still high in secondary school ages and also increasing in primary school ages following the return to schools in early September, even with a decrease over half term.
- our local modelling work shows that we will see the peak of the third wave in late November/early December although now slightly lower and, in a scenario in which distancing behaviours relax further, occurring slightly later than previously stated.
- we also expect to see a difficult winter with covid and other respiratory viruses, including influenza and paediatric RSV, causing pressures in the NHS.

5 Future working

5.1 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. The Board has agreed to continue meeting monthly and this will be reviewed in the new year, depending on the progression of the pandemic.

5.2 Summary reports of LOEB activity will continue to be presented to each Health and Wellbeing Board meeting.

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

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

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

Title of document	Location

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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	24th November 2021
Subject:	Health and Wellbeing Strategy
Report by:	Helen Atkinson, Director of Public Health
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1 To present a draft of a refreshed Health and Wellbeing Strategy (HWS) for Portsmouth and seek agreement from the Health and Wellbeing Board (HWB) to progress to wider consultation on the strategy, with the objective of completing the refreshed strategy in February 2022.

2. Recommendations

2.1 The Health and Wellbeing Board are recommended to:

- Agree the content of the document for consultation
- Agree board level leads for each of the priorities
- Support the recommendations from the Chief Medical Officer's recent report into health outcomes in coastal communities
- Agree the process for consultation
- Agree that the final document will return for agreement in February 2022.

3. Background

3.1 In July 2021, the HWB considered a series of draft priorities for the refreshed HWS and agreed that the focus of a future strategy should be around significant issues where Portsmouth is an outlier from the rest of the country, and where existing conditions are driving poorer outcomes for the population. The approach suggested would take these areas and identify the things that would be necessary to create a "new normal" for Portsmouth, where outcomes were routinely better than is currently the case.

3.2 It was agreed that the HWS is part of a wider group of developing plans in the city, most notably the Blueprint for Health and Care in Portsmouth and the developing priorities for Health and Care Portsmouth. It was agreed that:

- The priorities for Health and Care Portsmouth identify the key groups and service areas that need to be the focus of commissioning and identify where services and responses need to be in place from the earliest points of intervention through to higher level support.
- The Blueprint sets out the aspiration for how services should be received by residents of the city, setting out a range of commitments around access, quality and ways of working - ultimately, the Blueprint is about ensuring that the outcomes and experiences for residents are never compromised because of the way organisations and institutions organise themselves.
- The Health and Wellbeing Strategy will focus on the wider determinants in the city - what is stopping people in the city thriving, and therefore what needs to happen to enable them to thrive.
- The city's Imagine Portsmouth 2040 sets out the long-term vision for the future of our city agreed by a wide range of representatives of residents, businesses and organisations who live and work in Portsmouth.

3.3 On this basis, five priority areas were confirmed, based on evidence from a range of sources:

- Tackling Poverty
- Improving Educational attainment
- Positive Relationships
- Housing
- Air quality and active travel.

3.4 It was agreed that these priorities would be worked up further in a series of workshops and return in more developed form to the HWB before a wider consultation on the document is carried out.

4. Draft Health and Wellbeing Strategy

4.1 Throughout the autumn, a range of workshops and discussions have taken place to look at the themes, attended by nearly 100 stakeholders. In each of the workshops, conversations considered the forces that are driving improvements or deteriorations in situations; what we could do to amplify positive forces and dampen those driving poorer outcomes; and what levers did the HWB have to act on these issues. These conversations were then resolved into a series of priority areas of work, each with identified actions.

4.2 As discussed in the previous meeting, the objective of the HWS is not to duplicate work that is already taking place, but to identify those areas where the HWB can add value by coming together and acting collectively as a system, and also by thinking about how - as anchor institutions - organisations that are members of the board can also leverage their roles as employers, communicators, purchasers alongside their roles as service providers to increase impact.

4.3 The draft document that has emerged following the workshops is attached and there is now greater detail about each of the priorities and a clear direction for the Board on where the focus of activity needs to be.

4.4 The workshops have been coordinated by lead officers for each theme within the local authority and, in some cases, have an identified lead at HWB level. As well as providing a focal point for leadership of the priority, the HWB lead will be responsible for bringing together an annual update to the board on progress in that priority area, recognising that responsibility for delivery will be spread across a range of sectors and organisations. HWB are asked to identify appropriate leads for the remaining priorities. Options could include:

- Nominating a current board member
- Co-opting additional members who already have a leadership role on that priority area within the city.

4.5 The conversations that have taken place have also highlighted a number of areas where themes cut across the whole strategy, and these are:
- community development
- sustainability
- equalities, diversity, inclusion.

4.6 It will be expected that activity on all priorities will take account of these cross-cutting areas. HWB may wish to consider exploring each in more depth at future meetings to develop a city-wide approach.

4.7 Healthwatch Portsmouth have also highlighted that the Chief Medical Officer recently released a report about health outcomes in coastal communities. Portsmouth was highlighted as one of England's six coastal cities (along with Plymouth, Southampton, Liverpool, Brighton and Hull) and identified as having additional challenges arising from geography, demographic and economic factors. The report puts forward two key recommendations:

- A national strategy to improve the health and wellbeing of coastal communities
- Future detailed research into the health needs of coastal populations

4.8 This clearly resonates with the work that is being carried out locally, and it recommended that the HWB indicate support for these.

5. Next steps

5.1 The Health and Wellbeing Strategy is a statutory document and as such this draft is a basis for further consultation. An accessible designed version of the document will be placed on the Portsmouth City Council website following the HWB discussion.

5.2 At this point, we want to know whether:

- we have identified the right priorities and challenges?

- there are opportunities for the Health and Wellbeing Board to add value and bring about change?
- there are successful things already happening that we should be building on?
- we can measure if we are making a change for the better? How will we know?

5.3 A survey will be provided to accompany the document and to support consultees with making responses. This will be made available through the city council website and promoted through a range of channels, and Healthwatch Portsmouth have confirmed that they can support residents who wish to make their own submission but may need some help doing so.

5.4 The consultation will close on 21st January and a final strategy document will be presented to the Health and Wellbeing Board on 9th February 2022, at which point the Board will be asked to adopt the strategy and recommend it to the City Council and the CCG Governing Body.

6. Reasons for recommendations

6.1 The current HWS was agreed in 2018 and covers the period 2018 to 2021. A refreshed HWS is therefore required to meet the statutory duty on the local authority and CCG to develop a HWS.

6.2 The proposals set out above:

- build on work already carried out by members of the HWB in 2020 to identify priorities for improvement locally
- reflect and support the City Vision agreed earlier in 2021
- position the role of the HWB in setting the medium-to-long term priorities to improve outcomes for residents and communities in Portsmouth that will be delivered through Health and Care Portsmouth.

7. Integrated impact assessment

7.1 An Integrated Impact Assessment will be undertaken and presented alongside the final draft of the strategy, incorporating input from the wider consultation.

8. Legal implications

8.1 Section 116A of the Local Government and Public Involvement in Health Act 2007 (as amended) ("the 2007 Act") places a statutory duty upon local authorities and their partner CCGs to develop a joint health and wellbeing strategy (JHWS).

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

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

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

9. Director of Finance's comments

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

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

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Signed by:

Appendices:

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

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

Title of document	Location

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

……
Signed by:

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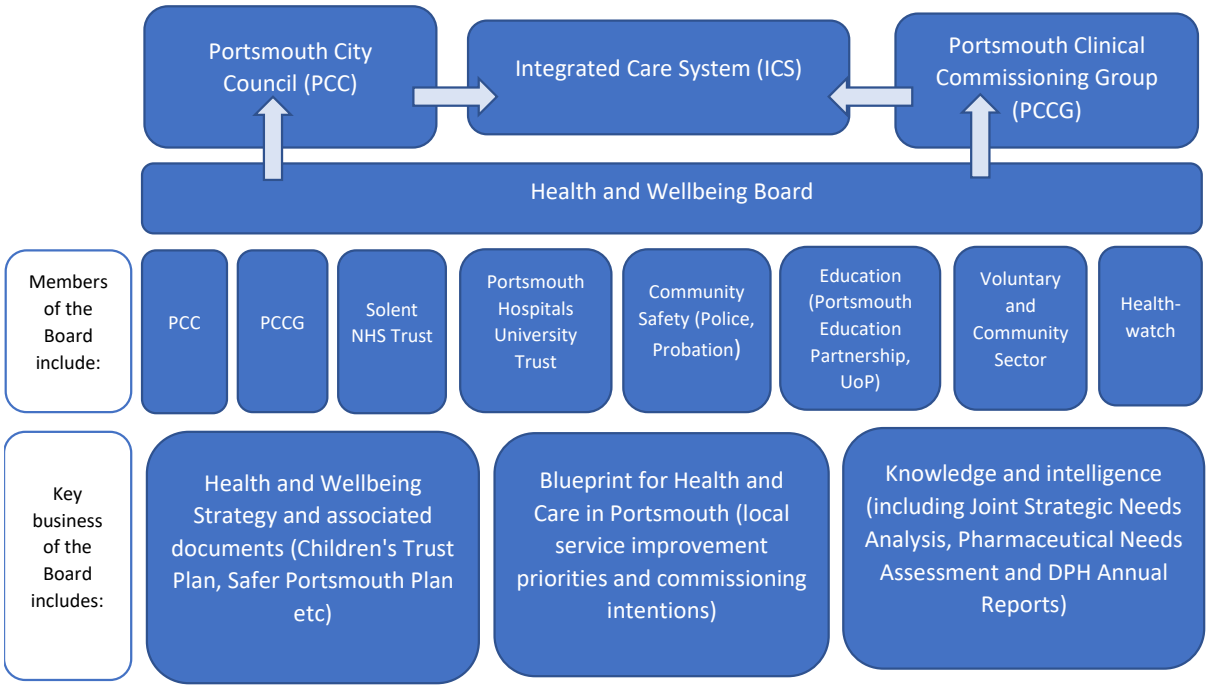
Health and Wellbeing Strategy 2022 - 2030

Foreword

Foreword by the Joint-Chairs of the Health and Wellbeing Board (HWB) will be added once the draft strategy has been approved for consultation by the HWB

Introduction

Portsmouth's Health and Wellbeing Board (HWB) is the key strategic partnership bringing together the organisations working together to improve health and wellbeing in the city, as set out in the diagram below.



Our HWB brings together a wide range of partners including commissioners and providers of public sector services covering health and care services for all ages, community safety and education. It has a statutory duty to produce a Health and Wellbeing Strategy (HWS). Partners on the board agreed in early 2020 that this strategy was an opportunity to use the broader membership of Portsmouth's HWB to focus on the longer-term; to understand the underpinning 'causes of the causes' of a range of poor outcomes in the city; and to work with our communities to achieve a step-change in the wellbeing of our residents.

Imagine Portsmouth saw the city agree a new long-term Vision for the city that aligned well with the board's aspirations. This HWS represents the HWB's agreed priorities for how to achieve our contribution to that vision:

"We want Portsmouth to be a healthy and happy city, in which each person has the education, care and support they need for their physical and mental health"

As a system represented by the HWB, we will focus on the causes of the causes to drive real change. The work builds on the strong foundations of our integrated partnerships and plans that are already in place. Some of this work that links closely to the priorities chosen by the board is included in the strategy and will be part of the early delivery towards our long-term goals. But there is so much more that is already happening that cannot be reflected in a short document such as this.

We believe this strategy will support the efforts of local individuals, organisations and partnerships by addressing long-standing challenges that contribute to poor outcomes across the wide range of challenges faced by partners in the city. Achieving this will be a collective effort. Everyone can play their part as individuals and communities by making positive and healthy choices.

Background

A Covid-year: what's happened and what's changed?

In Portsmouth, nearly 400 people have died from Covid-19 and over 30,000 people have tested positive for the illness at some point since the start of the pandemic[1]. Beyond this, we have seen more people move into unemployment, more children become eligible for free school meals and more people need some support from public services. We have also seen communities come together, willingly following rules to suppress the spread of virus and protect the most vulnerable; volunteering time and money to help each other; and rediscovering their local environments.

It has been a time when social change has accelerated, so some things have already changed and are unlikely to ever return to how they once were. In other areas, the pandemic has triggered change and we do not yet know what the ramifications will be, or how significant.

Social movements including Black Lives Matter and protests against ongoing violence against women and girls have raised awareness of issues that impact on people's feeling of safety in their community. Many people are experiencing new pressures in their lives, including financial pressures. Unemployment has increased, and job opportunities, particularly for the young, have reduced.

Importantly, for many people, there is optimism about the future. Trust in institutions such as the NHS and local authorities is high. Volunteering activity has increased. People are more connected with local environments and open spaces, with restrictions leading to short-term reductions in traffic volumes and improvements in air quality. However willingness to use public transport has declined.

Developing the strategy

This strategy is an opportunity to build on the way partners in the city have worked in partnership to address the pandemic, and to continue engaging with our communities to develop solutions together. Around 100 stakeholders have contributed through workshops to develop each of the priority themes. As well as the specific issues set out under each priority, a number of cross-cutting issues have emerged that will be explored further as this strategy evolves:

[1] www.coronavirus.data.gov.uk 11.11.2021

1. Community Development

Working with local people, groups and organisations in a way that recognises and nurtures the strengths of individuals, families and communities, and helps to build independence and self-reliance, is a vital alternative to reliance on traditional services. The work with stakeholders to develop each of the priorities in the strategy reiterated this key message and it will underpin our approaches throughout the strategy. This builds on the commitment to working differently embodied in HIVE Portsmouth that played such an essential role in the city's pandemic response.

2. Health, Equality and Diversity

Covid-19 has shone harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that the pandemic has had a disproportionate impact on many who already face disadvantage and discrimination.

The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME) and on older people, those with a learning disability and others with protected characteristics.

The pandemic has shown the importance of reorientating our efforts to address the broad outcomes that drive good health, recognising that the distribution of income and wealth matter in reducing health inequality. We have begun to address this through our use of the ONS Health Index (described in the next chapter) as a measure of progress, aiming to support a longer-term focus to our policy and investment decisions aimed at improving the health and wellbeing of our residents and communities.

Deprivation is just one of the persistent inequalities that limit individuals' and communities' opportunity to fulfil their potential. The efforts of partners in delivering this strategy will reflect our commitment to equality, diversity and inclusion, ensuring we deliver fair and equitable services to all of our communities.

3. Sustainability and Resilience

The link between sustainability, climate change and health is recognised globally. At its most basic level, a sustainable city requires a healthy population; one that is resilient to the challenges of future climate change and one that is able to respond positively to the changes needed to enable sustainable communities, particularly as we move into post-pandemic socio-economic recovery.

The climate crisis is a health crisis, and we recognise the need to promote equality, health and quality of life in order to achieve a sustainable future. Covid-19 has enabled us to fundamentally re-assess what is needed to tackle the scale of change and transformation required, reinforcing that support for vulnerable people and communities is vital, and that we need to shift as a system from a focus on efficiency to one of resilience.

ONS Health Index

In 2018, then Chief Medical Officer, Dame Sally Davies, proposed a Health Index "that reflects the multi-faceted determinants of the population's health". The ONS launched the (draft) Health Index in December 2020[2]), with a final version post-consultation due later in 2021. It provides "*a single headline indicator of health that is transparent in its construction, can be compared over time, can be compared at different geographical levels, and can be broken down into the effects that drive changes*".

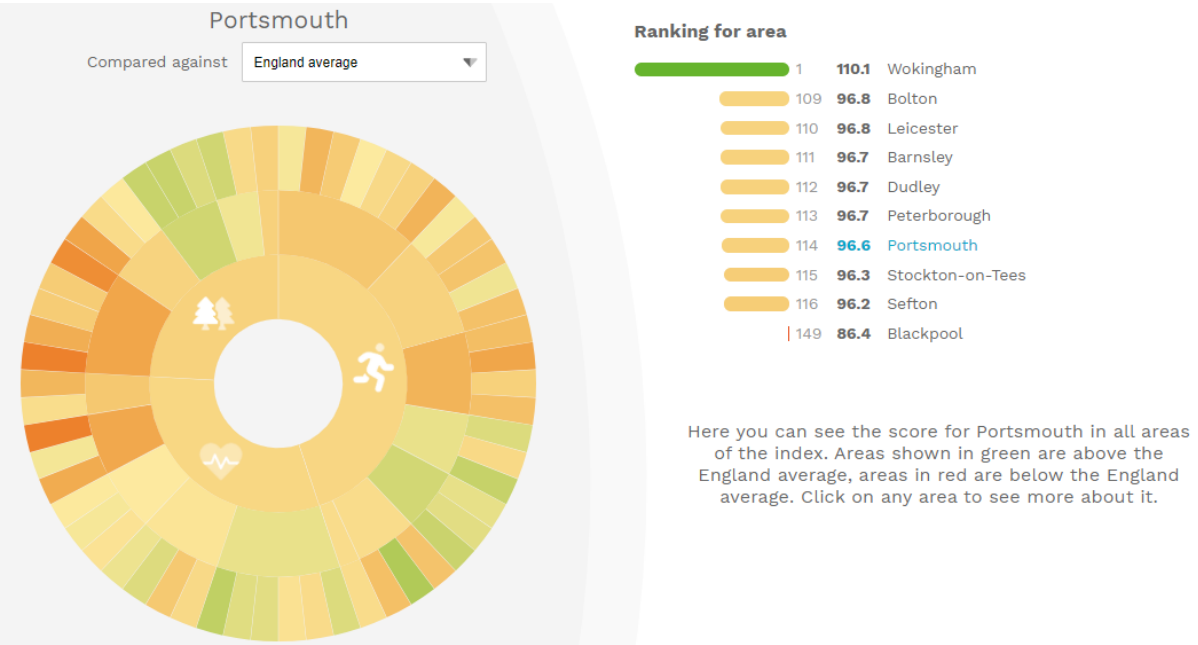
The Health Index aligns with the World Health Organization's definition of health, that health "*is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity*".

In developing our strategy we have used the Health Index as a tool to identify areas to focus on, and will continue to use it in order to measure progress over time.

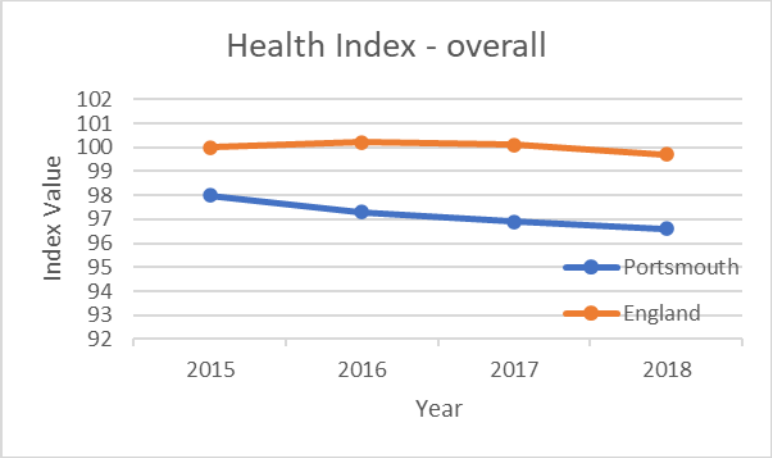
The index is broken down into three domains, each with a number of sub-domains:

- **healthy people** – health outcomes, ensuring representation of the population as a whole
- **healthy lives** – health-related behaviours and personal circumstances
- **healthy places** – wider determinants of health, environmental factors

These are weighted equally, as are the sub-domains within each domain, with individual indicators then weighted using a transparent and robust methodology to achieve a balanced overall score[3]. The Index is scaled to a base of 100 for England in 2015. Values above 100 indicate better health than England in 2015, below 100 indicates worse health.

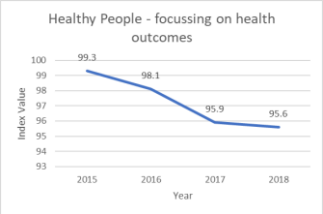


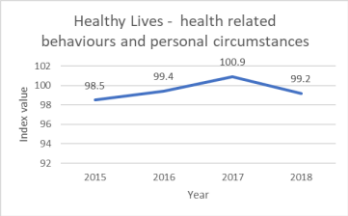
[2] Developing the Health Index for England - Office for National Statistics (ons.gov.uk)
[3] Methods used to develop the Health Index for England: 2015 to 2018 - Office for National Statistics (ons.gov.uk)

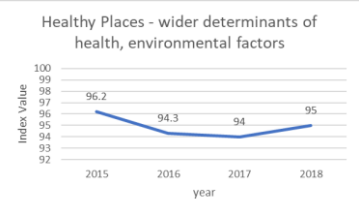


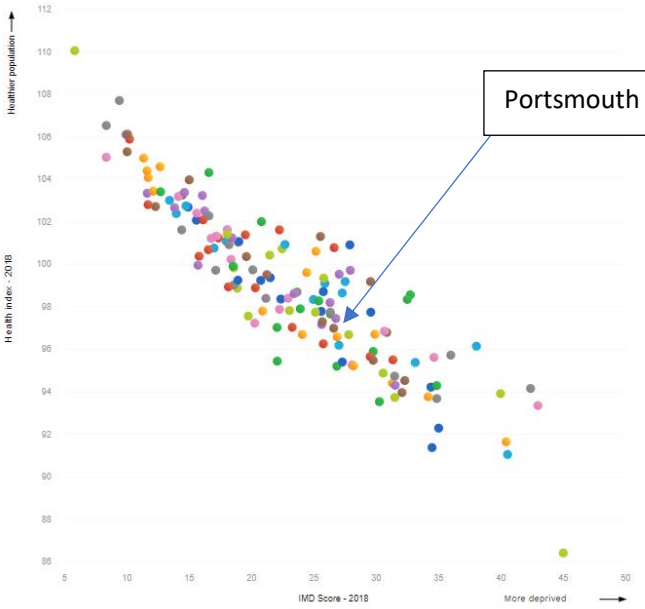
Data for Portsmouth in 2018 showed that health was worse than the England average in 2015, and that the city's relative position has worsened in the years since.

Portsmouth's position has worsened in relation to health outcomes and wider determinants, and improved in relation to health-related behaviours.









Portsmouth is not an outlier in terms of its overall score. It sits within a pattern in which more deprived areas have less healthy populations, as shown in the chart to the left.

Exploring sub-domains within the Health Index suggested a number of areas where outcomes are much worse in Portsmouth than in England. These helped to inform the selection of priorities, alongside other outcome data and local intelligence. For example, out of 149 local authorities, where 1 is the best, Portsmouth ranks:

135th - Air Quality	145th - Road Traffic Volume	133rd - GCSE Achievement
141st - Pupil Absence	98th - Child Poverty	139th - Self-Harm
112th - Household Overcrowding	113th - Children's Social, Emotional and Mental Health	

Many of these areas will have been significantly impacted by Covid-19 and existing disparities are likely to have been exacerbated.

Priorities - 5 'causes of the causes'

Tackling Poverty

The causes of the causes - why tackling poverty underpins outcomes across the HWS

The Marmot Review[4], published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes. As such, health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist. In addition, both the Marmot Review and the Dame Carol Black Review[5] highlighted the huge economic costs of failing to act on the wider determinants of health.

This priority represents a shared commitment across local public services that we will seek to help people to escape poverty, and take action to mitigate the effects of poverty. We will do this by providing good quality employment to tackle in-work poverty, so that every employee:

- Receives a real living wage
- Has the security of sufficient working hours to meet their needs
- Can work flexibly, to ensure those with additional needs or caring responsibilities can maintain employment
- Can progress into and through work, with training and support, to fulfil their potential and increase their earning power

If all organisations represented on the HWB became an Accredited Living Wage employer, this would extend the Real Living Wage to all directly employed staff and to all staff working on contracts in private firms and the voluntary sector as these contracts come up for renewal and play an important part of the city's recovery from the pandemic. Existing and emerging Living Wage Places are showing the impact that large employers and anchor institutions can have in attempting make the Living Wage the norm in their place and lift people out of low pay.[6]

Key activity in short term

Short term activity will focus on three key areas:

1. **Providing immediate support to people in financial hardship**
   - Developing a range of local welfare provision to assist those in urgent or long-term financial hardship.
   - Helping people to maximise their income through
     - Ensuring they receive everything they are entitled to
     - Reducing expenditure
     - Dealing with unmanageable debt.

[4] Fair Society Healthy Lives (The Marmot Review) - IHE (instituteofhealthequity.org)
[5] Review of drugs part two: prevention, treatment, and recovery - GOV.UK (www.gov.uk)
[6] Building Back Better with Living Wage Places Briefing Document 2021.pdf

- Promoting financial capability and inclusion.

Between 2015 and 2020, Portsmouth experienced steadily increasing levels of child poverty[7] and uptake of foodbank support. Foodbank demand more than doubled in the early months of the pandemic and remained above pre-pandemic levels until July 2021[8].

Long term issues of poverty and inequality in the city have been exacerbated by the impact of the pandemic on health, social networks and the economy. Increasing numbers of people will require assistance to cope with short term income shocks or longer and deeper periods of poverty.

2. Helping people access the right employability support at the right time

- Ensuring people know where to find help and advice, to prepare for or find work.
- Providing additional support for those who may have greater barriers to work, such as people with a learning disability.
- Increase access to digital upskilling opportunities.

Unemployment levels rose steeply at the start of the pandemic, from 4,842 people looking for work and in receipt of an out of work benefit in March 2020, to 10,691 people in May 2020, before reducing to 9,326 in May 2021[9].

Action is required to help those furthest from employment, and support those seeking to re-train as employment opportunities change.

3. Supporting a community-level response to local needs

- Enabling communities to access resources, advice and support to meet their own needs.
- Offering support and coordination to make best use of the resources available.
- Facilitating the development of new services and activities to meet the needs of people in financial hardship.

The local response to the pandemic demonstrated the capacity of local communities to support one another, with the support of HIVE Portsmouth and its partners.

Pressure on public services, and the withdrawal of additional financial support to help people cope with the impact of the pandemic, means that the skills, knowledge and capacity in the community to support people in financial hardship will be increasingly important.

Related partnerships, priorities and plans

Tackling poverty underpins many of the people-focussed strategies for the city, and is specifically identified in the fuel poverty aspects of the Energy and Water at Home Strategy 2020-25, the Children's Public Health Strategy 2021-23, and the Homelessness Strategy 2018-23.

[7] https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2020

[8] Data provided by Portsmouth Foodbank, King's Church, September 2021

[9] Department for Work and Pensions, Alternative Claimant Count

Educational Attainment

The causes of the causes - why educational attainment underpins outcomes across the HWS

The education that people receive is an important preparation for the rest of their lives, equipping them many of the things they need to go on and lead successful lives. Attainment can be an important factor in the opportunities people can take up in later life, and in turn, these opportunities can be important determining factors for physical, mental and emotional health.

In many key measures of educational attainment, Portsmouth is ranked lower than other cities. There is a paradox that the city is strong in terms of Ofsted judgements, with 92% of inspected schools and 96% of early years settings assessed to be good or better, but the city has weak outcomes in terms of educational outcomes, particularly at the end of Key Stage 2 when children finish their primary school years and Key Stage 4 when they finish secondary schooling.

Efforts to improve attainment in the city are being led by the Portsmouth Education Partnership, who have identified a range of priorities to drive these improvements. Chief among these is the development of strong leadership and ambition at all levels within individual schools to improve effectiveness and outcomes for children and young people, supported by peer review, national professional qualifications and subject networks for middle leaders. Others include the implementation of a digital learning strategy for the city that supports learning both at school and home, and efforts to improve pupil outcomes in literacy with a high priority on early language development.

Portsmouth prides itself on being an inclusive city. We received a very positive Local Area Inspection report from Ofsted/CQC in 2019 on the response for children with special educational needs and disabilities (SEND), and yet relative to other places we see poor outcomes for disadvantages pupils, pupils on SEN support and children who are looked after.

Other areas that have been identified are about ensuring that children are ready to learn. This includes ensuring that they have good emotional health and wellbeing and that they are attending school regularly. There is also a focus on making sure that young people coming to the end of their compulsory education are still engaged, by considering the prevention and re-engagement offer required to stop them falling out of any form of education, employment or training.

Whilst lots of this work needs to be done within schools and by teachers and the education community, there is a need for much wider, whole-system working to ensure that children and their families are supported to value education and participate in it so that they achieve their best possible outcomes. There are lots of complex reasons why people might be struggling to support their children in education. They may have had a difficult or traumatic experience of the system themselves. They simply might not realise the importance for learning of ensuring that their children have good diets, plenty of physical activity and enough sleep. Or for reasons beyond their own control, they might be unable to provide those things.

This priority represents a shared commitment across local public services that we will seek to support schools in providing the best educational experiences that they can for the children of Portsmouth, and that we will also support those children and their families to get the most out of their learning.

Key activity in short term

Short term activity will focus on three key areas:

1. **Supporting families in pregnancy and the early years to give children the best start**
    - Implement the Best Start in Life Action Plan, focusing on improving early identification of vulnerable women and families
    - Develop an Early Years and Childcare Service led programme to encourage families to access free and low-cost activities across the city, with a clear link to development of language and learning skills.

2. **Developing a citywide culture of aspiration and expectation, including consistent messages about what is needed to support children in their education**
    - Develop and implement a "Portsmouth Deal" with parents
    - Proactively support access to opportunity and experiences for young people to help them see the possibilities that exist for them, building on the citywide Aspirations Week
    - Develop access to careers advice and support for young people including the Apprenticeship Hub and My Future in Portsmouth

3. **Develop models to promote school attendance and inclusion**
    - Continue to drive restorative and relational practices in schools and other services to address barriers to inclusion
    - Continue to look at the service offer for families, children and young people that promotes positive engagement, including the holiday activities and food offer, youth and play provision

Related partnerships, priorities and plans

This theme will be led by the Director of Children's Services, the statutory lead for children in the city.

The Portsmouth Education Partnership is the key body overseeing issues relating to educational attainment, but there are relationships to other strategies relating to children in the city, including the SEND strategy, the strategy for children's social, emotional and mental health, and the strategy for children's health.

Positive Relationships in Safer Communities

The causes of the causes - why positive relationships underpin outcomes across the HWS

Connectedness with each other, family and community underpins many positive outcomes. We call this social capital. Evidence shows that communities with high levels of social connectedness have longer and happier lives and are less dependent on public services.[10] Relational capital – the positive relationships we have with those around us – underpins social capital.

Our approach is to enable people to develop their own relational capital to help address many of the biggest challenges we face, and this will underpin many areas covered by this strategy. For example, we know that people who experience trauma – in childhood and adulthood – struggle to develop and maintain positive relationships and connectedness due to what is known as 'blocked trust'. Restorative approaches[11], including listening to people's stories about how the way services are run affect them, are a key part of addressing this.

Restorative skills need to be embedded across the board, in our services and our communities. The work of Portsmouth Mediation Service, including with tenants and landlords, in education settings and with the community, show the value of applying relational approaches upstream - supporting the strategy's overall aim to enable people to thrive.

Key activity in short term

This priority represents a shared commitment across local public services that we will seek to support and enable individuals to grow their 'relational capital'. We will do this by:

1. **Adopting restorative approaches that aim to repair relationships where appropriate to support our most vulnerable**

There are groups of residents who are particularly disconnected from their families and communities, for whom low levels of social and/or relational capital is both a causal and contributory factor to making them vulnerable and heavily reliant on public services:

- There are an estimated 400 adults experiencing multiple disadvantage (insecure housing, mental ill-health, violence and substance misuse) who we will support through our 'Changing Futures' programme
- Portsmouth has over 300 care leavers, many of whom experience long-term impacts from family separation, including isolation. We will revise and enhance the care leaver offer, focussing on enabling young people to develop supportive networks through into adulthood.

[10] Relationships-in-21st-century-forgotten-foundation-mental-health-wellbeing-full-may-2016.pdf (mentalhealth.org.uk)

[11] Restorative and relational practice is a way of being that equips us for building relationships, strengthening communities, resolving conflict and repairing harm. It is less what we do and more who we become. Restorative practice is applicable in every setting where there are people – the living room, the board room, the team room, the classroom, the conference room and the court room Restorative practice - Portsmouth Safeguarding Children Board (portsmouthscp.org.uk)

- Up to 100 children and young people who are criminally exploited and/or involved in serious violence and repeat offending. Through the safeguarding partnership we will identify these and other young people at risk and disrupt unhealthy and unsafe relationships with exploiters. We will see to engage young people in positive relationships with peers, education and those who care for them
- Domestic abuse remains a major issue in the city. In addition to victim support and work on healthy relationships, we will increase our focus on enabling perpetrators of domestic abuse to change their behaviour
- We will focus on 'High Intensity Users' of acute hospital services, particularly substance misuse and mental health services, to meet their needs more effectively in the community
- We will identify very isolated older people and build their connectedness to their community

2. Giving front-line staff the permission and the power to find the right solutions for clients regardless of which agency they approach

- Services will be commissioned and delivered in a joined-up way to ensure they are responsive to local needs
- Front-line staff will be empowered and equipped with the skills to meet clients' needs in ways that respect their needs, responsibilities and relationships

3. Engaging residents in community-based work to build social and relational capital in all areas of the city

Strong connected communities have better outcomes for citizens and often meet local need far more effectively than public services. 'Restorative practice' provides a framework for building relationships, building communities and reducing harm, hurt and conflict, and we will embed it further by:

- Funding Voluntary and Community Sector support to facilitate restorative conversations in the community to reduce conflict
- Promoting restorative approaches through the 'Portsmouth Deal with Parents' led by the Parent Board
- Addressing domestic abuse in all its forms by challenging cultural norms, promoting healthy relationships and changing the behaviour of perpetrators
- Implementing the PACE (Play, Acceptance, Curiosity and Empathy) model of relational practice with traumatised children

Related partnerships, priorities and plans

This theme will be led by Helen Atkinson, Director of Public Health. It builds on, and supports, key partnership plans that are already in place in the city, including:

- Restorative Portsmouth: a vision for a city where the principles of restorative approaches are embedded in everyday life.
- The Safer Portsmouth Plan 2021-22 which sets out priorities based on a comprehensive Strategic Assessment of crime, ASB, Re-offending and Substance Misuse
- Portsmouth's Domestic Abuse Strategy
- The Children's Trust Plan 'Spine' – a Deal with Parents and Restorative Practice. Also includes the Portsmouth Youth Justice Plan under the Portsmouth Safeguarding Strategy

Housing

The causes of the causes - why housing underpins outcomes across the HWS

Portsmouth is a great place to live for most, but for an increasing number of people it is a challenge to do in a safe and healthy way due to issues related to their accommodation.

Unfortunately, more and more people sleep on the streets of this great city and many others, and the pandemic raised the profile of this issue. The reasons that people sleep on the streets are varied and complex, defying traditional service responses. Every person who sleeps rough has a different story. What unites them is the human cost of doing so - those who sleep rough die on average 30 years younger than the rest of the population.

The city should be rightly proud of the investment and support it has given to help people get off the streets and receiving the right housing support. Funding that became available as part of the pandemic response created a step change, but rough sleeping remains. The government have now set a target to end rough sleeping by 2027. However there are many more people who are homeless, as defined by legislation, than those who are simply seen to be sleeping on the streets. This includes single people, couples and families who do not have a settled place to call their own, 'sofa surfers', and many who are in temporary accommodation without security of tenure. These situations can lead to serious impacts on people including stress, anxiety, poor diet and hygiene, risk from abuse and exploitation.

There has been a consistent growth since 2014 in people approaching the council for help as homeless, with over 2,000 homeless approaches to the council in 2020/21, 94% of whom were born in the city or with a long-term connection to it. Pandemic-related restrictions such as the eviction ban show no signs of easing the situation. Ensuring adequate and suitable homes in the city is a critical issue.

The nature of tenure is also an importance influence on people's experience of their housing. There are around 90,000 homes in the city and nearly 59% of these are owner occupied; 22% are rented in the private sector; 11% are rented from the Council and 8% are rented from other social landlords. The proportion of homes that are rented privately is increasing.

For many it is the right type of housing for them, either as something temporary, or as a place with long-term financial commitments, but as an overall sector, it could work better for those who rent, are landlords, or are neighbours. For some people they do not have the security they are looking for. Landlords, the majority of whom are small or accidental landlords, also need help and support to make the overall system work. We need to think about how we support landlords to provide safe, warm and healthy homes; and also how we support them to work in tenancy situations which might be challenging.

Many of the housing issues that impact on health are relevant for those who are owner occupiers as well as renting properties. Nearly half (compared to a fifth for England) of Portsmouth's housing is terraced and over a hundred years old. Some of these properties are in poor condition and present challenges for modern living, in particular for those with disability or mobility issues. For some people, homes that were once suitable might no longer work for them, but the overall housing system does not function in a way that gives them many other options.

The age of and condition of some of the city's housing is also relevant as energy prices soar, because some older properties are inefficient in energy terms, resulting in high fuel bills which can lead to fuel poverty. There is a real prospect that some households will be faced with choices between eating, paying the electricity and gas bills or paying their rent. Thermal comfort is an important element to health, not only because people should be able to be warm, but because homes that are cold or damp contribute to other conditions, particularly respiratory illnesses.

This priority represents a shared commitment across local public services that we will seek to help people into safe and secure homes that are suitable for their circumstances and support providers of housing so that they can play their part in this too.

Key activity in short term

Short term activity will focus on three key areas:

1. **Implementing the Homelessness and Rough Sleeping Strategy to provide support for those vulnerable people in greatest need of housing**
    - Working together as a city to take an "Accommodation First not Accommodation Only" approach to support and safeguard anyone at risk of sleeping on the streets of Portsmouth, including developing the homeless healthcare offer
    - Working with vulnerable people to develop personal housing plans that make it possible for them to find and sustain housing
    - Building on the learning from the pandemic response to street sleeping to create long term, sustainable support.

2. **Work to develop models of housing that suit people at different stages in their lives and reflect their needs**
    - Ensuring people know where to find housing help and advice
    - Developing solutions for people in need of homes that meet their needs, including through running a custom-build pilot scheme
    - Building on success in creating supported housing by developing options for older and vulnerable people, including those with dementia, learning disabilities or mental health challenges.
    - Continuing to develop the offer around home adaptation and assistive technology to ensure that people can be safe and independent in their homes for as long as possible.
    - Continuing to develop the Switched On Portsmouth offer to help people reduce energy and water costs in their homes.

3. **Develop stronger models of support for landlords and tenants to support long term, successful tenancies**
    - Building on the 'Rent it Right' model and the collaborative approach between the local authority and private landlords to develop opportunities to provide good quality, affordable accommodation across the city
    - Putting learning into practice to inform how we commission and contract support provision to help people sustain accommodation.

- Working to support the effective functioning of the private rented sector, looking at mediation models and access to landlord support.

Related partnerships, priorities and plans

Key to developing the theme of housing in the city will be the Local Plan, which will identify opportunities for creation of more homes in the city and ensure that these are constructed to a suitable standard. There are also strong relationships to the Rough Sleeping and Homelessness Strategy and the Private Rented Sector Strategy. The provision of appropriate housing options is a critical element of the city strategy for the development of Adult Social Care. There is a relationship to the city's engagement with the Government's One Public Estate Programme and a range of funded programmes related to homelessness.

Active Travel and Air Quality

Air pollution and health

Air pollution is the greatest environmental risk to public health in the UK[12], and it is known to have disproportionate effects on vulnerable groups. Air quality disproportionately affects the very old, the very young, and those with chronic conditions. It also has greater impact on those who live, work or go to school in more deprived areas.

The combined effect of long-term exposure to air pollution in the UK in 2013, from both NO_2 and particulate matter (PM), has an effect equivalent to 28,000 to 36,000 deaths at typical ages, associated with a loss of 328,000 – 416,000 life years[13]. NO_2, particularly at high concentrations, is a respiratory irritant that that can cause inflammation of the airways. There is currently no clear evidence of a threshold concentration of NO_2 in ambient air below which there are no harmful effects for humans.

Data from the Public Health Outcomes Framework (PHOF) [14] indicates that in 2019, 5.6% of all premature deaths in Portsmouth could be attributed to air pollution (specifically long-term exposure to particulate matter), compared to 5.1% of all early deaths in England, and 5.2% in the South East. The burden of disease attributed to poor air quality in Portsmouth is therefore estimated to be greater than the regional and national average.

As well as the link between concentrations of particulate matter and premature deaths, the impact of high concentrations of NO2 on health outcomes can be inferred from incidence of respiratory disease. The number of deaths from respiratory diseases in Portsmouth is highest in Charles Dickens ward, which contains the two air quality exceedance locations that are being introduced through the Portsmouth charging Clean Air Zone (CAZ), and has high levels of deprivation.

Active travel and health

Active travel, such as walking, scooting or cycling directly contributes to physical, mental and neurological health benefits such as reducing the risk of all-cause mortality, reducing symptoms of depression and improved quality of life[15]. Despite the benefits of active travel, in 2019 less than 5% of trips made in Portsmouth were cycled and only 18% of the total kilometres travelled within the city were walked[16]. This is reflected in the wider picture of low levels of physical inactivity in the city with 23% of adults being physically inactive[17] and in the prevalence of overweight and obesity amongst adults and children in the city which is above the regional and national averages[18].

[12] Air Quality, A Briefing for Directors of Public Health, March 2017, Defra and Public Health England
[13] COMEAP (2018); Associations of long-term average concentrations of nitrogen dioxide with mortality.
[14] https://fingertips.phe.org.uk/search/air#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000044
[15] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757756/Cycling_and_walking_for_individual_and_population_health_benefits.pdf
[16] Google Environmental Insights Explorer https://insights.sustainability.google/places/ChIJ6fEUGKRCdEgReTs3A-qDtkU
[17] https://fingertips.phe.org.uk/search/physical#page/0/gid/1/pat/6/ati/102/are/E06000044/iid/93570/age/246/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1
[18] https://fingertips.phe.org.uk/search/overweight#page/0/gid/1/pat/6/par/E12000008/ati/102/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

Identifying and addressing the challenges

Whilst there is a wealth of evidence to demonstrate the importance of reducing air pollution and encouraging active travel as well as a desire to take positive steps towards change, there are several common barriers to delivering improvements in these areas that this strategy will help to address.

1. **Knowledge sharing and collaboration**

Improvements in air quality and increased uptake of active travel cannot be achieved by any one organisation in isolation, and so we must work together to deliver improvements. We will:

- Empower existing partnerships to drive forward the air quality agenda in Portsmouth, including identifying additional opportunities for working collaboratively to improve air quality and encourage greater uptake of active travel
- Enable communities to access resources, advice and support to meet their own needs

2. **Building capability and opportunity of access**

Uptake of active travel or reduction in air pollution is often easiest for those who feel they have a vested interest or who have resources to invest in committing to change. This strategy will consider issues of equity and equality by:

- Promoting inclusion in active travel improvement measures across the city and for different social and demographic groups
- Leading by example by ensuring our services reduce air pollution and promote active travel
- Providing additional support for those who may have greater barriers to taking up active travel or reducing emissions

3. **Improving infrastructure**

A key barrier to reducing the reliance on motorised vehicles or switching to active travel modes is safety or the perception of safety. Portsmouth continues to be ranked as one of the most dangerous places in England to cycle, and concerns about personal safety are often cited as a barrier to walking. The provision of high quality, safe infrastructure is essential for achieving our strategic aims. The HWB will therefore:

- Promote the use of planning, licensing and transport policies to deliver strategic aims for increasing active travel and reducing air pollution
- Support proposals that will deliver improvements in active travel and air quality
- Work collectively to influence local and national policy to meet our strategic objectives

Delivery, monitoring progress and measuring success

The issues this strategy addresses are each underpinned by a complex combination of risks and protective factors. Each will be impacted by a range of local activity and external influences e.g. changes in national policy. The role of the HWB in overseeing the strategy is to provide transparency about what is being done, whether progress is being made, and the impact this is having. This will be achieved by:

A. Leads for each priority will provide an annual update on a rolling basis (i.e. one priority per meeting). This will give a narrative overview of system-wide efforts to address these issues. In addition, all partners on the HWB will have the opportunity to present an update on their organisation's progress as an 'anchor institution' in addressing the key place-based health and wellbeing challenges.

B. We will explore the potential for a 'Principles-focussed evaluation' approach as part of our wider engagement with local communities around delivery of the strategy's priorities. This would require restating the priorities as a set of principles to create a sense of ownership of action that stems from these. The evaluation would then focus on assessing where these principles have or have not been lived out in HWB members' relationships and actions.

C. Over the longer-term, the ONS Health Index provides an objective framework for assessing the impact over time of the HWB's focus on the 'causes of the causes'. While there is a lag between activity and updated data, it gives a good baseline of our population's health before the pandemic and will allow the board to assess:

- If we are making a measurable difference over time on the priorities the board identifies
- If that is having an effect on the overall health of the local population, over time and in comparison to other areas

This will be enhanced by tracking progress and trends against key measures used by HWB partners such as:

- Long-term indicators taken from the Public Health Outcomes Framework and other established frameworks
- Insights from regular city-wide resident surveys using the city vision's themes and aspirations.

Consultation and next steps

The Health and Wellbeing Strategy is a statutory document and as such this draft is a basis for further consultation.

At this point, we want to know whether:

- we have identified the right priorities and challenges?
- there are opportunities for the Health and Wellbeing Board to add value and bring about change?
- there are successful things already happening that we should be building on?
- we can measure if we are making a change for the better? How will we know?

A survey will be provided to support consultees with making responses. This will be made available through the city council website and promoted through a range of channels, and Healthwatch will provide support to anyone who wants to make a submission but needs help to do so.

The consultation will close on 21st January and a final strategy document will be presented to the Health and Wellbeing Board on 9th February 2022, and which point the Board will be asked to adopt the strategy and recommend it to the City Council and the CCG Governing Body.

Portsmouth Safeguarding Adults Board

Annual Report

PSAB

2020 - 2021

Statement from the Independent Chair

I am pleased to be able to introduce the Portsmouth Safeguarding Adults Board's Annual Report for 2020-21.

The last 12 months have brought a pandemic the likes of which none of us have seen before, and it's fair to say that services in Portsmouth were taken by surprise.

However, I was delighted to see that everyone involved with safeguarding adults at risk responded brilliantly. Services were reorganised so that staff and service users were kept as safe as possible and attempts were made to ensure the business of safeguarding could continue where feasible. The Board adapted to new ways of working, such as virtual meetings, to keep business going amidst the coronavirus restrictions.

Tragically some adults at risk in care homes and in the community died from the virus. I want to pay tribute to the professionals in the NHS and social care especially and in other organisations who worked tirelessly to try to ensure adults at risk were kept safe.

We have begun to explore a new strategic plan for safeguarding adults at risk in Portsmouth, with our previous business plan having come to an end. The new, ambitious strategy is nearing completion and will mark a bold shift in emphasis, targeting particular service user groups for intervention who have previously received less attention, such as homeless adults. We are working with other strategic partnerships, including the Health and Wellbeing Board, to ensure we are working in a coordinated way across our city to keep adults at risk safe from harm.

David Goosey, Independent Chair

Our vision

"Working throughout the city with our communities and other partnerships to make Portsmouth a city where adults at risk of harm are safe and empowered to make their own decisions and where safeguarding is everyone's business."

Our strategic priorities

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

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

Priority 3: Pan-Hampshire working

Priority 4: Improve the quality of transition

Priority 5: Ensure Portsmouth Safeguarding Adults Board decision making is underpinned by robust data

Priority 6: Improve safeguarding adults practice within Portsmouth

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

During 2020-21 the Board continued to work on these priorities, which were identified as part of a three-year planning cycle. The new Independent Chair has led a review of the strategic priorities during the year. The new strategy aims to be more ambitious and will link to the work of other strategic partnerships within Portsmouth. The strategy will be finalised in 2021-22 and work will start on a new action plan in 2022-23.

COVID-19 pandemic

The year has, for obvious reasons, been dominated by the COVID-19 pandemic, affecting the lives of individuals and the work of our partners at the most fundamental level.

COVID-19 has presented particular challenges to adults at risk of abuse or neglect - with many of them both clinically extremely vulnerable and also acutely impacted by restrictions, such as bans on visits to care homes or the cancellation of their usual support groups.

Our partners had to focus on ensuring frontline services were safely delivered and adults at risk were supported. This meant, in some cases, there were changes in organisational priorities, and staff being redeployed to where they were most needed: supporting care homes, the Intensive Care Unit, and the vaccine roll-out.

COVID-19 case study:
Portsmouth City Council and Portsmouth Clinical Commissioning Group supporting care providers

Portsmouth has a long history of integrated health and social care commissioning and the benefits of this were seen in the city's response to COVID-19, with the support for care providers and ability to resolve operational issues quickly and collaboratively.

Measures put in place included:

- **webinars with senior leaders** to address immediate issues such as: finance, personal protective equipment (PPE) and staffing
- **daily afternoon call** jointly hosted by the council and CCG, where providers could raise issues so commissioners could address them early
- **central local PPE helpline**
- **assistance with staffing** where there were capacity issues in care homes, sourced using a bridging agency or redeployment of own staff
- **financial package for reimbursements** mutually agreed with care provider representatives and commissioners, including guaranteed income support based on the previous three months
- face to face infection prevention and control training provided by the quality improvement team to all care home providers, as well as assistance with testing.

Read the full case study here

Actions taken by the Board in response to the pandemic have included:

- **Executive Group meetings** - the group met more regularly via conference call to keep abreast of pressures on partners and impacts of the pandemic on adult safeguarding
- **Re-evaluation of Board work and priorities** - ensuring a focus on the most essential work, recognising the operational pressures on partners. Safeguarding Adults Reviews were delayed during the first peak and the timetable for developing a new strategic plan was slowed.
- **New ways of working** - Microsoft Teams was used for Board meetings, training, and practitioner workshops. Face to face training on the Multi-Agency Risk Management framework was replaced with online training and a podcast staff could view in their own time.
- **Adult safeguarding huddle** - included safeguarding practitioners from adult social care, police, Portsmouth Hospitals University NHS Trust (PHUT), Solent NHS Trust, housing and domestic abuse. Partners shared key updates from their services and worked together to solve operational issues as they arose and share best practice. The huddle met weekly at the height of the pandemic with meetings later reduced to monthly.
- **Coordinating work of partners** - for example providing guidance to police around enforcing coronavirus restrictions on adults with learning disabilities.

- **External communications:** supported new volunteers with a one-minute guide to safeguarding adults for coronavirus volunteers, which was adopted by Association of Directors of Adult Social Services (ADASS) and shared nationally. Distributed local and national information and guidance about COVID-19 and highlighted relevant training opportunities on our website.
- **Oversight and assurance of partners' response** - using the ADASS assurance framework the Board asked all agencies to complete COVID-19 proformas on learning for the June 2020 Board meeting and held a COVID-19 task and finish group to identify learning. Our quality assurance subgroup compared trends in Portsmouth to national data from the Local Government Association Insight Project to help understand the impact of COVID-19 and lockdowns on safeguarding activity. Public Health presented their findings on COVID-19 deaths in Portsmouth to the Board.

***COVID-19 case study**:*
PHUT emergency department addressing domestic abuse

With a predicted increase in domestic abuse following the first COVID-19 lockdown in March 2020, the PHUT emergency department's safeguarding team introduced a number of measures to ensure staff recognised domestic abuse, knew what action to take and could help victims access support. Measures included:

- step by step guides to referral for staff to attach to their ID badges
- screening questions added to the computer system to help staff start difficult conversations and risk-assess patients
- safety barcode stickers which can be stuck to any item the victim feels is safe (e.g. lip balm). These were co-produced with victims of domestic abuse.
- introducing 'Ask for Angela' where adults feeling unsafe can approach a member of staff and ask for 'Angela' to indicate they need help.

Key achievements in 2020-21

This year the Board has:

- developed, consulted on, and published **new 4LSAB Safeguarding Concerns Guidance** providing a framework to help professionals across partner organisations to make decisions on when to raise safeguarding concerns. The guidance is accompanied by a **decision support tool**. Online training will be offered in 2021-22 and e-learning is also under development.
- worked to embed the **4LSAB Multi-Agency Risk Management (MARM) Framework** in practice in the city. We had seen learning from Safeguarding Adults Review referrals showing that the MARM framework was not always being used to take a multi-agency approach in cases where there is a high level of risk but criteria for safeguarding are not met. The Board held online training for key staff and produced an introductory podcast, which was viewed by over 400 people. Senior managers undertook to embed MARM in the

culture of their organisations. An audit of MARM including a staff survey is planned for 2021-22.

Case study: MARM framework (Peter*)

Peter was a man in his 50s, living in homeless accommodation in Portsmouth. He had a long history of substance misuse, self-neglect and had been diagnosed with a life limiting condition. Due to his complex needs, previous lack of engagement with support services, and the unsuitability of his current living situation, a MARM was initiated to bring all the people involved in Peter's care together to risk-assess and plan next steps.

During his MARM, Peter was asked about his views and wishes. He said his main wishes were to be nearer to his family and that he did not want to die in homeless accommodation. A number of MARM meetings were held involving health professionals, social workers, housing officers and representatives from the local authority where Peter's family lived.

The outcome of the MARM process was that Peter was assessed formally via a Care Act Assessment, a package of care was put in place, and thanks to cooperation between local authorities, Peter was moved to more suitable accommodation near his family, fulfilling his wishes.

**Name changed to protect identity*

- established a new **Quality Assurance subgroup** to carry out data collection and analysis, conduct multi-agency audits, and ensure that lessons learned from cases have been embedded across Portsmouth. Since it began in May 2020 the new subgroup has reviewed a full year of data and developed an annual audit programme.
- been a partner in the **national Safeguarding Vulnerable Dependent Drinkers project** led by Alcohol Change UK. The project surveyed staff and developed a briefing on the different legal powers available to help chronic dependent drinkers. Staff had the opportunity to attend a series of online webinars in December 2020. Online training sessions are planned for 2021-22.
- ratified a new **'Preparing for Adulthood' policy** in partnership with the Portsmouth Safeguarding Children Partnership (PSCP) providing guidance on arrangements for young people between 14 and 25 years old who have special educational needs and/or disabilities (SEND). The new policy aims to help professionals across education, health and social care, to support young people with SEND - in preparing for an adult life and to go on to achieve the best possible outcomes in employment, independent living, health, and community participation. An audit of transition, to be conducted jointly with the PSCP, is planned for 2021-22.

- supported **National Safeguarding Adults Week 2020**. Working jointly with the other 4LSABs, the Board developed and promoted resources on a different key topic each day using our website and social media.

Learning from Safeguarding Adults Reviews

The Care Act 2014 states that a Safeguarding Adults Review (SAR) must take place when: 'there is reasonable cause for concern about how the Safeguarding Adults Board, members of it or others worked together to safeguard the adult, and death or serious harm arose from actual or suspected abuse'.

The Care Act also gives Safeguarding Adults Boards the discretionary power to review cases where these criteria are not met.

The Board has a SAR subgroup chaired by the Serious Case Reviewer from Hampshire Constabulary. The group is multi-agency, with members who have a specialist role or experience in safeguarding adults. The group holds monthly meetings and during 2020-21 has met jointly with the PSCP Learning from Cases Committee (LfC) when there were cases involving both children's and adult services.

Summary of SAR activity during 2020-21

Three SAR referrals were carried forward from 2019-20. None of these referrals were found to have met the statutory criteria for a mandatory SAR. For one of these cases, no learning was identified. In the second, assurance was sought from the two health partners involved that the findings of their internal reviews had been acted upon. For the third ('Ms A'), it was felt that learning may be identified through the use of the SAB's discretionary power to conduct a review. The CCG therefore led a learning event for practitioners involved in the case. Although there were no system-wide recommendations identified, some learning points for practitioners were published in this briefing. In response to the review, the Quality Assurance subgroup developed a factsheet for contractors to help them identify adults who may be at risk of abuse or neglect, and take appropriate action in response. Our review found that although Ms A was the tenant of a large social landlord, they were unaware of the concerns professionals had about Ms A and her property and could have provided support had they known. It was recognised that contractors are often the only people to visit adults at risk in their homes.

There were 20 new SAR referrals received in 2020-21.

Of the 20, 14 of the referrals were for the deaths of homeless people, who were either rough sleeping or housed in temporary accommodation. Although none of these cases met the criteria for a mandatory review, the increase in the number of homeless deaths in the city was a cause of concern for the Board. While none of the deaths were due to COVID-19, extensive changes had been made to services for homeless people during COVID-19, including rapidly rehousing all homeless people in hotels in response to the Government's 'Everyone In' policy. Therefore factors relating to the pandemic may have contributed to the increase in deaths. In light of this the Board has decided to commission a thematic review of homeless deaths to

examine the issues in detail, using four of the cases as examples. The review will take place in 2021-22.

Two referrals met the statutory criteria for a mandatory SAR - they have been commissioned and will take place in 2021-22.

One referral did not meet the criteria for a mandatory review. The subgroup reviewed the findings of the safeguarding enquiry that had been carried out by Adult MASH under section 42 of the Care Act and found no significant causes for concern.

One referral was for a death which took place in another area, so this was passed to the SAB for that area, as they hold the statutory responsibility to review the death. The Board and its partners liaised with the SAB to ensure they had the information they needed and that there was no specific learning for Portsmouth partners.

Two referrals are subject to an internal review by the referring agency, and the subgroup is awaiting the findings from those before considering the cases. These will be carried forward to 2021-22.

Two further reviews which were commissioned in 2019-20 are ongoing. Due to the COVID-19 pandemic, work on these reviews was paused. They will be published in 2021-22.

4LSAB Fire Safety Development Subgroup

The 4LSAB Fire Safety Development Subgroup looks at fire deaths and near misses in the 4LSAB area, to identify learning applicable to all areas. In 2020-21, a total of two incidents occurred within the Portsmouth Local Authority area which met the Fire Safety Development Subgroup criteria for review. Both incidents sadly resulted in a fatality. For each of the cases, a full review of the individual's risk factors, their supporting agencies, and the cause of incident was conducted by the group.

Risk and vulnerability factors identified:

- individual lived alone in one case
- average age of the individuals involved in incidents was 77
- individual in receipt of daily care and support services in one case
- individual known and open to Mental Health Services in one case
- poor mobility identified as a vulnerability factor in one case
- For one of the cases reviewed, it was identified that there was insufficient smoke detection within the property. The investigation was unable to determine if the working smoke detector in the property activated at the time of the incident.

In terms of causes of the fire incidents, the following themes emerged from the reviews:

- One of the cases reviewed identified the most likely cause of the incident as – ‘Accidental – unattended cooking’.

- One of the cases reviewed identified the most likely cause of the incident as being a ‘deliberate act’

The subgroup published a learning briefing summarising its findings for the year and has also developed a **4LSAB Fire Safety Framework** which will be launched in 2021-22.

Safeguarding activity in Portsmouth

Safeguarding Duty

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

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

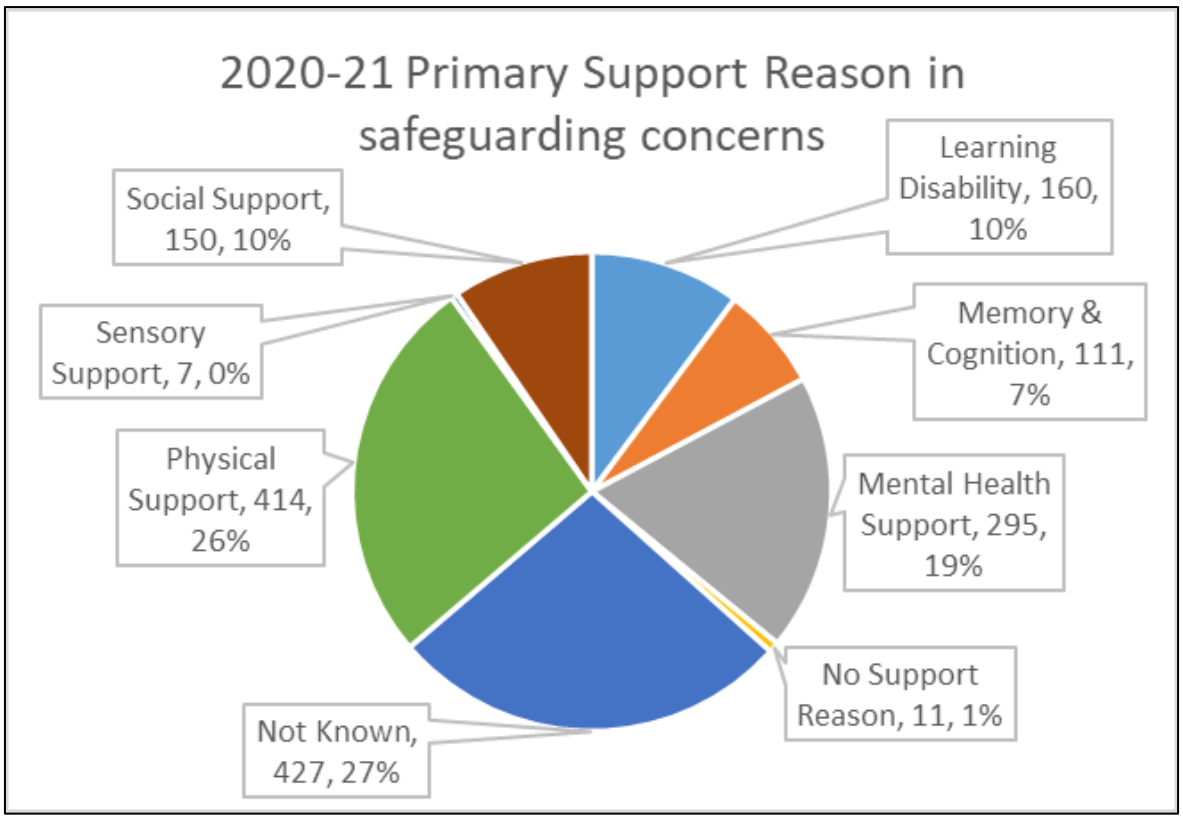
Portsmouth has an Adult Multi-Agency Safeguarding Hub (MASH) with a team of social workers and police officers working together who have direct links with colleagues in areas such as health, trading standards and children's safeguarding. The MASH manages a high volume of referrals.

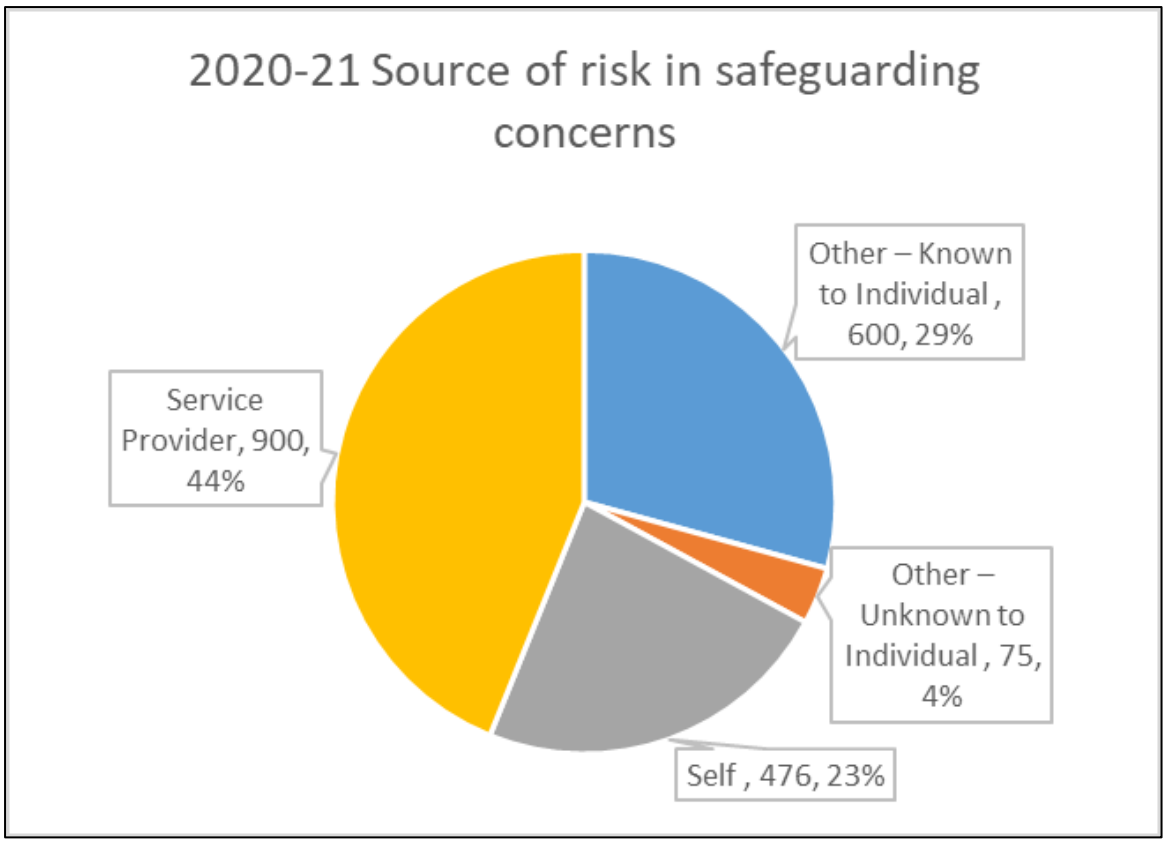
Data collected by the MASH gives further information about who has experienced abuse or neglect in Portsmouth, where abuse has taken place, and the types of risk they have experienced. The information below is taken from the NHS Digital Safeguarding Adults Collection end of year return.

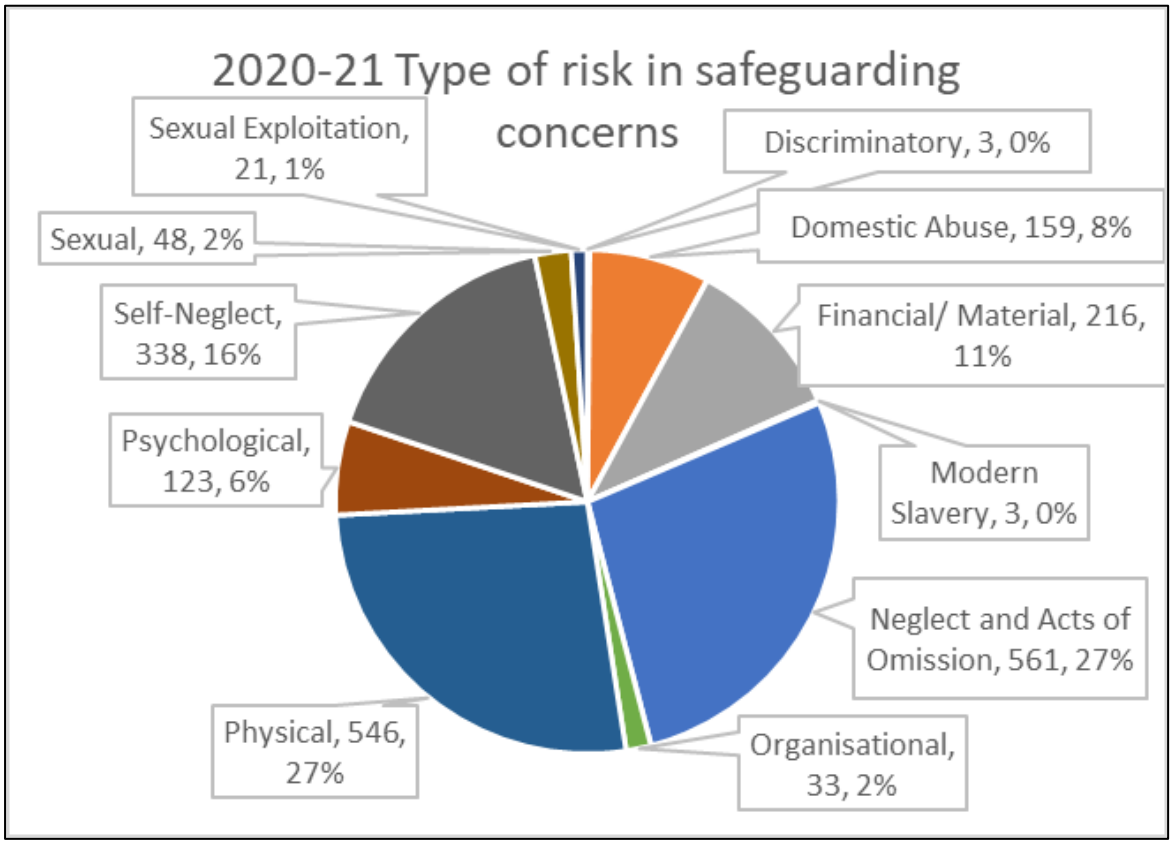
If an issue about an adult's safety or welfare is raised with the MASH, it is called a 'Safeguarding Concern'. The MASH will assess the concern and take appropriate action.

There were 2,051 concerns raised in 2020-21 about 1,363 individuals.

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


2020-21 Primary Support Reason in safeguarding concerns
Learning Disability, 160, 10%
Memory & Cognition, 111, 7%
Mental Health Support, 295, 19%
No Support Reason, 11, 1%
Not Known, 427, 27%
Physical Support, 414, 26%
Sensory Support, 7, 0%
Social Support, 150, 10%


2020-21 Source of risk in safeguarding concerns
Other – Known to Individual , 600, 29%
Service Provider, 900, 44%
Other – Unknown to Individual , 75, 4%
Self , 476, 23%


2020-21 Type of risk in safeguarding concerns
Sexual Exploitation, 21, 1%
Discriminatory, 3, 0%
Sexual, 48, 2%
Domestic Abuse, 159, 8%
Self-Neglect, 338, 16%
Financial/ Material, 216, 11%
Psychological, 123, 6%
Modern Slavery, 3, 0%
Neglect and Acts of Omission, 561, 27%
Physical, 546, 27%
Organisational, 33, 2%

If a safeguarding concern meets the criteria from section 42 of the Care Act (see above) a Safeguarding Enquiry will be initiated. The local authority has the power to carry out discretionary enquiries if the criteria are not met.

708 formal Safeguarding Enquiries were concluded in 2020-21.

In 94% of enquiries where risk was identified, action taken led to the risk being reduced or removed.

In line with 'Making Safeguarding Personal (MSP)', where possible, the adult involved in the enquiry will be asked what they wanted to happen or what they wanted to be achieved during the enquiry. In 97% of cases when the adult expressed their desired outcomes, these were fully or partially achieved at the conclusion of the enquiry.

Case study: Making Safeguarding Personal (Charles*)

Initial concerns were raised about Charles, a man in his 70s, as he was rough sleeping and appeared to be confused and disorientated. Charles was assessed under the Mental Health Act and was briefly hospitalised for assessment. Adult MASH opened a Safeguarding Enquiry to assess the risks to Charles and decide on actions to be taken to reduce risk, in line with Charles' wishes.

During his time in hospital Charles' capacity to make decisions about his treatment and where he wanted to live was assessed and he was found to have capacity to make these decisions. Charles stated that he had lived in a manmade shelter outside the Portsmouth area for a number of years and was adamant that all he wanted was to return there. It appeared Charles was well supported by the local community and was visited frequently by the homeless outreach team.

At the conclusion of the enquiry, a meeting was held with social workers from the local authority where Charles' permanent shelter was and it was agreed that a social worker would be assigned to Charles with the aim of building rapport and assisting him to claim benefits he was entitled to and to attend medical appointments. The homeless outreach team also agreed to continue to visit Charles to check on his welfare. This action meant that Charles was able to move back to his shelter, in line with his expressed wishes, but the risks to him were reduced, via support and monitoring by a number of agencies.

**Name changed to protect identity*

The Board also receives data regularly from Portsmouth City Council Housing Services, Portsmouth City Council Trading Standards, PHUT, Solent NHS Trust, Hampshire Constabulary, and Hampshire and Isle of Wight Fire and Rescue Service.

Trading Standards received 27 referrals regarding financial abuse in 2020-21.

In 2020-21 Hampshire Constabulary reported:

- 6 incidents of Honour Based Violence where the victim was over 18
- 1 incident of trafficking of a person over 18
- 684 high risk domestic crimes
- 609 incidents of hate crime.

Hampshire and Isle of Wight Fire and Rescue Service carried out 829 Safe and Well visits in Portsmouth in 2020-21.

There was 1 domestic homicide in Portsmouth in 2020-21.

There were 2 fire deaths in Portsmouth in 2020-21.

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Glossary

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

ADASS - Association of Directors of Adult Social Services. A charity working to promote higher standards of social care services, influence policies and decision-makers to transform the lives of people needing and providing care.

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

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

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

LfC - Learning from Cases Committee (a committee of the Portsmouth Safeguarding Children Partnership, which also meets jointly with the Safeguarding Adults Review subgroup of the Portsmouth Safeguarding Adults Board).

LSAB - Local Safeguarding Adults Board

MARM - Multi-Agency Risk Management

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

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

MSP - Making Safeguarding Personal. A personalised approach that enables safeguarding to be done with, rather than to, people.

NHS - National Health Service

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

PPE - Personal Protective Equipment

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

PSCP - Portsmouth Safeguarding Children Partnership. A partnership which brings together all the main organisations who work with children and families in

Portsmouth, with the aim of ensuring that they work together effectively to keep children safe.

SAB - Safeguarding Adults Board

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

SEND - Special Educational Needs and Disability

Appendix

What is Safeguarding?

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

Who are we?

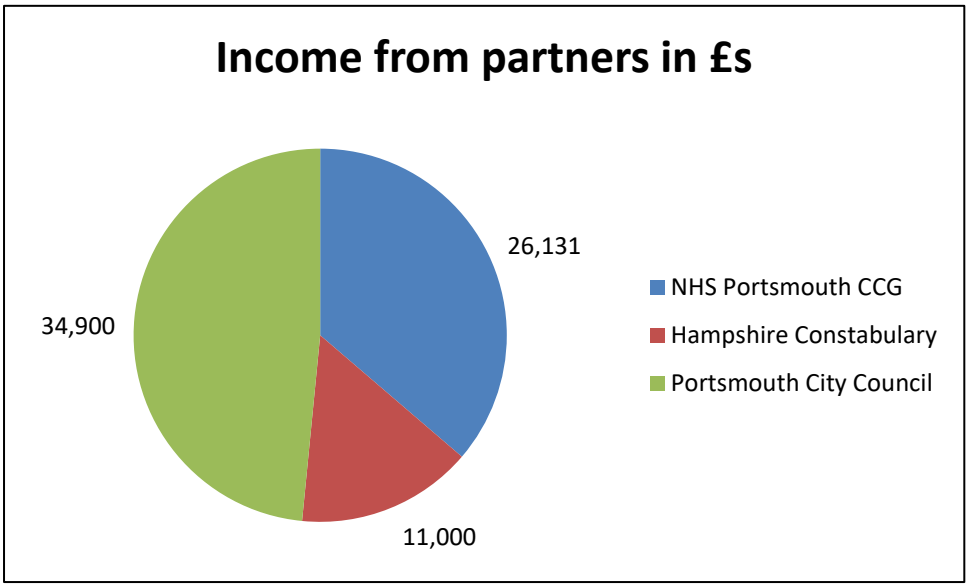
The Portsmouth Safeguarding Adults Board (PSAB) is a partnership of key organisations in Portsmouth who work together to keep adults safe from abuse and neglect. These include:

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

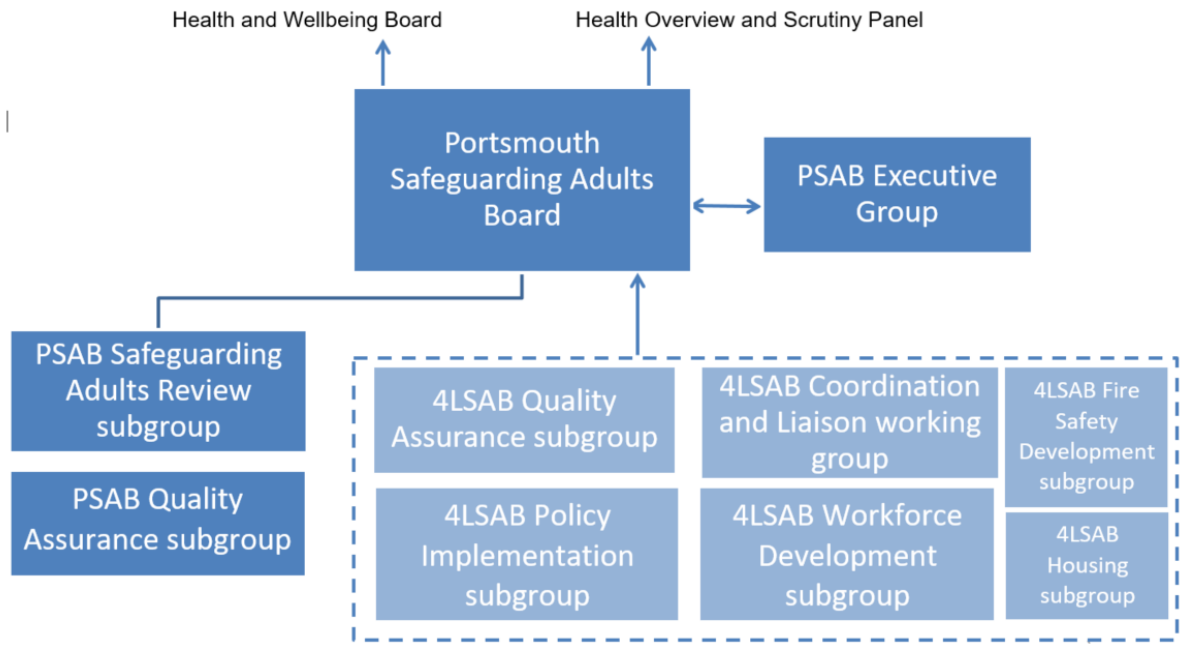
The Board has an independent chair that can provide some independence from the local authority and other partners. This is especially important in terms of:

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

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



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



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Portsmouth Safeguarding Adults Board

Strategic Plan 2022-23

The Care Act 2014 states that the purpose of a safeguarding adults board is ***to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the statutory criteria for safeguarding***, that is an adult who

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

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect.

Further a Board should:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- stop abuse or neglect wherever possible
- safeguard adults in a way that supports them in making choices and having control about how they want to live
- promote an approach that concentrates on improving life for the adults concerned
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult
- address what has caused the abuse or neglect

The role of the Board is to:

- *ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities*

- *create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect*
- *support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners*
- *enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect*
- *clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to*

To refresh its strategy the Board leadership has been consulting with its membership and engaged its membership in dialogue to explore an appropriate future direction. One of the key features of the dialogue to emerge has been the importance of engaging those in the City of Portsmouth who are directly involved in safeguarding adults at risk and those who need safeguarding. In respect of the former, Board members were keen to ensure that frontline workers are able to work effectively, confidently and competently with each other, and with the residents of Portsmouth so that those at risk are protected and properly engaged. By engaging with service user groups, the Board believes it will understand the needs of those adults at risk better and be able to ensure that frontline workers can respond to individuals with respect, supporting them in making choices and have control about how they want to live. The Board is also confident that closer engagement with service user groups will help it to ensure that abuse and neglect can be prevented by having better intelligence about what creates the possibility of harm to those adults at risk.

Portsmouth Health and Wellbeing Board has established that addressing the underlying factors that put people at risk of poor outcomes is essential. The relative picture of health is poorer in Portsmouth compared to the rest of the Southeast region. In addition, positive relationships (or the lack of) underpin many of the biggest challenges we face, from domestic abuse to poor mental health to social isolation for both the young and the old. Connectedness with each other, your family, your community underpins many outcomes. Evidence shows that people with high levels of social connectedness have longer and happier lives and are less dependent on public services by utilising their social capital. We further know that people experiencing trauma struggle to develop and maintain positive relationships and connectedness due to what is known as ‘blocked trust’.

Given the specific purpose of a safeguarding adults board, the PSAB’s new strategy and action plan is designed to contribute alongside the Health and Wellbeing Board and other statutory partners to promoting improvements in the way front line workers engage with service users at risk of abuse and neglect. The PSAB recognises that frontline workers in the City already do a good job but the Board believes that it can support those achievements by a greater investment in encouraging engagement, especially with service users group that have previously not always been included in

this area of work, such as homeless adults and adults who use substances as a support.

The Board has agreed that significant focus should be concentrated on the following groups:

- Homeless adults
- Substance misusing adults
- Young adults who are transitioning from children's services
- Learning disabled adults
- Adults living in residential/nursing home care or who need extra care or supported living or domiciliary care
- Adults who are socially isolated through mental health problems

The Board will work to develop improved community engagement with these communities by establishing a specific subgroup to champion communication.

To help frontline workers to work together collaboratively and with the service user's needs at the centre of their efforts, the Board will promote better joint working with a across agency training needs analysis, learning events that encourage dialogue and better communication, improved supervision and a new Safeguarding Adults Leads Network with representatives from all agencies. The network will help to spearhead practice improvements.

The Board will continue its statutory efforts to review experience when things have not gone as planned and it will seek to publicise best practice through newsletters and websites. The Board itself will aim to work differently. To promote better communication between frontline workers, the Board will engage more regularly in workshop style communication so that information sharing at a strategic level is improved. It will also be more focused in holding its member agencies to account for their work to safeguarding adults at risk.

The Board has agreed an ambitious 12-month action plan to kick start the goals mentioned here. It will review its progress towards the end of those 12 months and adjust where appropriate before exploring how to make further progress in the coming years.

David Goosey
Independent Chair
August 2021

PSAB Strategic Plan: 12 month action plan 2022-23

PRIORITY 1: Community Engagement				
ACTION		**RESPONSIBLE**	**TIMESCALE**	**MEASURING PROGRESS**
1.1	Establish an Engagement subgroup which includes service user representation	Chair	June 2022	# Groups engaged with # Individuals engaged with # Pieces of feedback received
1.2	Scope existing engagement with 6 priority groups	Engagement Subgroup Chair	September 2022	
1.3	Develop 3-year engagement and communication plan	Engagement Subgroup Chair	March 2023	

PRIORITY 2A: Interprofessional practice **PRIORITY 2B: Relationship based practice**				
ACTION		**RESPONSIBLE**	**TIMESCALE**	**MEASURING PROGRESS**
2.1	Establish an annual workforce strategy meeting to identify gaps in training	Quality subgroup Chair	June 2022	# multi agency learning opportunities # attendees at multi agency learning opportunities # attendees at multi agency event Staff feedback from learning opportunities Findings from repeat MARM audit
2.2	Promote resources for professionals to support effective interprofessional communication, challenge and reflection (including the use of MARM) and through the facilitation of multi agency events	Principal Social Worker	September 2022	
2.3	Promote the use of MARM	Safeguarding leads	March 2023	
2.4	Strengthen supervision by a. Producing and disseminating good practice tips for supervision	Quality subgroup Chair supported by Principal Social Worker	September 2022	

	b. Scope options for a multi professional supervision forum		December 2022	# MARM meetings held
2.5	Establish a Safeguarding Adults Leads Network	Board Manager	September 2022	

PRIORITY 3: Safeguarding practice				
ACTION		**RESPONSIBLE**	**TIMESCALE**	**MEASURING PROGRESS**
3.1	Establish a regular PSAB newsletter to include news, best practice and success stories from Portsmouth partners	Board manager	1st edition by September 2022	# newsletters circulated # views of newsletter Staff feedback on newsletter # views of podcast Website usage data
3.2	Identify and share best practice via PSAB website, podcasts, and at Board meetings	Quality subgroup Chair	September 2022	
3.3	Make the subgroups more accountable to the Board, through: • Annual presentations from subgroup Chairs at the Board • Reviewing subgroup ToR • Developing and monitoring subgroup business plans • Regular meetings between Independent Chair and subgroup chairs	Chair	September 2022	
3.4	Implement new format workshop-style Board meetings to encourage interprofessional dialogue	Chair	December 2021	
3.5	Act on the findings of reviews and audits published in 2022-23	Chair	March 2023	

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Portsmouth CITY COUNCIL

Title of meeting: Health & Wellbeing Board

Date of meeting: 24th November 2021

Subject: Partnership Strategic Assessment of Crime, Anti-social Behaviour, Reoffending and Substance Misuse: 2020/21

Report by: David Williams

Written by: Sam Graves, Community Safety Analyst

Wards affected: All

Key decision: No

Full Council decision: No

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1. Purpose of report

1.1 Community Safety Partnerships have a statutory requirement to produce an annual strategic assessment (or update) as well as a three-year partnership plan (refreshed annually). This document fulfils the obligation to produce the strategic assessment and informs the partnership plan.

1.2 The *'Partnership Strategic Assessment of Crime, Anti-social Behaviour, Re-offending and Substance Misuse 2020/21'* provides a summary of research and analysis, identifies any emerging issues, key trends, and gaps in knowledge, and recommends community safety priorities.

1.3 Taking the available research and analysis into consideration, the priorities identified in 2019/20 remain, but a few additional priorities have been added (in bold):

(i) Tackling violent crime, continuing to focus on domestic abuse, knife-enabled violence, and **sexual violence**

(ii) Tackling drug-related harm, with a focus on increasing access to treatment and closer working across physical and mental healthcare.

(iii) Early identification of and interventions with children and young people at risk of exploitation or abuse, of misusing substances and of offending

(iv) Improve accessibility and capacity of mental health provision for children, young people, and adults.

(v) Increase the awareness of cyber-related harm

Portsmouth CITY COUNCIL

2. Recommendations

2.1 It is recommended that the Health & Wellbeing Board:

(i) Approve the new recommended priorities as set out in the Executive Summary.

(ii) Use the information in the strategic assessment to develop a community safety plan for the next three years, to be approved by the HWB.

(iii) Use the information in this strategic assessment to guide evidence-based day to day decision making and resource allocation.

(iv) Recognise that in the current climate of reduced resources across services, we need to focus on improving performance by working together in relation to identified gaps in knowledge or additional recommended research.

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. The Health and Wellbeing Board is now the vehicle through which the five statutory partners - council, fire, police, health and probation[1] - 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).[2]

3.2 The responsible authorities are required by sections 5 of the Act to produce a detailed piece of analysis (strategic assessment), that identifies local priorities for action. This strategic assessment was produced by the Public Health Intelligence Team using a range of data from partner agencies, including police recorded crime, and provides a summary of local and national analysis and research that:

- Checks the partnership's current priorities and identifies any emerging issues
- Provides a better understanding of local issues and community concerns, by triangulating key data sets
- Provides knowledge of what is driving the problems to help identify appropriate responses

3.3 Please see attached at Appendix A the Executive Summary of the Partnership Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending, 2020/21. The full Strategic Assessment will made publicly available on the Safer Portsmouth website when final amendments have been made and provisional data confirmed. If members of the HWB would like to discuss the data and analysis that informs the Executive Summary, please contact the community safety researchers directly - csresearchers@portsmouthcc.gov.uk

[1] Also referred to as the 'responsible authorities'

[2] https://www.legislation.gov.uk/ukpga/1998/37/section/5 and https://www.legislation.gov.uk/ukpga/1998/37/section/6

Portsmouth CITY COUNCIL

4. Reasons for recommendations

The Crime and Disorder Act 1998 (as amended) Secs 5 and 6 set out the requirements for community safety partnerships to prepare a strategic assessment in accordance with Regulations 5 to 7. The strategic assessment identifies five main priorities that address the underlying issues of crime and anti-social behaviour.

This assessment will inform the partnership plan and by providing collaborative leadership alongside our partners in order to address these issues, the levels of crime and anti-social behaviour should reduce and make residents safer.

5. Integrated impact assessment

Impact Assessments will be undertaken as required on the specific work to take forward the priorities identified in this needs assessment.

6. Legal implications

The report is compliant in that it is a statutory function to produce a strategic assessment. The assessment considers the needs of groups that may be impacted in particular as a result of protected characteristics.

7. Director of Finance's comments

There are no direct financial implications arising from the recommendations contained within the report. The plans developed in response to this assessment by the Health and Wellbeing Board will need to continue to operate within their approved Cash Limit.

……
Signed by:

Appendices:

(i) Appendix A - Executive Summary for the Partnership Strategic Assessment of Crime, Anti-Social Behaviour, Substance Misuse and Reoffending, 2020/21

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

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

Title of document	Location

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

……
Signed by:

DRAFT EXECUTIVE SUMMARY

PARTNERSHIP STRATEGIC ASSESSMENT

OF

CRIME, ANTI-SOCIAL BEHAVIOUR, SUBSTANCE MISUSE AND RE-OFFENDING

2020/21

Introduction

Community Safety Partnerships (CSPs) have a statutory requirement to produce an annual strategic assessment and three-year partnership plan (refreshed annually).[1] These two documents combined enable partnerships to target their resources effectively and become more responsive to local crime, anti-social behaviour and substance misuse.

Overview of crime

Police recorded crime has reduced nationally by 13%, and while there were reductions in many types of crime, the biggest reductions were for acquisitive crimes. **Crime levels were significantly impacted by the COVID-19 pandemic and associated lockdowns/restrictions on social contact.** The largest decreases were seen during April-June which corresponded with the first national lockdown starting at the end of March 2020.

The Telephone Crime Survey for England and Wales found that the reductions in police recorded crime were **offset by increases in fraud and computer misuse offences**, resulting in no change in the overall level of crime reported to the survey. This **displacement reflects the changing opportunities for criminal behaviour during the pandemic**.

In Portsmouth there has been a **10% reduction in crime** since 2019/20, driven by reductions in violence with injury and many types of theft offences, particularly vehicle related thefts. However, **increases were seen in other offences including: sexual offences, stalking and harassment, crimes flagged as domestic abuse, drug offences, public order offences and shoplifting.**

Influences on crime

The COVID-19 pandemic has had a **huge impact on society**. Physical health, mortality rates, healthcare systems, economic performance, mental wellbeing, social interaction and mobility have experienced unprecedented change in response to both the virus itself and attempts to control the virus.

The restrictions imposed during the pandemic significantly limited physical interactions, accelerating the adoption of behaviours already gaining popularity, particularly people **shifting to online platforms for day-to-day needs** and more working from home. This has **created fewer opportunities for criminals in public areas and created more opportunities for criminals online.**

Complex needs

Our understanding of the impact of risk factors has developed considerably since we first highlighted risk and protective factors in the 2006/07 Strategic Assessment.[2] There is now an increasing body of national and local research **linking factors such adverse childhood experiences, mental health, substance misuse**

[1] www.legislation.gov.uk/ukpga/1998/37/contents
[2] SPP Strategic Assessment 2006/07, page 36 and appendix 3

and poverty to an increased likelihood of a person being at risk of becoming a victim of or perpetrating crime.

Missing

Going missing puts people at risk of harm, not only from the risk factors that contributed to them going missing, such as poor mental health, but also from exploitation. Young people account for most of the missing incidents, although numbers have been reducing over the last five years. Conversely there has been a **substantial increase in adults going missing (51%, n246) since 2019/20** which is likely to be due to psychological and emotional pressures associated with the COVID-19 pandemic.

Mental Health

People with mental health issues are more likely to become a victim of crime than the general population, particularly in relation to domestic abuse or sexual violence. Emerging research is suggesting that the **pandemic and response** to it, which has left many feeling isolated or without employment, **may be having a significant impact on the nation's mental health.**

Substance Misuse

The **pandemic has resulted in an increase in substance misuse, particularly the consumption of alcoho**l. There have been increases in drug possession and trafficking offences since 2019/20 and no reduction in county lines activity. Conversely, the pandemic is suspected to have increased the opportunities to recruit young people via social media and to criminally exploit them, particularly in relation to County Lines.

Despite this, there were reductions in overall alcohol and drug related ambulance and Emergency Department attendances, driven by a reduction for the 18-24 year old age group and attendances due to recreational use, suggesting a link to restrictions on the opening and capacity of pubs and clubs. There has been a corresponding **reduction in night time economy crime and violence.** However, there were **increases in opiate, antidepressant and benzodiazepine overdoses** which may be related to increases in drug use and declining mental health associated with the pandemic.

Drug and alcohol services adapted their processes to continue to provide a service throughout the pandemic. Despite this, there has been a reduction in new presentations to services, particularly alcohol clients. This reduction is unlikely a reflection of need, but more a result of the challenges bought about by the pandemic, such as support being provided online, which would not be suitable for everyone needing support. The **proportion of new presentations with mental health needs increased from approximately 50% to 82%.**

Since the last strategic assessment, the city has made good progress in several key areas, particularly in relation to alcohol related mortality rates for males. However, it is likely that pandemic has and will continue to hinder this progress. **Drug related deaths** and many of the alcohol key indicators such as rates of alcohol-related and specific mortality and admission and mortality from **liver disease for females continue to be areas of concern**, however as these are long-term indicators, it will take a long time for current measures to impact on them and for the true impact of the pandemic to be fully understood.

Coercion & Exploitation

The use of technology has allowed offenders to continue exploiting online, despite the social restrictions this year. Locally, numbers of **adults and children at risk of criminal exploitation increased and illicit drug use and supply continued to be a main driver for child criminal exploitation**. Conversely, the number of children at risk of child sexual exploitation (CSE) has reduced slightly, which is likely to reflect more accurate use of CSE flags rather than a genuine reduction in those at risk.

Young People at Risk

There is **no single factor** that can explain why some young people become a victim or perpetrator of anti-social behaviour and/or crime (or both), but **the more risk factors experienced and the fewer protective factors, the greater the risk of becoming a victim or perpetrator**.

National research has found that the pandemic has exacerbated existing pressures of school, particularly for those from low-income families without technology, and the **difficulty in accessing mental health support.**

Alcohol use and admissions into hospital for alcohol specific conditions for young people have been reducing over the past five years. The rate of hospital admissions for substance misuse has also been reducing and the number in treatment has remained low since 2017/18. However, those **in treatment were also often found to have vulnerabilities around criminal or anti-social behaviour and mental health or to have witnessed domestic abuse**.

Young people were **disproportionately affected by sexual offences;** 40% of victims were 17 years or younger. Victims of sexual offences were overwhelmingly young women**.** There was also an **increase in children flagged as at risk from Child Criminal Exploitation.**

There have **been reductions in the number of young offenders and in the number of offences** they have committed with substantive outcomes. This has been driven by a reduction in first time entrants to the youth justice system. While very recent reductions are likely to have been partially due to changes in behavioural patterns during the social restriction, the overall long-term reductions are very positive. It may be that levels now are the lowest they can be, and it is likely that numbers may rise again next year as restrictions have lifted.

Despite these reductions, the number of **drug offences committed by young people increased slightly, and robbery and possession of a weapon offences remained stable** (although there were still fewer than ten robberies/possession of a weapon offences). There is also concern about the backlog of court cases, which may lead to an increase in substantive outcomes and FTEs.

Reoffending

Data about those being supervised in the community by probation has shown a **slight increase in the number of people reoffending and in the number of reoffences they commit**.

Most offenders and those who reoffended were male, but the few females who did reoffend were more prolific and this is thought to be due to them committing more theft offences.

Higher rates of reoffending were found for those who were unemployed compared with those in employment, and those without secure housing compared with those who did. Approximately **half of those supervised had additional needs relating to alcohol or drug misuse or emotional wellbeing**.

Violence & Domestic Abuse

There has been a **long-term reduction in violence both nationally and locally** as evidenced by survey and hospital data, although changes in police recording practices in 2014 meant that police recorded crimes showed an increase from 2014 onwards. However, this overall trend hides the variation in different types of violence. Most serious violence started increasing in 2015/16 and resulted in the funding of Violence Reduction Units in 2019 to tackle this.

Since 2019/20, there has been a 22% **reduction in violence with injury** recorded by the police and the level of hospital emergency department (ED) attendances has almost halved, although some injuries may have been diverted to walk in clinics or no medical treatment sought due to the pressures on the ED during the pandemic. There was also a substantial **reduction in most serious violence**. This is consistent with national and county reductions in violence with injury. However, there was a **5% increase in sexual offences and slight increases in possession of a weapon and robbery offences**. During this data period there has been substantial media coverage of sexual harassment and abuse in schools and colleges, and an Ofsted review found that sexual harassment and online sexual abuse are widespread, so much so that these behaviours have been normalized for many young people and largely unreported.

Drivers of Violence

Domestic abuse continues to be the main known driver of violence, accounting for 46% of assaults, which is an increase of 5 percentage points from 2019/20, although the number of domestic abuse related assaults reduced slightly. **Assaults taking place within NTE areas and times halved** and this was the driver most impacted by the social restrictions associated with the pandemic. **Assaults on police, PCSOs or designated officers were the only category of assaults to see a numerical increase** from the previous year.

Domestic Abuse

Overall, the **number of domestic abuse incidents and crimes increased slightly** from the previous year, continuing the long-term upward trend. The increase in domestic abuse crimes has been **driven by an increase in stalking and harassment offences**, which are likely to be at least partially due to improved recognition of these offences. There has also been a continued increase in repeat victims, and while an increase in historic crimes partially accounts for this, there has still been a **55% increase in repeat victims since 2016/17** excluding historic offences.

Despite the increase in DVA incidents, crimes and repeat victims, **the number of charges and cases heard at court have dropped considerably over the last few years**, but particularly during 2020/21. COVID-19 restrictions are known to have impacted on court cases being heard, and **only 5% of domestic abuse crimes recorded by the police currently result in a successful court outcome**.

The data contained in the Domestic Violence & Monitoring Framework (2020/21) report shows positives around raising public awareness and continuing to provide support to people experiencing DVA and reducing their risk. However, it highlights how we **are not being successful in holding those who use controlling, abusive or violent behaviours to account or providing sufficient support for behaviour**

change, and particularly so during this pandemic. It is recommended that we include data about suspects as well as offenders in the annual police data download.

Serious Violence

Levels of most serious violence have been monitored since the number of offences almost doubled between 2014/15 and 2015/16 but were considered to be less affected by changes to police recording practices. In August 2019, the government announced funding to set up specialist teams to tackle serious violent crime in selected locations, including Hampshire and the Isle of Wight. An update to the serious violence profile[3] has been included in Chapter 11.

There has been a **reduction in serious violence,** driven by a reduction in most serious violence where no weapon or non-bladed weapons were used. **Knife-enabled serious violence remained fairly stable overall, but knife-enabled robbery increased by 44%** while other offences included in this category generally reduced. As for other types of violence, **the biggest reductions were seen in NTE areas, or by strangers** which is likely to be due to the restrictions on the opening and capacity of pubs and clubs. However, knife-enabled serious violence was still most like to be perpetrated by strangers (41%) than family or acquaintances where the victim was male. Conversely, female victims were more likely to be assaulted by their partner, ex-partner, or family (63%).

Knife-enabled serious violence was overwhelmingly committed by males (83%) on males (80%), but the age range was broader than last year, with most victims and perpetrators aged between 15 and 40 years. Analysis by police, which had details of not just offenders, but also suspects and subjects, found that **20% of serious violence (broad definition) was youth-on-youth, and that two-thirds of the offences involved weapons**. This analysis found **increases in robberies but also in drug offences**.

Hate Crime

Hate crime is another crime type which is known to be under-reported. Locally and nationally there has been an overall upward trend over the last six years, however it is not possible to know for sure how much is a result of more people feeling confident to report it**. There was a very slight increase locally since 2019/20,** despite reductions in many types of crime due to the pandemic. Race crime is the most commonly recorded strand of hate crime, accounting for 69% of all hate crime, and there was a peak in these types of crime from June to August 2020/21 following the death of George Floyd and the protests that followed.

Radicalisation and Extremism

The UK threat level is currently substantial (meaning an attack is likely). It is assessed that an attack would most likely be conducted by 'Self-Initiated Terrorists' acting independently of established terrorist groups or organisations.

In Hampshire, Right Wing and Islamic terrorism were the most predominant ideological threats, and males under 30 years were the demographic group most vulnerable to radicalisation. It is also likely that the **risk**

[3] Narrow definition only - knife/bladed weapon enabled serious violence and most serious violence.

of online radicalisation and access to extremist material has increased throughout the pandemic. Conspiracy theories linked to organisations such as QAnon and the COVID-19 pandemic have been prevalent in Portsmouth and the Prevent team have delivered training to schools and colleges to raise awareness of this risk.

Acquisitive Crime

Almost all types of acquisitive crime reported to the police, with the exception of robbery have been on an overall downward trend over the last decade, both nationally and locally. Conversely, theft offences reported to the Portsmouth Community Safety survey have remained fairly stable over the last eight years, which could indicate that it is willingness to report has changed rather than levels of this type of crime.[4]

There has been a **further reduction nationally and locally since 2019/20, which has been a key driver in the reduction** in overall crime levels. Serious acquisitive crime reduced by 40% in Portsmouth and there were reductions in most types of acquisitive crime, **with the exception of shoplifting and robbery**. The **18% increase in shoplifting was contrary to the national trend which showed a 36% reduction and** could represent displacement where opportunities for other types of acquisitive crime have reduced or could be due to more people being under financial pressure due to the consequences of COVID-19 related restrictions.

Cybercrime

Reports of cyber-dependent crime and online fraud increased substantially during the COVID-19 outbreak, particularly during months with the strictest lockdown policies.[5] This is thought to be a consequence of changes in behaviour, with many people working, shopping, and socialising online more, creating increased opportunities for criminals online at a time when there were fewer opportunities in public areas.

The TCSEW found a 24% increase in fraud offences and an 85% increase in computer misuse offences from 2019/20, while Action Fraud found a 15% increase in cybercrime and 38% increase in fraud associated with online shopping and auctions. While it is difficult to tie online crimes to geographical locations, residents and businesses in Hampshire reported losses of approximately £3.8 million pounds per month, a 27% increase from 2019/20.

It is also **thought that many people don't recognise some of types of cybercrimes as crime, and do not report them** to Action Fraud or the police; very few people reported experiencing it to the Community Safety Survey in 2020.

Digital technology has **also assisted the initiation, maintenance, and escalation of abuse**. It **makes it easier to access to victims**. Social media, digital messaging, generic websites, or gaming platforms are used to contact and groom victims. As children have been spending more time online with potentially less supervision during the pandemic, this has exposed children to an increased risk of online abuse. The

[4] https://www.saferportsmouth.org.uk/community-safety-survey/
[5] Full article: Cybercrime and shifts in opportunities during COVID-19: a preliminary analysis in the UK (tandfonline.com)

Internet Watch Foundation found a **51% increase in reports from members of the public about child sexual abuse materials online** in 2021 compared to the previous year.

Anti-Social Behaviour

Local **levels of ASB reported to the police have halved over the last decade** and have also been declining nationally. Conversely, the **proportion of respondents reporting that they have experienced or witnessed ASB to the Community Safety Survey has been increasing** since 2016.

The levels of ASB in Portsmouth **remained stable compared to 2019/20,** despite an initial increase during the first lockdown period. There was also a 25% reduction in demand requested via 101 calls or Single Online Home (police website) for low level crimes and ASB. However, **increases were seen in ASB reported to other services:**

- 17% increase in noise complaints to the Noise Pollution Team
- 46% increase in ASB reported to the Housing Service, and
- 27% increase in arson from Hampshire Fire and Rescue Service

It is **possible that the reductions seen in recent years and stability during 2020/21 are due to a reluctance to report to the police**.

There was **a substantial reduction in alcohol related ASB**, which is unsurprising with the lockdown periods and restrictions to the opening times and capacities of night time economy premises. A smaller reduction was seen in drug related ASB which is consistent with other data in this assessment demonstrating that **despite restrictions on being in public areas and socialising for much of 2020/21, drug misuse has continued largely unabated**.

Conclusion & Recommendations

The **COVID-19 pandemic and the response to it has had a substantial impact on crime, community safety and service delivery during 2020/21**. The restrictions imposed have significantly limited physical interactions, creating fewer opportunities for crimes taking place in public areas. There have been **substantial reductions in many types of crime, particularly theft offences and violence associated with the night-time economy**, which are likely to revert to pre-pandemic levels as things go back to normal. Despite this, there have been increases in some types of crime, such as sexual offences, domestic abuse, stalking and harassment, knife-enabled robbery, and drug offences.

The **increases in stalking and harassment** are likely to be largely due to better identification and recording of these offences by police, but increases have also been found in harassment reported to the Community Safety Survey indicating that this may be becoming more of an issue.

Sexual offences and domestic abuse have been on a long-term upward trend for the last decade. While there have been changes in recording which could account for part of these increases and perhaps some people have more confidence to report, the focus is very much on providing support to victims or encouraging potential victims to change their behaviours. This approach is reactive and is likely to displace future offending, rather than reduce the perpetration of these types of crime. There is particular concern that sexual harassment/abuse may be normalised for girls and young women, and research has suggested that they often feel that they cannot report it to anyone.

Knife-enabled robbery also increased, and although numbers are still relatively small, the potential for harm is substantial. **Possession of a weapon offences** also did not reduce, indicating that knife crime is still a current and serious issue. There are thought to be links between knife-enabled crime and **drug related violence**, both of which are associated with **child criminal exploitation**. **Drug offences also increased** during the pandemic, and County Lines managed to adapt and continue trafficking drugs into Portsmouth.

The pandemic has also dramatically **accelerated a shift towards increasingly using online platforms** for our day-to-day needs, including socialising, working from home, and shopping. This has created more opportunities for criminals to access victims and with generally with a lower risk of being caught. It is thought that **many crimes have been displaced from 'physical' to cybercrime**, and that overall crime has not reduced. There is a serious gap in our knowledge around cybercrime locally, with much of the data only available at a national or county level, and many people are not recognising that the behaviours they encounter online are crimes. The periods of home-schooling and the use of online platforms to do so, has meant that children and young people have had increasingly unsupervised access to the internet, **increasing the number of young people vulnerable to online grooming for both sexual and criminal exploitation**. While many types of 'physical' crime are likely to have gone back to normal levels as the restrictions are eased, it is likely that people will continue to use online platforms more than they did prior to the pandemic and this is highlighted as a continuing risk.

The pandemic and restrictions have had wide-reaching effects on society and while we can begin to identify some of the harm suffered, other consequences may not be known for many years. We are aware of the increased job losses, unemployment and financial stress placed on families, and the disadvantages for people or families with a low income, including children being unable to access education, increased isolation, having to spend a long time in confined conditions and being without access to open spaces. The **biggest impact appears to be on mental health**, and, in particular, for those who have been exposed to the most disruption and disadvantages, children and young people, and those who have existing mental health disorders. National research has highlighted that mental health services have not been able to keep up with additional demand, both for young people and adults.

This increase in poor mental health appears to have had other **repercussions that may increase vulnerability and the likelihood of becoming a victim of crime**. For example, more adults went missing, and alcohol consumption was known to have increased. Increased alcohol dependence causes chronic problems and tends not to be immediately reflected in the datasets that we monitor. **Drug misuse has become a more visible issue** for Portsmouth residents in recent years and appears to have continued largely unaffected, although there was a small reduction in recreational use linked to the night time economy.

Reviewing the Community Safety Priorities

The strategic assessment process considers local and national data to identify priorities for the partnership. While the conclusion sums up the key issues, a detailed scoring matrix[6] was also used to demonstrate transparency in identifying crime priorities for the partnership. This matrix identified the following highest scoring crime types: sexual offences, knife-enabled serious violence, stalking & harassment, violence with injury and domestic violence.

Taking all this into consideration, the previous priorities remain, and a few extra priorities have been added (in bold).

- Tackling violent crime, continuing to focus on domestic abuse, knife-enabled violence, and **sexual violence**
- Tackling drug-related harm, with a focus on increasing access to treatment and closer working across physical and mental healthcare.
- Early identification of and interventions with children and young people at risk of exploitation or abuse, of misusing substances and of offending
- **Improve accessibility and capacity of mental health provision for children, young people, and adults.**
- **Increase the awareness of cyber-related harm**

[6] The matrix takes account of volume, trends, bench-marking, public concern, personal harm and whether they were likely to have disproportionate impacts against sections of the community or were linked to drug and alcohol misuse.

Portsmouth CITY COUNCIL

Title of meeting: Health and Wellbeing Board

Date of meeting: 24th November 2021

Subject Preventing Violent Extremism Strategy

Report by: Rachael Roberts, Deputy Director, Adult Social Care

Wards affected: All

Key decision: No

Full council decision: No

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1 Purpose of report

1.1 To update the Health and Wellbeing Board on the Local Authority's plans to meet the Prevent statutory duty.

2 Recommendation

The Health and Wellbeing Board to endorse:

a) That ASC take on the strategic lead for the Prevent Duty with operational line management for the operation delivery sitting with the Deputy Director.
b) That the Deputy Director for Adult Social Care collaborates with the Deputy Director for Education to ensure the service continues to be responsive to the needs of schools and colleges.
c) That delivery and funding options post Autumn 2022 are researched and are presented within a report to the H&WB. This will include opportunities to generate income.

3 Background

3.1 The Prevent strategy is one of the four elements of CONTEST, the national counter terrorism strategy, covers all forms of extremism and has three strategic objectives:

a. Respond to the ideological challenge of terrorism and the threat we face from those who promote it;
b. Prevent people from being drawn into terrorism and ensure that they are given appropriate support; and
c. Work with sectors and institutions where there are risks of radicalisation that we need to address

3.2 Section 26 of the Counter Terrorism and Security Act 2015 placed responsibilities on "specified authorities" in the exercise of their functions to have "due regard to the need to prevent people from being drawn into terrorism". This became a legal requirement on the 1st of July 2015[1].. Specified authorities include the local authority, criminal justice, including prisons, education sector, health and social care and the police.

3.3 In complying with the duty, all specified authorities should demonstrate an awareness and understanding of the risk of radicalisation in their area. The guidance identifies sector specific duties with three themes throughout:

a. Effective leadership - those in leadership positions to have mechanisms to understand the risks, ensure staff have the capabilities to respond to risk, communicate and promote the importance of the duty and implement the duty effectively.
b. Working in partnership - demonstrate evidence of productive co-operation, in particular with local Prevent co-ordinators, the police and local authorities, and co-ordination through existing multi-agency forums, for example Community Safety Partnerships
c. Appropriate capabilities - ensure frontline staff have the training and skills to be aware of Prevent, how to challenge the extremist ideology and able to respond obtain support for people who may be exploited by radicalising influences.

4 Local Authority delivery benchmarks

The Home Office have designed the following benchmark to enable local authorities and their partners to assess Prevent delivery in their local area against statutory requirements and best practice delivery:

a) The organisation has a local risk assessment process reviewed against the Counter Terrorism Local Profile.
b) There is an effective multi-agency partnership board in place to oversee Prevent delivery in the area.
c) The area has an agreed Prevent Partnership Plan.
d) There is an agreed process in place for the referral of those identified as being at risk of radicalisation.
e) There is a Channel Panel in place, meeting monthly, with representation from all relevant sectors.
f) There is a Prevent problem solving process in place to disrupt radicalising influences.
g) There is a training programme in place for relevant personnel.
h) There is a venue hire policy in place, to ensure that premises are not used by radicalising influencers, and an effective IT policy in place to prevent the access of extremist materials by users of networks.
i) There is engagement with a range of communities and civil society groups, both faith based and secular, to encourage an open and transparent dialogue on the Prevent Duty.

[1] https://www.gov.uk/government/publications/prevent-duty-guidance

j) There is a communications plan in place to proactively communicate and increase transparency of the reality / impact of Prevent work, and support frontline staff and communities to understand what Prevent looks like in practice.

The local authority is currently meeting these benchmarks, coordinated by the Hidden Harm Coordinator, however funding for this role ends in December 2022. There is a well-attended and effective Prevent Delivery Board which oversees delivery in Portsmouth and creates a Prevent Partnership plan. A revised training, communication and community engagement plan are in development in partnership with the Hampshire and Isle of Wight Prevent Board.

5. Project Orpheus

5.1 In January 2019, Portsmouth City Council secured 3-year EU funding to tackle radicalisation in partnership with EU coastal cities. Project Orpheus works with other coastal cities and universities within France, Belgium and Netherlands to develop online and offline methods to build resilience within young people. The project will consider online safety and will develop a prevention model for violent extremism. The project is supported by local charities and schools, in addition to the Home Office and the Foreign and Commonwealth Office. This funding is £120,521 a year, funds the Hidden Harm Coordinator and Hidden Harm Education Officer roles, has a 40% contribution from Portsmouth City Council reserves and ends in December 2022

6. Current Arrangements in Portsmouth

6.1 Portsmouth established a Prevent Delivery board in 2015 and has representatives from the specified authorities;

Local Authority (to represent relevant departments)
Youth Offending Team
Health
Education representation (to represent schools, FE & HE)
Regional Prevent FE/HE lead
Portsmouth University
Portsmouth Channel Chair
Probation
Community Rehabilitation Company
Police

7. Channel and Safeguarding

The Channel process, including the Channel panel, is part of the Prevent strategy. The Channel process is a multi-agency safeguarding approach to identify and provide support to individuals who are at risk of being drawn into terrorism or violent extremism. Channel focuses on providing support at an early stage to people who are identified as being vulnerable to being drawn into

terrorism. Channel works by partners jointly assessing the nature and the extent of the risk and where necessary, providing an appropriate support package tailored to the individual's needs. The three key stages of Channel are:

i. Identify individuals at risk of being drawn into terrorism or violent extremism.

ii. Assess the nature and extent of risk; and

iii. Develop the most appropriate support plan for the individuals concerned.

Channel addresses all forms of violent extremism. Referrals can come from a wide range of individuals and partners and could include youth offending teams, social services, health, police, education and local communities. If appropriate, a multi-agency panel is convened to provide appropriate support and intervention.

A Channel panel is established in Portsmouth and considers individual cases where there are concerns of radicalisation. This is chaired by Rachel Roberts, Deputy Director Adult Social Care, with Dave Richards, MASH Manager Children's Social Care, as deputy chair. The panel have a schedule of monthly meetings and there is good representation from local partners.

8. **Counter Terrorism Local Profile (CTLP)**

A Counter Terrorism Local Profile (CTLP) is an assessment of risk that informs planning and delivery locally. The CTLP is presented to the Prevent Delivery Board by Counter Terrorism Policing South-East (CTP-SE) on an annual basis. A version is that is approved for wider circulation is then sent out to partners. The CTLP recommendations and identified risks are used to form the basis of the Portsmouth Prevent Delivery Plan.

9. **Future strategic and operational delivery of Prevent**.

Prevent is a statutory duty that is currently not strategically embedded or mainstreamed within PCC. Alison Jeffrey, previous director for Children Social Care, had provided the strategic lead, with support from CSC and ASC colleagues prior to her departure. Operational delivery is currently strong however is reliant on the Hidden Harm Coordinator and Hidden Harm Education Officer posts, who were initially funded by the Home Office and are now currently funded via an EU external grant and a 40% contribution from the Community Safety portfolio reserves. This funding ends in December of 2022.

10. **Integrated Impact Assessment**

As this report is an update on current arrangements for the Prevent Strategy an IIA is not required.

11. **Finance Comments**

No comment, please see Section 2, Recommendation C.

12 **Legal Comments:**

12.1 As indicated in the body of the report, section 26(1) of the Counter-Terrorism and Security Act 2105 (("the Act") places a duty upon "specified authorities", in exercising their functions, to "have due regard to the need to prevent people from being drawn into terrorism". This is referred to as the "Prevent Duty".

12.2 The City Council is such a "specified authority" in accordance with Schedule 6 of the Act.

12.3 The Home Office has issued statutory guidance to authorities regarding the Prevent Duty under section 29 of the Act. Under section 29(2) of the Act, authorities must have regard to that guidance in carrying out the duty.

12.4 The recommendations in this report are intended to ensure that the responsibility within the Council, at officer level, for providing the strategic lead for the carrying out of the Prevent Duty is clear and that the future funding of the work is given appropriate consideration.

……
Signed by: Rachael Roberts, Deputy Director, ASC

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**

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

……
Signed by:

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Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	24th November 2021
Subject:	Better Care Fund Plan 2021/22
Report by:	Jo York, Managing Director, Portsmouth CCG
Wards affected:	None
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1 The purpose of the report is to update Health and Wellbeing Board members on the Better Care Fund (BCF) for 2021/22 and seek formal Health and Wellbeing Board sign-off for the BCF plan that has been submitted to NHS England and NHS Improvement.

2. Recommendations

2.1 The Health and Wellbeing Board is recommended to:

i. Approve the Portsmouth Better Care Fund plan for 2021/22, as submitted to NHS England and Improvement (NHSE/I).
ii. Note work ongoing to support integrated health and care provision that is funded via the BCF.

3. Background

3.1 NHSE published the Better Care Fund planning requirements for 2021/22 on 30th September 2021. BCF plans were required to be submitted to NHSE/I by 16th November 2021.

3.2 For 2021/22 BCF plans consist of:

i. A narrative plan
ii. A BCF planning template including planned expenditure, confirmation that national conditions are met, ambitions for national metrics and additional contributions to BCF section 75 agreements.

3.3 Use of BCF funding streams is jointly agreed by the CCG and City Council, via the BCF and Health and Care Portsmouth Commissioning Partnership

Management Group, which is comprised of the relevant officers from both organisations and oversees the Section 75 agreements.

3.4 Local areas were not required to submit BCF plans in 2020/21 due to system pressures of the Covid-19 pandemic. In 2021/22 BCF plans focus on continuity of integrated health and care, supporting recovery from the pandemic and building on partnership working across Health and Care Portsmouth to benefit people across the City.

3.5 The BCF plan continues to support the well-established principles of the Portsmouth Blueprint to deliver better outcomes for our population. Our vision is for everyone in Portsmouth to be supported to live healthy and independent lives for as long as possible, with health, social care and support integrated around individual needs at the right time and in the right place.

4. Reasons for recommendations

4.1 The Better Care Fund policy framework indicates the national conditions that BCF plans must meet:

i. A jointly agreed plan between local health and social care commissioners, signed off by the Health and Wellbeing Board.
ii. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution.
iii. Investment in NHS-commissioned out-of-hospital services.
iv. A plan for improving outcomes for people being discharged from hospital.

4.2 The plan reflects well established joint commissioning and partnership working arrangements and Health and Wellbeing Board members are asked to sign off the attached 2021/22 Portsmouth BCF plan.

5. Integrated impact assessment

5.1 An integrated impact assessment is not required as the recommendation does not directly impact on services that are already being delivered. Schemes and services within the BCF are subject to the appropriate CCG or City Council Integrated, Equality or Quality Impact Assessments. A CCG Equality Impact Assessment has been undertaken as part of the planning process.

6. Legal implications

6.1 Legal considerations have been taken into account where appropriate for individual schemes and projects within the BCF.

7. Director of Finance's comments

7.1 Financial oversight and approval of BCF expenditure is via the Partnership Management Group, which comprises the relevant members of CCG and City

Council Finance directorates. BCF allocations for 2021/22 are authorised as noted in the planning template.

……
Signed by:

Appendices:

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

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

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Signed by:

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Portsmouth

Better Care Fund

2021-22 Plan

1. Executive summary and stakeholders

- Priorities for 2021-22
- key changes since previous BCF plan
- Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, district councils)
- How have you gone about involving these stakeholders?

This plan sets out Portsmouth's Better Care vision for current year, 2021-22, continuing to build upon the Portsmouth Blueprint to deliver better outcomes for our population. The Blueprint for Health and Care in Portsmouth is now well-established as the set of guiding principles that underpins how the key health and care organisations in the city will work together to reduce health inequalities and deliver sustainable health and care services. Our vision is for everyone in Portsmouth to be supported to live healthy and independent lives for as long as possible, with health, social care and support integrated around individual needs at the right time and in the right place – in the community where possible, with use of acute services where there is a true need to do so.

Health and Care teams have been in the forefront of the response to Covid-19 and despite the significant challenges have achieved a huge amount over the last 18 months, successfully adapting to new ways of working and supporting service users, their families and carers. Most Better Care funded schemes have continued into 2021-22, with health and care pathways projects designed along key principles of:

Early intervention and self care - improving healthy life expectancy and reducing dependency on health and care services through upgrading prevention, early intervention and self care; effective prevention and management of long term conditions in the community by joined up services. By developing and improving a range of low-level preventative services people can be supported to make choices to meet their individual needs and remain safe, healthy and independent for as long as possible.

Admission avoidance and effective discharge - supporting people home from hospital, providing effective urgent care in the community, and rehabilitation and reablement support to avoid emergency admissions; to ensure no-one stays longer in an acute or community bed longer than they need to and reducing readmissions.

Pro-active care – planned, pro-active integrated health and care management; focus on single assessment and truly integrated professional teams so people only have to tell their story once with services providing a holistic view of their individual needs.

Our focus continues to be delivery of the Portsmouth Blueprint aspirations through Health & Care Portsmouth - NHS Portsmouth CCG and Portsmouth City Council, in particular Adult Social Care and Housing, and working with our partners Solent NHS Trust, the Portsmouth Primary Care Alliance, Portsmouth Hospitals University NHS Trust and Voluntary, Community and Social Enterprise groups across the City.

A key priority for 2021-22 is development of the Portsmouth Integrated Community Programme, which is informing the future development and design of community bed-based and home-based services to ensure Portsmouth has the right capacity and capability, in the right places.

2. Governance

Please briefly outline the governance for the BCF plan and its implementation in your area.

The CCG already has in place a number of joint arrangements with Portsmouth City Council including: Continuing Health Care, Better Care Fund and the Health and Care Portsmouth Commissioning Team.

A robust programme management and governance approach has supported delivery of Better Care from the outset. This approach continues in 2021-22. The Partnership Management Group (PMG) oversees the Section 75 Agreements for the Better Care Fund and Health & Care Portsmouth Commissioning. The group is comprised of representatives from the CCG and City Council and meets bi-monthly, providing strategic direction on individual schemes and projects, reviewing and agreeing pooled financial schedules and activity information. The PMG is authorised within the limit of delegated authority of its members (which is received through their respective organisation's own constitution and scheme of delegation).

Work has recently been undertaken with Bevan Brittan to ensure that our local governance arrangements, including for the recently re-established Joint Commissioning Board, are robust. This has included consideration of the current agreements that we have in place to enable joint working, including Section 113 and Section 75 agreements. We are aiming to develop an overarching Section 75 agreement which would set a framework for joint working, with a series of individual schedules developed to set out key areas including the Better Care Fund. This would help bring together a wider range of staffing and financial resource within the Health and Care Portsmouth model in line with the integration agenda in the city.

3. Overall approach to integration

Brief outline of approach to embedding integrated, person centred health, social care and housing services including

- Joint priorities for 2021-22
- Approaches to joint/collaborative commissioning
- Overarching approach to supporting people to remain independent at home, including

strengths-based approaches and person-centred care.

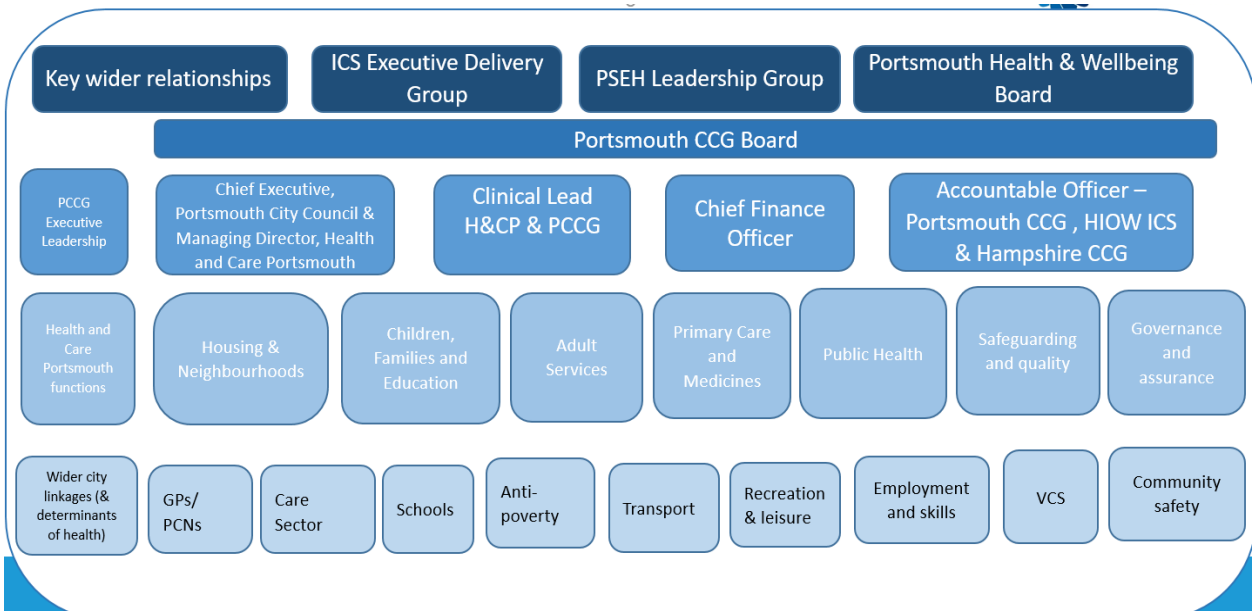
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2020-21

There is a strong history of joint working between the City Council and CCG and we continue to strive to remove the barriers between the organisations to ensure that we are providing the most effective services to residents. Part of this is ensuring that as far as possible, we are commissioning services together, putting resources together where appropriate to ensure that provision is based on a clear understanding of need, and joined-up as far as possible. We continue to value the principles set out in the Blueprint for Health and Care Portsmouth that residents should experience services that are seamless.

The Blueprint commitments have been refreshed for 2020-23:

1. We work continuously to improve the quality of health & care in Portsmouth, for all individuals and communities, visibly demonstrating how the diversity of local communities is reflected in the work.
2. We build our health and care service on the foundation of primary and community care, recognising that people have consistently told us they value primary care as generalists and their preferred point of care co-ordination; we continue to improve access to primary care services when people require it on an urgent basis.
3. We underpin this with a programme of work that supports the individual to maintain good health and prevent ill health. We strengthen the support for local people's health and care from both statutory and community organisations so that people become more resilient and know how to access community services when needed.
4. We bring together important functions that allow our organisations to deliver more effective community based front-line services and preventative strategies; this includes functions such as HR, Estates, IT and other technical support services.
5. We are committed to having a well led, well organised, highly professional and engaged workforce that uses data well to inform services and care and continuously learns from frontline practice.
6. We establish a new constitutional way of working to enable statutory functions of public bodies in the City to act as one and to improve local people's involvement and influence in health & care in the city. This includes establishing a single commissioning function at the level of the current Health & Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets.
7. We establish improved and integrated ways of delivering health and care services for the City. This will be achieved through a range of ways including the formal integration of some services. For local people this will mean they do not have to experience multiple assessments, will be offered choices about how they are treated, be offered opportunities to explain what is most important to them and be referred more straightforwardly to the services they need.
8. We simplify the current configuration of urgent, emergency and out of hours services, making what is offered out of hours and weekends consistent with the service offered in-hours on weekdays so that people have clear choices regardless of the day or time
9. We focus on building capacity and resources at a local level and in communities in the City to enable them to commission and deliver services at a locality level within a framework set by the city-wide Health & Wellbeing Board.

Health & Care Portsmouth operating model / partnership:



The CCG and City Council share a number of aspirations:

1. Personalisation of care and support – including domiciliary care intervention and review, end of life care planning and future care planning, Continuing Healthcare assessments
2. Improving health and well-being and strengthening our communities using an asset building approach – including partnerships with the VCSE sector, HIVE, community helpdesk and community development
3. Strengthening primary and community care services – including integrated intermediate care to avoid hospital admissions and links with Primary Care Networks
4. Supporting vulnerable people - through the prevention and management of long term conditions, supporting people in care homes and within the wider care sector
5. Improving access to acute /secondary or specialist services – including system resilience, urgent care and elective care pathways and TrUE (Transforming urgent and elective care)
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary mental health services, secondary care and planned and crisis services

These aspirations are intertwined with the principles of Portsmouth's Better Care funded schemes and projects.

We have established enablers for partnerships across the City including:

- Health & Care Portsmouth Commissioning - Integrated Commissioning Service provided by the City Council and CCG
- Portsmouth Rehabilitation & Reablement Team – service provided by Solent NHS Trust and City Council, funded via the Better Care Fund
- Senior Responsible Officer for Hospital Discharge & Flow - City Council and Solent NHS Trust provided
- Continuing Health Care – City Council and CCG provided

- Adult Mental Health – City Council and Solent NHS Trust provided
- Integrated Learning Disability Service - City Council and Solent NHS Trust provided
- Quality Team - City Council and CCG provided
- Designated Setting – City Council provided
- Common Record System across Primary Care, Solent NHS Trust and Adult Social Care

A key transformation programme this year is development of the **Portsmouth Integrated Community Programme**, which is informing the future development and design of community bed-based and home-based services to enhance the intermediate care offer across the City and ensure Portsmouth has the right capacity and capability, in the right places.

The aim of the Portsmouth Integrated Community Plan is to:

- deliver the national ambition set out in the Hospital Discharge Guidance (ensuring MOFD for Portsmouth is no greater than 20)
- deliver the requirement in the NHS '2021/22 priorities and operational planning guidance' to accelerate the rollout of the 2-hour crisis community health response at home to provide consistent national cover (8am-8pm, seven days a week) by April 2022
- achieve a sustainable rehabilitation and reablement offer (home and bed based), including D2A

The programme has 3 inter-related workstreams:

1. **Urgent Community Response** project aims to deliver a responsive crisis service that is built around place, ensuring Portsmouth patients have access to Urgent Community Response (UCR), with wrap around support to optimally manage their crisis needs at home and avoid unnecessary admissions. The Portsmouth Rehabilitation and Reablement Team (PRRT) service is funded through the Better Care Fund and is already commissioned to provide a home-based 2 hour crisis response and home-based routine rehab and reablement service for Portsmouth residents. PRRT is a multi-disciplinary, integrated health and social care team the purpose of which is to provide responsive support for people whose needs have intensified, often as the result of an acute illness. Solent NHS Trust is the lead for this service on behalf of both Solent and Portsmouth City Council.

   This project will focus on developing and implementing a plan to enhance the existing UCR service to ensuring the needs of Portsmouth residents are met.

2. **PCAT Hub** This project will develop and implement a Portsmouth Community Assessment Team Hub (PCAT Hub) to ensure the most effective and efficient use of Urgent Community Response (UCR), Rehabilitation & Reablement, D2A and all other intermediate care services. The focal point of the project will be the development of a central coordination hub that will coordinate all pathway 1, 2 & 3 discharges and all community referrals for 2-hour urgent community response and 2-day rehab and reablement responses for Portsmouth residents. This will be built on aligning the existing functions of Discharge Hub, PCAT Assessment Team and PCAT Spoke at PHU.

   It aims to deliver a city wide frailty service that 'pulls' patients into the community and avoids unnecessary admissions to the acute by coordinating resources and providing a single point of access for step up / step down provision, ensuring all services are

effectively utilised.

3. **Optimized Reablement & Rehabilitation (ORR)**
   This project focuses on reviewing the current D2A, rehabilitation, reablement and recovery support offer and develop and implement an optimised offer that is agreed by all key stakeholders within Health & Care Portsmouth. This will be supported by the development and implementation of a communications, education and awareness campaign to ensure all stakeholders are aware of the developments and changes to services.

An analysis of key stakeholders has been undertaken to identify the relevant and interested parties for this programme of work. Regular meetings and workshops have taken place since June 2021, in addition to continued less formal engagement, and will continue throughout the year. Stakeholders include the PPCA Integrated Primary Care Services (Acute Visiting Service, Clinical Assessment Centre and Out of Hours through PHL), Portsmouth Hospital University NHS Trust (Frailty Intervention Team / Frailty Assessment Unit, ED, PCAT, MAU, MAU, PHU Emergency Village), HIVE and VCSE groups, Discharge to Assess Hub, Primary Care - General Practice including PCNs, PCN Care Coordinator, Social Prescribers; P3; Community Pharmacy team; 111; South Central Ambulance Service; Solent NHS Trust - Community Nursing, Older Peoples Mental Health, Single Point of Access, Enhanced Care Home Team; Hampshire Care Association; Portsmouth City Council – Adult Social Care, Community Independence Service (CIS), Housing Services, HOSP, Telecare; Community Beds – Jubilee House, Spinnaker, Southsea, Victory, Gunwharf; Service users, carers and the general public via patient groups.

Through the Better Care Fund several contracts for the provision of Home from Hospital & Admission Avoidance are delivered by the VCSE sector and have been commissioned in the traditional format for several years. A collaborative conversation has taken place with the incumbent VCSE organisations, commissioners, and Portsmouth City Council Procurement to help identify what is working well and where there are opportunities to develop, innovate and expand the support offered by the VCSE as a collective. This has included a mapping exercise that highlighted the value of the current provision, including cross organisation working and added social value from wellbeing and social isolation support, and the longer-term sustainability for the VCSE that the BCF funding provides. An evolving, collaborative model with a focus on admission avoidance will be developed by partners with the aim of developing a longer-term sustainable model integrating VCSE support into the Urgent Community Response / PRRT / discharge hub.

Safe Space is one example of an integrated project commissioned through the Better Care Fund. The service is delivered by South Central Ambulance Service NHS Foundation Trust in partnership with NHS Portsmouth CCG, Portsmouth City Council and the University of Portsmouth. It provides a valuable ED attendance avoidance service when most other services are closed, providing a Safe Space for individuals who might need support on a night out. Due to the Covid pandemic, Safe Space was not open during 2020-2021, however due to the lifting of restrictions and a resurgence in the night-time economy it has re-opened and is now located in the central location of the City Council Civic Offices. It is open every Friday and Saturday from

10pm - 3am (and for additional events such as Fresher's week), to offer confidential and non-judgemental advice, immediate medical care, help for minor injuries and concerns associated with drug and alcohol, from trained professionals to anyone who needs it. If an onward conveyance to the emergency department is required, this will be organised via the most appropriate means. Long term, Safe Space will work with partners (Police, Street Pastors, Portsmouth University and PCNs) to provide a holistic approach to care and support to those people accessing the night-time economy. It is anticipated that the service will reduce the demand on other health and care services, as the service evaluation includes perceived avoided 999 call outs and subsequent reduction in ambulance conveyances. In addition it provides an accessible service for people who are either harder to engage or less likely to engage with traditional health care services.

The City has a thriving provider alliance arrangement through the **Portsmouth Provider Partnership (P3)** - previously the MCP - which has been, and continues to be an important vehicle to improve provision of community care within Portsmouth, and transformational activities have progressed well since the establishment of the partnership. The P3 Programme will be a key building block in the foundation of the HIOW Integrated Care System (ICS) and the Portsmouth & South East Hants Integrated Care Partnership (ICP).

The Blueprint recognised that the City operates within a wider context too, this centres around the acute hospital footprint of Portsmouth and South East Hampshire (PSEH), but also recognises the benefits from working at scale across the bigger geography of Hampshire and the Isle of Wight. We have well established planning mechanisms to support the PSEH Integrated Care Partnership, which brings together partners in the area across the Local Authority boundaries.

PSEH has established three transformation programmes to drive, enable, support, be accountable for and deliver on priorities to ensure we can restore and recover, whilst transforming the way we provide services, accelerate delivery and start to look ahead to achieving the Long Term Plan commitments: Managing flow; Place based care and Healthy communities. As part of the wider PSEH system we will work together where it makes sense to do so and adds value, to deliver the agreed set of priorities that will improve health and care for our local population.

4. Supporting Discharge (national condition four)

- What is the approach in your area to improving outcomes for people being discharged from hospital?
- How is BCF funded activity supporting safe, timely and effective discharge?

On 19 March 2020, the Government released Hospital Discharge Service Requirements, superseded 21 August 2020 to set out the requirements for supporting the NHS through creating acute and community capacity to meet an anticipated surge in demand as a result of Covid. The current requirements remain largely unchanged from the initial requirements in that once a person no longer meets the clinical criteria to require inpatient care in an NHS setting (CTR), they

will be discharged home the same day as becoming medically optimised (or within 24 hours), and any further assessment required (including CHC consideration) will be carried out within a community setting (D2A).

To deliver this requirement, a discharge hub based at St Mary's Community Campus was established to manage all step-up and step-down care for Portsmouth City residents, including interim placements and onward care arrangements. This multidisciplinary team works in partnership with the Integrated Discharge Service (IDS) at Portsmouth Hospital University Trust (PHU) to facilitate hospital discharge and consists of staff from Portsmouth City Council (PCC), PCCG and Solent NHS Trust. The Discharge Hub and D2A unit went live in April 2020. Since then, the Portsmouth System has seen a significant reduction by 22 MOFD patients on average and 217 bed days lost. This has resulted in improved flow from the acute and reduced the risk to patients of infection, low mood, and reduced motivation, which can affect a patient's health after they have been discharged and increase chances of readmission to hospital.

This then enables people to have their longer term needs assessed in the community outside the acute environment. The benefits to the person are less time in the acute and more opportunities to remain at home being supported how people would like. For health and care organisations, there should be less lost bed days, better utilisation of capacity to assess and meet people's needs and a sharing of resources to where they are needed rather than based on organisational boundaries.

We have a strong integrated rehabilitation and reablement team and a Community Independence Service that, along with other VCS provided services, aims to support people back home and prevent avoidable readmissions whilst optimising people's potential to remain living healthy and happy lives.

The Trusted Assessor role is now full time, funded by Portsmouth BCF, working across the PSEH ICP patch and continuing to help support early discharge of people in hospital to nursing and residential homes – carrying out and co-ordinating needs-led assessments and providing effective discharge planning for patients and their carers.

Portsmouth and South East Hants CCG are working as system partners to ensure that robust metrics and systems are in place to ensure that the LOS and discharge profiles within the acute and community trust are effective and deliver flow within the health and care arena.

Areas currently being focused on due to system pressures:

- Maximising the use of Emergency Care Centre and ensuring timely movements from ED and AMU
- Maximising the use of alternatives and utilisation of all available out of hospital capacity including UTCs, CAS
- Assessing power onsite at QAH from both the Hub and SPoA to support with timely assessments and decision making
- Additional reviews of patients in a community setting or bed in order to maintain bed flow and support maintaining good capacity to facilitate discharges from QAH
- Declining mutual aid support from neighbouring systems to ensure capacity is only utilised

by patients within our local demographics

- Twice weekly LOS reviews in QAH led by Chief Nurse and Discharge Lead for PHU
- Hourly sprints with half-hourly ops huddles in PHU; man-marking every patient to ensure all discharges come to fruition
- Hub and SPoA providing timely escalation on potential delays to discharge throughout the day to ensure all discharges are maximised
- Clarence have moved to 78 beds open to support discharge & Southern have 9 surge beds open to support discharge
- Spinnaker has re-opened capacity and 4 beds at Jubilee remain open
- All conversations with patients/families/wards to include the possibility of a sideways step, minimise the element of choice, reiterate the government approach (letters available)
- Communications Teams are pushing messages to encourage families to support with their relatives discharge
- Tri-Daily updates on the system requirements for discharge overseen by the System Resilience Team

Discharge targets

The discharge targets have been developed and reviewed, to ensure all system partners agree with the level of ambition that has been set, and agreed with Chief Operating Officers.

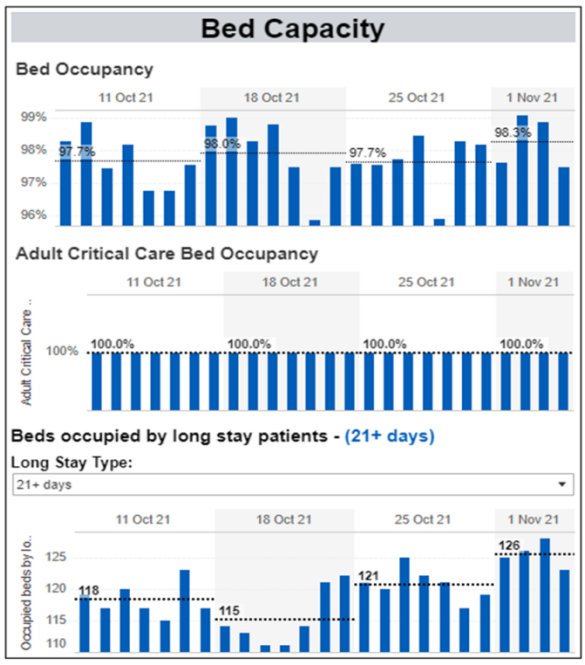
Targets are reviewed and set on a daily bases to ensure that they include the admission avoidance impact.

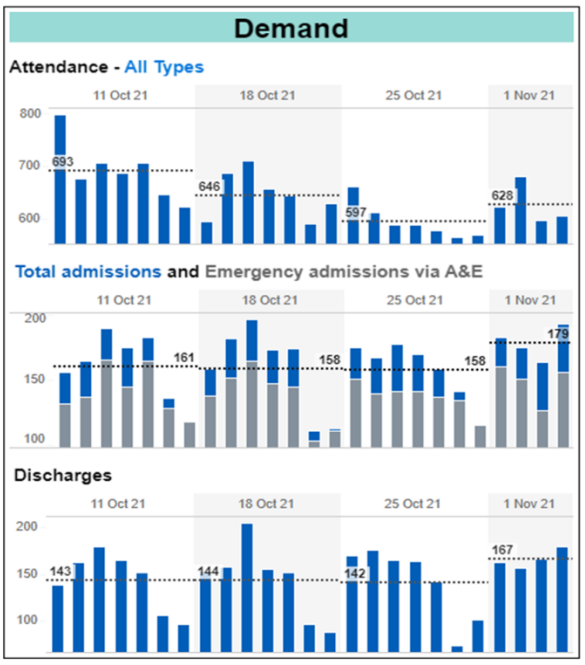
There are daily system meetings in place to review the current position regards the system pressures, this is held with all system partners and is reportable 3 x weekly meetings are in place with senior leads and Chief Operating Officers and is reported to CEO on a weekly bases.

This produces a weekly dashboard

Indicator (data updated at 05/11/2021 08:01)	Sat 23 Oct	Sun 24 Oct	Mon 25 Oct	Tue 26 Oct	Wed 27 Oct	Thu 28 Oct	Fri 29 Oct	Sat 30 Oct	Sun 31 Oct
					ED: Optimise utilisation and flow				
PHU									
ED Attendance	296	308	313	299	281	279	273	257	292
Time to treatment: Type 1 attendances seen within firs	38	52	67	75	53	59	63	77	98
Number of waits for admission 4-12 hours from DTA	28	15	39	59	48	52	52	74	55
Number of Patients >=12 Hours in Department	52	52	35	63	46	55	69	79	51
					Wards: Reduce occupancy				
PHU									
Occupancy - G&A bed occupancy (inc Surge)	96%	97%	98%	98%	98%	99%	96%	98%	98%
Number of Stranded	441	448	430	426	441	435	445	448	456
Number of Super Stranded	121	122	121	120	125	122	121	117	119
Number of MOFD patients - Portsmouth	39	36	29	36	31	41	35	39	35
Number of MOFD patients - Hampshire	80	84	72	98	85	93	85	94	59
Mental Health Occupancy									
					Discharges				
Pathway 0	86	56	94	107	87	84	102	60	61
Pathway 1	17	3	14	25	22	17	13	7	9
Pathway 2	7	5	8	10	11	18	10	10	6
Pathway 3	0	0	3	1	5	3	1	0	1
Community Bed Occupancy - SHFT	7	5	8	10	11	18	10	10	6
Community Bed Occupancy - Solent	0	0	3	1	5	3	1	0	1
Dom Care Capacity - Portsmouth									
Dom Care Capacity - Hampshire									

Bed Occupancy





Ops daily stand-up

Organisation	OPEL Status
System	OPEL 4
PHU	OPEL 4
SCAS	OPEL 3
Hampshire	OPEL 3
Portsmouth	OPEL 3

Organisation	Metric	Yesterday		Today	
		System Requirement	Actual	System Requirement	Level of Confidence (RAG)
Portsmouth	Discharges 1/2/3	15	9	15	
Hampshire	Discharges 1/2/3	25	24	23	
PHU	Discharges P0	116	93	95	

Key Questions
- Confidence to meet target (RAG)
- Actions to achieve
- Escalations or support needed

Key Data	Yesterday
Number of SCAS conveyances to ED	101
ED walk in attendances	193
Total ED Attendances	294
Admissions	129
Ambulance handover (hours lost)	82hrs
60 minute breaches	36
30 minute breaches	14
Total number of Discharges	114

Unit	Unit Capacity	Beds Occupied @ 0800hrs	Empty Beds at 0800hrs	Empty Beds at 1630hrs
Clarence	78	66	12	0
Ark Royal	22	22	2 Cubs	1F
Collingwood	22	22	0	2F
Rowan	23	22	1F (2 Cubs)	1F
Cedar	24	24	2 Cubs	0
Southsea	30	28	2	0
Jubilee	12	10	2	1
Spinnaker	16	13	3	0
TOTALS	227	207	21	5

Acute Front Door	
60+ min ambulance holds yesterday - number	36x60 minute breaches and 14x30 minute breaches
Occupancy rate yesterday	101.7hrs
No in ED at 0900	39
Longest wait in ED	17hrs
Acute Capacity	
No of beds available	6
No of definitive discharges pre 1200	10
No of potentail discharges	88
MOFD	108 (73 Hants & 35 Ports)
Narrative - ie any key staffing pressures, IPC outbreaks	No IPC issues but staffing pressure remains high
OPEL status	OPEL 4
Community	
No of beds avaialble	6 community beds / 6 ports
Occupancy rate yesterday	93% / 87%
Planned discharges	12 across PSEH
Intermediate care team capacity - RAG	AMBER / RED
LA	
Available capacity in LA provided accommodation	6 across PSEH
Care home bed availability - Y/N	Care home beds available
Primary Care	
CAS in each system fully staffed	PPCA fully staffed / SHPCA – no red hub open in Waterlo
UTC Open and green on dos	Yes
SCAS 999	
Jobs outstanding - 999	6 outstanding
Minutes lost to handover yesterday	82hrs lost
Pressures / staffing position - narrative	Staffing pressures remain at AMBER with increased challe
SCAS 111	
Calls answered within 60 seconds	78%
Staffing position - narrative	Staffing pressures remain at AMBER with increased challe

5. Disabled Facilities Grant (DFG) and wider services

- What is your approach to bringing together health, care and housing services together to support people to remain in their own home through adaptations and other activity to meet the housing needs of older and disabled people?

The purpose of the DFG is to provide funding to individuals living in owner occupied and privately rented properties, to help them make changes to their living environment. DFGs are an essential tool in enabling people to remain independent in their own homes and can delay the need to move into supported living or residential care settings, reducing the need for care packages. For all of these clients, Housing Services work closely with Occupational Therapists and we have amended our processes to simplify them and enhance client service.

During 2019-20, Portsmouth agreed with recommendations for the flexible use of the DFG allocation. This enabled Health and Care Portsmouth and Private Sector Housing to test new ways of working and operating structures to benefit residents requiring adaptations at home. Following a successful pilot, in 2020 it was agreed that the scheme should continue and Portsmouth City Council has continued with the agreed steps:

- Reduced Means Testing (no means testing for stair lifts & level access showers)
- Increased Grant limit (from £30,000 to £40,000)
- DFGs available to shared lives carers and special guardianship cases
-

During the pandemic inspection processes have adapted to enable less complex cases to be progressed from home. With the support and input from Occupational Therapists, clients and builders through the use of closer communication and using technology to its full potential,

Housing services have been in a position to progress with more cases remotely. Funding has been allocated to provide additional short-term resource to help progress the recovery plan and reduce waiting times from referral to completion.

Health, Care and Private Sector Housing teams continue to link to ensure the most effective utilisation of DFG. Proposals and project updates are discussed regularly at the PMG and initiatives this year include:

- Research and development of digital service provision within the Telecare Project. Portsmouth City Council has an established in-house Telecare Service supporting residents to live independently across the city with a range of detectors and sensors and the entire telecare platform is being reviewed to ensure we provide a robust and reliable service for existing and future customers.

- The DFG also helps to support PCC equipment purchases for the community equipment store, helping provide adaptations for people in the community and being discharged from hospital to maintain their independence at home.

6. Equality and health inequalities.

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan.
- How these inequalities are being addressed through the BCF plan and services funded through this.
- Inequality of outcomes related to the BCF national metrics.

Portsmouth is a busy, waterfront City of over 200,000 people, one of the most densely populated Local Authority areas in the UK, with many assets and a real sense of community. We do however face some serious challenges - the population is growing, there is significant deprivation in many communities and health outcomes are poorer than in many other places in the country. Life expectancy in the City is lower than the national averages for both men and women, along with many other indicators for health and wellbeing where we lag behind. Long standing and deeply rooted health inequalities that affect people's health, wellbeing and quality of life have been further exposed and exacerbated by the Covid-19 pandemic. These include gender, ethnicity, living situation, wealth, disabilities and mental illness. Many people face economic insecurity as the country begins to recover from the impacts of the coronavirus pandemic.

As part of the recovery work we will be working with partners to understand which of the changes that have arisen through Covid-19 are those we don't want to lose, for example the progress with digital services and addressing inequalities.

Some of the activities to help mitigate health inequalities include:

Work to address inequalities in Covid-19 uptake has been a collaborative effort across PCNs,

Solent NHS Trust, NHS Portsmouth CCG, Portsmouth CCG, the HIOW Covid-19 Vaccination Programme and HIVE Portsmouth. Tailoring vaccination provision has shown good examples of how care can be delivered with improved reach and acceptability, such as our BAME communities and rough sleepers. HIVE Portsmouth is recruiting volunteers to become Community Champions to help increase uptake of the vaccination, particularly within ethnically diverse communities. Community Champions will also seek to engage those in younger adult age groups around key Covid-19 messages.

Our community mental health framework activity engages with residents from across diverse groups to ensure that mental health services reflect the needs of all those who might need to access them.

The CCG is working in partnership with Solent NHS Trust to support residents with learning disabilities and reduce the number who need to be seen as inpatients.

We are part of the Hampshire and Isle of Wight CCG engagement work on online and video consultations and using technology to support health.

We will be working with PCNs and their health inequalities leads using a population health management approach to develop data and insights into particular populations experiencing inequalities, as well as community assets, to help design and develop interventions and inform engagement. This approach will be supported across Portsmouth and the Hampshire and Isle of Wight region.

HIVE Portsmouth works with the CCG, Local Authority and Solent NHS Trust to engage with and support our residents. Throughout the pandemic, as a locally based support service, HIVE Portsmouth has been able to identify changing needs and been agile to responding to the specific needs of the city and vulnerable groups. Many people and families in the city do not have access to computers or tablets. HIVE has established a digital loans library to enable self-support and access to online health and wellbeing support, as well as reduce social isolation. HIVE is connected with 56 diverse (BAME and Faith) groups across the City.

The Supported Intensive Recovery Service supports homeless and vulnerable people as they are discharged from hospital. The BCF funded service has been provided for a number of years and is part of the wider Public Health contract for an Integrated Drug & Alcohol Recovery, Supported Housing and Homeless Support Service. This is a service unique to Portsmouth which supports hospital discharge for a vulnerable cohort of patients, linking with other key agencies in the city to improve access to accommodation and support services. The service aims to support homeless people to access accommodation following a discharge from hospital; to improve access to accommodation and support services for those who have a dual diagnosis and provides intensive support with housing and all DWP benefit issues (including assessments). The service works in partnership with external services such as the Substance misuse Recovery Hub, ED and Alcohol Specialist Nurse Service at the acute hospital, homeless day services, local authority housing departments, Two Saints and other supporting services to try to reduce re-admissions to hospital.

Better Care Fund 2021-22 Template

3. Summary

Selected Health and Wellbeing Board: Portsmouth

Income & Expenditure

Funding Sources	Income	Expenditure	Difference
DFG	£2,059,689	£2,059,689	£0
Minimum CCG Contribution	£15,913,841	£15,913,841	£0
iBCF	£8,363,144	£8,363,144	£0
Additional LA Contribution	£2,561,000	£2,561,000	£0
Additional CCG Contribution	£3,767,000	£3,767,000	£0
Total	**£32,664,674**	**£32,664,674**	**£0**

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£4,530,099
Planned spend	£8,209,841

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£6,653,868
Planned spend	£7,848,000

Scheme Types

Assistive Technologies and Equipment	£0	(0.0%)
Care Act Implementation Related Duties	£487,000	(1.5%)
Carers Services	£1,002,000	(3.1%)
Community Based Schemes	£5,861,841	(17.9%)
DFG Related Schemes	£2,059,689	(6.3%)
Enablers for Integration	£604,000	(1.8%)
High Impact Change Model for Managing Transfer of Care	£858,000	(2.6%)
Home Care or Domiciliary Care	£4,174,183	(12.8%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£4,180,000	(12.8%)
Bed based intermediate Care Services	£4,337,000	(13.3%)
Reablement in a persons own home	£4,580,000	(14.0%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£336,000	(1.0%)
Residential Placements	£4,184,961	(12.8%)
Other	£0	(0.0%)
Total	**£32,664,674**	

Metrics

Avoidable admissions

	20-21 Actual	21-22 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	Est.953	1,173.0

Length of Stay

tbc

		21-22 Q3 Plan	21-22 Q4 Plan
Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for: i) 14 days or more ii) 21 days or more As a percentage of all inpatients (SUS data - available on the Better Care Exchange)	LOS 14+	8.8%	10.4%
	LOS 21+	4.0%	4.6%

Discharge to normal place of residence

		21-22 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)		91.7%

Residential Admissions

		20-21 Actual	21-22 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	622	596

Reablement

		21-22 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.2%

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