Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH AND WELLBEING BOARD

WEDNESDAY, 9 FEBRUARY 2022 AT 10.00 AM

VIRTUAL REMOTE MEETING

Telephone enquiries to Anna Martyn - Tel 023 9283 4870
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If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Health and Wellbeing Board Members
Councillors 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, Gordon Muvuti, Paul Riddell and Dianne Sherlock

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

Portsmouth Councillor Standing Deputies:

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

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

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

A G E N D A

1 Apologies for absence

2 Declarations of interest

3 Minutes of previous held on 24 November 2021 (Pages 5 - 12)

RECOMMENDED that the minutes of the previous meeting held on 24 November 2021 be approved as a correct record.

4 Local Outbreak Engagement Board update (Pages 13 - 16)

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 17 - 72)

To present the final refreshed Health and Wellbeing Strategy (HWS) for Portsmouth and to recommend that the Health and Wellbeing Board (HWB) adopt the document for 2022-2030. (Appendix C to follow).

6 Children's Safeguarding Annual Report (Pages 73 - 102)

Lucy Rylatt, Safeguarding Partnerships Manager, will present the report.

7 Domestic Abuse Strategy refresh (Pages 103 - 136)

To update the board on the new refreshed Domestic Abuse Strategy 2020 - 2023 which incorporates the new statutory requirement for a Safe Accommodation strategy.

8 Refreshing the Blueprint for Health and Care in Portsmouth (Pages 137 - 142)

To seek approval for a refreshed set of priorities for the Blueprint for Health and Care in Portsmouth.

9 Draft Pharmaceutical Needs Assessment update (Pages 143 - 148)

To seek approval for the consultation on the draft PNA to run from 1 April to 6 June 2022, and agreement that the draft for consultation can be approved by the joint chairs of the HWB based on a recommendation from the Director of Public Health. To seek approval for the Director of Public Health to respond to consultations of PNA's from neighbouring areas on behalf of the HWB where the Portsmouth HWB is a statutory consultee and to ask the HWB to note the response.

10 Physical Activity Strategy update (Pages 149 - 156)

To update the Health and Wellbeing Board in relation to system wide work to increase physical activity in Portsmouth.

Agenda Item 3

MINUTES OF THE MEETING of the Health and Wellbeing Board held virtually on Wednesday, 24 November 2021 at 10.00 am

Present

Councillor Jason Fazackarley, (Joint Chair) in the Chair

Councillor Lewis Gosling
Councillor Suzy Horton
Councillor Kirsty Mellor
Councillor Jeanette Smith
Councillor Gerald Vernon-Jackson

Dr Linda Collie, PCCG (Joint Chair)
Councillor Dave Ashmore
Helen Atkinson, Director of Public Health, PCC
Roger Batterbury, Healthwatch Portsmouth
Hayley Berington, Probation Service
Andy Biddle, Adult Social Care, PCC
Clare Jenkins, Portsmouth Police
David Goosey, Portsmouth Adult Safeguarding Board
Frances Mullen, City of Portsmouth College
Jackie Powell, Portsmouth CCG
Paul Riddell, Hampshire Fire & Rescue Service
Suzannah Rosenberg, Solent NHS Trust
Dianne Sherlock, Age UK
Jo York, Health and Care Portsmouth

Non-voting members

Officers present

Sam Graves, Matthew Gummerson, Kelly Nash, Charlie Pericleous, Rachael Roberts

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

Councillor Jason Fazackarley, Cabinet Member for Health, Wellbeing & Social Care, as Chair, opened the meeting. All present introduced themselves.

Apologies for absence were received from Sarah Beattie (Probation Service, represented by Hayley Berington), Penny Emerit (PHUT), Sue Harriman (Solent NHS Trust, represented by Suzannah Rosenberg, Director of Operations), Dr Nick Moore (Portsmouth CCG), Andy Weeks (Hampshire Fire & Rescue Service) and David Williams, PCC.

29. Declarations of Interests (AI 2)

There were no declarations of interest.

30. Minutes of previous meeting - 22 September 2021 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 22 September 2021 be approved as a correct record.

31. Matters arising and verbal update

In view of much happening in the wider health system currently that could be of interest to members of the Board, Andy Biddle and Jo York gave a brief update on developments

Andy Biddle, Director of Adult Care, updated the Board on current pressures in health and care. As there has been focus since October over ambulances queuing ("holds") at QA Hospital, which are linked to occupancy, the CCGs and the PHT have worked on a plan for submission to NHS England to eradicate holds. Queuing affects SCAS' ability to respond to calls. The plan has five main areas covering prevention of unnecessary admissions, examination of processes between the "front and back doors" and managing safe discharges.

- A new everyday emergency care centre for people who walk-in started in November and can see up to 60 people per day; it increases capacity in the Emergency Department by 12 spaces. In addition, a modular ward will open in December to further increase capacity in the ED.
- A "same day emergency care / medical village" concept where people are seen and treated on the same day, to ensure the right clinical expertise so can make rapid decisions
- A high impact multi-disciplinary team with a comprehensive knowledge of community resources that can help reduce unnecessary admissions.
- Increased use of the clinical assessment service so people at risk of admission can be seen by a GP to see if a conveyance to hospital is needed. Capacity has been increased at the Urgent Treatment Centre at St Mary's Hospital.
- Discharge To Assess (D2A) beds in the community have been increased to enable more timely discharges and also capacity in the Portsmouth Rehabilitation and Reablement Team to provide more therapy and domiciliary care. Adult Social Care is trying to address staffing issues in domiciliary care as otherwise there is a risk of increased ED admissions.

Winter will bring increasing pressures because of people mixing more and flu in addition to Covid. Vaccinations have decreased the severity of Covid cases but there are still beds occupied with Covid cases as well as patients admitted for other reasons but who caught Covid in hospital.

Jo York, Managing Director of Health & Care Portsmouth, said the update covered the situation well. In response to questions she explained that hourly sprints are an internal improvement programme used at QA to make short, sharp changes to improve processes. The Trust has used sprints for some time, particularly to resolve flow issues; they are helpful as part of the bigger package of measures mentioned by Andy Biddle.

The Better Care Fund Plan poses no additional financial risks to PCC budgets. It focuses on reducing hospital and long-term care admissions. It has

a joint approach to funding, for example, the long-term plan for the Southsea Unit to be an integrated D2A unit by consolidating other sites and eventually closing Jubilee House. Staff are being recruited to enable 40 beds at the Southsea Unit. BCF and NHS investment can be used to support PCC. Mr Biddle said the Hospital Discharge Fund had been confirmed until 31 March 2022. Therefore, it is not included in the new financial year but it has enabled detailed negotiations on funding between the CCG and PCC.

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

Kelly Nash, Corporate Performance Manager, introduced the report. The two main points are that the Local Outbreak Engagement Board (LOEB) signed off a new Local Outbreak Management Plan in September, and at Healthwatch's request discussed the findings of the recent national report on lessons learnt. The local response has always tried to find a balance between the national policy framework and local interventions. The LOEB continues to meet monthly.

RESOLVED that the Health and Wellbeing Board note the report.

33. Health and Wellbeing Strategy

Helen Atkinson, Director of Public Health, introduced the report. The Health and Wellbeing Strategy is progressing to wider consultation with the aim of being agreed by the Board in February 2022. The Strategy includes many of the issues identified in the recommendations of the Chief Medical Officers' recently published report on coastal areas. The Board is always looking for volunteers to be champions at Board level for each of the Strategy's areas and will identify named leads for each priority before the strategy returns for final approval. Matt Gummerson, Strategic Intelligence Lead, gave a presentation which summarised the draft report, previous discussions at the Board, and the outputs of recent strategy development workshops that have informed the draft strategy now being presented for approval.

The Chair said it was important for the Board to take the lead on the Strategy. Members thought the Strategy was excellent and reflects the City Vision but there were concerns it might "wither on the vine" if it does not receive the commitment it needs at high levels in all organisations represented on the Board. It needs to influence all other plans which means a culture change.

Councillor Horton wanted the Strategy to be at the core of day-to-day working. The focus on restorative practice and relational approach is important. The practice and approach had transformed a Portsmouth school, for example, where it had helped break a cycle of trouble for an excluded pupil as they were now equipped with the tools to live a healthier life. What can shift cultures is the examination of language; a command of language helps pupils make themselves safe and healthy. Small changes need to be made to embed the Strategy to show commitment.

Jackie Powell said the ranking of 113/149 local authorities for children's social, emotional and mental health is a sobering thought. As a counsellor for young people she finds that the emphasis on attainment can sometimes be

counterproductive. Lifelong learning is important so people do not feel they have missed their chances for good if they had problems at school.

Jo York agreed the Strategy should not be left on a shelf; it applies to how all the "anchor" organisations operate and the difference they can make. Seeing the changes to individuals is important. The causes of the causes align with the NHS' work, which is not just about providing care, but as an employer seeing if it has workforce strategies that tackle poverty and encourage people to work for it.

Matt Gummerson acknowledged concerns the consultation period might be too short as it covered Christmas and the New Year but extending it would mean the Strategy could not be approved until the Board's June meeting. He is working closely with the Community Engagement team who advise extension would not significantly change the number of responses. There is an event on restorative practice event at the Guildhall this week which is an example of the type of event that can provide more opportunities for meaningful public engagement than an online consultation.

Andy Biddle said the relationship with health and care services needs to change so that they are not overwhelmed. Factors such as obesity damage people's long-term health and independence and they will become stuck in a loop of overuse of acute services unless the Strategy is put into practice. It is a massive opportunity for partnership work, including with the Integrated Care System. Organisations are working with people to help them improve themselves and their lives. Communications are key and need to be shared in an accessible way; people need to hold on to three or four simple messages.

Councillor Vernon-Jackson noted that it sometimes looks as if changes have not taken place but the relationship with healthcare and schools is significantly better than it was 20 years ago. Poverty is a concern as work used to be a way out of poverty but this is not the case now. This is worrying in the long term as it means people cannot escape poverty. It would be very disappointing if the Strategy does not make a difference.

RESOLVED that the Health and Wellbeing Board:

- **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.**

34. Portsmouth Adult Safeguarding Board Annual Review

David Goosey, Independent Chair, introduced the report and suggested the PSAB could be a vehicle for implementing the Health & Wellbeing Strategy. He outlined the PSAB's activity over the previous year and the actions taken in response to the challenges of Covid. The PSAB is working on four key safeguarding adults reviews, one of which (concerning YL) will be published today on its website. It is also engaged in a thematic review of homeless

deaths during Covid; progress on the review could be brought back to the Board as it may add perspective to the Health & Wellbeing Strategy. While restorative practice is relatively easy to use with children it is not so straightforward with the homeless or substance misusers.

The Strategic Plan aims to include new practices so frontline practitioners can work effectively and respond to adults at risk. A much wider range of people need to be encouraged to be involved in safeguarding adults. A sub-group has been established to drive this work and a report will be brought back to the Board in the coming months. There is also an increased focus on "forgotten" adults such as the homeless, substance misusers, dependent drinkers. The PSAB is already focusing on the transition to adults as transition points are moments of risk. The way the PSAB works is being re-shaped so it is more user-focused. The Strategy is interim and is being worked on during the next year. The aim is to make more use of the PSAB in the city and make it more centrally focused in the Health & Wellbeing Strategy. If HWB members think there are imperatives the PSAB should be engaged in they are welcome to comment.

Dr Collie said the case study illustrating making safeguarding personal was powerful. The message needs to be got across that professionals are here to help as people might be afraid of what might be done "to" them rather than "with" them.

Dianne Sherlock said Age UK have enjoyed a growing relationship with safeguarding and it is good to see the groups the PSAB has created and with which the voluntary sector has been involved. The relationship is going from strength to strength. Jackie Powell noted the value of embedding restorative approaches in practice. The voluntary and community sector provide support that makes engagement with statutory services easier or unnecessary.

The Chair thanked David Goosey on behalf of the Board.

RESOLVED that the Health and Wellbeing Board note the report.

35. Safer Portsmouth Partnership - Strategic Assessment

Councillor Dave Ashmore, Cabinet Member for Community Safety & Environment, introduced the Strategic Assessment by explaining that the Board's constitution had changed in 2019 to incorporate the statutory duties of a local community safety partnership, as part of a local "eco-system" that includes sub-groups looking at specific issues, for example, Domestic Abuse, Serious Violence etc. The Assessment should inform decision making by the five Responsible Authorities in relation to community safety and can act as a guide for all partners on key issues.

Sam Graves, Community Safety Researcher, gave a presentation summarising key crime trends and the data that has informed the recommendations on the new and continuing priorities. In addition, she reminded partner that the Community Safety survey is repeated every two years, with the next one due to start in early 2022 with fieldwork done in February or March. Students are trained to speak face-to-face to about 1,000

residents so the survey does not rely just on police recorded crime and hears about crime that is not reported or recorded. The survey analysis, and the Strategic Assessment, are examples of the work funded by the Safer Portsmouth Partnership pot, a small pooled budget which pays for targeted communications work and analysis. Officers will be in touch with the Responsible Authorities to review funding for this year and future years, building on the contributions partners have made to this pot for the last fifteen years or so. Hopefully the value of the work is evident.

Supt Jenkins thanked officers for the quality of the detailed Assessment, noting how closely it was aligned with the Health & Wellbeing Strategy and policing priorities. If the causes of the causes are not addressed then problems cannot be resolved just by "arresting ourselves" out of them. There was a partnership meeting later that day about street robberies around Guildhall Walk and Charles Dickens ward as about 40 children and young people had been identified as part of the group responsible. It may be that the primary offenders should be arrested but with the others the right interventions need to be in place to find the reasons for their behaviour. There is much to celebrate in Portsmouth. Supt Jenkins volunteered to be the sponsor or lead for positive relationships and restorative practice to prevent young people entering the criminal justice system. Kelly Nash explained that the wider consultation process will include consultation on contributions, including being a lead. Information on nominated leads will be brought back to the Board. Expressions of interest in other forms of support can be dealt with outside the meeting.

Jo York said support for improving mental health access and provision continues to be a priority for Health & Care Portsmouth, who continue to examine how they support and improve access, for example, through Positive Minds. Jackie Powell thought real conversations were needed on hate crime as they will help understand how to eradicate it.

The Chair thanked everyone who contributed for their enthusiasm.

RESOLVED that the Health and 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.

36. Preventing Violent Extremism Strategy

Rachael Roberts, Deputy Director, Adult Social Care, and Charlie Pericleous, Hidden Harm Co-ordinator introduced the report and outlined how the local authority will meet the statutory Prevent duty.

RESOLVED that the Health and Wellbeing Board:
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.

37. Better Care Fund Plan

Jo York, Managing Director, Portsmouth Health and Care (PHC), introduced the report and confirmed that the Better Care Fund Plan had been submitted to NHS England and Improvement by the 16 November deadline. The previous plan covered 2017 to 2019; in the meantime PHC have continued to operate on the basis of the 2017 plan due to the gap caused by Covid. The new plan updates current work. Some of the requirements for new national metrics are quite problematic in terms of collecting data. The aim is to reach a baseline as the CCGs move towards an Integrated Care System. PHC exceeds its targets as a CCG and local authority.

Jackie Powell noted the good sense of integration across PCC and other organisations but intervention work other than focussing on the acute footprint should not be lost sight of as it is helpful to see the wider context. Jo York explained the way Plan is monitored is quite restricted which is why, for example, children's services are not mentioned. PHC has strengthened integration between the CCG and PCC through an overarching Section 75 framework with schedules for the BCF, CHC etc. PHC are seeing if there can be schedules for children, substance misuse or primary care; the acute footprint is just one sub-section of work. Work is now being done to strengthen the amount of the aligned funding to consider how the "Portsmouth pound" is spent in a single overarching framework. HCP are happy to bring the framework back to the Board so it can see the broader health outcomes that are aimed for.

RESOLVED that the Health and Wellbeing Board:

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.**

38. Dates of future meetings

The next meeting is on Wednesday 9 February at 10 am. The remaining meetings in 2022 are 22 June, 21 September and 23 November (all Wednesdays at 10 am).

The meeting concluded at 11.53 am.

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Councillor Jason Fazackarley and Dr Linda Collie
Chair

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:	9th February 2022
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 Boardon 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 2020, and this was established as a 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 November 2021

4.1 Since November's HWBB meeting, the LOEB will have met three times. 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.
- 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 vaccination programme locally.
- Considering matters relating to testing.

4.3 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.

4.4 In relation to risks, the highest local risk factors are identified as:

- The 'Omicron variant' of coronavirus is now the dominant strain circulating in Portsmouth as it is across the UK. Omicron is more transmissible than previous variants of Covid-19 but is currently causing less serious illness but due to sheer number of infections will have a greater impact on business continuity.
- We 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 Spring, taking into consideration the progress 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:	9th February 2022
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 the final refreshed Health and Wellbeing Strategy (HWS) for Portsmouth and to recommend that the Health and Wellbeing Board (HWB) adopt the document for 2022-2030.

2. Recommendations

2.1 The Health and Wellbeing Board are recommended to:

- Note the response to the consultation
- Note the additions to the document since the draft was presented in November 2021
- Approve the document and recommend that this is considered by Boards of the represented organisations, and adopted by the city council and the governing board of the clinical commissioning group.
- Agree that a work programme for the Board in the short to medium term relating to the strategy is presented to the HWB at the next meeting.

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 These priorities were further developed in the autumn through a range of workshops and discussions, with contributions from nearly 100 stakeholders. These discussions sought to identify where the HWB could 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.

3.5 The draft document that emerged following the workshops was approved for consultation in November 2021. It was also noted at that point that further work would be undertaken to articulate how the strategy supports and influences the health and care system in the city; and to set out how we will monitor and evaluate the success of the strategy.

4. **Outcomes from the consultation**.

4.1 The HWB is grateful to the nearly 500 people and organisations that submitted responses to the consultation during December 2021 and January 2022. This showed clear support for the priorities and challenges that the board have identified, as set out in the summary at appendix A.

4.2 Responses highlighted various work that is already underway that can be built on, and opportunities for the HWB to add value, as this strategy is implemented. These will be used by the leads for each area as they bring people together to facilitate new ways of addressing the deep-seated challenges this strategy aims to address. The suggestions for how we will know if we are making a change for the better will inform the reporting back to the board on progress in each area.

4.3 Respondents were asked if there was anything else that should be treated as a priority. The most common responses were around the provision of services and support, including for mental health (n22), other health and care services including access to GP and dentistry (n34) and provision of support and activities for young people (n8). As described in the introduction, much of this work is led within other parts of the system that the strategy is part of, and the feedback from this consultation will provided to the appropriate lead organisations e.g. Health and Care Portsmouth or the local authority.

4.4 A number of areas that were raised by several different respondents each could be seen to broadly fit under existing priorities. These will also be shared with the board-level sponsor and lead officers for those areas to ensure they are considered as the implementation work begins over the coming months.

4.5 Throughout the responses to the consultation, a number of people raised the need to tackle behavioural or lifestyle issues such as physical activity and anti-social behaviour, which were mentioned directly by 11 and 8 of the 136 who identified other priorities. The HWB have agreed during the process of developing this strategy to try a new approach as a board that ultimately is aiming to achieve improvements in those areas. The consultation highlights the need to be clearer about how and why the strategy's priorities were developed and how success on that broader range of issues will be measured.

5. Monitoring and evaluation

5.1 Throughout the development of the strategy, the Board have considered the extent to which the new approach being taken requires a different way of working to underpin this and drive forward the priorities set out. In recognition of this, the document sets out (in pages 37-38) a way of working to address this.

5.2 Each priority has a named board-level sponsor, supported by an appropriate officer lead/leads. They will be responsible for providing an annual update to the

HWB, on a rolling basis, that will give a narrative overview of system-wide efforts to address the issue, highlighting how partners are working together to achieve measurable change in these complex areas that underpin positive outcomes across the system. While the sponsor and lead will coordinate this reporting and convene groups where required, the strategy requires all organisations to be actively identifying where and how they can support this work through their own plans and strategies.

5.3 Wherever possible we will build on the strong local partnerships already in place in Portsmouth. This will also be an opportunity to bring new partners from the HWB and the wider system into those discussions, or to seek strategic-level buy-in from organisations where additional activity is required. For example, this could lead to a new 'Memorandum of Understanding' that sets out the commitment each organisation is making to a topic.

5.4 Partners and sectors represented on the board will all need to engage in developing new ways to achieve real change on the priorities set out in this strategy but much of the change we want to see will rely on the efforts of local people. 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.

5.5 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

5.6 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.

6. Next steps

6.1 The HWB is recommended to approve the strategy attached as Appendix B, as a reflection of the work undertaken by the Board in 2021, and the outcomes of the consultation. It is recommended that the Board request that partner organisations consider the strategy at their own Boards where appropriate, and that the strategy is recommended to the City Council and the CCG Governing Body.

6.2 It is also proposed that in recognition of the new way of working that the strategy represents for the Board, a work programme for the short to medium term is presented to the next meeting for approval, setting out how themes will come forward for consideration, and how these link to the wider activity of the Board.

7. Reasons for recommendations

7.1 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.

7.2 The document attached at Appendix B:

- builds on work carried out by members of the HWB in 2020 and 2021 to identify priorities for improvement locally;
- reflects and supports the City Vision agreed in 2021;
- positions 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;
- has a clear framework for monitoring and evaluation;
- has been broadly supported through wider consultation.

8. Integrated impact assessment

8.1 A preliminary Integrated Impact Assessment has been undertaken, and concludes that as a high level strategy, there is considerable opportunity for positive impacts in respect of a number of areas where we currently see inequality, and in relation to environmental issues including air quality. Detailed impact assessments will be undertaken on particular policies and initiatives as they emerge. The document is attached as Appendix C.

9. Legal implications

9.1 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).

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

9.3 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

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

10. Director of Finance's comments

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

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

……
Signed by:

Appendices:

Appendix A - Health and Wellbeing Strategy Consultation - Summary
Appendix B - Health and Wellbeing Strategy 2022-2030
Appendix C - Integrated Impact Assessment

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

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

Title of document	Location

Portsmouth CITY COUNCIL

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

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

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Appendix A: Health and Wellbeing Strategy Consultation - Summary

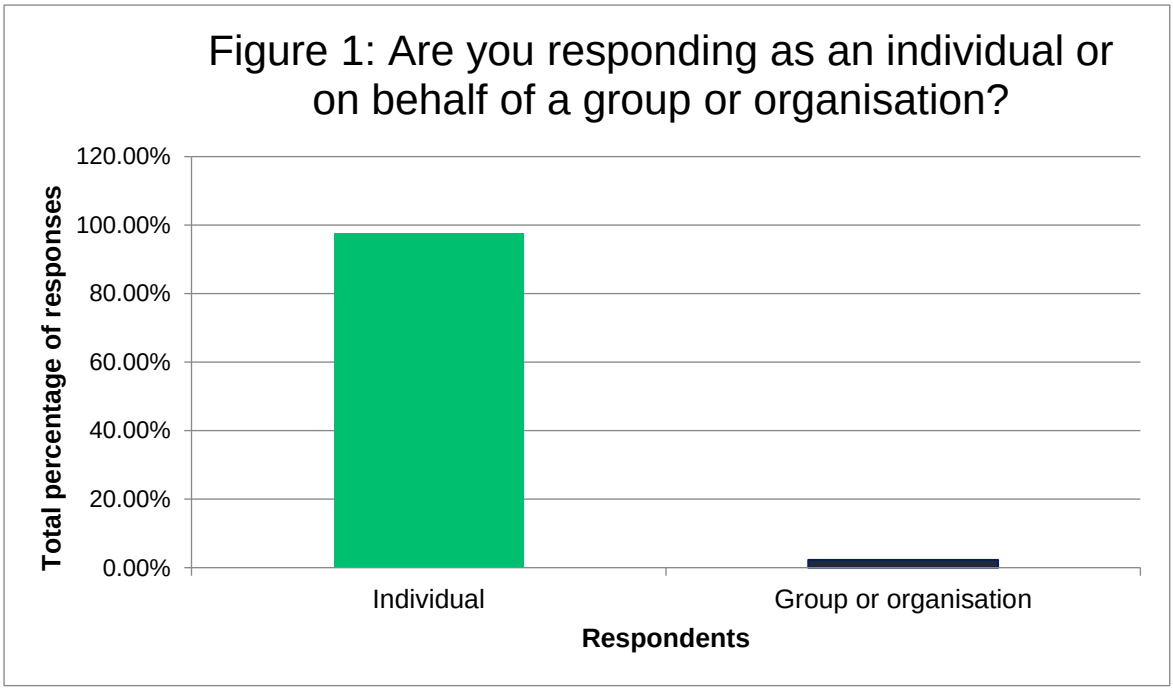
Background

The purpose of the Health and Wellbeing Strategy (HWS) Consultation is to ensure that:

- The right priorities and challenges have been identified
- There are opportunities for the Health & Wellbeing Board (HWB) to better support work on these priorities and bring about changes
- There are examples of successful initiatives already happening that we should be building on
- We can measure if we are making a change for the better

Responses

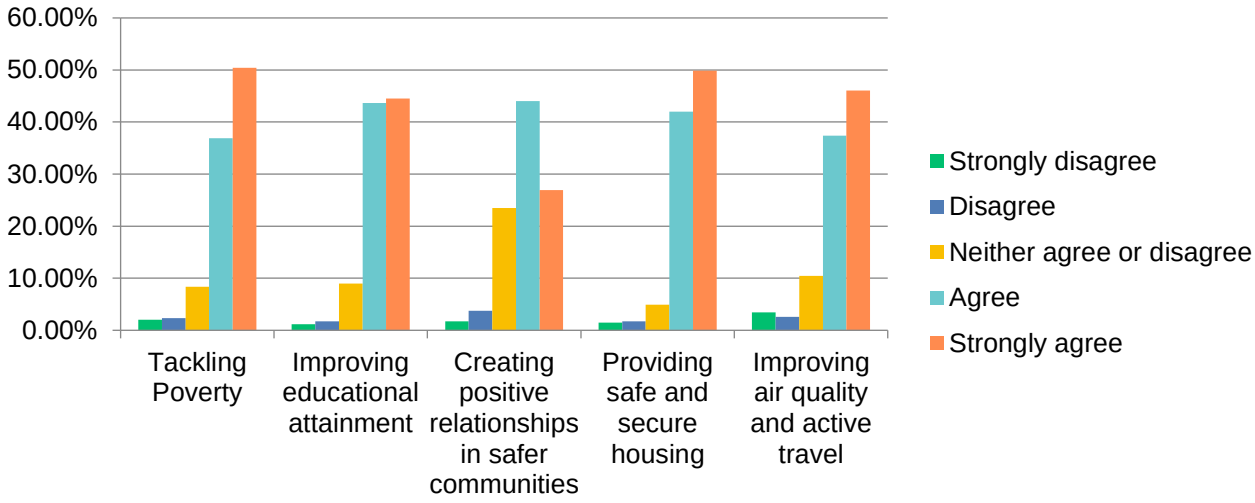
Our HWS Consultation received a total of 484 responses. The majority of these respondents were answering on their own behalf (individual) (98%, n473) and a small number were answering on behalf of a group or organisation (2%, n11).



Priorities

There are five main priorities we have identified in the HWS which respondents were asked to what extent they agreed or disagree that these are things we should prioritise. Figure 2 provides a breakdown of each priority area and to what extent respondents agreed or disagreed with each one.

Figure 2:Thinking about the five main priorities we have identified in the strategy, to what extent do you agree or disagree that these are the things we should prioritise:



The majority of respondents either agreed or strongly agreed with the following priorities: 'tackling poverty' (strongly agree 50%, agree 38%), 'improving educational attainment' (strongly agree 45%, agree 44%), 'providing safe and secure housing' (strongly agree 50%, agree 42%) and 'improving air quality and active travel' (Strongly agree 46%, agree 37%). However, not as many respondents strongly agreed (27%) or agreed (44%) that 'creating positive relationships in safer communities' should be something that we should prioritise. This priority area also had a higher number of respondents who neither agreed or disagreed (23%) that this should be something we prioritise compared to any other priority area. Although the numbers are small, 'improving air quality and active travel' had the highest number of respondents that strongly disagreed (3%) that this is an area we should prioritise.

Priority actions

Respondents were presented with a list of three priority actions for each priority area which we identified in our draft strategy. They were asked to what extent they agreed or disagreed that these are things we should prioritise. Across our priority areas, the majority of respondents either agreed or strongly agreed with our priority actions on average across the three actions for: 'tackling poverty' (85%), 'improving educational attainment' (83%), 'creating positive relationships in safer communities' (76%), 'providing safe and secure housing' (85%) and 'improving air quality and active travel' (71%). Although the responses for each priority action were generally similar, for the 'improving air quality and active travel priority', the results were more varied. For 'knowledge sharing and collaboration' 67% respondents strongly agreed or agreed, 'building capability and opportunity of access' 64% of respondents strongly agreed or agreed and for 'improving infrastructure' 83% of respondents strongly agreed or agreed. The action that scored higher skewed the overall average meaning that it may not be an accurate representation of all respondents' opinions for this priority.

Portsmouth CITY COUNCIL

HEALTH AND WELLBEING **STRATEGY 2022 – 2030**

HEALTH

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.

Contents

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FOREWORD

There is a statutory duty on local Health and Wellbeing Boards to produce a strategy for the Health and Wellbeing of their populations. The strategy should inform work that is done to improve health and wellbeing in local areas.

Portsmouth's previous strategy (2018–2021) focused on the health and wellbeing relationships to wider work in the city, and expressed some immediate delivery priorities in the context of the wider system. In this refreshed strategy, we have taken a different approach where we have really tried to understand what about Portsmouth are the significant impacts on health and wellbeing, and what we can do as a system to bring about some key changes.

Using a strong evidence base, we have identified five issues which we are describing as the "causes of the causes" – the underlying factors in our city that lead to some of the issues which in turn influence health and wellbeing. Rather than look at individual services and responses, we are looking at how we create the conditions for good health and wellbeing in Portsmouth. The themes we have identified are:

- Poverty
- Educational Attainment
- Positive Relationships
- Active Travel and Air Quality
- Housing

This work will be significant in preventing health and wellbeing challenges emerging in the city and supporting improvement for those experiencing challenges now. It also helps us identify how we need to shape our health and wellbeing services in response to the wider context for Portsmouth.

This document is really important for us working together as a local health and care system, as it sets out some critical issues for us as a city, and where we need to be driving improvements for our population. It will guide us in working together to address the most significant issues and ensuring that people who live here can thrive.

The strategy will be a critical piece of documentation for:

- Underpinning commissioning decisions: setting a framework for commissioning plans across the NHS, local authority and other agencies in the city
- Influencing decisions: providing a source of evidence and direction for policy and decision making in a wide range of areas across the city, such as development, community safety and education.
- Holding leaders of organisations across the city to account for improving outcomes: the strategy will be reviewed each year and provide a basis for conversations about where we are improving outcomes, and where more needs to be done.

We have some significant challenges to address, but we are confident that by working together we can really make a difference over the next three years.

Councillor Jason Fazackarley

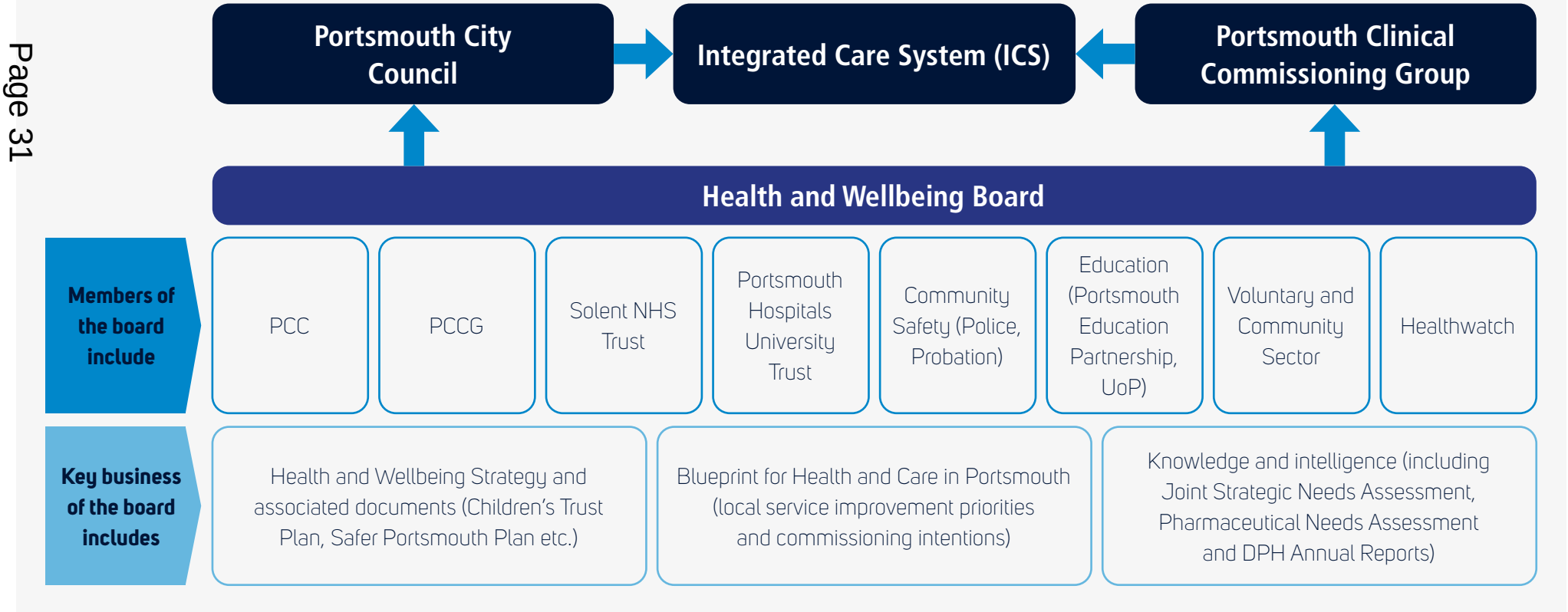
Dr Linda Collie

Joint Chairs of the Health and Wellbeing Board

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.

Figure 1: Health and Wellbeing Board



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[1] 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.

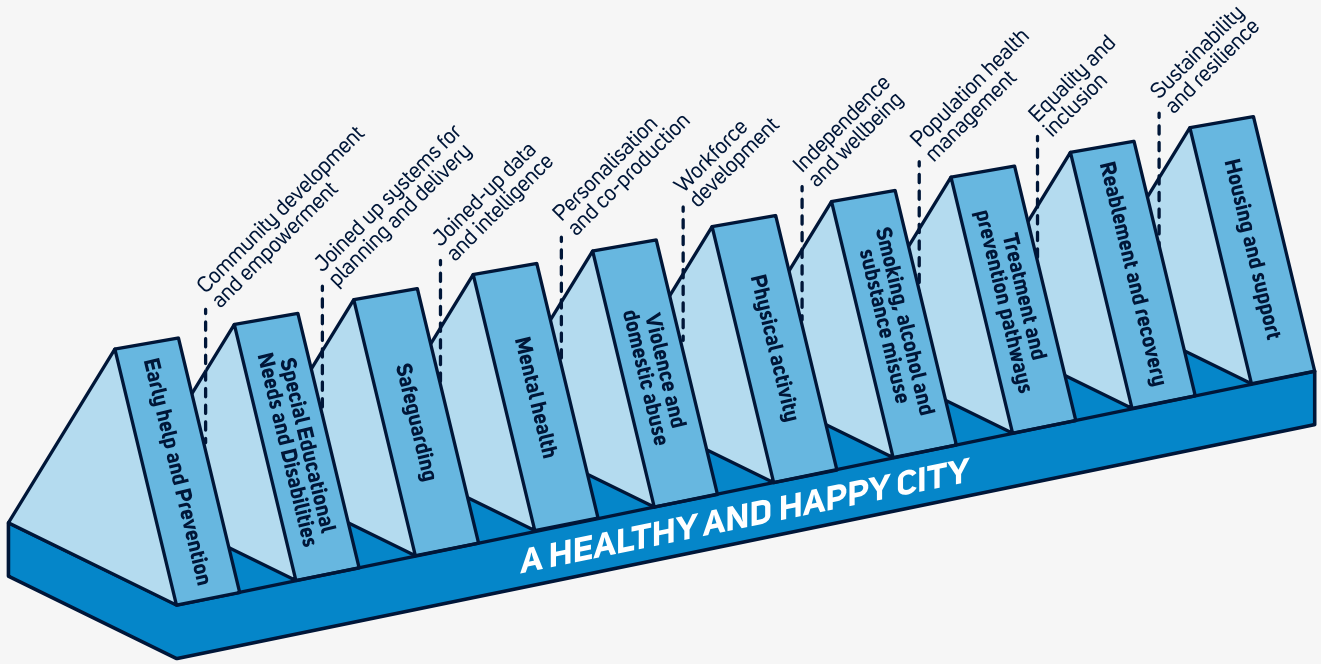
As a system, we collectively aim to meet the needs of all our communities through a combination of universal and targeted services and approaches. For many issues that partners work on, there is a smaller number in greatest need or facing the most significant challenges, and then growing numbers with increasingly less intensive support needs. This is illustrated by the 'triangles' in figure 2 (page 9), with small numbers (and high need) at the top of the triangle, and larger numbers with lower needs towards the base. Our collective ability to meet the different needs at each level is constrained by the total available resource and capacity.

Our aim through this strategy is achieve better outcomes for more people by shrinking those triangles. The approach set out in this strategy is to do this by growing the base, addressing the cross-cutting issues to create a healthier and happier city in which fewer people need support at each level of the triangles.

The focus of commissioning and delivery of public services is often targeted towards those in greatest need or facing

1 Imagine Portsmouth: our vision for Portsmouth's future

Figure 2



the most significant issues, and delivered in partnership by a range of stakeholders. These strong local partnerships will continue to deliver, supported and enabled where appropriate by the Health and Wellbeing Board.

Our collective efforts are already underpinned by ways of working that ensure we are doing the right things, in the right way, at the right time and place and for the right people. In figure 2 these are shown as the spaces between the triangles, reflecting the fact that the more effectively we do these things together, the further our collective resource can go in supporting delivery. These things will be crucial in supporting all aspects of this strategy (not just the 'triangles' they sit between). In turn, the strategy and the work of the Board will promote these approaches and address barriers to joint work.

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, over 400 people have died from Covid-19 and over 50,000 people have tested positive for the illness at least once since the start of the pandemic[2]. 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.

2 GOV.UK Coronavirus (COVID-19) in the UK 25 January 2022

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, three cross-cutting issues have emerged that will be explored further as this strategy evolves:

St Mary's Health Campus

Father Bob White and Councillor Suzy Horton at HIVE Portsmouth

HIVE Portsmouth volunteers at the Portsmouth vaccination site

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.

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.

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

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 Office of National Statistics (ONS) launched the draft Health Index in December 2020[3]), with an updated version due to be published in March 2022.

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[4], 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[5] 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:

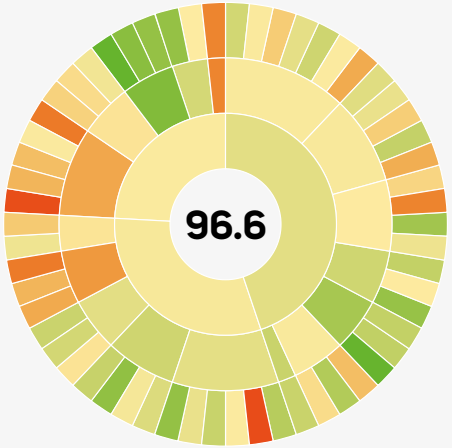
- **healthy people** – health outcomes, ensuring representation of the population as a whole
- **healthy lives** – health-related behaviours and personal circumstances
- **healthy places** – wider determinants of health, environmental factors

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[6]. 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.

Figure 3 shows Portsmouth's overall score and its ranking against best and worst performaing areas. *See next page for breakdown and pages 41 to 42 for a tabulated version.*

Figure 3: Portsmouth's ranking in the ONS Health Index

Portsmouth compared against England Average



Ranking for area

Place	Score	Rank
Wokingham	110.1	1
Bolton	96.8	109
Leicester	96.8	110
Barnsley	96.7	111
Dudley	96.7	112
Peterborough	96.7	113
Portsmouth	**96.6**	**114**
Stockton-on-Tees	96.3	115
Sefton	96.2	116
Blackpool	86.4	149

3 ***Developing the Health Index for England: 2015 to 2018*** – Office for National Statistics
4 ***Constitution*** – World Health Organization
5 ***Health Index Explorer*** – Office for National Statistics
6 ***Methods used to develop the Health Index for England: 2015 to 2018*** – Office for National Statistics

Figure 4: Portsmouth's scores in the ONS Health Index, broken down by domain sub-domain and indicator, compared to England average

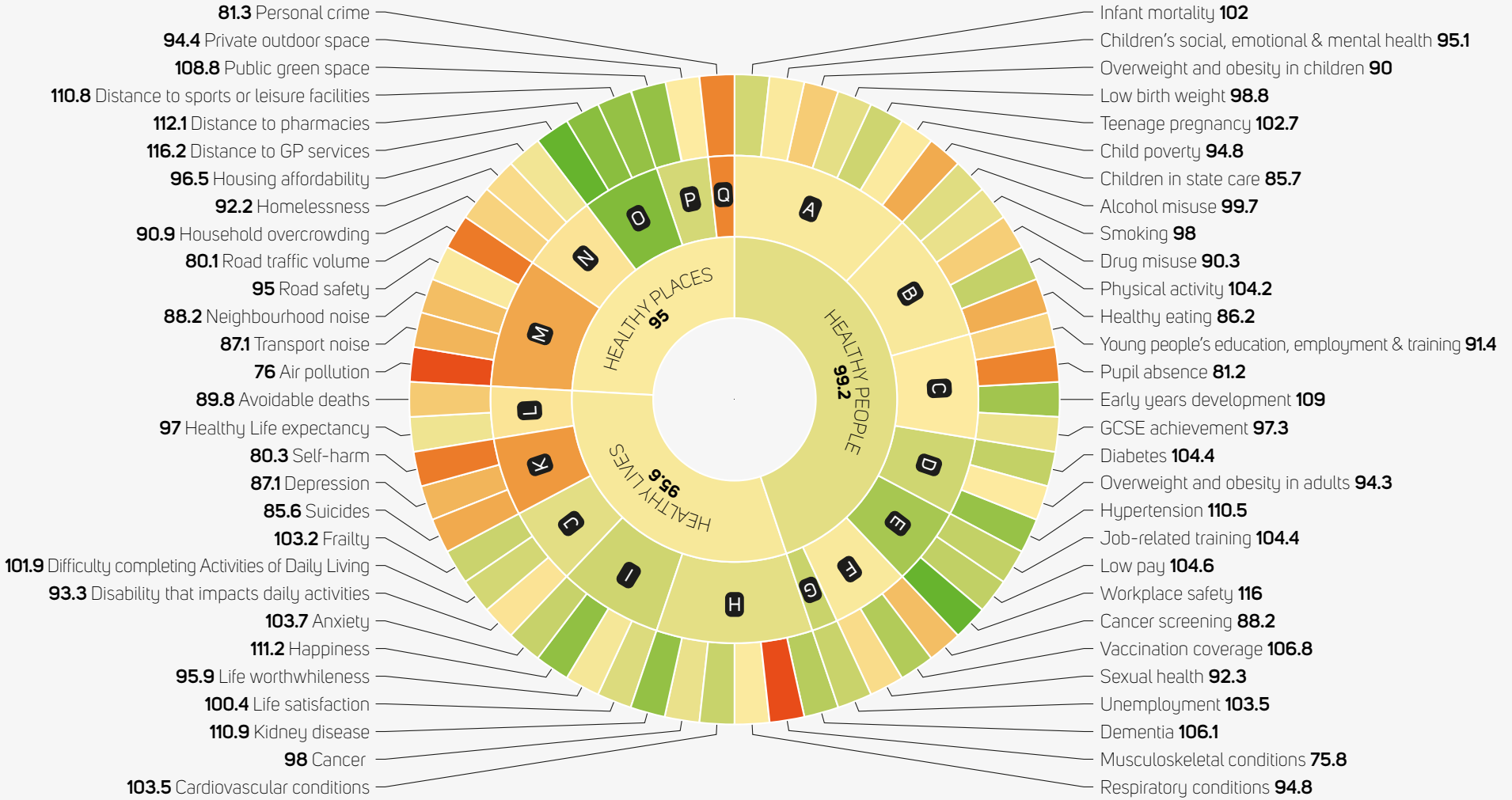


Figure 5: Portsmouth's ONS Health Index score relative to England, 2015 – 2018

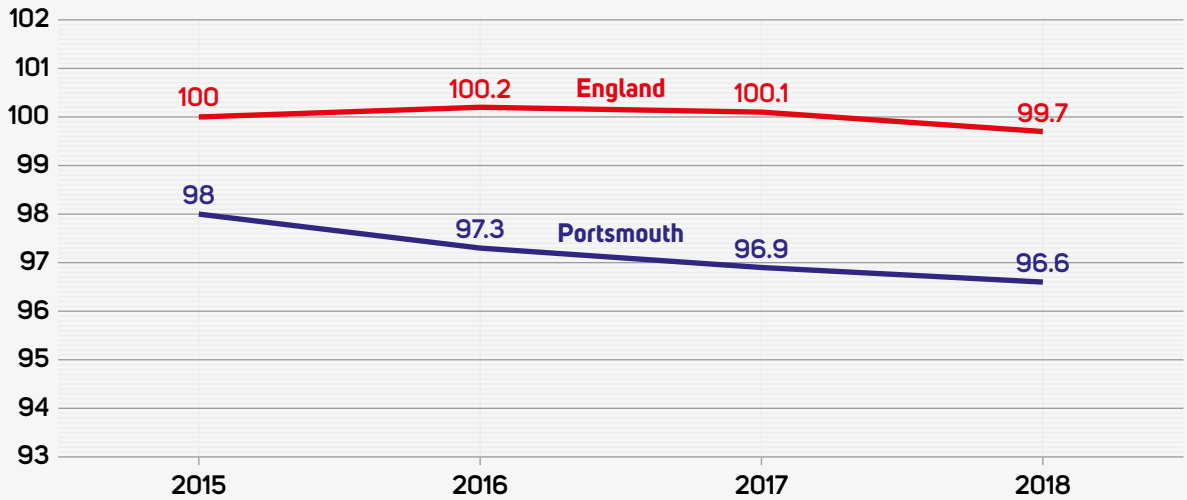
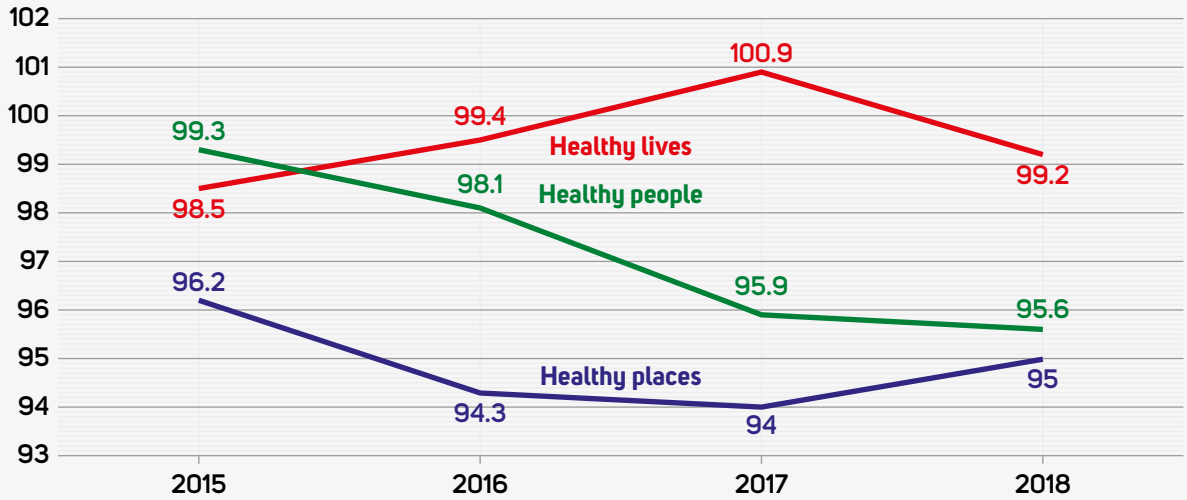


Figure 6: Portsmouth's ONS Health Index sub-domain scores, 2015 – 2018

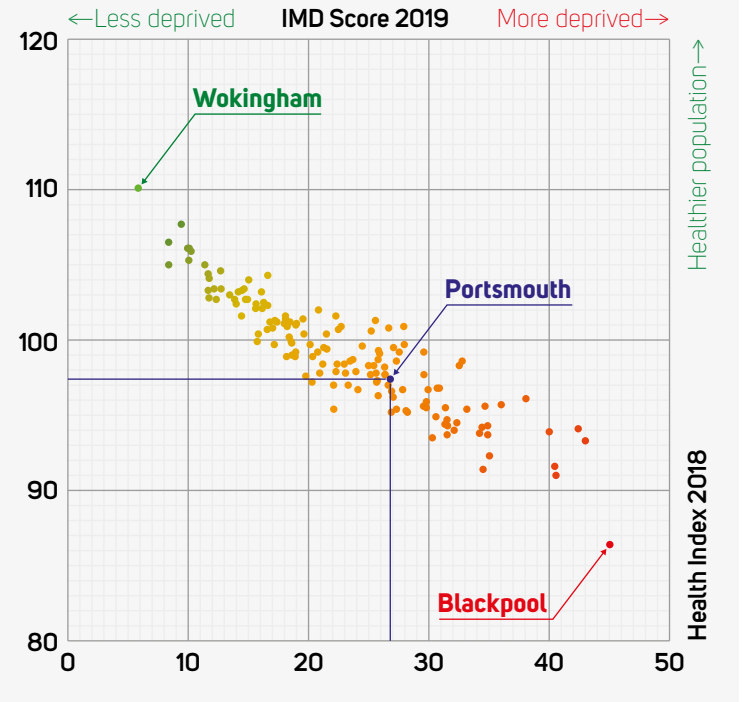


Data for Portsmouth in 2018 showed that health was worse than the England average in 2015, and that the city's relative position has worsened in the years since.

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 figure 7.

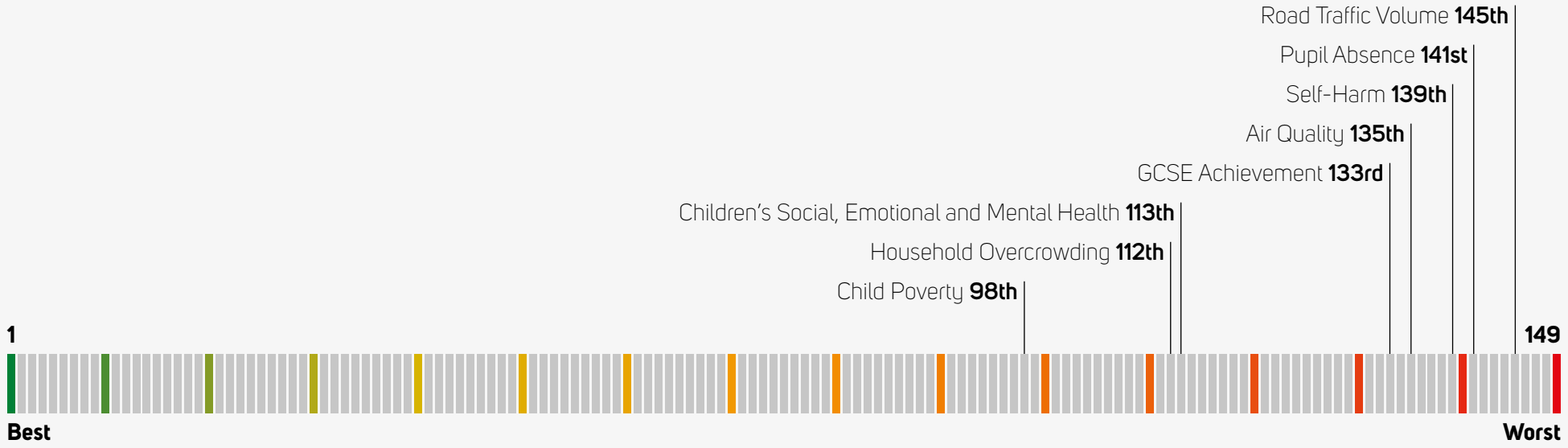
Figure 7: IMD score against Health Index 2018



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 98th for child poverty, 112th for household income, 113th for children's social, emotional and mental health, 133rd for GCSE achievement, 135th for air quality, 139th for self-harm, 141st for pupil absence, and 145th for road traffic volume.

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

Figure 8: ONS Health Index indicators where Portsmouth scores badly



PRIORITIES: FIVE ‘CAUSES OF THE CAUSES’

Tackling Poverty

The causes of the causes – why tackling poverty underpins outcomes across the Health and Wellbeing Strategy

The Marmot Review[7], 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[8] 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. Social value provides additional benefits which can aid the recovery of local communities through employment, re-training and community support. Existing and emerging Living Wage Places are showing the impact that large employers and anchor institutions can have in attempting to make the Living Wage the norm in their place and lift people out of low pay.[9]

7 Fair Society Healthy Lives (The Marmot Review) – Institute of Health Equity
8 Review of drugs part two: prevention, treatment, and recovery – GOV.UK
9 Building Back Better with Living Wage Places – Living Wage Foundation

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.
- Promoting financial capability and inclusion.

Between 2015 and 2020, Portsmouth experienced steadily increasing levels of child poverty[10] 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[11].

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[12].

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

10 Children in low income families: local area statistics 2014 to 2020 – GOV.UK
11 Data provided by Portsmouth Foodbank, King's Church, September 2021
12 Department for Work and Pensions, Alternative Claimant Count

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

This theme will be led for the HWB by the Director of Public Health. 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.

Educational Attainment

The causes of the causes – why educational attainment underpins outcomes across the Health and Wellbeing Strategy

The education that people receive is an important preparation for the rest of their lives, equipping them with 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.

On 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 disadvantaged 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 Health and Wellbeing Strategy

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.[13]

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[14], 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.

13 Relationships in the 21st century. The forgotten foundation of mental health wellbeing – Mental Health Foundation

14 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

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
- 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 for the HWB by the Portsmouth District Police Commander. 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 Health and Wellbeing Strategy

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 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

Patey Court

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

The HWB lead for this theme will be the Chief Executive of Portsmouth City Council. 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[15], 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 NO2 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[16]. NO2, 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 NO2 in ambient air below which there are no harmful effects for humans.

Data from the Public Health Outcomes Framework (PHOF)[17] 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 have been 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

15 Air Quality, A Briefing for Directors of Public Health – Defra and Public Health England
16 Associations of long-term average concentrations of nitrogen dioxide with mortality (2018): COMEAP summary – GOV.UK
17 ***Public Health Profiles [air]*** – Public Health England

of life[18]. 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[19]. This is reflected in the wider picture of low levels of physical activity in the city with 23% of adults being physically inactive[20] and in the prevalence of overweight and obesity amongst adults and children in the city which is above the regional and national averages[21].

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

18 Cycling and walking for individual and population health benefits – Public Health England
19 Environmental Insights Explorer – Google
20 ***Public Health Profiles [physical]*** – Public Health England
21 ***Public Health Profiles [overweight]*** – Public Health England

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

Related partnerships, priorities and plans

The HWB lead for this theme will be the Chief Executive of Portsmouth Hospitals University NHS Trust

There are many linked plans to this theme, and these include local NHS Green Plans, the Local Air Quality Plan and Air Quality Strategy, the Local Transport Plan, Local Cycling and Walking Infrastructure Plan, the Local Plan and the Economic Development and Regeneration Strategy.

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, and to find new ways to galvanise local organisations and communities to action.

Each priority has a named board-level sponsor, supported by an appropriate officer lead/leads. They will be responsible for providing an annual update to the HWB, on a rolling basis, that will give a narrative overview of system-wide efforts to address the issue, highlighting how partners are working together to achieve measurable change in these complex areas that underpin positive outcomes across the system. While the sponsor and lead will coordinate this reporting and convene groups where required, the strategy requires all organisations to be actively identifying where and how they can support this work through their own plans and strategies.

Wherever possible we will build on the strong local partnerships already in place in Portsmouth. This will also be an opportunity to bring new partners from the HWB and the wider system into those discussions, or to seek strategic-level buy-in from organisations where additional activity is required. For example, this could led to a new 'Memorandum of Understanding' that sets out the commitment each organisation is making to a topic.

This could then be extended to other organisations and sectors in the city, creating models that enable everyone to have their contribution to creating a healthy and happy city recognised. 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.

Partners and sectors represented on the board will all need to engage in developing new ways to achieve real change on the priorities set out in this strategy but much of the change we want to see will rely on the efforts of local people. 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.

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 RESPONSES

The HWB is grateful to the nearly 500 people and organisations that submitted responses to the consultation during December 2021 and January 2022. This showed clear support for the priorities and challenges that the board have identified with between 71% and 92% agreeing or strongly agreeing with the inclusion of each priority, and between just 3% and 6% disagreeing or strongly disagreeing with each.

Responses highlighted various work that is already underway that can be built on, and opportunities for the HWB to add value, as this strategy is implemented. These will be used by the leads for each area as they bring people together to facilitate new ways of addressing the deep-seated challenges this strategy aims to address. The suggestions for how we will know if we are making a change for the better will inform the reporting back to the board on progress in each area.

The range of suggestions of areas that need further improvement in the city highlights the scale of the challenge we face, and the role that everyone in the city has to play in that. We believe that by working together on these 'causes of the causes' of poor health and wellbeing we can make Portsmouth a healthier and happier city.

"A waiting list is no good its how we get so many stories of a soul lost."

"Not just listen to local people, really HEAR them as well."

"Promote restorative and trauma informed approached. Promote collaboration between services – no wrong front door."

"Reconnecting communities is vital in creating happiness. It fosters a safe area to live, where people can be relaxed and connected to each other. They'll want to do their best for everyone."

"Portsmouth has incredibly knowledgeable, compassionate and dedicated housing officers who work tirelessly to support tenants in local authority, social housing and private tennancies but the honest truth is rents are generally too high for low incomes or those on benefits."

"Increasing biodiversity will help improve human health as well as wildlife."

Responses have been edited for spelling and grammar

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2	Coronavirus (COVID-19) in the UK 11 November 2021	GOV.UK	https://www.coronavirus.data.gov.uk/
3	Developing the Health Index for England: 2015 to 2018	Office for National Statistics	https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/articles/developingthehealthindexforengland/2015to2018
4	Constitution	World Health Organization	https://www.who.int/about/governance/constitution
5	Health Index Explorer – Office for National Statistics	Office for National Statistics	https://healthindex.lcp.uk.com/
6	Methods used to develop the Health Index for England: 2015 to 2018	Office for National Statistics	https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/methodologies/methodsusedtodevelopthehealthindexforengland2015to2018
7	Fair Society Healthy Lives (The Marmot Review)	Institute of Health Equity	https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
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10	Children in low income families: local area statistics 2014 to 2020	GOV.UK	https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2020
11	Data provided by Portsmouth Foodbank, King's Church, September 2021		
12	Department for Work and Pensions, Alternative Claimant Count		
13	Relationships in the 21st century. The forgotten foundation of mental health wellbeing	Mental Health Foundation	https://www.mentalhealth.org.uk/sites/default/files/Relationships-in-21st-century-forgotten-foundation-mental-health-wellbeing-full-may-2016.pdf
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17	Public Health Profiles [air]	Public Health England	https://fingertips.phe.org.uk/search/air#page/0/gid/1/pat/6/par/E12000008/ati/102/are/E06000044
18	Cycling and walking for individual and population health benefits	Public Health England	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/757756/Cycling_and_walking_for_individual_and_population_health_benefits.pdf
19	Environmental Insights Explorer	Google	https://insights.sustainability.google/places/ChIJ6fEUGKRCdEgReTs3A-qDtkU
20	Public Health Profiles [physical]	Public Health England	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
21	Public Health Profiles [overweight]	Public Health England	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

Table 1: Portsmouth's scores in the ONS Health Index, broken down by domain sub-domain and indicator, compared to England average

Domain	Domain score	Sub-domain	Sub-domain score	Indicator	Indicator score
Healthy lives	99.2	Risk factors for children	95.2	Infant mortality	102
				Children's social, emotional and mental health	95.1
				Overweight and obesity in children	90
				Low birth weight	98.8
				Teenage pregnancy	102.7
				Child poverty	94.8
				Children in state care	85.7
		Behavioural risk factors	95.5	Alcohol misuse	99.7
				Smoking	98
				Drug misuse	90.3
				Physical activity	104.2
				Healthy eating	86.2
		Children and young people's education	94.4	Young people's education, employment and training	91.4
				Pupil absence	81.2
				Early years development	109
				GCSE achievement	97.3
		Physiological risk factors	102.4	Diabetes	104.4
				Overweight and obesity in adults	94.3
				Hypertension	110.5
		Working conditions	108.4	Job-related training	104.4
				Low pay	104.6
				Workplace safety	116
		Protective measures	95.2	Cancer screening	88.2
				Vaccination coverage	106.8
				Sexual health	92.3
		Unemployment	103.5	Unemployment	103.5

Domain	Domain score	Sub-domain	Sub-domain score	Indicator	Indicator score
Healthy people	95.6	Physical health conditions	99	Dementia	106.1
				Musculoskeletal conditions	75.8
				Respiratory conditions	94.8
				Cardiovascular conditions	103.5
				Cancer	98
				Kidney disease	110.9
		Personal well-being	102.6	Life satisfaction	100.4
				Life worthwhileness	95.9
				Happiness	111.2
				Anxiety	103.7
		Difficulties in daily life	99.2	Disability that impacts daily activities	93.3
				Difficulty completing Activities of Daily Living (ADLs)	101.9
				Frailty	103.2
		Mental Health	83.6	Suicides	85.6
				Depression	87.1
				Self-harm	80.3
		Mortality	93.4	Healthy Life expectancy	97
				Avoidable deaths	89.8
Healthy places	95	Local environment	85.4	Air pollution	76
				Transport noise	87.1
				Neighbourhood noise	88.2
				Road safety	95
				Road traffic volume	80.1
		Access to housing	93.4	Household overcrowding	90.9
				Homelessness	92.2
				Housing affordability	96.5
		Access to services	113.1	Distance to GP services	116.2
				Distance to pharmacies	112.1
				Distance to sports or leisure facilities	110.8
		Access to green space	101.6	Public green space	108.8
				Private outdoor space	94.4
		Crime	81.3	Personal crime	81.3

Portsmouth
CITY COUNCIL

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Designed by: **marketing@portsmouthcc.gov.uk** • Published: **January 2022** • Ref: **114.169**

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Portsmouth Safeguarding Children Partnership
Protecting Portsmouth's Children

Annual Report on Safeguarding Arrangements 2020-21

Contents

Introduction

This report presents the work that the Portsmouth Safeguarding Children's Partnership (PSCP) has done to keep children and young people safe during the period 1st April 2020 to 31st March 2021. As set out in Working Together 2018 the purpose is not only to detail the activity undertaken in this period, but to additionally include:

- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families from early help to looked-after children and care leavers
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- a record of decisions and actions taken by the partners in the report's period (or planned to be taken) to implement the recommendations of any local and national child safeguarding practice reviews, including any resulting improvements
- ways in which the partners have sought and utilised feedback from children and families to inform their work and influence service provision

Foreword

1. The PCC Children, Families and Education Directorate leadership has particularly focused in 2020-21 on the following key safeguarding practice and organisational development improvement priorities:
   1.1. Acting on findings from the 2019 JTAI about the quality of planning and decision making. A rapid improvement plan was agreed with Children and Family service managers to address key findings, in particular the need to improve the quality of children's plans, strengthen oversight of child in need and child protection decision making and ensure that our response to contacts to the MASH is informed from the outset by a full multi agency intelligence picture. Quality assurance activity over the course of the year shows that while we cannot be complacent, good progress has been made in all these areas despite the amber rating of a number of relevant actions on the MESC tracker.
   1.2. Supporting and championing development of a new multi-agency approach to encourage better multi agency escalation and/or peer review of casework. We were acutely aware of a key finding from the Child G SCR around the need for stronger escalation to senior leaders where disagreement or the failure of plans was stalling progress for children. Workshops with front line staff and managers led by the PSCP team identified cultural barriers and a need for a fresh approach which led to the development of the re-think process. While CFE leadership has strongly championed this new process within our services it is not yet embedded and continued focus will be needed this year.
   1.3. Restructuring the Children and Families senior leadership to strengthen our contribution to tackling exploitation. As part of our response to the PSCP deep dive into exploitation we developed proposals for the creation of a new service focusing on vulnerable adolescents, bringing care leaving services together with adolescent edge of care and youth offending, with an ambition to develop a stronger transitional safeguarding response to meet the needs of older young people, working with colleagues in adult services. The new service will be established in 2021-2022.
   1.4. New "link coordinator" arrangements to strengthen oversight of vulnerable children during the pandemic. Early in the pandemic, in spring 2020, the Directorate redeployed staff into a number of link coordinator roles to liaise with schools and services to track as well as possible the wellbeing of vulnerable children, both those open to Children and Families and those identified by schools. In autumn 2021 as staff went back to their previous duties we recruited three permanent posts to carry on this work, which has been well received by schools.
   1.5. Appointment of a more senior Principal Social Worker to drive improved practice. We restructured in order to create a Head of Service level PSW post, and the current post holder started work in January 2021. She has played a significant role in supporting improvement work across Children and Families.

1.6. Oversight over the implementation of the Family Safeguarding model. The Directorate leadership has taken a close interest in the implementation of family safeguarding through chairing and attending quarterly meetings of the multi-agency Excellent Family Practice group and arranging a peer review of the implementation by leaders in the field, Hertfordshire County Council.

1.7. Championing and facilitating review of options for better integrated more effective multi agency support for looked after children and care leavers. This key strand of the multi-agency corporate parenting strategy was delayed by the commitments of health partners at the height of the pandemic but was restarted and is an important strand of work in the current year.

1.8. With NHS colleagues, ensuring effective early help support for families with young children. Workshops with key managers led to the recruitment of additional staff to support health visitors working with families at the tier 3 level of need, and an additional post to support vulnerable pregnant women.

2. In 2021-22 key safeguarding leadership priorities for us include:

2.1. Working with schools to support and facilitate wider implementation of restorative practice approaches designed among other things (including higher attainment) to reduce significantly school days lost through poor attendance and/or exclusion and the safeguarding risks that these create for children and young people.

2.2. With Police colleagues, implementing our new youth justice strategy including reducing first time entrants by more use of alternative diversion and support offers.

2.3. Implementing the Children and Families restructure to strengthen response to exploitation.

2.4. Implementing more effective approaches to integrated support, including safeguarding support, for looked after children. We are making progress in identifying the key barriers and potential helpful ways forward.

2.5. Extending the Family Safeguarding model as far as resources allow, including preparing families for reunification and supporting women who have lost children into care. Overseeing the delivery of training across the children and families workforce in motivational interviewing will be a priority in this area.

2.6. Supporting the wider system to hold risk appropriately, including through a redesign of the early help assessment and plan tool.

2.7. Leading multi-agency work on the Portsmouth Insight Hub bringing together key data sets to identify earlier children and families who may need support.

2.8. Continuing to strengthen the line of sight on vulnerability and risk, particularly for the statutory DCS, in ways which do not cut across effective front line operations. This will include regular review of the MESC tracker by the leadership team.

Alison Jeffery, PCC Director, Children, Families and Education

As the Portsmouth district commander I work on a daily basis with the statutory partners in the city. This report outlines the commitment from each partner to improve the lives and outcomes for the children and young people of Portsmouth. The data supports some of the challenges we face and demonstrates how safeguarding arrangements are at the heart of other key partnership strategies such as Health and Wellbeing and our City Vision. As a team we provide healthy challenge to one another's practices but this does not prohibit transparent dialogue when we recognise that work needs to improve.

I welcome the scrutiny being applied to the police submissions to the MASH. This is a key area of development which is at the heart of the child Centred policing approach. We are aspiring to create a workforce that is not only trauma aware but trauma informed, who can articulate effectively not only what has happened but apply professional curiosity to the home health and happiness of children and young people. The MASH manager is a participant at the police daily management meeting enabling live time information sharing to take place which assists in dynamic safeguarding.

Our commitment to Early Help is demonstrated by embedding a PCSO within the team, who is making a difference to children and their families, where there has been domestic abuse, crime or antisocial behaviour in the family, working as part of the multi -disciplinary team.

I look forward to the further development of the safeguarding improvement hub, the transition deep dive and continued improvement of our services.

Superintendent Clare Jenkins, Portsmouth District Commander, Hampshire Constabulary

It is obviously no surprise that this past year has been the most challenging year in the history of the NHS. Health staff working within the community were relocated to support frontline staff and the majority of office-based workers were sent home to work, with no idea of when they would return. Staff embraced the virtual world of working and quickly adapted; providing health consultations, GP appointments and new-born visits (to name just a few) via video links. At the start of the pandemic weekly multi-agency meetings were set-up to ensure safeguarding our children within the city remained a priority and safeguarding needs were identified and responded to quickly. The last year has seen an increase in children requiring support with their mental health and as a partnership we have ensured additional services have been commissioned to support our children, including an online service. Throughout the year a new health issues developed we worked with our partners to ensure that safeguarding remained at the fore front of everyone's minds. We maintained health involvement in the MASH due to the work done historically to ensure all primary and community health acre used one electronic patient record. We also took opportunities to raise awareness of issues such as domestic abuse by ensuring that there were materials to support victims available at Covid Testing sites. We also developed a more integrated approach to safeguarding in health across what will soon be the Hampshire and IOW ICS putting in the building blocks for future changes in the NHS. During the past year I feel as a partnership we have worked more collectively than I thought was possible, resulting in a workforce that is even more resilient and committed, to safeguarding children and their families.

The NHS will continue to face significant challenges over the coming year, but the resilience developed through the pandemic will help to drive forward improvements in safeguarding practice going forward. We are looking forward to working ever more closely with our safeguarding partners.

Tina Scarborough, Director of Quality and Safeguarding

The last year has presented safeguarding partnerships across the country with a series of unprecedented challenges linked to the pandemic. Partner agencies had to adjust long established ways of working, both as individual agencies, and in terms of how they shared information, acted effectively together and collectively maintained a 'line of sight' to those children and families most in need of support. That need can be acute in what we might describe as normal times but the onset of lockdown and the associated social, financial and emotional pressures magnified the necessity for multi-agency safeguarding.

The partnership in Portsmouth was, and remains strong. It has become even stronger over the last year. As Independent Chair of the PSCP I saw a reaffirmation of the commitment to protect and safeguard our children with strategic and operational engagement, innovation and an extraordinary effort to deliver and flex services as required. I had regular and open access to senior leaders from the Safeguarding Partners who led their respective organisations with drive, determination and a willingness to not only maintain service provision but improve wherever possible.

The PSCP is determined to learn from the pandemic, taking forward improved practices and identifying where further developments can be made. My role requires that I hold the partners to account and to seek assurance that safeguarding is recognised as being everyone's responsibility. The nature of the partnership in Portsmouth, the quality of leadership I have seen and the shared commitment to the city's children gives me optimism for the year ahead.

Our audit programme and the learning reviews we have published tell us that there can never be room for complacency, and the PSCP will continue to hold to account those tasked with safeguarding and promoting the wellbeing of our children.

Derek Benson, Independent Chair of Portsmouth Safeguarding Children Partnership

Context and Key Facts about Portsmouth

Portsmouth is a city on the south coast of England. It is the only city with a population density greater than that of London. 212,761[1] people live in Portsmouth, which covers 15.54 square miles.

41,491 (19.5%) are aged between 0-17 years - 21,193 are male and 20,298 are female

Age	Number
0-4	11,621
5-9	12,491
10-14	11,444
15-17	5,935

75% of Yr. R to Yr. 11 children are White British.

25% of children are from a wide ranging number of ethnic backgrounds, including Black African, Chinese, White and Asian, Indian, Bangladeshi and Pakistani.

15.6% of pupils do not have English as a first language. First languages spoken include Bengali, Arabic, Kurdish, Polish, Romanian and French.

Children eligible for free school meals:

- In a special school = 60.1%
- In a secondary school = 34.6%
- In a primary school = 30.7%

In Portsmouth 31% of children are living in poverty - a rise of 0.6% since 2015. This is in line with the national average, but higher than the average for the south east of England which is 24%

There were 572 households in 2019-20 (a rate of 22.8 per 1,000) with dependent children owed a duty under the Homelessness reduction Act.

This compare to a rate of 14.9 per 1,000 for England and 13.7 for the south east region

Education[2]

Portsmouth has:

- 45 primary schools
- 1 all-through school
- 11 secondary schools
- 4 special schools
- 5 independent schools
- 2 FE colleges

69.4% of children achieve a good level of development at the end of Reception, compared to a national average of 71.8%

58% of children in Portsmouth meet the expected standard at the end of key stage, compared to a national average of 65%

Absence & Rates in State-Funded Schools[3]

	Overall Rate of Absence	Persistent Absence	Fixed period exclusion [4]	Permanent exclusion
Portsmouth secondary schools	6.7	17.9	17.94	0.15
England secondary schools	5.5	13.7	10.75	0.20
Portsmouth primary schools	4.1	8.7	1.58	0.01
England primary schools	4	8.2	1.41	0.02

Because of the impact Covid had upon the taking of exams in 2019-20 and in school attendance, the Government has announced that it will not publish any school performance data for this academic

[1] https://www.hants.gov.uk/landplanningandenvironment/facts-figures/population/estimates-forecasts http://www.endchildpoverty.org.uk/local-child-poverty-data-2014-15-2019-20/

[2] https://www.compare-school-performance.service.gov.uk/

[3] Figures are for 2018/19, the most recently published figures

[4] https://explore-education-statistics.service.gov.uk/data-tables/fast-track/764f3fc5-eb9f-4b19-b112-2ffe38ab7684

year. Therefore the attainment at GCSE level and the absence & exclusion data for 2019-20 has not been published

5% of 16 & 17 year olds are not in education, employment or training, compared to a national average of 5.5%

Within primary schools 2.4% of pupils have an Education, Health & Care Plan (EHCP) and 12.7% have Special Educational Needs (SEN) support. In secondary schools 1.8% of pupils have an EHCP and 12.4% have SEN support.

Health[5]

For substance misuse the hospital admission rate for 15-24 year old is 71 per 100,000 compared to a national average of 84.7

The rate of children 0-5 year olds having a hospital admission for dental caries has increased to 32.6 per 100,000 compared to 21.2 in the previous year

Prevalence of obesity children in Yr. R is 11% for 2019-20, compared to 12.5% in the previous year. Whereas the rate of obesity in Yr. 6 has increased slightly to 22.1%, compared to 21.6% in the previous year

The rate for hospital admission episodes for alcohol specific conditions decreased to 26.5 per 100,000 in 2019-20, compared to 34 per 100,000 in the previous year

Hospital admissions for mental health conditions was 57.1 per 100,000 and as a result of self-harm in 10-24 year olds is 532.4 per 100,000 compared to a national rate of 439.2

Safeguarding

The Multi-Agency Safeguarding Hub (MASH) received 12,515 contacts in relation to 9,749 individual children.

It is difficult to compare this to numbers from previous years, as there was a change in recording systems in April 2020. The previous recording mechanisms wouldn't allow for a differential in the types of contacts for open and closed cases therefore historical contact numbers appear higher because of this.

259 children have a Child Protection Plan, compared to 204 children in 2019-20.

222.7 children per 10,000 have a CIN plan. This is in comparison to 180 in 2019-20.

379 children are Looked After in comparison to 463 during the same period in 2019-20.

COVID-19 and the impact on safeguarding

In response to the global pandemic the UK government announced in March 2020 national restrictions on movement, working arrangements and the closure of education and early years provision for a number of children and young people. These initial restrictions spanned a period of four months with localised restrictions being instated and then a further period of full lockdown being seen in January 2021.

The PSCP worked with partner agencies to understand these impacts and gain assurance in relation to how children and young people were being supported, and how services were adapting to ensure that children, young people and families continued to be seen. For the first four months the PSCP Executive increased the frequency of its meetings to offer an opportunity to review the pressures upon critical safeguarding arrangements caused by the pandemic, and to respond accordingly to any

[5] Public Health England - Child and Maternal Health

potential impact upon children and families in Portsmouth. What we saw was a quick adaptation to new ways of remote working during this period, with a sharp focus on retaining services for those children and families considered to potentially be at most significant risk of harm. However, this has led to some pressures and delays in other parts of the system, such as:

- A rise in mental health issues and self-harm stemming from isolation caused by the lack of social interaction;
- A delay to permanency for some looked after children with no adoption orders being processed for a period of a few months

To try and mitigate some of these concerns, the following was put in place:

Link Coordinators - In March 2020, as soon as the closure of schools was announced in the first lockdown, a range of professionals from across the PSCP Business Team, Children & Families Services and the Education Department came together to act as Link Coordinators with schools. The aim of this work was to liaise at least fortnightly with schools regarding their pupils who were either recognised as vulnerable due to being currently open to Children & Families Services, had an EHCP or that the school were concerned about because their vulnerability was increasing due to additional pressures brought about on the family due to lockdown restrictions.

The feedback from schools was that it had helped to improve multi-agency working by ensuring there was a good flow of information between the school and the Lead Professional. Schools also found that their Link Co-ordinators provided critical support to their work by providing both robust support and challenge in their consideration of vulnerabilities and determining the appropriate response. As a result funding was provided from the Local Authority to employ a permanent team of 3 Link Coordinators whose role will be expanded in order to:

- To encourage schools to identify emerging concerns about children and put in place a robust offer of support through an Early Help Assessment and Plan, to prevent these from escalating;
- Have focused discussions regarding children with chronic non-attendance;
- To engage in exclusions prevention work, by offering support in maintaining placements within schools ; and
- To ensure there is a proactive approach to children at risk of becoming NEET (not in education, employment or training), by identifying them early and actively engaging with the Post-16 Team to put in place appropriate support

Childrens Hub - providing a coordinated link to the support available from statutory services and the voluntary & community sector. To ensure that where support needs arising from Covid19 specific issues such as the need for food parcels, benefit information, welfare checks etc. could be directed to families in a timely manner. The Hub was stepped down in autumn 2020

Safe & Curious Conversations - initially some professionals, especially in universal services, reported some challenges in maintaining a sharp oversight of vulnerable children whilst working remotely and having to conduct safeguarding conversation via telephone rather than in person. In response, the PSCP produced guidance and delivered workshops to services (especially schools) where needed. This focused on the types of questions to ask and the responses to listen for.

PSCP Multi-Agency Training - Prior to the restrictions put in place by the Covid19 pandemic, the PSCP had always delivered the majority of its training face-to-face. In March 2020 in line with Government guidance, all PSCP face to face training had to cease. However the work to safeguard children did not stop, therefore it was our commitment to ensure we could provide them with the training to support practice and keep children safer.

In the interim period of April 2020 to August 2020 the training team worked to adapt practice, the content of courses and the method of delivery. By September 2020 all PSCP safegaurding children training was adapted to be delivered online via Zoom and the updated programme was made available to the workforce. More details of this can be found in the workforce development section.

Evidence of Impact - Many agencies have reported and identified the adoption of different and innovative ways of working which could continue in the future. Professionals have reported greater

involvement in multi-agency meetings held online as practitioners have not had to factor in travel and family involvement in some instances also increased due to the online approach.

However, the impact in working in such an intensive, but potentially isolated way has been recognised and agencies are considering how to achieve the right balance. There remains a good will to build on the positive ways of engaging with professionals and families which this report will report on next year.

Progress against last year's priorities

The priorities as outlined in last year's annual report were agreed as:

1. Learning from Cases - Publication of completed Child Safeguarding Practice Reviews, and to ensure our training and communications work is fully informed by the learning from Cases

2. Monitoring, Evaluation and Scrutiny - Ensure recommendation tracking process is robust. Carry out annual Compact audit self-assessments and continue with programme of deep dives

3. Workforce Development - Develop socially distanced training. Strengthen the programme for DSLs, managers and the exploitation offer. Support agencies to improve practice in priority areas.

4. Organisational Development - Create an effective Organisational Development model including the Leadership Coaching skills and Action Learning Set facilitation. Provide capacity for the Team Around the School model. Review the Partnership's understanding and proactivity around diversity and inclusion

5. Partnership and Process - Develop and promote clear guidance for 'stuck cases'. Provide greater clarity on all assessment and practice toolkits for the workforce

6. Communications and Campaigns - Relaunch of Trolls Campaign. Deliver all appropriate campaigning following case reviews.

7. Work effectively with sub-regional LSCPs - in Hampshire, Southampton and Isle of Wight

Learning from Cases

As well as our Local Child Safeguarding Practice Reviews (LCSPRs) being sent to the National Panel and published on the NSPCC repository; all of the PSCP LCSPRs are published on our own website and for each a 2 page briefing is produced to give practitioners a succinct overview of the case and to highlight the expected response as a result of the recommendations made.

Progress on the recommendations is tracked via the Monitoring, Evaluation & Scrutiny Committee and where insufficient or inappropriate action is taken against these, this is escalated to the PSCP Executive for a challenge to be raised with the respective services. Where necessary, task & finish groups are established to consider the production of additional policy, toolkits or development of resources as necessary.

The PSCP Training Team are now standing members of the PSCP Learning from Cases Committee so that all relevant learning about good and effective safeguarding is immediately embedded within the PSCP Training Programme. This includes learning from all cases referred to the committee, regardless of whether or not they meet the threshold for a formal LCSPR or not.

Child H - was published in October 2020 and involved a 10 year old child who died as a result of respiratory illness, alongside a background of complex disabilities including epilepsy. At the time of their death they were on a Child Protection Plan as a result of concerns involving neglect.

Child I - was published in July 2020 and involved the death of a 9 week old infant, whose cause of death was unascertained. However at the time of their death they were found in an unsafe sleeping position, co-sleeping on a sofa with a parent who had consumed alcohol.

Monitoring, Evaluation and Scrutiny

All recommendations made in relation to any work undertaken by the PSCP is now tracked centrally by the Monitoring, Evaluation & Scrutiny Committee (MESC). This has meant there is a much sharper focus on reviewing the progress against these, and by regularly reporting this to the PSCP Executive, timely challenge can be provided where necessary.

By centralising the process it has also enabled the consideration of recurring themes that are impacting good and effective safeguarding, such that these can then be prioritised for consideration of a robust response by partner agencies.

The annual Early Help & Safeguarding Compact audit self-assessment was completed by organisations that work with children and families in Portsmouth and the findings reviewed by MESC. The PSCP worked with the Partnerships in Hampshire, Isle of Wight and Southampton to complete a similar process for agencies that work across 2 or more of these LSCP areas, and the findings were reviewed by the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Executive.

Due to the impact the pandemic had upon primary care, a decision was made by the PSCP to not include GP Practices in this year's audit. However, safeguarding arrangements within Practices continued to be overseen by the CCG and arrangements were made that any concerns (of which there were none) would be reported to the PSCP Executive.

Due to the impact on capacity caused by the pandemic, and the need to embed other learning and improvement first, we have only been able to achieve one of the two planned deep dive audits. Priority was given to completing the deep-dive on the multi-agency response to children experiencing neglect, and the deep-dive on transition has been deferred until 2021-22.

Training and Workforce Development

All of the priorities identified last year have been achieved. These were to:

- Develop more learning for socially distanced training
- Develop exploitation offer including the launch of the new Child Exploitation Risk Assessment Framework (CERAF) tool
- Strengthen Designated Safeguarding Lead (DSL) induction, support and certification

More details on these can be found in the Workforce Development Section of this report.

Organisational Development

In response to the need to create an effective Organisational Development model, the training for Designated Safeguarding Leads (DSLs) and managers has been restructured. See the section on Workforce Development for more details.

Work has been undertaken in order to develop a multi-agency group of practitioners who can provide Leadership Coaching and Action Learning Set facilitation to the workforce.

The work to provide capacity into the Team Around the School model has been put on hold this year due to the pandemic and is hoped to be re-established in the 2021-22 academic year

Work has been started to improve the PSCP's dataset in order to have a better understanding of the needs of Black, Asian and Minority Ethnic residents in Portsmouth and the impact our current safeguarding system has upon these members of the community. The PSCP has considered partners' policies on diversity and inclusion to ensure they are appropriate to the needs as they are currently understood.

Partnership and Process

Following on from learning from cases last year, it was agreed as a priority to develop and promote clear guidance for 'stuck cases', using reflective practice and escalation. In response, following consultation with the workforce the PSCP has developed a new 'Re-think' approach. Whereby professionals come together to reflect on a case either virtually, on the telephone or face-to-face to explore current concerns with a child's case and find resolutions. This guidance has been produced to

help practitioners and managers across the Portsmouth Safeguarding Children Partnership resolve disagreements or concerns in a constructive, restorative way, which keeps children safe. This was launched in February 2021 and will be continually evaluated to assess impact and effectiveness.

In response to learning from practice and feedback from practitioners, the PSCP have been working on providing greater clarity on all procedures, assessments, toolkits and resources for practitioners. Key to this has been distinguishing what **must** be done/followed, as opposed to those which are provided to be helpful but there is no obligation to use. In order to achieve this all identified resources have been reviewed and updated where necessary, as have the One Minute Guides that accompany these and give context and explanation as to how and when to use them. This has been a lengthy process, supported by practitioners from across many services. This work is now complete and the PSCP website is currently being re-written to give more clarity in response to various safeguarding concerns, what is available and how to use them. This work is due to be completed by July 2021, and the impact this has on practitioners understanding and confidence in the resources available will be evaluated 6 months after launch.

Communications and Campaigns

The Lurking Trolls campaign was originally designed in 2013 to support children in key stage 2 with developing more awareness of online safety. In 2018 the Home Office approached the PSCP to see if the campaign could be re-designed to build digital resilience in this age group to new and emerging online safety concerns such as fake news and radicalisation. The PSCP secured the support of the LSCPs in Hampshire, Isle of Wight and Southampton with this redesign and work is almost completed. The new Lurking Trolls campaign - The Peril of the Possessed Pets - is due to launch in June 2021.

Following the launch of the Safer Sleep and ICON campaigns last year, the PSCP has continued to promote these messages to practitioners and embed these in all relevant training. Since this there have been no serious incident notifications of infants suffering abusive head trauma, though tragically there has been the death of 1 infant whilst in a co-sleeping situation. The PSCP is currently working with its partner agencies in health to develop a training course that will focus on safeguarding unborn babies to infants aged 3 years and incorporate messages from the Unborn/Newborn Baby Protocol, the Bruising Protocol for Non-mobile Infants, Safer Sleep Procedure and ICON.

The PSCP uses a range of methods to communicate on our safeguarding priorities with the workforce - through briefing notes, items in services' newsletters, monthly reports on activity to senior managers of partner agencies, through our training programme and a twitter account. All of the communication provides links to the PSCP's website which is the central repository of information for the workforce. What we have seen as a result is a 46.9% increase in the number of unique page views on the PSCP website, from 7,211 in 2019-20 to 10,593 in 2020-21.

Work Effectively with the LSCPs in Hampshire, Isle of Wight and Southampton

The PSCP continues to support the HIPS Executive Committee and its Exploitation Strategy and Procedures sub-committees. All recommendations and learning from the work undertaken is actively considered as to whether it is more appropriate to develop in conjunction with the other 3 LSCPs and, where it makes sense to do so, this is recommended to the HIPS Executive Committee for consideration.

This year the key initiative developed across HIPS are:

- The completion of the Exploitation Strategy
- The re-design and launch of the Unborn/Newborn Baby Procedure
- Completion of the Section 11 Safeguarding and Early Help assessments for services that operate in 2 or more of the LSCP areas.

Whilst working across HIPS is beneficial for services that operate in 2 or more areas, as it provides more consistency in the procedures and processes that practitioners have to follow, it does potentially lead to delay in the completion of some work.

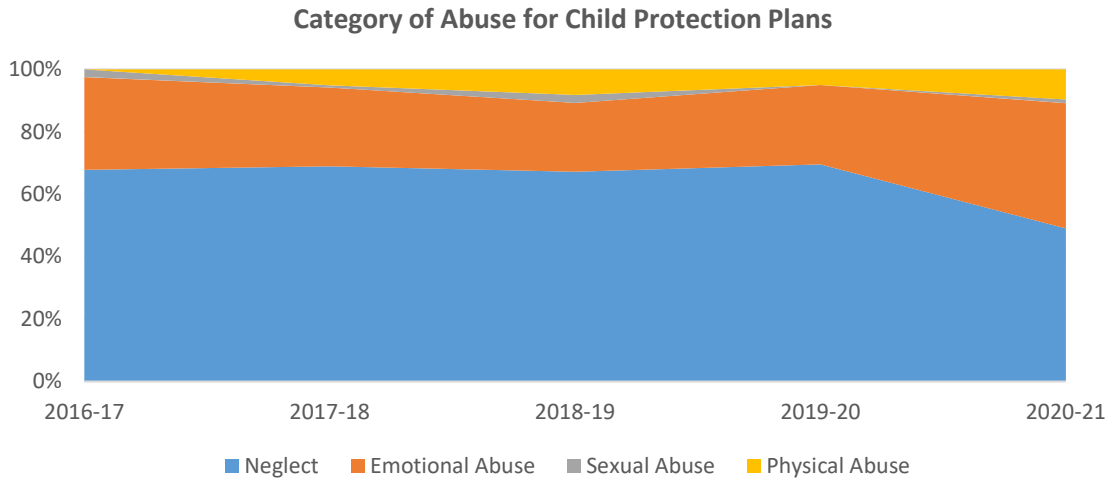
The Effectiveness of Safeguarding Arrangements

PSCP Dataset

Since 2010, the PSCP (formally the Portsmouth Safeguarding Children Board) has maintained a multi-agency dataset. This currently consists of 196 indicators, broken into 9 blocks to consider:

1. **Child Protection Processes -** the rate of children per 10,000 on a Child Protection (CP) Plan has remained consistent over the last 5 years (55.25 in 2016-17 and 58.8 in 2020-21), but we have seen a decrease in the percentage of children requiring a second or subsequent plan ever (20.3 in 2016-17 and 13.85 in 2020-21). This decrease will need monitoring to see if it can be maintained.

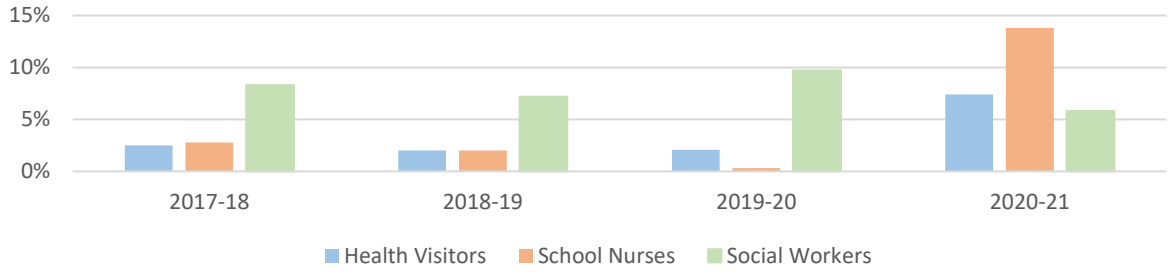
   What has changed significantly this year is the categorisation of CP Plans. Whilst neglect remains the most frequent reason for a child being on a CP Plan, the percentage of plans under this category has significantly reduced and there has been an increase in emotional abuse being the reason cited for the CP Plan. This is likely to be as a direct result of a recommendation made to Children & Families Service following the findings from the Deep-Dive into neglect undertaken during quarter 3 of this year. It was found that when reviewing CP Plans under the category of neglect, that this focus on the resultant neglectful parenting a child was experiencing was failing to sufficiently focus the plan on the causal factors in the parent's ability to adequately meet their child's needs. Often in the examples reviewed the neglect experienced was as direct result on the parent's lived experience of domestic abuse or criminality within the family. The concern was that by naming neglect as the primary issue this led the plan to not sufficiently address the issues within a family that needed to change in order to improve the parenting capacity. The impact this has upon families will be monitored throughout the year by reviewing whether it reduces the amount of time before a child can be stepped down from a CP Plan, and whether we see a reduction in the number of children requiring a second or subsequent plan.



2. **Child in Need -** the rate of children on a Child in Need Plan per 10,000 has increased by 23.7% from last year - from a rate of 180.02 in 2019-20 to 222.7 in 2020-21. However despite this increase, for the first time since 2015-16 throughout the year 100% of children have, had an allocated Social Worker.

3. **Early Help -** as has been noted at the beginning of this report, Children & Family Services changed its recording system in April 2020. As a result the number of Early Help Assessments being completed across tiers 2 and 3 are no longer being records. The PSCP is currently working with partner agencies to find a suitable solution to this.

4. **Workforce -** The vacancy rate in both Health Visiting and School Nursing is at the highest rate it has been since we routinely started to record these figures in 2017. However, these are small teams and so the rate can easily be affected by a small number of vacancies.



5. **Child Deaths -** Sadly there were 8 deaths of Portsmouth children this year, these all occurred after the 1st July as there were no child deaths reported during the first period of the national lockdown in Portsmouth. No adults were arrested or charged in connection to any of these deaths.

6. **Wider Safeguarding Issues**

   a. **Neglect -** Despite there being 132 crimes recorded for neglect with 95 suspects linked to these, only 17 people were arrested for neglect offences and these led to only 5 people being charged in connection to these.

   b. **Missing, Exploited and Trafficked (MET) Children -** The number of episodes of children reported as missing was the lowest it has been since 2016. There has been a promising downward trend over the past 4 years, but this year's decrease is most likely to be as a direct result of the lockdown measures brought in as a response to the pandemic.

Total episodes of missing children

2016-17	2017-18	2018-19	2019-20	2020-21
1577	1512	1376	1060	970

There was a 40% reduction in the total number of children flagged at risk of sexual exploitation (CSE) who were discussed at the MET Operational Group this year. Aside from the lockdown being a preventative measure to the risk of CSE, the group also spent some time this year reviewing all of the children on the list and removing any where the risk had been reduced sufficiently.

Number of children at risk of CSE

	Low risk	Medium risk	High risk	Total
2019-20	9	15	38	62
2020-21	20	9	9	38

A revised risk assessment tool was also introduced in September and there was a large number of staff trained in its use. So the decrease in the total number is unlikely to be as a result in professionals not being familiar with the tool, but may possibly explain the change in the identified level of risk. This will be closely monitored throughout 2021-22.

However, the number of children linked to CSE crimes occurring online rose this year to its highest level. This reflects the national concern that during lockdown more children spent time unsupervised online and were potentially more vulnerable to online harm.

Number of CSE online crimes

2016-17	2017-18	2018-19	2019-20	2020-21
35	18	17	18	36

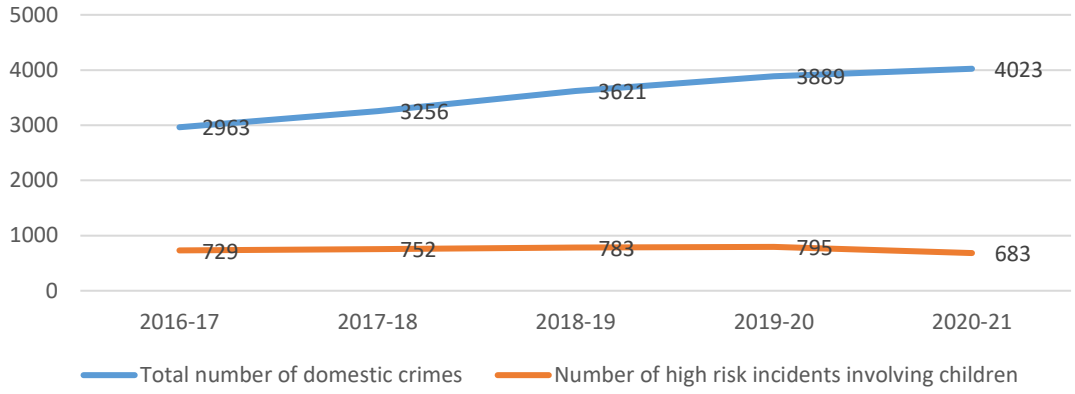
The number of children identified at risk of criminal exploitation is a new indicator for this year and so no comparisons can be drawn.

Number of children at risk of CCE

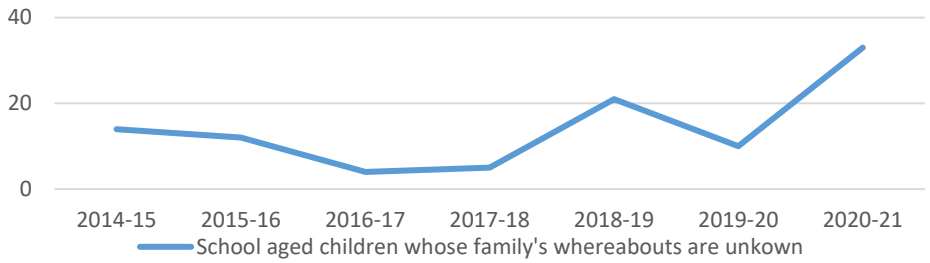
	Low risk	Medium risk	High risk	Total
2020-21	32	33	26	91

There were 9 children reported as being victims of trafficking offences during 2020-21.

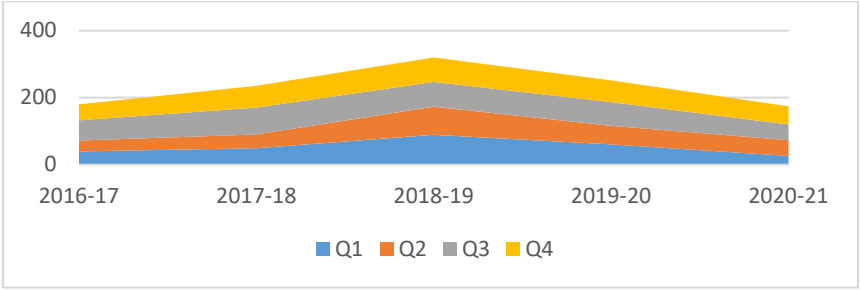
c. **Domestic Abuse** - the number of domestic crimes in Portsmouth continues to increase, however the number of high risk domestic incidents occurring in households where children were present has decreased by 14% in 2020-21



d. **Young People at Risk** - the number of school aged pupils whose family whereabouts are unknown and have been removed from a school roll, increased significantly in 2020-21. This is due to a marked increase in referrals from schools of pupils who left during the closure of schools in the spring or summer term, without saying they were going or never returned from where they said they were going. These children's details have been passed to the MASH who will work with the police to locate the family and check on the child's welfare.



7. **Allegations -** The number of allegations received by the Local Authority Designate Officer had been steadily increasing between 2016 and 2019, however the last two years have shown a significant decline. Whilst the decrease this year can be accounted for due to the lockdown restrictions meaning that not as many staff were working directly with children, this does not account for the decrease in 2019-20. The PSCP will want to understand what work the LADO is doing to communicate the allegations process to the workforce and to ensure that incidents are being appropriately reported.



8. **Looked After Children** - The number of children who are looked after reduced by 18% from 463 in 2019-20 to 379 in 2020-21. This decrease is due to two factors:

a. Targeted work was undertaken with the National Transfer Scheme during October to March to support appropriate moves in other other local authority areas for Unaccompanied Asylum Seeking Children who were being looked after in Portsmouth; and
b. Some is due to the positive impact from the implementation of the Family Safeguarding Model, which has enabled us to work with parents to address need and to build resilience to enable them to continue caring for their children.

9. **Partnership Engagement -** Despite the challenges the pandemic has had upon capacity in the PSCP partner agencies, their commitment to supporting the work of the Partnership has not been affected. In fact attendance at the full Partnership meeting has actually increased in 2020-21 to 72% from 56% in the previous year. Attendance at MESC has also risen from 67.5% in 2019-20 to 75% this year, and attendance at the Learning from Cases Committee has been at 84%. No PSCP meetings have had to be cancelled due to inquoracy.

Multi-Agency Safeguarding Hub (MASH) Audits

The MASH Strategic Board has overseen quarterly multi-agency audits that have an overall focus on quality, consent and threshold. Every quarter the Board agrees the thematic aspect of the audit informed by key lines of inquiry from performance data and agency requests. In 2020/21 the audits undertaken were as follows:

Quarter 1: Quality of referrals - Health
Quarter 2: Quality of response to referrer
Quarter 3: Quality of referrals - Schools
Quarter 4: Repeat contacts

Q1: Quality of referrals received from Health - the Joint Targeted Area Inspection (JTAI) undertaken in December 2019 identified that, 'while referrals to the MASH are timely, the quality of referrals by partners is not consistently good'.

The audit found that in too many cases referrals into the MASH lacked critical information and it was left to the MASH practitioners to do additional information gathering to support their decision making. The audit evidenced that consent had not been sought and that agreement for the referral to be made was not evidenced.

An action plan was developed to support targeted learning and development focusing on an improved understanding of consent and supporting health partners to understand what a good referral looked like. A review audit undertaken in quarter 1 2021/22 evidenced significant improvements in the quality of referrals and timely decision making.

Q2: Quality of the MASH response - this was an area of practice development that had been highlighted in the JTAI, where Inspectors found that '*Referrers and key agencies are not always informed of outcomes of referrals or notifications sent to the MASH'.*

Following the JTAI Children's Social Care had reviewed processes within the new IT system (Mosaic) and a responses to referrer step was introduced to support improved communication. The audit reassured the partnership that concerns were addressed and in all cases requiring a response this was evident on the child's record.

Q3: Quality of referrals received from schools - in the majority of cases reviewed the school had provided information that enabled MASH to make a timely and informed decision. In 90% of cases threshold for Tier 4 services was met and consent was appropriately sought. It was demonstrated that schools engagement with the PSCP training offer is supporting their understanding of 'what a good referral looks like'.

As a result of the audit, two masterclasses were delivered to DSLs and Safeguarding Leads in January 2021 focusing on thresholds and quality of contacts. We plan to revisit this audit in the 2021/22 schedule, but performance data from our MASH evidences that schools have a good understanding of threshold with the majority of cases referred in sitting appropriately at Tier 3 and 4.

Q4: Cases where there had been a number of repeat contacts in the previous 6 months - the audit process found that a number of the cases related to private law matters and that contact for fathers was a specific issue that resulted in high levels of contact with the MASH (this was exacerbated by COVD 19 restrictions). In other cases there were multiple contacts (from different sources) relating to the same incident. The partnership was reassured that the audit did not identify concerns relating to threshold decision making.

Evidence of impact - these audits demonstrate that we have a good and effective MASH, which is routinely ensuring that families receive the right support based on their level of need. The quality of contacts from schools appears to be improving and their understanding of the thresholds in Portsmouth appears sound. A target for next year, to be taken forward by the Portsmouth Safeguarding Improvement Hub, will be to consider how the quality of contacts can similarly be improved in other partner agencies.

Safeguarding & Early Help Compact Audit

Section 11 of the Children Act provides the PSCP with an opportunity and a framework to undertake an analysis of safeguarding arrangements within statutory organisations. In order to understand children and families experience of safeguarding and early help across all services in Portsmouth - the PSCP has a much more extensive approach and has developed a self-assessment tool that in addition to Section 11, considers the duties placed upon those voluntary & community organisations, education settings under Section 175/157 of the Education Act 2002 and upon early years settings under section 40 of the Childcare Act 2006. This tool is referred to as the Portsmouth Safeguarding & Early Help Compact and it is currently used with 169 organisations that work with children in Portsmouth.

There are differing versions of the Compact for the different types of settings, and whilst there are different indicators to reflect their differing duties they are measured against the same 12 Standards. This enables the PSCP to analyse any areas where gaps in knowledge or understanding relating to safeguarding and early help for all settings across the city. The 12 standards are:

1. Senior management commitment to the importance of safeguarding and promoting the welfare of children
2. Staff responsibilities and competencies (the term staff also refers to volunteers)
3. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
4. Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families
5. Induction, training and appraisal for staff and volunteers on safeguarding and promoting the welfare of children
6. Recruitment
7. Allegation management
8. Effective inter-agency working for early help and to safeguard children and promote the welfare of children
9. Information sharing
10. Equality of opportunity
11. Disabled children
12. Additional specific requirements for commissioning bodies

An aligned version of the tool overseen by the HIPS Executive is used for twelve organisations that have duties under Section 11 and operate in Southampton, Isle of Wight and Hampshire as well as Portsmouth. The number of questions in the HIPS version of the tool was reduced this year, in order to decrease the amount of time it took for them to complete it (in recognition of the impact the pandemic has had upon capacity in services such as the police, hospitals etc.)

Organisations are required to submit their completed return to the PSCP once every two years, but we strongly encourage services to use the tool more regularly in order to assist a culture of continuous

improvement. To ensure the proper accountability for safeguarding arrangements, the Compact audit tool must be signed off by the senior manager, headteacher or owner of the organisation.

The learning from this year's returns highlighted that all organisations considered themselves to have effective safeguarding and early help arrangements in place. Where any service indicated an area of practice which they assessed required improvement, then an action plan has been put in place. The PSCP has reviewed these plans and will require an update on progress within 6 months.

For the returns from statutory organisations and early years settings there was no one standard that was consistently identified by them as requiring improvement. For education settings standard 4 was the only area where a significant number (17%) felt that their practice could be improved.

To ensure that the learning opportunity from this process is maximised, a sector specific report is circulated to all settings in the city. This includes advice, guidance and examples of how practice can be improved for all indicators where over 9% of services reported that practice required improvement.

In recognition of the impact the pandemic has had upon capacity in primary care, GP Practices were not required to submit a Compact Audit this year. Work is underway with the CCG to look at merging their safeguarding assurance tool with the Compact for next year's audit, in order to reduce duplication.

Evidence of impact - The grades given for the Compact continue to improve year-on-year, demonstrating services increased confidence in their understanding of safeguarding and early help arrangements in Portsmouth. However, for this model of self-assessment to be effective it is reliant on services fully understanding its purpose, being rigorous in their self-assessment and willing to be transparent about the strength of their current safeguarding arrangements. The PSCP has recognised that some services are not as robust in their assessment as they could be. Issues have been identified in safeguarding arrangements by external inspections by statutory regulators (e.g. Ofsted) conducted not long after completion of the Compact, that weren't identified by the service themselves. In response to this we emphasise in the learning summaries circulated to services this variance that has been noted and encourage them to see the Compact as a diagnostic tool, to apply more rigour in their assessments and to avoid being overly optimistic of their practice. This message is also reinforced in the ' Developing a safegaurding culture - The Portsmouth Compact' workshop for DSLs and managers that has been developed. We are also working more closely with the Education Service in the local authority to triangulate the Compact returns with the education or early years settings most recent Ofsted inspection outcomes and performance data, so that the PSCP can challenge where appropriate any assessments that still appear overly optimistic.

Recommendation Tracking

Over time the Portsmouth Safeguarding Children Board tried many methods of tracking the recommendations made to the multi-agency safeguarding system in Portsmouth resulting from case reviews, data analysis, audits and inspections. The PSCP has evolved a method by which they are all centrally recorded by the PSCP Business Unit and once every 2 months relevant agencies are sent a request to update their progress against these. The returns are presented to the Monitoring, Evaluation & Scrutiny Committee whose role is to consider whether the action fully meets the ambition as set out in the recommendation; and whether there is sufficient evidence of the robustness of its implementation and/or impact on the effectiveness of improving safeguarding arrangements.

	Number at start of year	Completed in year	New, added in year	Outstanding at end of year
Adult Services	3	3	0	0
Portsmouth CCG	2	1	2	3
Fertility Clinic	2	2	0	0
Hampshire Constabulary	7	1	3	9
Children's Social Care	37	6	4	35

Children's Trust	5	3	0	2
Early Help & Prevention	2	2	0	0
Education Service	4	3	0	1
Portsmouth Hospital University Trust	3	0	1	4
PSCP	7	4	33	36
Solent NHS Trust	6	5	2	3
Total	78	30	45	**93**

Evidence of impact - For some of the recommendations, agencies have chosen to split these into multiple actions to support their implementation. This means that whilst there appears to still be 48 recommendations from 2019-20 outstanding, closer analysis of these would show that either considerable activity has occurred and they are awaiting completion; or the actions are all complete and MESC are awaiting an evaluation of their implementation before considering it completed. MESC is rigorous on not signing off any recommendation until there is evidence that it is embedded into practice and/or there has been an evaluation to demonstrate it is having the desired impact. So this often extends time taken to sign off some of these recommendations by 6-9 months, as it may take this long to allow the work to be embedded before an evaluation of its impact can be undertaken.

Deep Dive - Children experiencing neglect

The primary purpose of the Deep Dive methodology is to assess the quality in a chosen area of practice and includes the following components:

- Multi-agency case audit
- Voice of the family
- Learning from case review findings
- Multi-agency data
- Practitioner survey
- Workshop event

Neglect was prioritised for this deep-dive by the Partnership as it still is the main reason given as to why approximately two thirds of children are on a Child Protection Plan. The PSCP has completed previous audits on the theme of neglect in 2014 and 2017. This activity generated actions and recommendations, including the development of a new strategy, toolkit and practice guidance. Within the strategy, there are identified measures for success including a reduction in the number of cases open on a CP Plan for neglect and a decrease in the number of repeat referrals for neglect. It is apparent when reviewing these measures that the desired outcomes from previous recommendations have not been achieved and the same issues remain. So this deep dive was done to try and better understand why these previous measures have not been as effective as we'd hoped.

What we've learnt - The findings of this 2020 Deep Dive appear to fall into two categories, those that are specific to neglect and others that more broadly relate to good and effective safeguarding practice.

Practice to support children experiencing neglect	
What's working well?	**What are we worried about?**
• In families where neglect had been identified, the parents clearly understood what the concerns were and which of their children's needs they were not meeting. This is crucial in empowering parents to improve the care they give.	• There was limited evidence of practitioners' awareness and use of effective, evidence based interventions to address neglect.
• Those who had used the Neglect Identification & Measurement Tool (NIMT) described its benefits as being "a useful way	• The NIMT is not widely used and is considered to be too lengthy to be routinely used

to focus your thinking when you 'know' something isn't right but haven't worked out why you 'know' that"	
• GPs have also put a Safeguarding Processes in place so that when there has been 3x missed appointments or vaccinations missed, they raise their concerns with other appropriate health colleagues	• Medical neglect is often not recognised until the child is experiencing significant harm as a result
• In all cases there was evidence of consistency with the Portsmouth Model of Family Practice, with all family members being included in the plans.	• In some cases the categorisation of neglect is being used too broadly and failing to recognise other harm as well as the causal factors that are leading to the child being at risk of significant harm
Good & effective safeguarding practice	
What's working well?	**What are we worried about?**
• Local Authority Link Co-ordinators have been employed to work with schools using a restorative approach, being curious in their communication when discussing individual children & families, keeping the child's needs at the centre of the conversation	• Contacts into MASH being made without there ever having been an Early Help Assessment and an attempt to provide support early in order to prevent the escalation of concerns
• All of the schools involved in the cases reviewed showed a good understanding of the safeguarding concerns in the family and how these were impacting on children. There were some good examples of schools advocating for the need for services for families.	• Whist improvements have been made, there is still more to do to ensure we are consistently exploring and recording the child's voice and lived experience
• Health Visitors were described by families as being very good at ensuring both parents were equally included in the service provided for their child, even when they are separated and not living together. Parents also told us that they felt the social workers built good relationships with the children	• There needs to be better awareness of the HIPS Escalation Protocol, to highlight the importance of professional challenge. Also to embed the new 're-think' practice to provide practitioners with the facility and support to review stuck cases
• Home Start's parenting courses were valued, by helping unpick the parent's experience so they are empowered to improve their parenting skills which in turn improves the outcomes for their children	• We need to see that in all cases there's been a robust assessment of a parent's capacity to change that is shared across relevant practitioners and used to inform planning and decision making with the family.

Evidence of impact - the change in the categorisations of Child Protection Plans (as reported in the dataset) appears to be as a result of this deep-dive. It is too early to demonstrate any other change. However, since the learning has been shared with the PSCP the partner agencies have committed to the following next steps:

1. Hold workshops with the workforce to understand what types of support and interventions they currently use with families where neglect is identified as an issue. Use the information from these to identify any current gaps in resources or provision, to inform updating the neglect strategy, toolkit and practice guidance.

2. Set up a working group to review the current Early Help Assessment and Plan to make it easier for universal services to identify risks and strengths and to plan and deliver change accordingly.
3. Work with partner agencies to raise awareness of the Escalation Protocol and Re-Think Process and support them with embedding this into practice.
4. Review our practice on assessment of parental capacity to change at early help and child protection levels
5. We will offer more tailored restorative practice training to services that work with families, to support the development of more effective, relational based working with parents, carers and children

Tackling Child Exploitation

Last year the PSCP completed a deep dive into the experience of children vulnerable to criminal exploitation. As a result of this we said we would:

1. refresh the Portsmouth Missing Exploited and Trafficked (MET) Strategy;
2. work with Research in Practice and The University of Bedfordshire on our successful on 'Tackling Child Exploitation' (TCE) bid;
3. review our approach to identifying risk for individual and groups of young people and responding at the earliest opportunity considering both the risk assessment framework and the training available to support the workforce; and
4. Provide greater clarity on joint working arrangements at the local, operational level

1. Exploitation Strategy - As Hampshire Constabulary and many of our health partners and voluntary sector organisations work with children vulnerable to exploitation in Hampshire, Isle of Wight and/or Southampton as well as Portsmouth, it was agreed that we would work with the HIPS Exploitation Group and develop a strategy that covers all 4 areas. However, to reflect local need and service delivery each area is responsible for their own delivery plan with the PSCP have responsibility and oversight of Portsmouth's. This strategy was finalised in July 2020 and its delivery is overseen by the PSCP Exploitation Strategy Delivery Group with membership from strategic leaders and managers from relevant services across the city.

2. Tackling Child Exploitation Support Programme - unfortunately this work was impacted by the restrictions in place due to Covid19. It meant the start was delayed until June and that all work had to be done virtually. As part of the scoping and consideration of what could be achieved the overall goal of the project was amended to how multi-agency data could be used to identify places and spaces in Portsmouth where children were most vulnerable to exploitation. The aim being that this map of 'hot-spots' could then drive disruption activities by better identifying perpetrators and bringing them to justice; and providing targeted youth work and positive activities for the children to engage in as an alternative to engaging in the exploitation. During the course of the project workshops were held with strategic leads and data analysts and a number of core reflections and themes were identified:

- This work isn't just about data, we also need to think about how response shaped by intelligence may need to shift.
- There is a need to think about capacity before embarking on any further activity. For work to be meaningful it should be ongoing and embedded throughout the partnership approach.
- There is a need to be clear about the parameters and limitations of this work at both strategic and operational levels.
- Consider what is within the gift of the partnership and promote and share current tools/approaches which already exist rather than looking to start from scratch with entirely new ways of working.

These outcomes are to be presented to the Partnership to consider how best to take them forward.

3. Child Exploitation Risk Assessment Framework and exploitation training - prior to this year, Portsmouth was using a different risk assessment framework to identify children potentially vulnerable to exploitation than the other 3 LSCP areas. In order to improve consistency of practice and

reduce the risk of confusion amongst the workforce, the PSCP agreed to work with the HIPS Exploitation Group on the development of a new Child Exploitation Risk Assessment Framework (CERAF) that was also launched in September 2020.

There have been many changes made to the training offer this year, and more details of these are given in the Workforce Development section of this report. Below is a summary of the courses held this year and the attendance from partner agencies.

	Children & Family Services	**Health**	**Police**	**Education**	**Voluntary sector**	**Other** (Incl. Youth & Play Services, Early Years, Armed Services)
Exploitation - multi-agency	12	8	0	4	6	1
Exploitation - bespoke, single agency	25	0	0	50	0	25
CERAF	58	9	n/a	26	10	7
CEOP - online safety	10	7	2	19	3	1
Victim blaming[6]	11	0	0	0	0	1

4. Greater clarity on joint working arrangements - All of the One Minute Guides relating to missing, exploitation and trafficking have been reviewed and updated accordingly. The PSCP website is being re-written to make information more accessible to practitioners, to that it is clearer as to what is statutory guidance and legislation; what are the toolkits to be used to help assess and identify risk; and what is helpful information. The Exploitation Strategy Delivery Group has also undertaken a scoping exercise. This has identified all of the various groups and meetings held within Portsmouth to identify children at risk to provide greater clarity about their purpose, reduce unnecessary duplication and to ensure there is robust communication between these. The services that can support children at risk from missing, exploitation and/or trafficking have also been scoped to include details of what they do, who they can support, when and how to contact them - this directory has been shared with agencies and will also be available for practitioners on the PSCP website.

In addition to this multi-agency work, below are some examples of targeted work that has been undertaken this year by agencies working within Portsmouth:

Hampshire Constabulary - launched its Child-Centred Policing (CCP) strategy with the aims of

- Working together in partnership to recognise children who are vulnerable or at risk and respond effectively to protect them
- Identifying and bringing to justice those who seek to exploit vulnerable children or do them harm
- Ensuring a coherent youth offending approach, which has a clear focus on intervening early to prevent young people being drawn into the criminal justice system but which also is effective in managing the small number of serious young offenders who cause, or who would cause, the highest harm to others
- Building stronger relationships with children and young people by improving engagement

The operational response has included the following 2020/21:

- Op Salvus – High risk missing child pilot in Hampshire Constabulary aimed at improving focus on high risk missing children at risk of exploitation. To reduce the risk of harm, reduce number of missing episodes, reduce length of time missing. (evaluation awaited)
- Missing People charity commissioned to "help identify further areas of improvement, specifically linked to the accuracy, value and quality of 'Safe and Well Check' reports in safeguarding children

[6] This is a new course and so only 1 workshop has been held so far in March 2021

Areas for improvement identified and being addressed through child centred policing delivery plan

- Work with PSCP trainer Kelly Huggett around developing a workshop on the use of inappropriate language, victim blaming and unconscious bias, which is now being used to train 50 CCP champions in Hampshire Constabulary.
- Trauma-informed training being rolled out across the constabulary and with partners through 2020/21
- Deliveries in schools around exploitation, gang violence, county lines and knife crime took place during 2020 and planned during 2021
- Operation Keepsake – a prioritisation assessment tool focusing on inappropriate relationships between children and older males used in Portsmouth (which is being rolled out across HIPS once model revised for other districts)

Children & Family Services:

- Have facilitated group work with a targeted group of girls who were vulnerable to exploitation. This work was successful in reducing the risk and a group programme will be developed based on the learning from this
- Have commissioned the St Giles Trust (in partnership with the OPCC and VRU network) to work with year 6 and 7 in 10 schools on highlighting risks of gang and knife crime.

Early Help & Prevention (EH&P) Service:

- Created an additional 3 exploitation specialist roles and created a Preventing Youth Offending role within the service. These specialists offer a Team around the Worker model to provide advice and guidance to workers within the early help 0-19 provision.
- Created a training programme for Early Help Workers on preventing youth offending and the use of Risk of Anti-Social Behaviour and/or Offending (RASBO) tool to identify children early on that are vulnerable
- Embedded a Police Community Support Officer within EH&P for a year carrying out direct work with young people identified using the RASBO as potentially vulnerable to youth offending

Play & Youth Services:

- Has ensured that all training relevant to identifying and safeguarding children vulnerable to exploitation is embedded within their services training schedule.
- Have promoted the 'Is This Love?' campaign in youth centres to encourage conversations with young people about potential forms of abuse in their relationships
- The service has worked on strengthening their relationships with the local police teams, and regular visits have provided a visual confidence that police are here and paying attention to the community issues. As a result the children have police officers that they know by name and are happy to engage with when they see them, and parents speak positively about the their children engaging with police

Crime Prevention Community Coordinator - In response funding from the Home Office has been used to employ a Crime Prevention Community Coordinator. Two of the specific initiatives they're involved in that seek to address this rise are:

1. The creation of an interactive resource for delivery in schools, as well as youth and community settings, called 'Your Choice Matters'. The resource depicts a fictional hate & knife crime incident in Portsmouth which young people need to view from the perspectives of different communities, improving understanding and empathy and deterring involvement in hate crime and knife crime. The resource will be trialled over the summer and ready for the autumn term.
2. The creation of a network of spaces of safety or sanctuary, not just for women and girls but also for boys/men who need safety from abuse, harassment, domestic violence and other forms of harm including exploitation. The aspiration is to create a city-wide network of venues but will initially launch in the south of Portsmouth.

Learning from Child Safeguarding Practice Reviews

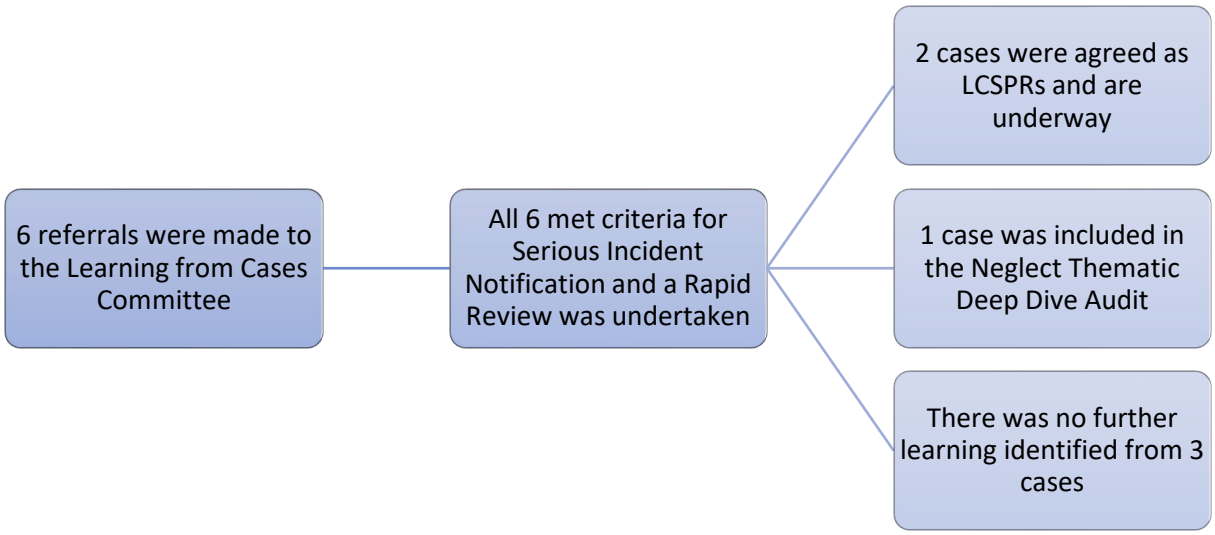
In accordance with Working Together 2018, a Local Safeguarding Partnership should consider undertaking a Local Child Safeguarding Practice Review (LCSPR) when it is thought that the case:

- highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified
- highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children
- highlights or may highlight concerns regarding two or more organisations or agencies working together effectively to safeguard and promote the welfare of children
- is one which the Child Safeguarding Practice Review Panel has considered and concluded a local review may be more appropriate.

If a case meets the above criteria it does not mean that a LCSPR must be agreed. It is for the local area to determine the relevance and opportunity for local learning and development.

Where a case meets criteria for a Serious Incident Notification as per Working Together 2018, the Local Authority is required to notify Ofsted. The Partnership then has 15 days to carry out a Rapid Review and make a formal decision regarding any further review. All decisions are agreed by the Learning from Cases Committee, the Safeguarding Partners and the Independent Chair.

During 2020-21:



Child I - published July 2020

Child I died in August 2018 aged 9 weeks having had no previously identified health concerns. The cause of death was unascertained; however Child I was found in an unsafe sleeping position co-sleeping with a parent. They were not known to Children's Social Care prior to the incident. The full findings of this Serious Case Review (SCR) are set out in the Overview Report that has been published on the PSCP Website.

What we have done as a result of learning from the Child I's review:

In the case of Child I the parents had been provided with clear guidance on the dangers of co-sleeping. However, awareness raising on this important issue is necessary on an on-going basis. A HIPS wide campaign took place during the week 9 - 15 March 2020 to coincide with National Safe Sleep week. A campaign launch event was organised for 9 March at the Portsmouth Central Library with representatives attending from all 4 LSCP areas. Workshops on safe sleeping took place over the remainder of the week with attendees from a variety of organisations within the city to ensure the right messages were delivered.

In efforts to ensure that new parents are consistently given safe sleep messaging, The Family Nurse Partnership and Health Visitor leads have developed a template to prompt discussion about safe sleeping during out of routine events. Key messages have also been disseminated widely across agencies through leaflets, laminated posters in public areas and further discussion in team meetings and supervisions. The PSCP Training Team made adaptions to their current training programme to ensure that those messages are integrated. The Team are also working with Solent NHS and Portsmouth CCG to develop a workshop combining Safer Sleep, ICON and the Unborn Baby Protocol into a course looking at safeguarding unborn babies through to 2yr old infants. This is work in progress.

Portsmouth Hospital NHS Trust created a 'Supporting Staff Involved in an Incident, Complaint or Claim' policy. This policy guides and supports managers in the supervision of difficult or upsetting cases and contains a staff support checklist. When used in conjunction with ongoing pastoral support from their team leader, this will ensure that all available support is offered to them following an adverse incident.

Solent NHS, Hampshire Constabulary and Southern Health have worked together within a task and finish group to review universal process and paperwork for the JAR (Joint Agency Response) process across the 3 organisations. It is agreed that the new JAR 1 meeting agenda paperwork will include a prompt to discuss if there are additional known services/ agencies that need to be included. This is to ensure that no key organisation are left out from the JAR process in future.

In July 2020, the National Panel published their report in to Sudden Unexpected Death in Infants (SUDI). Portsmouth were visited as part of the methodology for this review. Key learning from this report includes the strong link between alcohol and substance misuse and sudden infant death. It recommends that professionals tailor their safe sleeping key messages to the needs of the family's background and history. It also highlights the importance of planning for 'out of routine' events where a child's normal sleeping arrangements may be changed, especially when this involves alcohol. This learning was used to inform the action plan from this review. Safe Sleep is an ongoing key theme across the HIPS area and there is further work underway with HIPS CDOP to establish why messaging to parents/carers doesn't always have the desired impact. The PSCP will be a part of this work during 2021/22.

Child H - October 2020

Child H tragically died aged 10 as a result of a respiratory illness alongside complex disabilities including epilepsy. Child H was on a child protection plan at the time of his death as a result of concerns around neglect. The full report has been published on the PSCP Website.

What we have done as a result of learning from Child H:

The PSCP also published its response document which outlined the action that had already been taken; and commented upon what more would be done. This document can be found on the PSCP website.

The PSCP training programme has been reviewed in response to this review. Details of thresholds and the various stages of Early Help and Social Care are incorporated in multi-agency training. This will work to ensure that both the professional team around the child and the families themselves will be clear on their current status within the system and what that means.

The PSCP developed a series of masterclasses for Designated Safeguarding Leads of schools within the City. This includes sessions on decision making, escalation and contacts to MASH. These sessions will be reviewed on a regular basis to ensure that the most up to date messages are being given.

In response to a recommendation regarding professional knowledge of escalation, the PSCP carried out a number of workshops to understand this further. Barriers to escalating effectively were often cultural and behavioural rather than an issue with the process. The PSCP therefore developed a new approach to dealing with conflict or challenges within cases, called Re-think. This allows professionals to pause and reflect on the case as a group and promotes multi-agency working in order to find a resolution. This was launched in February 2021.

Social Care has reviewed their internal Child in Need policy and has strengthened it to reflect the fact that the social worker is the lead professional and is responsible for oversight and coordination of the case. The review highlighted this as an issue, particularly in cases of children with disabilities. The

policy now makes explicit reference to the allocated Social Worker being the named lead professional and request that this be stated at the beginning of every Child in Need review meeting.

The report recommended that Solent NHS Trust and Portsmouth Hospitals NHS Trust review their policy and procedure about recognising and responding to medical neglect. Solent NHS Trust developed an overarching Was Not Brought and Did Not Attend Policy. The policy aims to ensure that practitioners are aware of the importance of attempting to build a therapeutic relationship with clients and/or parents that appear to be difficult to engage with, do not attend appointments, (DNA), or do not bring children to appointments, to ensure that the Trust is able to offer an appropriate service to such individuals and families. Portsmouth Hospital NHS Trust also updated their Was Not Brought Policy, disseminated it widely across the hospital and embedded it in to their Level 3 safeguarding training.

Hampshire Constabulary was asked to ensure that information and intelligence that is relevant to keeping children safe is always shared with relevant statutory partners in a timely way. In response, the Intelligence and Tasking Directorate (ITD) adjusted their processes to ensure that intelligence processors send intelligence logs around holistic risks on the lifestyle of the child and this has resulted in more intelligence to the MASH. They also held workshops with MASH, Children's Social Care, Hampshire Constabulary's intelligence department and the Missing, Exploited and Trafficked team which has resulted in the intelligence department giving the MASH training as to how to manage and disseminate intelligence.

All case review actions are monitored by the PSCP Monitoring Evaluation and Scrutiny Committee and the Executive Committee on a quarterly basis.

Further actions we've taken to improve safeguarding

Portsmouth Safeguarding Strategy

The PSCP has oversight of a newly produced Safeguarding Strategy. This document outlines the safeguarding vision for the Partnership:

> *Children and young people should grow up feeling safe, protected and cared for by their families. Our role as a multi-agency partnership is to work with families to enable them to keep their children safe from harm by providing the right advice, guidance and intervention from the right services at the right time.*

To deliver the vision above, and based on previous learning of what works locally and atonally, the PSCP has identified 10 Strategic Objectives for 2020-2023:

SO1. Ensure universal settings provide high quality preventative and early help support including the youth offer

SO2. Deliver an effective integrated prevention and early help service

SO3. Ensure an effective MASH function

SO4. Develop and embed family safeguarding practice

SO5. Reduce the prevalence and impact of offending, serious violence and custody

SO6. Keeping young people safe from exploitation including disruption activity

SO7. Reduce the prevalence of domestic abuse

SO8. Improve the identification and multi-agency response to neglect

SO9. Enable learning, quality assurance and practice development across the system

SO10. Intelligence-led safeguarding - using our data across the system to identify and respond to need.

Each objective has its own action plan with a greater level of detail which is owned by professionals across the Partnership. The PSCP Executive oversees the Portsmouth Safeguarding Children strategy, providing a co-ordination and scrutiny role in its delivery.

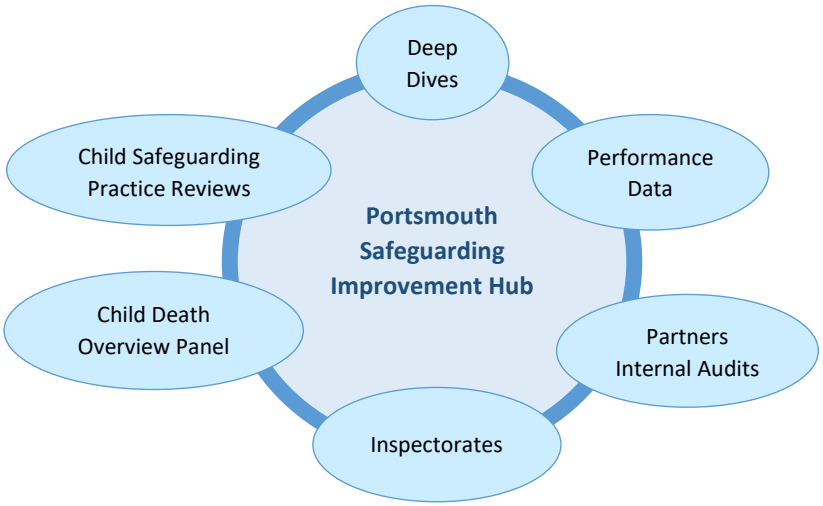
Portsmouth Safeguarding Improvement Hub

The PSCP has a range of responsibilities with regard to multi-agency working to keep children safe from harm. Recent discussions within the Partnership have considered whether we currently have the balance right between 'learning' and 'improving'.

We have a very comprehensive set of arrangements in place for learning about the quality of safeguarding practice in the city. Our learning activity over the past couple of years has highlighted a number of common themes where we appear to be struggling to make improvements either fast enough or across the system. These include:

a) Relational-based practice built upon restorative principles
b) Quality of contacts into the MASH
c) Assessments of need and risk - e.g. use of sociograms and chronologies; embedded use of the Early Help Assessment
d) Quality of plans - SMART planning
e) Voice and lived experience of the child and family
f) Whole family safeguarding practice - siblings and the needs of parenting adults which become a barrier to safe care at home
g) Escalation and response to 'stuck cases'
h) Leadership and management to drive a safe safeguarding organisational culture

We believe we could better join-up and align our work on improving in order to address these themes. Rather than develop another Committee, the PSCP Executive has agreed that we set up a 'Safeguarding Improvement Hub' in 2021-22.



Working closely with the PSCP Monitoring, Evaluation & Scrutiny Committee (MESC), the Portsmouth Safeguarding Improvement Hub will provide a structure that ensures learning from the partnership activities is used to make real, sustainable improvements to services to reduce the risk of future harm. This learning will also be used to understand what we do well, with a focus on learning from success that is turned into tangible outcomes to improve practice in the city.

It is not proposed that the Hub be any form of structural change. But rather an arrangement which brings together improvement leads and workforce leads across the local authority, NHS commissioners and providers, the police and education services to work together to develop practice in their sectors and in the system.

The Hub will be a supportive space to work on a shared improvement agenda under the auspices of the PSCP. The Hub will have a work programme to tackle priority issues, designed to create an effective safeguarding culture in every organisation in Portsmouth - with specific deliverables around areas of improvement and linked to our new Safeguarding Children Strategy.

Response to Mental Health Joint Targeted Area Inspection (JTAI), December 2019

In December 2019, Ofsted, the Care Quality Commission, HMI Constabulary and Fire & Rescue Services and HMI Probation carried out a JTAI focussed on agencies' responses in Portsmouth to children living with mental ill health. Please see the full published letter for further details.

The inspection found 56 areas of good practice and 26 areas for improvement. In response to this the Partnership developed an action plan to address the key issues raised. Below is a summary of the response to these by partner agencies during this year:

Multi-Agency Safeguarding Hub

To improve the quality of contacts to MASH there is multi-agency quarterly auditing programme and the learning is shared with partners. This issue has also been identified as the first priority for the newly developed Portsmouth Safeguarding Improvement Hub. The audits also monitor that referrers are being informed of the outcome of their contacts. Similarly, Hampshire Constabulary has established a multi-agency panel to scrutinise the quality of notifications submitted by officers (PPN1S) to MASH. Learning from this is shared directly with the relevant team and also escalated where necessary to inform policy and training development.

The backlog of police notifications in the MASH has been addressed, a plan of action has cleared this and additional capacity is being sought in order to prevent this from reoccurring

To ensure that strategy discussions are bringing key agencies together, especially during the forced home working during lockdown, the use of MS Teams has been introduced to make it easier for professionals to engage. The audits show that the majority of strategy discussions are good and there has been an increase in partners' attendance. There is an ongoing improvement plan and a weekly dip-sample is undertaken to monitor its impact by the Head of Service, and any concerns identified are immediately followed up through discussion with the relevant partner agency.

Child protection

There was some evidence of drift and delay, with delays in the appropriate threshold being applied for a considerable period for some children. In response a review of the step-up decision making process was completed with Targeted Early Help, Children's Social Care and MASH. In addition The Head of Service has developed a pro-forma to support monthly dip-sampling of cases where a child has been on a CIN plan 6 months+ and CP Plan 18 months+ , and going forward 6 cases will be reviewed monthly in order to respond appropriately in a timely manner.

It was found that not all GP Practices were aware of which children were on a CP Plan or were Looked After. The CCG supported a data cleanse with Practices to ensure they had up to date records. Ongoing monitoring of how well they maintain these records will form part of the CCGs annual safeguarding conversation with Practices in 2021-22.

There were a few examples of decisions to convene an Initial CP Conference being overturned by team managers. Clear practice instructions have been given to team managers to ensure that this is only done in exceptional circumstances and that the rationale for such decisions is clearly recorded. There is evidence that since this, that Service Leaders are no longer overturning multi-agency decisions made at strategy meetings

To ensure there is robust monitoring of management oversight, there is a weekly meeting with CSC, YOT and Police to review high risk cases and CSE/CCE cases to support a shared understanding of risk, sharing of intelligence and timely identification of cases for escalation.

To ensure a consistency in the quality of plans children have, one to one sessions have been offered to all practitioners and managers, followed by audits to review the impact of these. These are now targeted at those identified through audit as needing additional support.

Impact of the child's lived experience

In response to the JTAI finding that there was not consistent recognition of family's cultural heritage, a reflective discussion in social workers' supervision now takes place to the impact on the family and

explore if there is any unconscious bias in the worker. There is also a plan to roll out Social Graces training across Children & Family Services.

The audit tool used by Children & Family Services has been reviewed to ensure that lived experience of the child and parent is explicitly considered. The implementation of the Family Safeguarding Model in Portsmouth is supporting an improved understanding of the impact of parental experiences. Care plans are co-produced with children and their parents/carers to ensure their voice is captured within these.

To ensure that there is sufficient focus to evaluate whether children are getting the right help at the right time by providing a thorough analysis of a child's needs and the impact of previous experience on their emotional wellbeing and mental health, training on assessment and analysis was delivered in November 2020. Action Learning Sets have then been convened to support the translation of this into practice. There has also been sharing of good assessments to support an understanding of 'what good looks like'. There is evidence of impact in the LAC service with targeted involvement of the Family Safeguarding Service supporting the restoration of relationships with family members. This is supporting an improved understanding of parental mental health and resilience.

To ensure the level of risk associated with children missing from home is also always recognised, a weekly operational meeting to review all children at risk of exploitation is held to support a shared understanding of risk, sharing of intelligence and timely identification of cases for escalation. A high risk missing pilot (OP SALVUS) has now been started to consider the risk associated with children being missing.

To promote greater consistency in recording of the recognition of the vulnerability of children who come into contact with the police, training packages were planned but delayed due to Covid19. A review with Call Management of incidents not deployed to which may contain details of children who need further assessment of potential harm or wider partnership information sharing took place. This review confirmed processes are in place to achieve this if a physical deployment does not take place.

Workforce development

PSCP Training Programme

A key part of making sure we have an effective safeguarding response in Portsmouth is by making sure we have effective multi-agency safeguarding training. The PSCP has always delivered its training face to face primarily due to the fact that in person learning offers the opportunity to learn together to work together, which is as important to improving multi-agency safeguarding arrangements as the core content of the course. Also we appreciate that many of the attendees on our programmes would not have the IT arrangements either in their workplace to allow them to participate fully in a virtual learning environment.

However, following the restrictions put in place following the pandemic meant that this had to stop with immediate effect and all training had to move to being online. To accommodate this the main changes that have been made to the programme include:

- In addition to our core training offer of basic safeguarding, early help and child protection courses, we have added workshops on the following -
    - Understanding adverse childhood experiences (ACES) and their impact
    - Safeguarding for out of school settings
    - Bruising protocol for non-mobile infants
    - Safeguarding medical examinations
    - Medical examinations for suspected child sexual abuse
    - Safeguarding children with disabilities
- Replacing the full day training course for Designated Safeguarding Leads and managers with five 1.5 hour masterclasses -
    - National & local context for safeguarding children
    - Safegaurding decision making
    - Resources for effective safeguarding conversations

    - Contacting MASH
    - Escalation and Re-Think
    - Developing a safeguarding culture - The Portsmouth Compact
- Supplementing the exploitation training offer so as well as the full day training there are now 4 additional masterclasses -
    - Avoiding the use of victim blaming language
    - National Referral Mechanism (NRM)
    - Preventing online child sexual exploitation
    - Assessing exploitation and sharing information (use of the CERAF & CPI forms)
- The 2 day Restorative Practice (RP) training has been replaced with the following half-day workshops -
    - RP introduction
    - RP development
    - RP circles and meetings
    - Bespoke Offer - drawing from the three sessions above the content is specifically curated to enable whole teams/groups to understand and embed RP

Many attendees were unfamiliar with accessing a virtual learning environment and so a training agreement was developed detailing the expectations. We were mindful that we would be delivering potentially emotive material to attendees outside of their usual work place (e.g. whilst they were working at home) and so we needed to ensure they knew how to access support if needed. Similarly this created other challenges, such as having their children and other family members around. So it was made clear that where possible they should be in another room with the door shut or wear headphones.

It has been challenging to encourage an interactive learning environment, as initially practitioners were used to attending online meetings or webinars where they were encouraged to turn their cameras off and remain on mute. This also increases the temptation for training attendees to multi-task, by responding to emails etc. and just listening to the training rather than fully engaging in it. We have attempted to overcome this by making the expectations of full engagement explicit and ensuring there are activities built into all sessions at regular intervals to encourage full participation.

	04/2020 to 03/2021	04/2019 to 03/2020
Number of courses available	129	75
Number of people booked	1,972	1,188
Number and percentage of people attended	1,556 = 79%	1,062 = 89%

Evidence of Impact

As you can see from the figures above there has been a:

- 72% increase in the number of courses available
- 10% decrease in the conversion rate of people booking and then actually attending
- 66% increase in the number of people attending PSCP training

The increase in courses available is partly due to offering more, shorter masterclasses and workshops as opposed to full or half day training. There has been a decrease in the conversion rate of those booking onto courses and then actually attending. However much of this has been due to capacity issues within services caused by the pandemic, meaning that participants have had to withdraw from training at short notice in order to be available to work.

The shorter, more focused courses have proved very popular and have received very positive feedback. In particular attendees appreciate a more 'pick & mix' approach where they are able to choose the topics most relevant to their work. The shorter length of the masterclasses has meant that more people are able to fit them around their work commitments. This is shown in the increase in the number of people attending the PSCP training

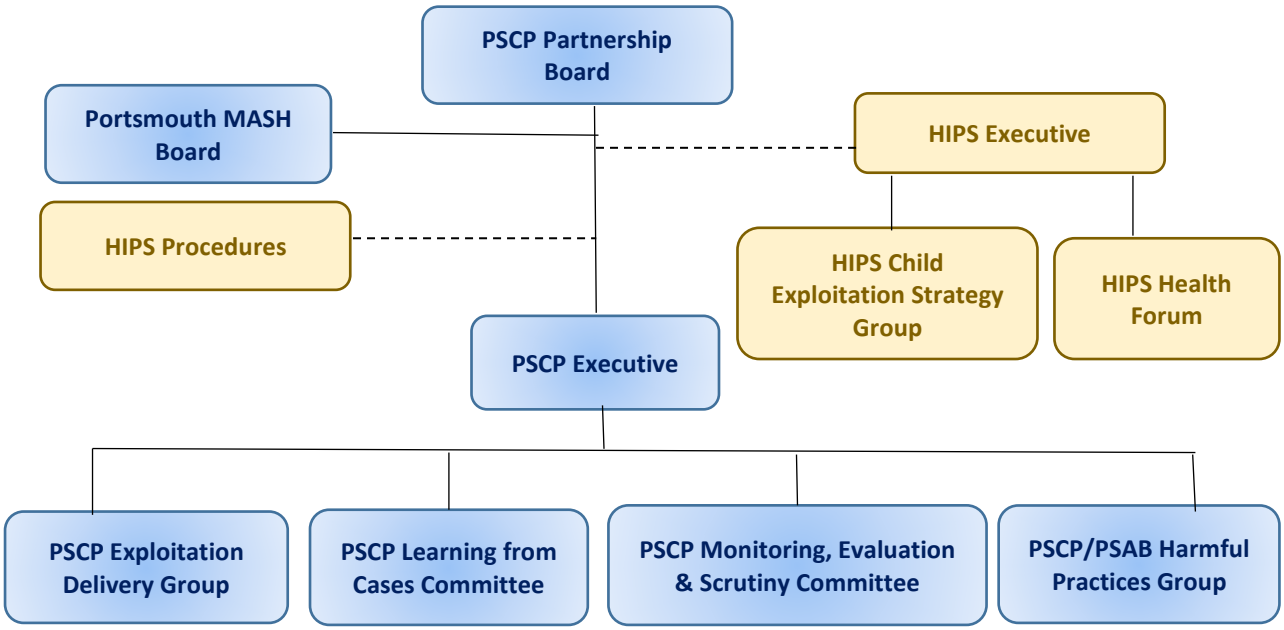
Going forward, once we are able to resume our face to face training, we will be adopting a blended approach to our offer. Such that all full day and some of the half day courses will be offered in real life, so that participants get the benefit of the multi-agency approach of being able to learn together. We will keep the shorter workshops and masterclasses as a virtual learning offer, and will re-examine the impact of the uptake of this and the impact it has on professional development in order to inform our training offer for 2022-23.

Governance and accountability arrangements

The full details of the PSCP Partnership Arrangements can be found on our website. The strength of local partnership working is built upon the safeguarding partners working collaboratively together with all other relevant agencies and services in Portsmouth who come into contact with children and families.

The PSCP has a range of committees in place to help identify emerging issues and respond to agreed priority areas. The PSCP also commissions task and finish groups as necessary to deliver actions.

In recognition of the fact that many of the organisations we work with cover a larger geographical area, we also work closely with the Local Safeguarding Children Partnerships in Hampshire, Isle of Wight and Southampton. You can see this reflected in our current structure chart.



The four LSCPs work collaboratively to produce the Safeguarding Children Procedures Manual that all those working (in a paid or voluntary position) with children and families in Hampshire, Isle of Wight, Portsmouth and/or Southampton should have due regard of.

The PSCP also works closely with the HIPS Child Death Overview Panel to ensure that any matters relating to the death, or deaths, which are relevant to the welfare of children in Portsmouth are considered and acted upon where appropriate.

Financial contributions to support the Partnership

The previous funding arrangements have remained for this year of the safeguarding arrangements. This includes the three statutory partners providing all of the funding as follows:

- Portsmouth Local Authority 82.7%
- Portsmouth Clinical Commissioning Group (CCG) 11.61%
- Hampshire Constabulary 5.64%

It is also important to note the significant contributions from all our partners within their safeguarding roles, which accounts for a significant 'in-kind' contribution to the work of the Partnership. Furthermore, the 'in-kind' contribution of partners to the LSCP Training Pool.

Our priorities for next year

1. To deliver against the 10 objectives as set out in the Safeguarding Strategy
2. To drive through continued improvement in the quality of contacts into the MASH through the Safeguarding Improvement Hub
3. To deliver against the recommendations from the deep-dive into children experiencing neglect
4. To work with the Portsmouth Safeguarding Adults Board to complete a deep-dive into transition arrangements for young people in Portsmouth
5. To complete an equalities assessment to consider the impact of current multi-agency safeguarding arrangements on Black, Asian & Minority Ethnic members of the community in Portsmouth
6. To deliver the Beware of Lurking Trolls project to primary schools to improve children's digital resilience to online harm

Title of meeting:	Health and Wellbeing Board
Date of meeting:	9th February 2022
Subject	Domestic Abuse Bill - statutory responsibility for local authorities.
Report by:	Lisa Wills, Strategy and Partnership Manager Bruce Marr, Head Harm and Exploitation
Wards affected:	All
Key decision:	No
Full council decision:	No

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1 Purpose of report

1.1 To update the board on the new refreshed Domestic Abuse Strategy 2020 - 2023 which incorporates the new statutory requirement for a Safe Accommodation strategy.

2 Recommendations

The Health and Wellbeing Board:

2.1 Approves the refreshed Domestic Abuse strategy 2020-2023 (paragraph 3.5).

2.2 Agree that all partners provide a data set, agreed with the community safety analyst, including data from GP surgeries, to monitor calls for service and progress against priorities set out in Part 2 of the strategy (section 4).

2.3 Agrees the provisional funding allocation to meet the new duty to provide Safe Accommodation (paragraph 3.4) and

2.4 Agrees that, if funding levels from the DLUHC change for 2022/23 decisions for the allocation of this funding is delegated to the Domestic Abuse strategic group.

3 Background

3.1 On 7th July 2021 the Health and Wellbeing Board were informed of the new duty on local authorities under the Domestic Abuse Act 2021 and agreed governance arrangements and funding allocation received from the DLUHC to meet this new duty.

3.2 Since then the local authority has completed the Safe Accommodation Needs assessment, grant funded additional Domestic Abuse provision to meet identified need and have updated the Domestic Abuse strategy to meet the new duty to have a Safe Accommodation strategy.

3.3 The Safe Accommodation needs assessment was approved by the Domestic Abuse strategic group on 5th October 2021. There were 15 recommendations summarised as a) undertaking further research and b) provision of Safe Accommodation.

3.4 The 2020/21 Portsmouth City Council received a grant of £50,000 to help implement the new statutory duties which was not spent in that year and was rolled forward into 2021/22. In 2021/22 a grant of £496,809 was received for the full financial year, which gave overall funding to the end of 2021/22 of £546,809. At the time of writing the funding for 2022/23 has yet to be confirmed. Table 1 shows how the funding has been allocated to the end of 2021/22 and the proposed allocation for 2022/23 if the funding remains at the 2021/22 level.

Table 1: DLUHC Safe Accommodation funding

Safe Accommodation 2021/22 budget and proposed 2022/23 budget				
	2021/22	**2022/23**	**Outcome**	**Provider**
Needs and strategic assessment				
DA analyst F/T	45,000	45,000	Completion of annual needs assessment and 3-year DA strategy	Portsmouth City Council
Gold refuge provision				
DA navigator (mental health support) F/T, 1 FTE DA navigator and P/T playworker	110,000	100,000	As per current reporting in contract	Stop Domestic Abuse
Up2U: My Choice				
2 FTE DA navigator (My Choice)	70,000	70,000	% of closed referrals who complete programme	Stop Domestic Abuse
Other emergency community safe accommodation				
2 FTE DA navigator, F/T DA Navigator (CHR), F/T DA Navigator (Up2U Keyworker), out of hours support and Up2U training and Q&A	150,000	170,000	TBC	Stop Domestic Abuse
All safe accommodation				
Specialist navigators consisting of adult victim worker for those with complex needs and CYP worker	160,000	100,000	Adult worker: Reduction in risk (open and closed DASH) CYP worker: As per current reporting in contract for CYP in Safe Accommodation only	Stop Domestic Abuse

BAME training	2,500	0	Completion of training. Number of staff trained.	
Counselling	10,000	10,000	Number of sessions offered	YOU Trust
Total:				
Total	**£547,500**	**£495,000**		

3.5 The vision and ambition in the updated Domestic Abuse strategy (appendix 1) includes increasing awareness of access to safe accommodation. Data and analysis is covered in part one with part two focusing on the delivery plan for 2022/23. The priorities remain the same with an additional priority to provide safe accommodation and support to those who need it. Completed actions from the current strategy have been removed and in addition to the amber and red actions for existing priorities, this review has identified the need for a sharp focus in the coming year (2022/23) on:

- Priority C - Challenge and support those who use abusive or unhealthy behaviours
- Priority D - Hold to account those who use coercive control and violence
- Priority F - Provide safe accommodation and support to those who need it

Draft%20DA%20Strategy%202022%20-%

4. Data monitoring

4.1 One of the key actions in the original strategy was to establish a regular monitoring framework with clearly defined system metrics that:

- Relate to the purpose of the service from the client's point of view
- Are used by leaders to take effective action on the system
- Show variation over time
- Help practioners to learn, understand and improve the whole system

This framework was considered and agreed by all partners on the Domestic Abuse Strategy Group in June 2021. However, it has proved difficult for some partners to provide the appropriate data. It has been particularly difficult gather any data from GP surgeries and substance misuse services. To resolve these issues, a data monitoring 'task and finish' group will meet for a limited period. Partners are asked to support this approach.

5. Integrated Impact Assessment

5.1 An integrated impact assessment is not required, as the recommendations do not have a significant positive or negative impact on communities and safety, regeneration and culture, environment and public space or equality and diversity.

6. **Legal Implications**

6.1 The recommendations in this report concern the City Council's statutory duties with regard to victims of domestic abuse under section 57 of the Domestic Abuse Act 2021 and regulations made under that section. Those duties are, in summary, to

(a) assess, or make arrangements for the assessment of, the need for accommodation-based support in the Council's area,

(b) prepare and publish a strategy for the provision of such support in the Council's area,

(c) monitor and evaluate the effectiveness of the strategy, and

(d) in carrying out the Council's functions, give effect to the strategy.

6.2 Before publishing a strategy under section 57, the Council has a duty to consult—

- the domestic abuse local partnership board appointed by the Council under section 58,
- any local authority for an area within the relevant local authority's area, and
- such other persons as the Council considers appropriate.

6.3 Regulations made under section 57 make provision concerning:

- the preparation and publication of strategies under section 57, and
- a description of the "relevant accommodation" to which a section 57 strategy relates.

6.4 The allocation of funding for 2022/23 will need to be approved via the Council's appropriate governance arrangements.

7. **Finance Comments**

7.1 See 6.4

……
Signed by: Sarah Daly, Director of Children, Families and Education

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

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

Title of document	Location

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

……
Signed by:

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Portsmouth Domestic Abuse Strategy - 2020-2023

Refresh - February 2022

Introduction

Delivery of the Domestic Abuse Strategy for Portsmouth 2020-2023 was reviewed during 2021 to check progress since the strategy was approved by the Health and Wellbeing Board in January 2020 and in response to the new duty on local authorities to provide support for victims in safe accommodation. Pandemic restrictions implemented since March 2020 have had a significant impact on all aspects of life in the UK, and especially on those suffering domestic abuse. The murders of Sarah Everard, Sabina Nessa, and the many other women killed by partners or former partners over the past two years has also necessitated an update of the national Tackling Violence Against Women and Girls Strategy[1] and most recently a new framework for policing from the College Of Policing[2].

This strategy was approved by the Domestic Abuse Strategy Group in January 2022, and by the Health and Wellbeing Board on 9th February 2022.

Background

The Domestic Abuse Act 2021 is now in statute. The Act creates a new statutory definition for domestic abuse, improves the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice and strengthens the support for victims of abuse by statutory agencies. Many of the provisions in the act will be brought into force by commencement regulations, once the necessary preparatory work has been completed. Of specific note is:

- The definition of domestic abuse (sections 1 and 2) came into effect on 1st October 2021 with section 3 (children as victims) likely to commence in January 2022.
- There are several new duties on the criminal justice system (pre, during and post court) and
- It requires local authorities to grant new secure tenancies to social tenants leaving existing secure tenancies for reasons connected with domestic abuse and Part 4 places a statutory duty on local authorities to provide Safe Accommodation.

Domestic abuse support services have also changed in Portsmouth since 2020, with voluntary sector provider Stop Domestic Abuse now providing a single point of contact for all support services in the city. Sadly, the city saw its first domestic homicides since 2004; one in December 2019 and a second in March 2021. Both will provide learning for services in Portsmouth and action plans will be monitored by the Domestic Abuse Strategy Group.

[1]Published in July 21 and updated November 21

[2] https://www.college.police.uk/article/police-action-against-men-who-harm-women-girls

The DA Act 2021 (part 4) requires all local authority areas to undertake a needs assessment focused on the needs of those people accessing safe accommodation. To avoid duplication and improve co-ordination, the findings from the safe accommodation needs assessment and recommendations arising from it, have been incorporated into this strategy (see new Priority F).

As in previous years, the council's communications team delivered a revised and refocused 'Is this Love?' campaign in 2020 which saw significant increases in 'reach' likely to translate into raised awareness across the city. Over 900 young people and nearly 1600 adults completed the 'Is your relationship healthy?' quiz and more people visited the Safer Portsmouth Partnership webpages for more information and/or help - almost three times as many as in 2019/20 (11,200 compared to 3,778 in 2019/20). Face to face delivery in schools was severely hampered by pandemic restrictions so on-line recourses were created and delivery extended into July. However, funding has been identified to expand and sustain delivery of this work in schools through the new contract with Stop Domestic Abuse. A new focused reference group has also been established to incorporate recommendations for the 2021 campaign which began on 7th December.

As set out in the 2020-2023 action plan, a new DA Practitioners Forum was established in 2021. This group welcomes the involvement of all front-line staff in the city and has been consulted as part of the review process (see section D).

Less progress has been made in relation to holding perpetrators to account (see page 5 for data analysis), but police colleagues have increased awareness of the 'Claire's Law' - the right to ask and the right to know - to be given information on the offending history of a new partner. It is hoped this will help to reduce the number of unhealthy relationships.

Vision and ambition

To recap, the main aims of this strategy are to make sure:

- Everyone in the city - especially young people - understand what a healthy relationship looks like
- Everyone in the city knows how to access safe accommodation if necessary and where to get the right support for their needs[3]
- Professionals understand both the presenting and underlying needs of adults and families struggling with unhealthy or abusive relationships
- There is a clear measurable, process to access the right support and that support is provided for as long as required to keep adults, children and families safe
- Those who use coercive control, unhealthy or abusive behaviour are held to account and supported to change insofar as this is possible.

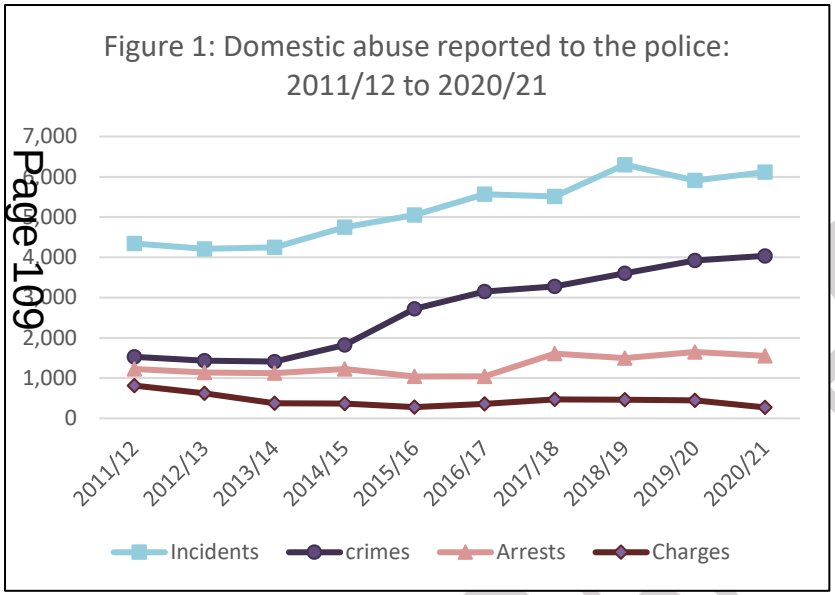
After reviewing the local evidence and delivery arrangements, the vision and ambition identified two years ago remain largely the same, with the addition of **'understanding how to access safe accommodation'** and **'providing appropriate level and type of support for those who access safe accommodation'.**

[3] Updated January 2022

Part One - Section A - What is the data telling us?

Since this strategy was published in January 2020, we have developed a comprehensive performance framework and monitored progress against agreed measures to understand more about service delivery and to track progress against the delivery plans. The data and commentary below are extracted directly from the Domestic Abuse Monitoring Framework 1st April 2020 - 31st March 21[4] and the first six months of 2021/22 (1st April to 30th September 2021) or from the Strategic Assessment for Crime, Anti-Social Behaviour, Substance Misuse and Re-offending 2020/21 (https://www.saferportsmouth.org.uk/strategic-assessments)

Demand - Domestic abuse continues to be the largest known driver of violent crime, accounting for 45.7% (n2,856) of assaults and accounts for 18% of all recorded crime in the city. Since last year, the proportion of assaults driven by domestic abuse has increased by 5 percentage points (from 40.1%), **although there has been a numerical reduction 120.** This increase in the proportion is thought to be due to the restrictions on socialising in public places resulting in bigger reductions in other drivers of violent crime.



There has been a long term upward trend in domestic abuse incidents and crimes recorded by the police over the last decade (Figure 1). This is thought to be largely due to improvements in police recording following the 2014 and 2018 HMIC Data Integrity reports. The most recent report found that approximately 10% of reported violent crimes were still not recorded.[5] Increases in police recorded incidents and crimes are also thought to be partially due to campaigns raising awareness of the signs of unhealthy and abusive behaviours and giving information about how people can seek advice and support.

During 2020/21, 6,113 domestic abuse incidents were reported to the police, a 4% (n208) increase from 2019/20 (Figure 1). Of these, 4,036 (66%) were recorded as crimes (of all types) which is a **3% (n114) increase, compared with increases of 7% in Hampshire[6] and 6% nationally**.[7]

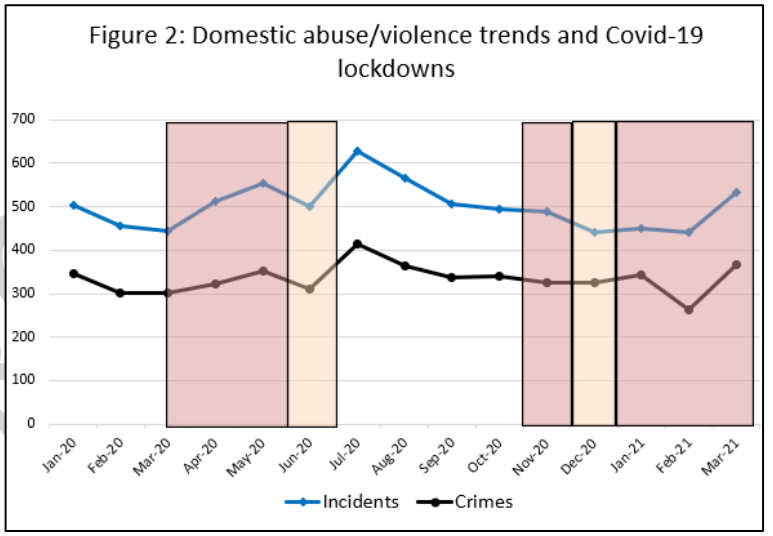
[4] See Appendix A

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

[6] Hampshire Constabulary Strategic Assessment 2020/21

[7] Crime in England and Wales: year ending March 2021 - Office for National Statistics (ons.gov.uk)

The increase in incidents and crimes from 2019/20 is likely to be driven by a peak in July 2020 (Figure 2). This coincided with the easing of lockdown measures when people may have had more freedom to seek help, but previous data has also shown that there is usually a peak in the summer months. The data for Q1 & Q2 shows that domestic abuse incidents and crimes have continued to increase (by 7%, n266 and 13%, n277 respectively). This could be a result of the successful Is the Love campaign.



Comparable data for other areas is not available yet for 2020/21, but in 2019/20 Portsmouth's **rate of domestic abuse crimes and incidents** combined was 27.5 per 1,000 population, which is **higher than for Hampshire and nationally (**18 per 1,000 and 23 per 1,000 respectively).[8] The rate of domestic abuse related crimes was 18.2 per 1,000, which is again higher than Hampshire (12 per 1,000) and nationally (13 per 1,000).[9]

The 2018 Office of National Statistics (ONS) report[10] found only 17.3% of domestic abuse by partners was reported to police nationally, which means that **the number of incidents is a significant underestimate.** Given this level of under-reporting and the recording issues highlighted in the previously mentioned HMIC report, it's a continued **challenge to assess the level and patterns of need in relation to domestic abuse in the city with any real accuracy.**

The most recent Crime Survey for England and Wales (CSEW March 2020) estimated that 7.3% of women and 3.6% of men aged 16 to 74 had experienced DA in the last year.[11] This equates to approximately 5,650 women and 3,000 men aged 16-74 in Portsmouth or a total of ***8,650 victims*** of DA in 2019/20.[12]

The **proportion of arrests leading to a charge reduced substantially from 27% in 2019/20 to 17% in 2020/21** (see Figure 1) and had fallen to 9% in the first six months of 2021/22. There were 271 charges in 2020/21, which is a 39% (n174) reduction since 2019/20 but this is three times fewer charges than in 2011/12 (n814). **This is in the context of an increase in DA incidents and crimes.** The impact of COVID-19 on cases going to court is likely to have influenced the decisions to charge perpetrators. There has been a fluctuating trend for successful outcomes of DA cases in court, but this proportion has remained above 70% for the last seven years. However, **the number of court cases heard in Hampshire has almost halved over the last couple of years from 1,070 in 2018/19 to 564 in 2020/21**. While some of these reductions are likely to be a consequence of the pandemic, the reductions began in 2018/19 so further investigation of this reduction in charges and cases being heard is recommended. While we do not have CPS data specifically for Portsmouth, since the Specialist Domestic Abuse Court was discontinued, and

[8] Calculated from the performance data received from Hampshire constabulary.
[9] Figures for Hampshire and England & Wales were downloaded from the ONS data tool: Domestic abuse in England and Wales - Data Tool - Office for National Statistics (ons.gov.uk)
[10] This is the most recent detailed report that looks at this aspect: www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusefindingsfromthecrimesurveyforenglandandwales/yearendingmarch2018
[11] Domestic abuse victim characteristics, England and Wales - Office for National Statistics (ons.gov.uk)
[12] Using ONS mid-2020.

there are other variations between police and CPS data,[13] we can give an estimate of attrition by assuming that the 78% rate of successful outcomes applies to Portsmouth and applying this to the number of charges. This would equate to only an **estimated 5% of domestic abuse crimes resulting in a successful court outcome**. **This is the lowest proportion in the last decade (the average for the decade was 12%)** and is largely due to the reduction in crimes resulting in a charge. It is recommended that the partnership investigate this further to ensure that victims are getting the support and outcomes that are important to them.

We also know that the single biggest predictor for children becoming either perpetrators or victims of domestic abuse as adults is whether they grew up in a home with domestic violence.[14]

- The impact of domestic abuse on very young children is often underestimated and the impact on school age children could affect their ability to achieve.[15] **Low educational attainment and insecure family environments are risk factors for young people** in relation to entering the criminal justice system. Portsmouth's Strategic Assessment for Crime, Anti-Social Behaviour, Substance Misuse and Re-offending 2020/21 (p 46) reported that FTE rates had decreased locally but remained higher that national or 'family group' rates. Any reduction is likely to be due to the pandemic and unlikely to be sustained over the medium to long term.

- The number of **children known to be living with high-risk DA** increased by 11% (n67) to 688 in 2020/21, but this measure tends to fluctuate and 2019/20 was a year with a lower number of children (n621 compared with 733 in 2018/19). The MARAC[16] process has since been reviewed and moved to a weekly meeting rather than fortnightly. Police processes have also developed in line with the Police domestic abuse strategy such that the police High Harm Team should provide a consistent link to the weekly MARAC meetings and takes responsibility for enforcement actions allocated to the highest risk perpetrators.

Section C - Monitoring progress

This section has been updated using data and commentary from the Domestic Abuse Monitoring Framework presented to the DA Strategy Group in June 2021.

Calls for Service

There have been increases in referrals to medium and high-risk victim support services over the last three years, although the proportion who were engaged by these services has reduced over the same period, suggesting that engagement may be limited by capacity or that some referrals were

[13] See: Graves, S. *Domestic Violence & Abuse Monitoring Framework: 2020/21 for more detail.*
[14] Unicef 2006 *Behind Closed Doors: The impact of domestic violence on children.*
[15] Byrne & Taylor (2007) *Children at risk from domestic violence and their educational attainment: Perspectives of education welfare officers, social workers and teachers.*
[16] Multi Agency Risk Assessment Conference

inappropriate. The number of standard risk referrals to Victim Support was much lower in 2020/21 than previous years, which is likely to be linked to a change in service or referral process associated to Covid-19 restrictions. However, the number receiving support was not unusually low. Referrals to Up2U and the number receiving support have been reasonably stable for the past four years.

Priority A - Promoting healthy relationships

Many of the measures in this section of the report are new and therefore cannot be compared with previous years. However, the substantial increase in unique views to the DA pages on the SPP website demonstrate the success of this year's Is This Love Campaign in raising awareness.

Work is still ongoing to develop the measure for recording GP and practice nurse appointments where domestic abuse is discussed. Different practices and staff use different codes to capture this information.

However, only half of schools currently have their Health, Relationship and Sex Education school policy available on their website available on request, numbers of 'Right to know' disclosures and 'Right to ask' applications were still relatively low (but on an upward trend), and referrals from health services were still low. Workforce training was largely on-hold in 2020/21 due to restrictions on groups meeting, only starting virtually in January 2021.

Priority B - Improve identification and assessment

There has been an increase in the number of cases involving DA for Solent NHS Adult Mental Health, which could reflect more clients experiencing domestic abuse or improving awareness in this service. Many of the other measures are new so there is limited trend data in this section.

The proportion of referrals from health providers remains substantially lower than during the period when the IRIS training for GP's was running, which indicates that the education and simpler referral method was likely to have encouraged more referrals from GP's. This also suggests that there are likely to be people who would benefit from a referral from their GP that are not currently being assisted.

From 1st July 2021 the new specialist domestic abuse provision combined three separately commissioned services in to one provider for all victims at high and medium risk, those who need safe accommodation and support, support for children, group provision and support for those who use abusive and unhealthy behaviours and want to change. This has improved the assessment process and provision now includes three Lead Community Based Navigators who specialise in providing support for this with high-risk, health and other complex needs.

Data from the new Children's Social Care computer system has recently become available and will provide consistent data in future on the number of cases being identified and offered support when people approach the council (or are referred) for help. For example, the number of referrals into children's social care, the number of single assessment framework and the number early help assessments where domestic abuse is a factor. This helps to understand demand which in turn helps to make sure we have the right services and service capacity.

Priorities C and D overlap considerably with the Hampshire Constabulary Domestic Abuse Strategy. This a broader strategy across the whole Hampshire and IOW areas and is more difficult to report on for Portsmouth only.

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

The number of Up2U Creating Healthy Relationships (CHR) clients who completed the programme was lower than in 2019/20, but numbers of completions are generally low due to the time and resource commitment for this programme and not helped by delivery being put on hold due to Covid; all six completers experienced a reduction in their risk to their partners. 31 people were referred by the police to CARA[17] workshops, which is fewer than half of those referred in 2019/20. This is likely to be largely due to the workshops being unable to run during Q1 & Q2 as they involve group work, and this was not possible with Covid restrictions. For Q3 & 4, provision changed to 1-2-1 phone interventions.

The current data highlights that very few people who are using abusive or unhealthy behaviours are accessing and completing interventions.

Priority D - Hold those who use coercive control and violence to account

- There were 607 perpetrators linked to offences that were high risk, but this is the first full year of data so no comparisons can be made with previous time periods.

- There were 522 repeat perpetrators of DA offences in 2020/21, an increase of 8% (n37) since 2019/20 and this measure has been increasing over the last three years.

- Of significant concern is the continued increase in the number of repeat victims; in 2014/15, 210 victims reported more than one offence, 444 in 2016/17 and 760 in 2020/21. This may be due to an increase in historic crimes being recorded and although this does account for some of the increase, (in 2016/17 there were 27 repeat victims who had also reported historic offences, and this rose to 114 in 2020/21), there has still been a 55% (n229) increase in repeat victims since 2016/17 (rather than the 71%, n316 including historic offences.)

- While there has been a fluctuating trend for successful outcomes of DA cases in court, the proportion has remained above 70% for the last seven years. However, the number of cases heard in Hampshire has almost halved over the last couple of years from 1,070 in 2018/19 to 564 in 2020/21.

- The proportion of arrests leading to a charge has reduced substantially from 27% in 2019/20 to 17% in 2020/21. There were 271 charges in 2020/21, which is a 39% (n174) reduction since 2019/20 but this is three times fewer charges than in 2011/12 (n814). This is in the context of an increase in DA incidents and crimes. The impact of Covid-19 on cases going to court is likely to have influenced the decisions to charge perpetrators.

[17] An intervention designed to raise awareness of domestic abuse as part of a conditional caution. https://hamptontrust.org.uk/program/cara/

- The numbers of DVPN and DVPOs have remained low; there were 19 DVPNs and 18 DVPOs in 2020/21.

This data shows that we are not being successful in holding those who use controlling, abusive or violent behaviours to account, particularly during this pandemic**.** While DA incidents, crimes and repeat perpetrators are continuing to increase, the number of arrests, charges and cases heard at court have dropped considerably. The national police lead for Violence Against Women and Girls, DCC Maggie Blythe is quoted on the College of Policing website:

'Violent men who harm women and girls should be in no doubt that we are coming after them. We are going to increase the use of our unique police powers to relentlessly pursue perpetrators, manage offenders and disrupt their activities'[18]

Priority E - Are we making a difference?

The data gathered from current specialist services is limited in the city - as it is across the UK[19] - and 'success' looks different for different people, so it is hard to measure in raw numbers whether existing services are making a difference to the lives of service users.

There have been high levels of risk reduction (approximately 90%) from service users accessing the Refuge, Portsmouth IDVA Project, and Stop Domestic Abuse.

The percentage of repeat victims at MARAC has increased from 23% in 2019/20 to 25%, there was a 30% (n37) numerical increase in repeat victims at MARACs.

- Due to a new client information system, there are new reporting mechanisms relating to new cases open to Children's Social Care with DA as an issue that are stepped up to a CPP or stepped down to CIN. The data will be available from April 2022.

This data shows that where service users are accessing and engaging with medium, high risk and safe accommodation support, these services are helping most clients to reduce their risk. However, there has been an increase in repeat cases to MARAC that may be linked to the current reduction in our ability to hold perpetrators to account.

The new feedback survey for service users is now live, with the online survey available for use from 13th May 2021 and the paper survey a couple of weeks later. It is hoped that the new single contract with Stop Domestic Abuse will improve completion rates and provide good on-going client feedback about the services provided.

[18] https://www.college.police.uk/article/police-action-against-men-who-harm-women-girls

[19] There is such disparity across local authority areas in relation to recording domestic abuse that, research in 2016 on behalf of the Local Government Association had to use the number of incidents to assess costs to local authority services.

More detailed analysis on domestic abuse can be found in the community safety strategic assessment ((https://www.saferportsmouth.org.uk/strategic-assessments)

Safe Accommodation Needs Assessment - key findings

Safe accommodation includes refuges, dispersed accommodation provided with support, sanctuary schemes/properties that have received enhanced physical security and other forms of accommodation such as respite rooms or managed moves.[20] [21] The Domestic Abuse Act 2021 requires local authorities to undertake an annual needs assessment and develop a three-year strategy that ensures the right support is provided to victims and children living in safe accommodation.

There were 128 referrals to Portsmouth Refuge in 2020/21, which is similar to the number received in 2019/20 (n129). The number of declined referrals however was less in 2020/21: 23% (n39) compared to 58% (n75) in 2019/20. An additional five refuges spaces were provided in July 2020. Whilst most residents are from out of the local area (91% (n.81), data provided indicates that residents are more likely to flee from nearby/commutable areas to Portsmouth. This may be due to wanting to remain nearby any support networks of family and friends.

Gaps in local data from services which may be accessed by victims of domestic abuse, around protected characteristics (ethnicity, disability and sexual orientation) makes it difficult to gauge how easily these groups are able to access local services. Further, it has not been possible to assess true level of demand for safe accommodation, outside of refuge, such as managed moves (local authority housing) or properties that have undergone extra physical security. It is therefore likely that demand for all types of safe accommodation in Portsmouth is higher than we know.

Case studies evidence that there are additional barriers faced by victims with protected characteristics and complex needs due to lack of appropriate or any access to safe accommodation. The Portsmouth refuge does not currently accept male survivors[22], survivors who have a high level of mobility need/disability such as wheelchair access, no recourse to public funds (NRPF)/limited leave victims or those with substance misuse issues. This can result in victims being placed in unsuitable accommodation that does not meet their needs. In some cases, this means victims are unable to leave their abusive perpetrator.

Feedback from those accessing safe accommodation was mainly positive and it is apparent that key workers provide a vital service: emotional and practical support to victims who have left abusive relationships, and all believed support with housing, including keeping their current home safe, was the highest priority. Support around mental health, finances/benefits and transitioning to new accommodation was the next highest priority.

[20] Statutory guidance provided alongside the legislation has detailed the definition of safe/relevant accommodation - 'Delivery of support Survivors of Domestic Abuse and their Children in safe accommodation' https://www.gov.uk/governmeisnt/publications/domestic-abuse-bill-2020-overarching-documents

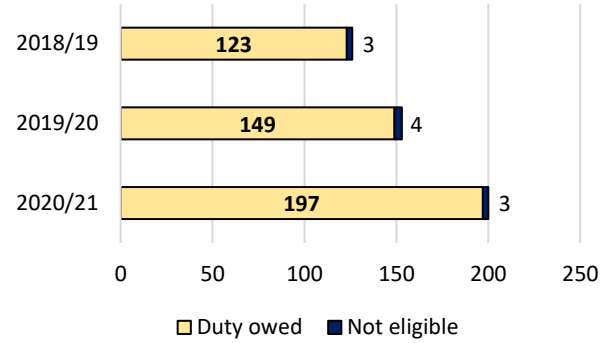
[21] A managed move is where someone in a council or housing association property is moved on the basis that they are not safe in their current accommodation.

[22] Floating support is provided to male victims, as well as emergency hotel accommodation

Victims of abuse may become homeless if they flee their homes and are unable to return due to risk of further abuse. Under the Domestic Abuse Act 2021, victims of abuse will automatically be considered in priority need,[23] and no longer need to prove they are vulnerable. PCC Housing Service received 200 homeless applications due to domestic abuse in 2020/21, which is a 31% (n47) increase from the previous year and a continuation of an upward trend over the past three years (Figure 9.13). This accounted for 9.8% of all homeless applications (Figure 9.14).

It is important to note that this does not include those who have been supported in a refuge, even though victims residing in a refuge are considered legally homeless. Rather, these contacts are recorded as an 'approach' to Housing Needs and are not categorised by reason for the approach. Thus, the homelessness application data does not provide an accurate representation of domestic abuse victims experiencing homelessness and capturing 'approaches' that are domestic abuse related is recommended.

Figure 9.13: PCC Homeless Applications



Learning from DHRs

Although final reports on both DHRs are yet to be approved by the DHR Sub-Group of the Health and Wellbeing Board, one of the key recommendations is likely to focus on training of GPs and other health staff. Currently training is provided by Health services in isolation from other agencies in the city. Improving training of health staff was identified in the previous strategy as a priority but progress has been limited and the action will be included in the delivery plan in due course.

All recommendations will be tracked by the Domestic Abuse Strategy Group, on behalf of the Health and Wellbeing Board.

Section C - **Current specialist services**

Commissioned and other specialist services:

- Stop Domestic Abuse - commissioned by Portsmouth City Council (PCC) and the Office of the Police and Crime Commissioner (OPCC) funds refuge provision, outreach for victims assessed at high and medium risk, Up2U: Creating Healthy Relationships for those who use abusive or unhealthy behaviours and want to change and support for children
- Victim Care Service (previously Victim Support) - commissioned by the OPCC, provides support to victims assessed at standard risk
- Hampton Trust - commissioned by the OPCC to provide an intervention designed for perpetrators to raise awareness of domestic abuse as part of their conditional caution (also known as CARA)

[23]'Priority need' is a criterion that Local Authority use to determine if a homelessness application is accepted.

- National Probation Service (NPS) - provide Building Better Relationships for high-risk offenders, help for those with fewer risk factors linked to their abuse and Creating Safer Relationships delivered directly by NPS case workers.
- PARCS[24] - commissioned by PCC (Adult Social Care) provides counselling for victims of sexual violence and domestic abuse
- Yellow Door - commissioned by the OPCC and PCC provide outreach support to victims of sexual violence
- Family Safeguarding Service employs specialist adult mental health, domestic abuse, and substance misuse practitioners to provide:

    - Specialist advice, including Team around the Worker guidance
    - Specialist assessments and planning with families
    - Direct work on a 1:1 or group work basis with adults who care for children
    - Up2U: Family Practice
    - Access to specialist adult referral pathways when required

Grant funded services:

- A variety of specialist domestic abuse services have generated income from a variety of grant options including the OPCC, central government and other funders (i.e. Big Lottery). However, considering Covid, much of this funding is short term in response to Covid demand.
- Portsmouth, with support from the Isle of Wight, has secured £550,000 from the *Safer Streets Fund (Home Office)*. This will support initiatives to combat violence against women and girls more broadly including - see Appendix A for details - however the money needs to be spent by April 2022 and could be seen as a short-term fix.
- A variety of 'added value' provision is provided by the specialist domestic abuse services who work in the city,
- Voluntary sector partners and other public services, (e.g., midwives, health visitors, substance misuse services, housing etc.) support victims through their core delivery

The financial challenge

Total cost of current specialist provision has increased:

Funding source	***2020***	***2021***
Portsmouth City Council (all council budgets)	755,759	1,395,569
Police and Crime Commissioner (some provision includes Hampshire)	382,455	1,228,997
Additional time limited grant funding for a range of services	949,514	544,605

[24] Portsmouth Abuse and Rape Counselling Service

Total	***£2,087,728***	***£3,169,171***

Research shows that early intervention with both victims and perpetrators saves lives and money. Funding these services with reducing council budgets and time-limited grant funding continues to provide financial challenge. Funding has been inconsistent, short term and sometimes lacks co-ordination. We do not anticipate increases in funding for local authorities and most of the grant funding identified above ends in March 2022 or 2023.The level of investment in services is therefore a key issue. The development of the 'family safeguarding model' has already secured some additional funding but the remodelling existing services around our clients is still a pressing priority.

Section D - What are the key issues for practioners?

Practioners were asked to what extent they felt the key issues set out in the original strategy document had been addressed. Of the 15 issues identified in the 2019 workshops, seven have been successfully addressed, or are almost complete. Those that remain related mainly to the management of perpetrators. See Appendix B.

Part 2 - Focus for 2022-23

Delivery Plan

The RAG rated progress report between Jan 2020 and September 2021 was agreed by Domestic Abuse Strategy Group in October 2021:

A. Promote healthy relationships - **AMBER** (7 actions - 1 COMPLETE, 3 AMBER, 2 RED, 1 GREEN)
B. Improve identification and assessment - **AMBER** (6 actions - 1 AMBER, 2 COMPLETE, 1 RED, 2 GREEN)
C. Challenge and support those who use abusive or unhealthy behaviours - **RED** - (4 actions - 1 COMPLETE, 2 RED 1 GREEN)
D. Hold to account those who use coercive control and violence - **RED** (6 actions - 5 RED, 1 COMPLETE)
E. Improve performance monitoring, quality assurance and workforce development - **AMBER** (6 actions - 1 GREEN, 1 RED, 2 AMBER, 1 COMPLETE, 1 N/A)

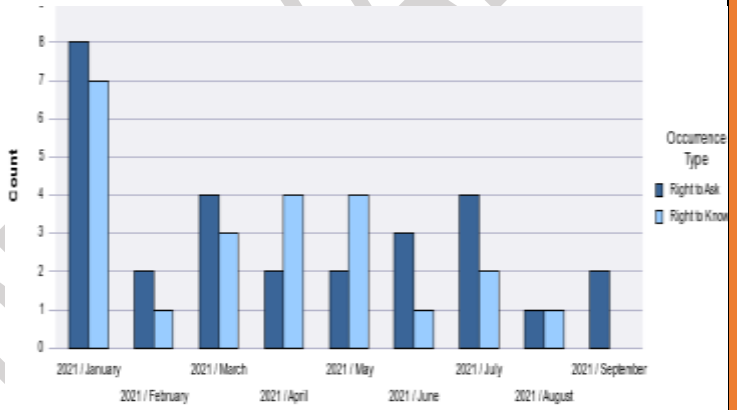
The following delivery plans highlight priority activity for the coming year and retain the RAG rating above. Completed actions have been removed. In addition to the AMBER and RED actions for existing priorities, this review has identified the need for a sharp **focus in the coming year** (2022/23) on:

Priority C - Challenge and support those who use abusive or unhealthy behaviours
Priority D - Hold to account those who use coercive control and violence
Priority F - Provide safe accommodation and support to those who need it

Priority A: Promote healthy relationships

	Objective	Action	Suggested measure	By Whom	Update January 2022	RAG
A1	Influence the development of sex and relationship education implementation	Offer advice and guidance to schools in developing the new PSHE framework	Evidence of influence in school policies 75% (42 of 56 schools) have policy available on website	Hannah Byrne	PCC undertake an annual audit on publicly available RSHE policy (referring to the National RSHE Guidance) in the Winter/Spring term.	AMBER
A2 COMPLETE						

	Objective	Action	Suggested measure	By Whom	Update January 2022	RAG
A3	Improve identification in early help services Athena (midwives) and ECHO (health visitors)	Work with Early Help to ensure questions asked about unhealthy behaviours/relationships recorded and appropriate action taken	Safeguarding concerns identified by maternity services - 190 (up from 77 in 19/20) - 38% increase Disclosures to Health Visitors 486 (down from 535 19/20) - 10% reduction	Kelly Pierce/Danni Honey/Karen Davies	Whilst the Health Visiting service saw a reduction of 10% (**n.49**) of families where DA has been a factor, Maternity Safeguarding referrals where DA has been identified as a concern increased by 38% (**n. 46**). 81% (**n.154**) (above extract from DA Safe Accommodation Needs Assessment)	AMBER/ RED
A4	Review agency processes so that workers feel empowered to call planning meetings to resolve difficulties	Develop and support the leadership skills of individual professionals to work with adults to work more closely together where there are no children in the family	Support/training provided	Alison Lawrence (Portsmouth Safeguarding Adults Board - PSAB) and Bruce Marr	PSAB will audit processes related to domestic abuse in 2022 to establish whether workers feel empowered to call local planning meetings to resolve difficulties. See also E3	AMBER - stalled by Covid
A5	Raise awareness of 'Right to know'/'Right to ask'	Work with Police to raise awareness	Increased number of requests - monitored quarterly	Dee Hutchinson **(Police Lead)**	Domestic Violence Disclosure Scheme: Training and education in the DVDS RTK for all staff. There has been an increased use of RTK disclosure while perpetrators are in custody. Promoting the use to Officers responding to incidents for earlier identification and disclosure in earlier stages of the relationship.	AMBER

	Objective	Action	Suggested measure	By Whom	Update January 2022	RAG
Page 121					**PORTSMOUTH** RTA: Portsmouth: 28 RTK: Portsmouth 23  Right to Ask applications were slightly lower the first quarter of 2021, but the trend suggests continued growth Right to Know was at its highest this quarter and has been trending upwards for 2 years. **DVDS RTK has been identified as a theme for improvement** in the DA Learning Panels District reviews. The findings have been presented to frontline Officers and the importance of consideration of RTK at every domestic incident **regardless of whether a crime has been committed** to ensure early identification of serial perpetrators. Force wide training for frontline staff has been planned with new guidance to assist officers and Inspectors authorising.	
A6 - No progress after 18 months - removed - RAG RED						
A7 COMPLETE						

Priority B: Improve identification, assessment, and safety planning

	Objective	Action	Suggested measure	By Whom	Update January 2022	RAG
B1	Ensure NHS and other health services actively identify signs and symptoms and respond appropriately to disclosures of domestic abuse (see also A3)	Develop regular audit of health services including GP surgeries	Increased no. of referrals from health services Paper to H&WBB executive re GP referrals.	Chair - Domestic Abuse Steering Group/Bruce Marr	The proportion of referrals from health providers remains substantially lower than during the period when the IRIS training was running, which indicates that the educational input, and simpler referral method, was likely to have encouraged more referrals from health providers. This also suggests that there are likely to be people who would benefit from a referral from health services that are not currently being assisted.	RED
B2 REMOVED - RAG RED						
B3 COMPLETE						
B4 COMPLETE						
B5 COMPLETE						
B6 COMPLETE						
B7	**NEW MEASURE** To raise awareness and develop skills for working with parents where there is parental conflict	To deliver reducing parental conflict and Up2U Family Practice training to relevant professionals across the Children and Families workforce	Numbers attending training Analysis of training feedback Stakeholder event to embed provision	Amy Ford / Kelly Pierce	New measure - funding is currently until the end of March 2022 and awaiting confirmation of new funding rounds.	

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

	Objective	Action	Suggested measure	By Whom	Update January 2022	RAG
C1 COMPLETE						
C2	Conditional Cautioning Relationship Abuse (CARA - awareness raising programme)	Establish status of programme and measures of success	Reduction in call outs/arrests re DA for those completing the intervention Number of repeat perpetrators: Q2 20/21 263 Q2 21/22 326	**OPCC Lisa Allum**	Latest data from Lisa Allum: Q1 (2021-22) – 19 intimate partner referrals (12 male, 7 female) and 1 male non-intimate partner referral Q2 (2021-22) – 15 intimate partner referrals (12 male, 3 female) and 1 male non-intimate partner referral Evaluation of effectiveness pending	POLICE ACTION AMBER
C3	Up2U Creating Healthy Relationships - understand impact and sustainability	Work with Stop Domestic Abuse to review performance measures.	Number of referrals Numbers starting and completing programme Reduction of risk	Bruce Marr/Amy Ford	The agreed measures provided are: Active referrals to Up2U Creating Healthy Relationships (CHR) Proportion of referrals receiving support from Up2U CHR Number of CHR clients who completed programme. % of CHR completers who experienced a reduction in risk (no data yet)	AMBER

	Objective	Action	Suggested measure	By Whom	Update January 2022	RAG
					Funded resource is limited therefore there will be significantly lower numbers involved than victim services.	
C4	Explore models of interventions with perpetrators that support victims remaining at home, including temporary accommodation	Work with landlords (inc. local authority) to explore temporary accommodation and 'Amber House'.	More victims remaining at home where it is safe for them to do so	Teresa O'Toole/Sayma Begum	Recommendation for PCC housing to join Domestic Abuse Housing Alliance - See new priority F	RED
C5	**NEW MEASURE** To raise awareness and develop skills for working people who use abusive or unhealthy behaviours	To deliver I-ASCC (Identify, Assess, Support, Challenge and Change) and Up2U Family Practice training to relevant professionals across the workforce	Numbers attending training Analysis of training feedback	Amy Ford	New measure - funding is currently until the end of March 2022 however training provision will be mainstreamed and therefore if there is a need can continue to be delivered	

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

	Objective	Action	Measures	By Whom	Update January 2022	RAG
D1	Increase use of Domestic Abuse Prevention Notice/Orders[25] (DAP Notice is pre-court up to 72 hours, DAP Order used as after court action)				Due to be updated by the police in March 2022 to be aligned and consistent with Police DA strategy	
D3	Consistent police response to coercive control and violence.				Due to be updated by the police in March 2022 to be aligned and consistent with Police DA strategy	
D4	Share information regularly on perpetrators to enable more collaborative working				Due to be updated by the police in March 2022 to be aligned and consistent with Police DA strategy	
D5	Increase arrest rate				Due to be updated by the police in March 2022 to be aligned and consistent with Police DA strategy	

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

	Objective	Action	Measures	By Whom	Update January 2022	RAG
	and conviction rate					
D6	Prevent perpetrators assessed as standard risk from escalating				Due to be updated by the police in March 2022 to be aligned and consistent with Police DA strategy	

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

	Objective	Action	Measures	By Whom	Updated January 2022	RAG
PI - COMPLETE						
E2	Develop new measures of success including on-going programme of service user interviews providing real time feedback on service quality including	TBC - once interviews with service users complete. Agreement from DA strategic group on new measures - see G below	Report to DA Steering Group	Hayden Ginns/Lisa Wills/Sam Graves	Survey complete but not being used consistently yet. DA Performance Monitoring Framework in place	RED

	Objective	Action	Measures	By Whom	Updated January 2022	RAG
	the voice of the child					
E3	Develop multi-agency audit programme	Work with health and other partners on process similar to existing programme in Children's Social Care (subgroup to meet 6 monthly to review cases?)		Rachael Roberts/Alison Lawrence/LW	Update Sept 21 (emailed Alison L for update) In progress - Portsmouth Safeguarding Adults Board currently scheduled to undertake DA audit in 2022	AMBER
E4 - N/A (Marac IT) E5 - COMPLETE						
E6	Sustain multi-agency training	Multi-agency training to be offered	8 training days per year	Stop Domestic Abuse / Johnny Bolderson	The chart below shows the number of delegates that have attended training and departments. This data has been collected from the 2021 register for the following training dates 17th Feb, 19th April, 18th May, 17th June and 14th September. Spaces per training day - 16 Total training spaces for above dates - 80 Amount of delegates that attended training dates - 51	AMBER

	Objective	Action	Measures	By Whom	Updated January 2022	RAG
Page 128						

NEW: Priority F - Safe accommodation

	Objective	Action	Suggested Measures	By Whom	By When/Update	RAG
G1	To improve data recording and analysis processes at a local level across partner services	Undertake further research into data recording of victims and agree data recording options with services Recorded the number of 'managed moves' due to domestic abuse Refuge to record sources of self-referrals for victims accessing refuge	Data processes agreed by services Number of managed moves due to domestic abuse Data report	Sayma Begum with Partner services (Police, Health, Housing, DA providers) PCC Housing Stop Domestic Abuse (SDA)	**April 2022** **April 2022** **Jan 2022**	
G2	Improve the understanding of the needs of victims who wish to access alternative safe accommodation	Record reasons why a victim may no longer wish to access refuge Further research to alternative safe accommodation for victims looking to flee	Data report Feedback from SA Client survey	SDA Sayma Begum	**Jan 2022** **Sept 2022**	
G3	To incorporate a standardised quality of	Obtain DAHA Accreditation	Accredited services	Social Housing service, PCC Housing	**TBC**	

	Objective	Action	Suggested Measures	By Whom	By When/Update	RAG
	service across housing providers in their response to domestic abuse					
G4	Undertake a review of current DA training within the health sector and referral pathways		Increased referrals from Health/GPS for community-based support and refuge	Health Services	**Sept 2022**	
G5	Improve access to safe accommodation for victims where refuge is not suitable including male victims, Disabled/older victims with a higher level of need and victims with No Recourse to Public Funds.	Further research to identify alternative safe accommodation options and promote this on a national level.	Report on alternative safe accommodation options	Sayma Begum	**Sept 2022**	
G6	Improve options for victims wishing to	Further research into target hardening and Sanctuary Schemes	Report	Sayma Begum	**Sept 2022**	

	Objective	Action	Suggested Measures	By Whom	By When/Update	RAG
	remain in their own homes					
G7	Improve support to victims and children who require access to Safe Accommodation	Commission additional Safe Accommodation provisioning and support	Specialist safe accommodation support provided	Bruce Marr/Sayma Begum	**April 2022**	
G8	Provide access to training to support BME victims accessing safe accommodation	Commission DA Training focused on the needs of Black and Minoritised for Navigators supporting Victims in safe accommodation	Number of Staff that have access training	Sayma Begum/Bruce Marr	**April 2022**	

Section H - Monitor Learning from DHRs

(Insert recommendations once approved by the Home Office)

Section G - Governance and accountability

The Health and Wellbeing Board has approved the revised strategy (in February 2022) and implementation will be monitored by the, now statutory, Domestic Abuse Strategy Group. The strategy group will monitor the performance framework which includes headline outcome indicators, process indicators and measures that will help to understand demand for services. These measures will be reviewed against the following criteria to ensure that they:

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

Appendix A - Safer Streets (Home Office) funding - in partnership with Isle of Wight Council

Violence Against Women and Girls (VAWG)

- Mentors in Violence Prevention pilot in schools and colleges (2 colleges, 3 schools in Portsmouth)
- Development of a network of safe spaces adjacent to public places (shopping areas, parks etc) where women and girls can receive a trauma informed response (10 venues in Portsmouth)
- Safe and strong artwork to be displayed around the city to raise the positive profile of women and girls as intrinsically valuable rather than objects to be desired (5 locations in Portsmouth)
- Situational measures in Cosham Underpass and Belmont Path (Elm Grove) that include lighting & CCTV.
- CCTV on IOW
- A local intelligence mapping service which will enable women to report concerns via text and then receive a follow up call from a local provider (city wide)

Safety of Women at Night (SWAN)

- Community in Motion active by-stander training for staff and support services working in the NTE (50 people trained)
- Safe Spaces network at Night, building upon the Safe Space work above focused on NTE (5 venues in Portsmouth)
- With You project working directly with women in the sex industry (focusing on two clubs, 5 massage parlours in Portsmouth)
- Stay Safe pilot, led by Shaping Portsmouth to trial use of cloud-based technology to support those working in the NTE to get home safely (500 licences issued to staff in Portsmouth venues)

Appendix B

Two half day multi-agency workshops were held in March and May 2019 to discuss current domestic abuse services and processes. Practitioners identified the key issues set out below each of which has been included in one of the priorities for action (priority in brackets):

1. Need to re-design performance reporting to focus on effectiveness of services and positive outcomes for clients and their children (priority E). - complete
2. Develop regular multi-agency audits to understand how well we are delivering services (priority E) - on going
3. Redesign services around client/family need rather than 'perpetrators' and 'victims' (priorities B and C) - completed
4. Develop information about services for perpetrators how the referral pathway works (priorities B and C) - on going
5. Review the resourcing and processes associated with MARAC and undertake analysis on the current MARAC outcomes (priority E) - completed
6. How effective is the DASH as a tool for assessing risk and identifying need? What other tools could be used? (priority B) - on going
7. More clarity needed in relation to service provision and referral pathways in the city, and to refresh these with the workforce regularly (priority B) - completed
8. Suggested newsletter-type communication quarterly - brief summary of services, any changes, include data on what's happening in Portsmouth (priority B) - on going
9. Establish a professional network - meet regularly - to share information, practice and problems (priority B) - completed
10. Explore single point of access, whether that be the MASH or another mechanism like PIPPA (http://www.pippasouthampton.org/) (priority B) - completed
11. Establish a perpetrator task and finish group to develop clear pathway and information sharing re single list of perpetrators for multi-agency focus (priority B) - on going
12. Map services available to perpetrators and develop evaluation framework for Up2U and other perpetrator programmes (priority C & D) - on going

13. Improve information sharing between police, community rehabilitation company and local authority including use of police community partnership intelligence reports (priority C & D) - on going
14. Develop an agreed understanding of risk levels for perpetrators, understand the numbers and develop a multi-agency process for responding to risk and need (priority C & D) - on going

Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	9th February 2022
Subject:	Refreshing the Blueprint for Health and Care in Portsmouth
Report by:	Jo York, Managing Director, PCCG
Wards affected:	All
Key decision:	No
Full Council decision:	No

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1. Purpose of report

1.1 This report seeks approval for a refreshed set of priorities for the Blueprint for Health and Care in Portsmouth.

2. Recommendations

2.1 The Health and Wellbeing Board are recommended to:

- Approve the refreshed priorities for the Blueprint for Health and Care in Portsmouth.

3. Background

3.1 Since 2015, the place-based working in Portsmouth has been defined by the Blueprint for Health and Care in Portsmouth, which set out:

- A strategic case for change
- Commitments to residents
- A vision for health and care provision in Portsmouth
- A set of suggestions for structural changes to support integration between NHS and local authority partners
- A series of local delivery priorities
- Some shared ways of working

3.2 Progress against the Blueprint was regularly monitored, including through the Health and Wellbeing Board and it led to many positive developments in the city, including:

- Integrated Primary Care Service incorporating the acute visiting service and GP enhanced access service
- Development of the Wellbeing Service (public health)
- Establishment of Positive Minds service to provide better support to people requiring emotional and mental health support
- Roll out of SystmOne across all GP practices, Solent NHS trust and Adult Social Care.
- Increased partnership working across health and social care in both adults and children's services including increased number of joint roles.
- Integrated approach to discharge to assess and establishment of the PCAT service to support people coming home from hospital, significantly reducing the number of bed days lost in the acute sector arising from any delays.
- Development of an integrated 0-19 early help service for children and families

3.3 In the new context of the Hampshire and Isle of Wight Integrated Care system (HIOW ICS), thinking has been underway about how we need to refresh this vision for improving health and wellbeing outcomes and working together in Portsmouth and with wider partners across the ICS, where it makes most sense to come together at scale.

3.4 A first draft of a refresh was produced in November 2020 and presented to the Health and Wellbeing Board. Since then, the White Paper and associated guidance have now given us more insight into the expectations and opportunities for place-based partnerships in the context of the ICS. Therefore, in 2021 work took place considering how the Blueprint needs to look for the future, in a series of conversations and discussions linked to the development of the ICS, and helping us to explore the priorities for Portsmouth within that.

4. Stakeholder engagement and feedback on the Blueprint Refresh

4.1 In August 2021, as part of our wider work on developing the role of Portsmouth as a place in the Integrated Care System, we asked for some feedback on principles for working that had been developed in previous workshops, and on the commitments that had been developed as part of the Blueprint for Health and Care Portsmouth. Many partners contributed thoughts and ideas back.

4.2 The original Blueprint document set out a vision for Health and Care in Portsmouth:

Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they

work and we know that they will make a measurable difference to their lives.

4.3. We heard loud and clear that the vision still feels like the right one and is broadly supported by partners.

4.4 We also sought feedback on some key principles for how we work together as a city in future - these were considered to be broadly the right ones for the city:

- **OUTCOMES** - improving outcomes for Portsmouth people will be at the heart of
- place-based working
- **EQUALITY** – Our place-based working will seek to shape service delivery to ensure it is inclusive and reduce inequalities in the city
- **EVIDENCE** – Place-based working will be informed by the needs of local communities and evidence of what works
- **INTEGRATION** – Place-based working will integrate service delivery around the needs of individuals and families
- **PREVENTION** - Prevention and early intervention services will reduce dependency on public service delivery
- **PARTICIPATION** - Residents will be active participants in the co-production of services, and we will be led by patient and service user demands and experience
- **ACCOUNTABILITY** - Resource allocation decisions will be transparent, contestable and locally accountable
- **VALUE FOR MONEY** - Decisions will be driven by the goal to achieve optimum quality, value for money and outcomes
- **PARTNERSHIPS** - Strong and effective partnership is key to place-based working.

4.5 There was considerable feedback given on the draft commitments for the refreshed Blueprint. In the feedback it was noted that:

- People want a seamless health and care service and to tell their story once and to have a clear and personalised care plan that they agree to - these desires need to be reflected in the commitments.
- The commitments should reflect the sense of place for Portsmouth and also that in some cases, it is right that things are done at scale - commit to doing the right thing at the right level.
- Important to reflect that services should be designed from the customer perspective
- Need to be clearer about what the actual commitment around urgent care is - needs to feel realistic as we move forward

- Commitments need to be a basis for honest conversations around expectations - maybe one of the commitments needs to be about being honest and open?
- We need to recognise that as a result of the pandemic, much of the workforce is exhausted
- Do the commitments as currently written feel like they reflect the passion and energy that you sense in Portsmouth - they could be framed differently to provide more of that sense?

4.6 In response to the feedback, and in light of the discussion at the Joint Commissioning Board in December, it is recommended that the following commitments are adopted as the cornerstone of the Blueprint for Health and Care in Portsmouth.

- Our local health services will reflect the diversity of populations and needs in our communities
- We will build services as locally as possible to reflect the needs of the community, but recognise that it will make sense for some things to be led at a different scale.
- We will always design services from the perspective of the person using them, and make these as seamless as possible, joining up functions and organisations for better experiences and outcomes for service users
- We will remove barriers to accessing services so that everyone can get the help and support they need
- We will involve people in designing services for them and those they care for
- We will make sure that we have a well-led, well-organised and well-supported workforce that we empower to work across organisational boundaries to improve the experiences and outcomes for service users
- We will be honest about what we can and can't do, and explain why
- We will work with people in their communities to develop the relationships and opportunities they need to stay healthy, independent and active in the places they live.

5. Next steps

5.1 Linked to the ongoing discussions around the development of the ICS, it is recommended that in Portsmouth, we now complete the refresh of the Blueprint, linking it to the outcomes we are seeking through the Health and Wellbeing Strategy and the health and care priorities that have been agreed for the city, across children's services, services for adults and public health priorities. This will also take into account the ways organisations are working together, and move forward the prospectus for health and care integration that was considered early in 2021.

5.2 It is recommended that the Board approve the revised Blueprint as our prospectus for place-based working at its next meeting.

6. Reasons for recommendations

6.1 The current Blueprint for Health and Care in Portsmouth was agreed in 2015 and it is therefore appropriate that it is reviewed in the light of the changing context for health and care services.

6.2 The recommendations build on work undertaken across the local health and care system in 2021 and takes full account of the feedback received. The recommendations reflect and support the City Vision agreed in 2021.

7. Integrated impact assessment

7.1 An integrated impact assessment is not required on this document as it is a high-level statement, and policies and initiatives following from the Blueprint will be assessed in their own right at the appropriate time.

8. Legal implications

8.1 There are no direct legal implications arising from the recommendations contained within this report.

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.

……

Signed by: Jo York, Managing Director, Portsmouth Clinical Commissioning Group

Appendices:

None

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

Portsmouth CITY COUNCIL

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

Title of document	Location

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

……
Signed by:

Portsmouth CITY COUNCIL

Title of meeting:	Health and Wellbeing Board
Date of meeting:	9th February 2022
Subject:	Pharmaceutical Needs Assessment (PNA): process and timescales for updating, including consultation on draft PNA
Report by:	Matt Gummerson, Strategic Lead for Intelligence, Public Health Portsmouth
Wards affected:	All
Key decision:	No
Full Council decision:	No

1. Purpose of report

1.1 The Health and Wellbeing Board has a statutory responsibility to publish a statement of the needs for pharmaceutical services of the population in its area, referred to as a Pharmaceutical Needs Assessment (PNA). The current PNA was approved by the HWB in 2018. The statutory requirement to publish a new PNA was delayed in response to the Covid-19 pandemic. The new PNA must be approved by the HWB and published by 1st October 2022.

1.2 The regulations state that the HWB must undertake a consultation on the content of the PNA and it must run for a minimum of 60 days. This paper seeks approval for the consultation on the draft PNA to run from 1st April to 6th June 2022, and agreement that the draft for consultation can be approved by the joint chairs of the HWB based on a recommendation from the Director of Public Health. It also seeks approval for the Director of Public Health (DPH) to respond to consultations of PNA's from neighbouring areas on behalf of the HWB where the Portsmouth HWB is a statutory consultee and to ask the HWB to note the response.

2. Recommendations

2.1 The HWB is asked to:

1. Agree the process for consultation and final approval as set out in section 3.3

2. Agree that the draft PNA can be approved by the joint chairs on behalf of the HWB in March 2022

3. Agree that the DPH responds to consultations of PNAs from neighbouring areas on behalf of the HWB where the Portsmouth HWB is a statutory consultee and ask the HWB to note the response

3. Background

3.1 The PNA is a report on the local needs for pharmaceutical services. It is used to identify gaps in current services or improvements that could be made to current or future service provision. The specific content of the PNA is set out in schedule 1 of the NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013. It is a statutory requirement for the Health and Wellbeing Board to publish a revised assessment within three years of its previous PNA. This requirement was delayed in 2021 by the Department of Health and Social Care in light of the pressures on the health and social care system brought about by the Covid-19 pandemic. The refreshed Portsmouth PNA must now be published on 1st October 2022.

3.2 Development of the draft PNA is being led by the Public Health Intelligence team, reporting to the DPH. A joint steering group has been established across the four Hampshire and Isle of Wight Public Health teams, with representatives from NHS England and NHS Improvement (NHSEI) and the Local Pharmaceutical Committee (LPC). The Steering Group is tasked with overseeing the development of separate PNAs for the four Upper Tier Local Authorities; ensuring coordination of timetables and joint work where possible; and providing a single point of interaction for NHSEI and the LPC.

3.3 The Steering Group have agreed that all four HWBs in HIOW will publish their draft PNAs for consultation at the end of March 2022. This will allow local teams time to prepare the drafts while allowing the statutory 60 days of consultation, before final documents are prepared over the summer ahead of approval by the HWBs in each area in September 2022. It has therefore not been possible for the draft PNA to be prepared in time for discussion at the HWB on 9th February, and the board is asked to agree that the draft can been approved for consultation by the joint chairs of the HWB. The proposed timetable is as follows:

- Mid-March 2022: Request approval of draft PNA from HWB via joint chairs for consultation
- Make changes based on feedback, if required.
- 1st April: Formal 60 day consultation starts.
- 6th June: Formal 60 day consultation ends.
- Write report on consultation and make changes to draft PNA, including any significant changes to the data in local pharmacy provision
- 21st September: Present final draft PNA to HWB.
- Make final changes based on HWB feedback.
- 1st October 2022: Final PNA published on website.

Portsmouth CITY COUNCIL

3.4 The content of the 2022-2025 PNA will follow a similar structure to the previous 2018 version which can be viewed on the PCC website. It will be updated with the latest available data and intelligence. It will meet the statutory requirements as summarised in section 4.2 below.

4. Reasons for recommendations

4.1 PNAs are relevant when deciding if new pharmacies are needed, in response to applications by businesses, including independent owners and large pharmacy companies. Applications are contested by applicants and existing NHS contractors and can be open to legal challenge if not handled properly. They also inform commissioning decisions by local commissioning bodies.

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

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

4.3 There is a regulatory duty (NHS (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 No 349: Part 2: Reg 8) to have a 60 day consultation about the contents of the assessment it is making. As part of the Portsmouth PNA refresh, the consultation is planned to run from Friday 1st April to Monday 6th June 2022.

4.2.2 According to the Regulations, the following must be consulted:

- Local Pharmaceutical Committee
- Local Medical Committee
- Any persons on the pharmaceutical lists and any dispensing doctors list for its area;

- Any local pharmaceutical service pharmacy in its area with whom the NHS England has made arrangements for the provision of any local pharmaceutical services;
- Healthwatch
- Any NHS Trust in the area
- Local CCGs
- NHS England
- Neighbouring Health & Wellbeing Boards

5. Integrated impact assessment

5.1 An Integrated Impact Assessment will be completed and included with the final PNA when presented to the HWB.

6. Legal implications

6.1 There is a statutory duty requiring the Health and Wellbeing Board to undertake and publish this needs assessment under section 128A of the National Health Service Act 2006 and regulations made under that section, namely the National Health Service (Pharmaceutical & Local Pharmaceutical Services) Regulations 2013 ("the 2013 Regulations")

6.2 Regulations 3 to 9 and Schedule 1 of the 2013 Regulations set out the detailed requirements as to the content of needs assessments and the manner in which the assessment is to be made and published.

6.3 Regulation 8 of the 2013 Regulations, in particular, prescribes those specified persons who must be consulted about the content of the assessment and the manner in which they must be consulted about specified matters.

7. Director of Finance's comments

7.1 The PNA report has been reviewed and there are no financial implications to note.

……
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

Portsmouth
CITY COUNCIL

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

……
Signed by:

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Agenda Item 10

Title of meeting:	Health and Wellbeing Board
Subject:	Improving physical activity in Portsmouth
Date of meeting:	9th February 2022
Report by:	Dominique Le Touze, Consultant in Public Health Bethan Mose, Public Health Principal Andrea Wright, Health Development Manager David Moorman, Strategic Development Manager
Wards affected:	All

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1. Requested by Director of Public Health

2. Purpose

To update the Health and Wellbeing Board (HWB) in relation to system wide work to increase physical activity in Portsmouth.

3. Information Requested

3.1 Background

Former Chief Medical Officer Liam Donaldson commented that 'the potential benefits of physical activity to health are huge. If a medication existed that had a similar effect, it would be regarded as a 'wonder drug' or 'miracle cure'. Being active can prevent and manage over 20 chronic diseases with inactivity associated with 1 in 6 deaths in the UK[1]. Regular physical activity is proven to help prevent and manage non-communicable diseases such as heart disease, stroke, diabetes and several cancers. It also helps prevent hypertension, maintain healthy body weight and can improve mental health, quality of life and well-being[2]. Indirect benefits from planned and incidental physical activity, such as active travel, include environmental benefits such as reduced air pollution from car travel; social through improvements in social capital and community cohesion due to increased social mixing; economic benefits with reduced treatment costs, increased productivity, reduced absenteeism and improvements to the local economy through greater pedestrian footfall.

Around 70% of adults in Portsmouth are classed as physically active', however, approximately 42,000 of the adult population do less than 30 minutes of activity a week[3]. Although activity levels in Portsmouth adults are similar to the national average, there is wide variation relating to deprivation. The Portsmouth Health and Lifestyle survey (2015) indicated that those in the most deprived quintile of neighbourhoods are more likely to be sedentary.[4] Under 16 activity levels are also low with 62% of Portsmouth's children and young people not meeting the recommended daily level of 60 minutes of activity a day[5]. The most recent data from the

[1] Physical Health: applying All our Health, 2019, PHE
[2] World Health Organisation, 2020
[3] Active Lives Survey, 2018-19, Sport England/
[4] Portsmouth%20draft%20hwb%20strategy%2016032018%20Cabinet.pdf
[5] Public Health Outcomes Framework, 2018-29, PHE

National Childhood Measurement Programme indicates that both regionally and nationally there have been statistically significant increases in overweight and obesity at Year 6. Regionally, 22% of Reception children and 32% of Year 6 children were classed as overweight or obese in 2020/21. Moreover, obesity prevalence nationally was at least double for children living in the most deprived areas compared to those living in the least deprived areas. In Reception, 13.3% in the most deprived areas were obese compared to 6.0% in the least deprived. Severe obesity prevalence was almost four times as high in the most deprived areas (3.9%) than the least deprived areas (1.0%). Between 2006/07 and 2020/21 the gap between obesity prevalence for children attending schools in the most and least deprived areas increased by 1.8% at Year R and 4.8% at Y6.

The approach to increasing physical activity in Portsmouth includes not only organised activity such as sport, but also incidental activity. In other words, any activity built up in small amounts over the day, such as walking up the stairs or to the bus stop. The focus of action includes sport and leisure facilities, but also the built and natural environments that can enable physically active behaviours

3.2 Strategic Priorities

The emerging Health and Wellbeing Strategy 2021-2030 sets out a commitment to enabling the City's residents to '*lead active and healthy lives in a city with excellent air quality and sustainable transport*'. It further recognises the need to address the underlying factors that put people at risk of poor outcomes, and that many of our residents want to be more physically active.

The HIOW regional Physical Activity Strategy - *We Can Be Active* produced by Energise Me and co-created with delivery partners was launched at the end of July 2021[6]. It takes a broad, inclusive view of increasing physical activity. To reduce health inequalities, the focus is on areas where the health needs are highest, activity levels lowest and the potential health gains the greatest. This agenda is cross-cutting, with relevance to several Portsmouth City Council (PCC) Directorates and other partner organisations in the city.

<table>
<tr><th colspan="2">We can be Active Summary</th></tr>
<tr><td>The strategy's mission is:
'To inspire and support active lifestyles so we can all be active in a way that suits us'.</td><td>We will recognise success when:
'People who once struggled to be active feel the positive benefits of increased activity'.</td></tr>
<tr><td colspan="2">To achieve this, collaborative working across systems will be required, with activity aligned under 5 underpinning priorities, they are:
- Positive early experiences for our children and young people.
- Opportunities that meet our needs and interests, that are accessible and easy to find.
- Places and travel routes where we all feel safe and are encouraged to be active.
- Support to help us get started or keep moving when we feel that we can’t do it alone.
- Bold leaders working together to create happier and healthier communities.</td></tr>
<tr><td colspan="2">Next steps in moving towards implementing the strategy:</td></tr>
</table>

[6] We-Can-Be-Active-Strategy.pdf (energiseme.org)

- Scoping what the strategy looks like locally and exploring how we can work together across the system to address the huge challenge of inactivity, combined into a deliverable action plan that all stakeholders are signed up to deliver.
- Working with a wide range of stakeholders including but not limited to the Active Portsmouth Alliance, thus ensuring the needs identified via the public consultation and consolidated in the strategy are recognised and actions defined to address them, through partnership working and utilising the limited resource available.
- Ensuring our key target audience i.e. the inactive who do less than 30 minutes of activity a week and our least active target groups e.g. women/girls, those living in deprivation, disabled/long-term conditions, BAME and those suffering poorer mental health etc. remain at the fore during the action planning process.
- Using universal proportionalism (opportunities for all, with additional resources/support for those with greatest need) to ensure current health inequalities around inactivity do not increase as we move forward.

Timeframe:

It is envisaged the action plan will be completed and agreed by partners/stakeholders by March 2022. Thus, helping to reduce premature mortality and improve the health of some of our most inactive residents in 2022 and beyond.

Physical Activity Strategy and Policy Context with Delivery Programmes

HIOW Physical Activity Strategy *We Can Be Active*

Portsmouth Health and Wellbeing Strategy 2021-2030

Active Portsmouth Alliance	Let's Bounce Back	Making Every Contact Count	Physical Activity CQUIN	Superzone Pilot	School Streets Trial
Quarterly multi-agency network of organisations with an interest in physical activity. Chaired by Public Health.	Formerly Public Health England (PHE) now the Office of Health Improvement and Disparities (OHID) funded Tier 2 Adult Weight Management Programme until March 2022. Indications is that the funding for obesity will continue post April 2022. We are still awaiting details of what this means locally.	MECC is an approach to behaviour change that uses everyday interactions with clients to support them in making positive health changes. Free training is offered for any frontline professional in Portsmouth.	Training for Social Prescribers and GP practices achieving the Active Practice Charter. All 13 GP practices in Portsmouth are signed up.	The pilot is a place-based approach (400m radius) around Arundel Court Primary Academy (ACPA) which re-launched in Sept after an 18 months Covid related delay with a revised action plan that is covid secure.	A multi-agency (Sustrans, PCC) project to improve safety and reduce traffic on the roads outside school during drop-off and pick-up, with a corresponding increase in active school commutes. It is supported by the Pompey Monsters active travel initiative, run by Transport.
Remit is to share knowledge and resources. Working collaboratively when opportunities arise.	12-week weight management programme. Delivered via the Wellbeing Service and Pompey in the Community (PiC) - Fit Fans. Physical activity is incorporated into both programmes, directly in Fit Fans and via BH Live for the Wellbeing Service Programme.	Workshops are based on raising awareness, brief advice and signposting (if relevant) both around generic skills and topic specific examples.	The PA CQUIN was suspended 2021 due to Covid pressures facing GP practices. Discussions with CCG are scheduled for Feb to review, in preparation for next year's CQUINs in 2022/23.	Since Sept the Daily Mile has been reinstated and work is underway to improve Arundel Park which has high levels of anti-social behaviour and is under-utilised by pupils and their families. Parents and children completed a survey which has informed the re-design, utilising the Safer Streets and Greening funding streams.	Phase 1 pilot started in Sept, with two schools (St. Jude's and Brambles) participating in the 7-week initiative. Another 2 schools (currently confirming which schools) will start the Phase 2 of the trial in April.

Monitoring
Health Impact Assessment
Healthy Streets Approach

Policy Framework for Delivery

PCC Healthy Weight Strategy

Public Health Draft Workforce Development Strategy

Children's Physical Health Strategy

PCC Sport Facilities Strategy

PCC Greening Strategy

PCC Sports and Leisure's post-Covid-19 Vision.

OPCC Safer Streets

PCC Playing Pitches Strategy

Air Quality

Local Transport Plan 4

Local Cycling & Walking Infrastructure Programme

Portsmouth Draft Local Plan - 2038

PCC Parks and Open Spaces Strategy

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3.3 Sports Facilities Strategy and the PCC Sports and Leisure's post-Covid-19 Vision

PCC is continuing to invest in its leisure facilities to ensure that they meet the needs of the people of Portsmouth, and to enable them to operate sustainably and in an environmentally friendly way.

Based on public consultation[7], the Sports Facilities Strategy[8] recommended that some of the older, lower quality facilities (Eastney Swimming Pool, Wimbledon Park Sports Centre) be closed and re-provided as a combined new facility. The decision was taken in October 2020 to close the Pyramids leisure pool and re-purpose the building by converting the pool into an indoor adventure play and bounce attraction, and large modern gym. Works are due to complete by January 2022.

Proposals have been brought forward to bring community, sports and swimming facilities together in one new modern and ecologically sound hub at Bransbury Park. This remains provisional until planning advice concludes that there is no viable alternative. The existing community centre provision at Bransbury Park will be incorporated into the new facility and the old buildings demolished.

The outline programme currently forecasts completion for mid-2024, subject to planning. The likely facility mix will include: a 25m 4 lane swimming pool; Learner pool; 2 or 3 court sports hall; 50-75 station gym with group exercise studio; Community rooms with main function room, kitchen, meeting room, office etc; and Café.

The new leisure centre offers potential to link with broader health and wellbeing priorities and Public Health have representation on the Project Board. Our inclusion allows for wider opportunities to be explored including - accessibility, active travel to and from, air quality mitigation, greening and healthy food environment to support a balanced lifestyle offer. As per the Portsmouth Local Plan, the development will be subject to a Health Impact Assessment.

3.4 Partnership working: facilitating incidental physical activity through the built environment

There is a significant body of work being delivered across PCC and by partner organisations within the city that both directly and indirectly influences physical activity. The diagram below indicates some examples of the way the built environment can positively impact physical activity.

[7] Sport and Leisure Facilities Consultation - Portsmouth City Council
[8] 03.1 Portsmouth City Council Sports Facility Strategy 2017 - exec summary.pdf

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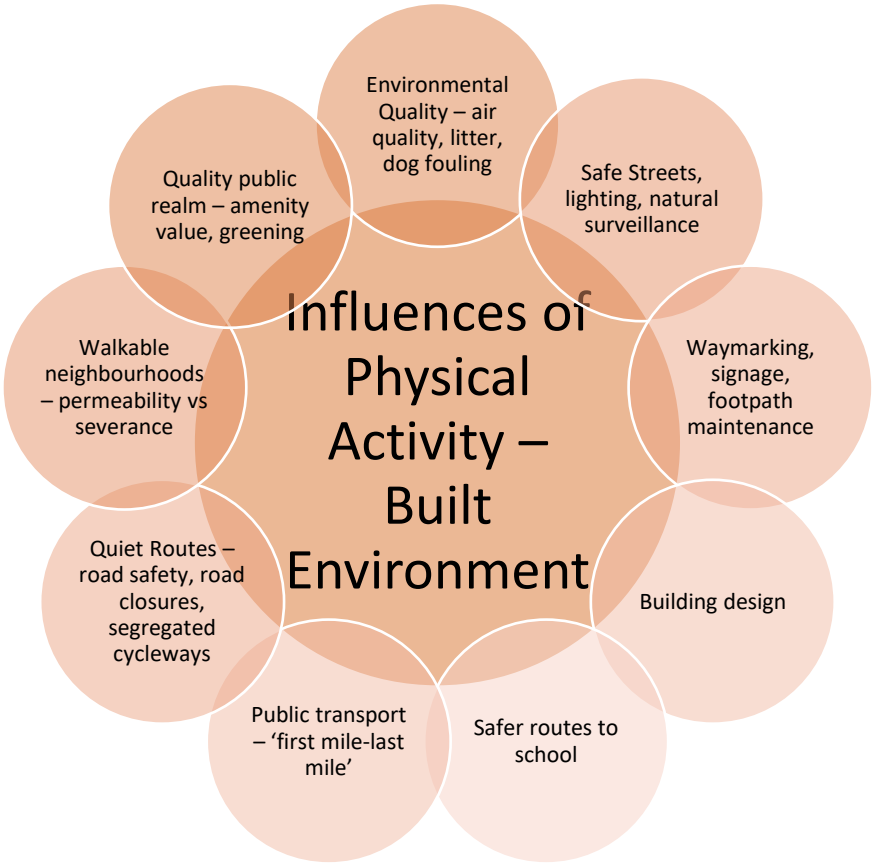

3.4.1 Active travel: The Transport team in the Council aim to 'deliver a people centred network that prioritises walking, cycling and public transport to help deliver a safer, healthier and more prosperous city'. The development of the **Local Transport Plan 3 and Local and Cycling Walking and Infrastructure Plan** have included close involvement with public health colleagues to ensure physical activity are central considerations. Both emphasise the need for a modal shift away from car travel to more active modes. A wide range of transport policies support active travel and physical activity including, but not limited to: the School Streets programme and Pompey Monsters Walk to School initiative to promote active travel to school; the South East Hampshire Rapid Transit network to promote rapid bus travel in the Portsmouth travel to work area; development of Quieter Routes for safer cycling; an electric scooter scheme; development of an East-West Cycle corridor from Fratton to the Hard; a range of schemes to improve air quality which encourage modal shift away from private cars towards active travel modes.

3.4.2 Built environment policy: Housing, Planning and Regeneration: The links to physical activity are highlighted as part of PCC's Health Impact Assessment framework (in draft, required as Local Plan Policy), and routinely explored between Public Health and development applications. For example, strong collaboration with Regeneration colleagues and the externally appointed consultants for the early stage masterplanning of Horatia and

Leamington social housing consideration of physical activity. Specifically in relation to walkable, accessible neighbourhoods; open space, play and recreation were identified at a very early stage as key design considerations. The Healthy Streets Approach[9] for assessing how well the streetscape promotes health, including physical activity is being explored for other built and natural environment schemes across the city, including OPCC Safer Streets and the Arundel Court Superzone project.

3.4.3 **Greening** - PCC Estate Services Clean & Green teams deliver greening projects across our social housing estate, with a strong emphasis on local volunteers and residents actively taking part in planting activities such as the Queen's Canopy planting days planned for late autumn/early winter 2021.

3.5 Sustainability and partnership working

3.5.1 The **Greener NHS programme** supports the *NHS Long Term Plan* and *Delivering a net zero National Health Service* sustainability commitments. Each NHS Trust and Integrated Care System has been tasked with producing a Greener NHS Plan by April 2022, coordinated and supported by multi-agency stakeholder groups. One of three current aims in a number of South East Greener NHS Plans is a focus on transport and active travel, a co-benefit of which will be increasing active travel amongst staff and patients.

3.5.2 The **Portsmouth Climate Action Board** is a partnership of 14 organisations, including Portsmouth City Council, Portsmouth University Hospitals Trust, Portsmouth University, the Royal Navy and representatives from the voluntary and community sector. Among the aims of the Board are seeking better quality, more sustainable public transport and better walking and cycling routes, both of which support active travel.

3.5.3 The terms of reference and membership of the **Portsmouth Air quality Board** is currently being revised. The Board aims to synthesise work underway within the Council and with partner organisations to improve air quality in the city. Around 50% of air pollution is transport related, much of the focus of the Board is on improving active travel and reducing car travel to reduce emissions.

4 Summary

Throughout the city there is significant need for an increase in physical activity levels to support improved health outcomes, and the environmental, social and economic co-benefits of physical activity for the city are substantial. Across the Council and partner organisations there are many schemes and projects under development that promote physical activity. The Health and Wellbeing Board, through its refreshed strategy can play a significant role to facilitate greater levels of physical

[9] Healthy Streets | Making streets healthy places for everyone

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activity across the city. It can do this through its support of a place-based approach that powerfully advocates for the health and wider benefits to society of an active population.

……
Signed by (Director)

Appendices:

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

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

Title of document	Location
Physical Activity Strategy - *We Can Be Active*	We-Can-Be-Active-Strategy.pdf (energiseme.org)
Sport and leisure future plans	Sport and leisure - future plans - Portsmouth City Council