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# NOTICE OF MEETING

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## HEALTH AND WELLBEING BOARD

WEDNESDAY, 27 SEPTEMBER 2023 AT 10.00 AM

**THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL,  
PORTSMOUTH**

Telephone enquiries to Anna Martyn Tel 023 9283 4870

Email: [anna.martyn@portsmouthcc.gov.uk](mailto:anna.martyn@portsmouthcc.gov.uk)

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

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### **Health and Wellbeing Board Members**

Councillors Lewis Gosling, Graham Heaney, Suzy Horton, Steve Pitt and Matthew Winnington (Joint Chair)

Dr Linda Collie (Joint Chair), Helen Atkinson, Roger Batterbury, Sarah Beattie, Andy Biddle, Sarah Daly, Penny Emerit, David Goosey, James Hill, Mark Lewis, Maggie MacIsaac, Gemma Nichols, Dr Jason Oakley, Lorna Reavley, Paul Riddell, Joanne Shankland, Dianne Sherlock, Alasdair Snell, Frances Soul, David Williams and Jo York

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

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**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.**

## AGENDA

- 1 Apologies for absence
- 2 Declarations of interest
- 3 Minutes of previous meeting - 28 June 2023 (Pages 5 - 14)

RECOMMENDED that the minutes of the meeting held on 28 June 2023 be approved as a correct record.

**4 Stroke Recovery Service**

This item will be a verbal update.

**5 Health and Care Portsmouth Joint Forward Plan (Pages 15 - 42)**

To present to the Health and Wellbeing Board the Joint Forward Plan for Health and Care Portsmouth.

RECOMMENDED that the Health and Wellbeing Board

1. Note the Health and Care Portsmouth Forward Plan;
2. Note the relationship with the ICB Forward Plan presented at the July Health and Wellbeing Board meeting;
3. Consider how the plan can support the Health and Wellbeing Strategy for the city.

**6 Portsmouth Safeguarding Adults Board - Resourcing (Pages 43 - 48)**

To highlight to Health and Wellbeing Board members the current resourcing position for the Portsmouth Safeguarding Adults Board (PSAB) and the implications for the PSAB in discharging its duties.

RECOMMENDED that the Health and Wellbeing Board write to Hampshire and Isle of Wight Constabulary and Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) to request that they set out their formulas for funding the respective Safeguarding Adults Boards (SABs) in their area and how they intend to enable the PSAB to meet its obligations in 2023-24 and 2024-25.

**7 Director of Public Health's Annual Report (Pages 49 - 96)**

To note that the Director of Public Health is publishing her statutory Annual Report for 2023.

**8 Portsmouth Strategic Youth Justice Plan 2023-2025 (Pages 97 - 150)**

To note the Portsmouth Strategic Youth Justice Plan 2023-25.

**9 Health & Wellbeing Strategy - Positive Relationships (Pages 151 - 172)**

To highlight work that is taking place to support positive relationships in the city as a key part of the Health and Wellbeing Strategy 2022-30.

RECOMMENDED that the Health and Wellbeing Board:  
Note the activity underway across partners in the city to support positive relationships and developing relational capital  
Consider whether there are other case studies that could usefully be shared across partners to build knowledge and effectiveness of interventions  
Consider if there are areas where further development or acceleration of work could be beneficial.

**10 Portsmouth as an age friendly city (Pages 173 - 190)**

To invite a discussion with Health and Wellbeing Board partners about the approach the city takes to being Age Friendly.

RECOMMENDED that the Health and Wellbeing Board consider the information in the paper, and agree next steps as set out in paragraph 6.1.

**11 Superzone pilot (Pages 191 - 200)**

To update the Health and Wellbeing Board on the progress of the pilot Superzone in the Charles Dickens ward.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

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# Agenda Item 3

MINUTES OF THE MEETING of the Health and Wellbeing Board on  
Wednesday, 28 June 2023 at 10.00 am in the Executive Meeting Room,  
Guildhall, Portsmouth

## Present

Councillor Matthew Winnington, Cabinet Member for Community  
Wellbeing, Health & Care (Joint Chair)  
Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care  
Portsmouth, Hampshire and Isle of Wight Integrated Care Board (Joint  
Chair, in the Chair)

Councillor Lewis Gosling, Conservative group  
Councillor Suzy Horton, Cabinet Member for Children,  
Families & Education

Helen Atkinson, Director of Public Health, PCC  
Roger Batterbury, Healthwatch Portsmouth  
Sarah Daly, Director of Children's Services & Education, PCC  
Sharon George, Housing, PCC  
James Hill, Director of Housing, Neighbourhood & Building  
Services, PCC  
Andy McDonald, Chief Inspector, Hampshire Constabulary  
Kelly Nash, Strategy Team, PCC  
Terry Norton, Deputy Police & Crime Commissioner  
Jo Pinhorne, Solent NHS Trust  
Innes Richens, The Hive  
Rachael Roberts, Adult Social Care, PCC  
Sally Scattergood, Housing, PCC  
Jon Sparkes, Solent NHS Trust  
Jane Walker, Adult Social Care, PCC  
David Williams, Chief Executive, PCC  
Jo York, Health & Care Portsmouth

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

Dr Collie, Clinical Lead/ Clinical Executive (GP) Health & Care Portsmouth,  
Hampshire and Isle of Wight Integrated Care Board, opened the meeting. She  
welcomed Councillors Steve Pitt (Leader) and Graham Heaney (Labour  
Group representative) and thanked those who had stepped down.

Apologies for absence were received from Councillor Graham Heaney,  
Councillor Steve Pitt, Sarah Beattie (National Probation Service), Andy Biddle  
(Adult Social Care, represented by Rachael Roberts and Jane Walker), Penny  
Emerit (Portsmouth Hospitals University Trust), Paul Markham (Hampshire  
Constabulary, represented by Andy McDonald), Kirsty Ranford (City of  
Portsmouth College), Lorna Reavley (The Hive, represented by Innes  
Richens) and Paul Riddell (Hampshire Fire & Rescue Service).

## 11. Declarations of Interests (AI 2)

There were no declarations of interest.

**12. Minutes of previous meeting - 15 February 2023 (AI 3)**

**RESOLVED that the minutes of the Health and Wellbeing Board held on 15 February 2023 be approved as a correct record.**

**13. Integrated Care Board - Joint Forward Plan**

Jo York, Integrated Care Board (ICB) Director for Portsmouth & Managing Director, Health & Care Portsmouth (HCP), introduced the report.

David Williams said it was a sensible strategy for what was quite a difficult time. It was important the voice of place came through clearly going forward in order to influence the strategy and its relationship with resources. The Health & Wellbeing Board (HWB) should keep a close eye on the Plan's many priorities, especially the factors that made the most difference to the population. There may be big battles ahead on equality and equity so the Plan should try to distil the myriad of conflicting priorities on distribution of resources into something workable.

Helen Atkinson requested it was minuted that the local Portsmouth place priorities in the report were not those HCP had formally raised and agreed; those in the report were a subset of what was agreed. In addition, there was nothing on health improvement and tackling inequalities. Kelly Nash confirmed they were a subset of what HCP had submitted and the priorities would be clarified by the HWB at its September meeting.

Councillor Winnington said the HWB had to be very conscious going forward that its priorities, which were agreed earlier this year, were reflected and fed back. If partners had the money to deliver it had to fit in with the priorities. Portsmouth was already in a good position as Community Safety and the Children's Trust Board had merged into the ICB. The Plan looked good but partners could either operate at the Hampshire and Isle of Wight (HIOW) or Portsmouth level; it was about working with partners. He accepted the Plan with Helen Atkinson's proviso as the HWB had to keep looking to see its priorities were reflected and its focus local.

Jo York explained the report was a draft and it was aimed to get a good draft by the end of June with sign off in July; the HWB's comments could be fed back. She acknowledged concerns about place and said Portsmouth were discussing with ICB colleagues how place sat within the ICB. There were advantages to working with HIOW but there needed to be clarity on what was done where. Workshops over the summer included one with wider ICB partners. Jo York and David Williams were progressing work on each of the four places to get voices heard and listen to ICS colleagues. She was happy to work with Kelly Nash to feedback comments with an update to the next HWB.

In response to Healthwatch's concerns that savings could affect patient care and services, Jo York said all ICBs nationally had been asked to reduce running costs by 30%. A mutually agreed resignation scheme was an opportunity for staff to leave before any operational redesign. However, the

ICB was aware there were a number of gaps and needed to consider what interim arrangements could be put in place. Gaps could be closed where staff had similar roles.

Sarah Daly said that as Portsmouth has deprivation and inequalities it had to lead on its priorities, take control, be proactive, say how to do something better and go to the right meetings. Innes Richens mentioned the new VCS (voluntary and community sector) HIOW network that interfaced with the ICS and advised it would be wise for the HWB to see how the VCS was structured and represented at both local and regional level. It was another voice that could influence at regional level. Jo York agreed the role of the VCS could be included in the ICB's next update to the HWB.

Helen Atkinson said many HCP people were supporting the ICP strategy delivery plans. For example, Hayden Ginns was leading the Children's priority delivery plans and Claire Currie the social connectedness (tackling isolation) delivery plan, which she was working with the Hive on, so HCP was at the forefront of influencing work in the ICS.

Terry Norton said a politician needed to be sighted at some point on developments with the HIOW VCS network, someone with whom Portsmouth could raise an agenda in government departments. Councillor Winnington said the issue had been discussed at the ICP Steering Group earlier this year. The group met again in July. It was chaired by his counterpart in Southampton with the role rotating annually.

Jo York and Kelly Nash would collate the HWB's comments for the draft Forward Plan, which must be received by 30 June, the accompanying letter could be distributed with the minutes.

**RESOLVED that the Health and Wellbeing Board**

- 1. Receive the report and support the approach to the development of the Joint Forward Plan.**
- 2. Note the work in progress to develop the Joint Forward Plan.**

**14. Fusion Project update**

Jo Pinhorne, Deputy Chief Operating Officer, and Jon Sparkes, Medical Director for Solent Adult Services, Solent NHS Trust, introduced the report. Lynne Hunt, current chair of Southern Health NHS Foundation Trust, had just been appointed chair of the new organisation, and the appointment process for the new CEO started next week.

Helen Atkinson said DPHs and AD Children's Commissioning leads had been meeting bi-monthly with the Southern Health Medical Director around on children's and sexual health services which enabled open and honest conversations. All teams and services were dependent on each other as they were fully integrated. Portsmouth staff in these areas felt they were being listened to and part of the conversation. Healthwatch agreed, adding that conversations should continue after April 2024 when the new organisation came into being. The Healthwatch chair was a community partner co-chair. Jo York noted that councillors at the Health Overview & Scrutiny Panel last

week wanted to continue the integrated approach. It was important commissioning linked into conversations with community partners. The rationale on integration was to improve services to residents as currently they were like buses in that residents could not access them at all or they all came at once. Residents only wanted to say something once. Engagement work was critical to get the right model.

Jon Sparkes said there had been much work on integration to reach this point, for example, the QA discharge figures showed how well Portsmouth was doing. The aim was to level up elsewhere rather than level down in Portsmouth.

Councillor Winnington thanked Solent for the report which he had requested as so far there had been nothing at the HWB on Fusion. Solent NHS focused on urban areas like Portsmouth and Southampton, which was one of its strengths. Southern Health had a chequered history and there was concern colleagues in the other organisations may think it was a takeover. Integration did not involve just the council and the NHS but VCS partners. Fusion was an opportunity to rebuild relationships with the VCS sector. He was concerned that the benefit of Fusion was still not apparent; there were real concerns about integration and how it would be implemented. Regarding the six-week engagement programme, he had not received an invitation about Fusion. The HWB represented the employees of the organisations involved in Fusion who lived in Portsmouth so he would like to see more engagement.

Jo Pinhorne agreed to feedback comments. She explained the new organisation had to be a foundation trust and out of the four organisations only Southern Health was a trust so it had to be the shell of the arrangement. She had been in conversations that showed a genuine desire to be part of something new. April 2024 was almost the start of work rather than the end where it would be decided which services were at what level. Partnerships would be new from then but work would continue. Partners were gathering feedback now as staff engagement was key as staff were the ones who delivered services.

Jon Sparkes had taken on his role as it gave community services a stronger role in helping to hear the patient voice. As one organisation it held more power, for example, building virtual wards in Portsmouth was different from Hampshire, so it could be fed back to the ICB that one size did not fit all. He acknowledged concerns that Portsmouth's successful models and services should be protected and not diluted or downgraded. However, wider services could provide more resilience, for example, Parkinson's nurses where there were currently only one or two in Portsmouth. Larger services such as community nurses would be place based; widening the scope meant learning from elsewhere.

Jo York acknowledged the concerns but Portsmouth had to be realistic about its challenges and demands, for instance, with mental health and workforce challenges. Fusion needed to provide resilience and then move together to develop what was best; community engagement was key. Services were still either hard to access or not joined up enough. Portsmouth could learn from



local authority colleagues. Fusion had to deliver along with the ICB, ICP, ICS and the Fuller Report on how to integrate primary care with community nursing. Everyone had a role to play as well as Fusion and the ICB to get health care where it needed to be.

Roger Batterbury agreed, noting that Healthwatches across the region had had to fight to get involved with Fusion and had continually asked questions about place. He asked if Penny Emerit was involved. Healthwatches had been asked what name the new organisation should have, which was perhaps not a very high priority.

Jo York admitted the project had not got wider engagement quite right yet. There would be no changes until April 2024 so in the meantime the ICB could support colleagues on wider engagement so everyone was clearer on the wider benefits for staff and communities. She would feedback the Board's comments to the ICB. The Chair noted regular updates would return to the HWB.

**RESOLVED that the Health and Wellbeing Board note the report.**

**15. Better Care Fund update**

Jo York, Managing Director, Health & Care Portsmouth, introduced the report. She explained that Jubilee House had closed and that it and the Victory Unit had moved into a new unit, the Southsea Unit, at Harry Sotnick House. There was a desire to rename the unit, perhaps on a Sherlock Holmes theme.

Councillor Winnington agreed the discharge to assess model showed the success of integrated working with the voluntary sector. The Better Care Fund was another area with financial pressures and was not receiving funding from central government. Getting discharge to assess right helped everything as it helped people leave hospital. Jo York agreed it was a real success story though there was still further to go to improve admission avoidance.

**RESOLVED that the Health and Wellbeing Board**

- 1. Ratify the submitted Better Care Fund End of Year Return 2022/23 v1.3.**
- 2. Approve the draft Better Care Fund Narrative before submission to national NHS England Better Care Fund Team on 28 June 2023.**
- 3. Approve the draft Better Care Fund Planning Template 2023/25 before submission to national NHS England Better Care Fund Team on 28 June 2023.**

**16. Pharmaceutical Needs Assessment 2023**

Helen Atkinson, Director of Public Health, introduced the report, explaining the role of PNAs and that choosing to publish the draft revised Pharmaceutical Needs Assessment (PNA) (option A) could put the HWB at risk of being challenged legally and could be a financial risk of not following the national regulations on producing a PNA. The ICB was trying to protect existing pharmacies during the cost of living crisis while managing the risk of not being able to employ qualified staff. If we followed Option A it could lead to poor

relations with the Local Pharmaceutical Committee (LPC). If the HWB chose the recommended Option B a supplementary statement on the proposed closure of the pharmacy at the Farlington Sainsbury's was not necessary due to not creating a gap in provision. The guidance has changed so that 100-hour pharmacies could reduce hours to 72 hours, which meant the Drayton pharmacy changing its hours would not create a gap. The Elm Grove pharmacy closure was included in the existing PNA. The map of pharmacy provision would be re-drawn.

David Williams supported option B, noting there were changes in the pharmacy market as in all retail. The HWB could stretch its wings and make recommendations to the ICB or direct to the Department of Health and Social Care (DHSC) for a need to review how the market was structured as it performed a public good and it was important to get the voice of local people. Councillor Winnington supported option B without issuing a supporting statement as that could put the out of hours pharmacy in Drayton at risk. If another pharmacy moved in they could refuse to do the additional hours. He agreed the Farlington Sainsbury's pharmacy was not very well used. Last year's PNA worked as it stopped a merger and had also helped the Hilsea pharmacy stay open. However, it was frustrating to be stuck between a rock and a hard place and government legislation changing at the wrong time did not help.

Helen Atkinson said only nine consultation responses had been received as consultation was only for pharmacies and professionals in the field. Councillor Winnington agreed the PNA was a useful tool and councillors could be made aware so they could raise the alert if they heard of pharmacies closing.

Jo York supported option B. All ICBs now have delegated commissioning responsibility for pharmacy but there were a number of challenges. The development of a community pharmacy strategy was at an early stage. It was important to engage with the ICB and other HWBs.

**RESOLVED that the Health and Wellbeing Board**

- 1. Consider the consultation responses in section 4 and appendix A;**
- 2. Decide to pursue option B as set out in section 5.1 and 5.2 without issuing a Supplementary Statement.**
- 3. Agree to make representations to the ICB, copying in other Health & Wellbeing Boards.**

**17. Community Safety Plan update**

Lisa Wills, Strategy and Partnership Manager, introduced the report.

Terry Norton gave an update from the Office of the Police & Crime Commissioner (OPCC). The net gain of about 635 police officers in HIOW would help deliver the Plan's priorities. A new geographical model with, for example, named officers in area cars and Area Commanders with response patrols, would help deliver priorities. The requirement for new officers to have a degree had been replaced with a more direct entry scheme which might encourage recruitment.

Last year the Home Secretary had requested a review on the unwarranted demand mental health was placing on policing. The review had identified the Humberside model of "right care right person" and led to an agreement to work on a national partnership between the police and health. Hampshire police had been asked to consider its response to the model. They have already been implementing a "Street to sweep" model for three to four years. The force was dedicated to protecting people and still acted where mental health issues involved criminality, Section 135 of the Mental Health Act (MHA), life was at risk, excessive violence in hospitals, or people were missing but with the latter it had to be asked what was appropriate for the police to do, for example, returning a child under the care of social services who kept running away. Under Section 136 of the MHA there were now mental health ambulances, unmarked vehicles to move people subtly and community cafés where situations can be de-escalated. Hampshire was in a good place with relations between frontline officers and mental health services. However, the issue of the police and mental health may need to return to the HWB. The Chair commended the police involvement with Project Fusion.

Sarah Daly said the report was valuable and voiced concern on the short-term funding on place-based work in the city. For example, in the summer there were many negative reports about groups of young people so resources were needed for community outreach. It was noted the police were funding work at the Hotwalls to tackle anti-social behaviour. It was important to reflect on the partnership working between health and the police, especially with trafficked children who were most vulnerable and at risk of exploitation.

**RESOLVED that the Health and Wellbeing Board note the report.**

**18. Violence Against Women and Girls Strategy**

Caroline Hopper, Corporate Projects Manager, introduced the report and said it was important to note that Violence Against Women and Girls (VAWG) covered a spectrum of behaviours such as honour-based violence and was not only domestic abuse. The Domestic Abuse Strategy Group had welcomed the VAWG Strategy at its meeting yesterday. Everyone needed to be aware of risks such as agendas that did not recognise all forms of abuse and to consider how organisations communicated effectively so that no-one felt the issue was not about them.

Councillor Horton thanked officers for the report and urged them to keep the golden opportunity of working with schools, for example, via the Portsmouth Education Partnership, as they were always used as a mechanism for social change. Girls were more confident in speaking out but were still immersed in a strong patriarchy which could lead to incidents or mental health issues. It had to be embedded across all the council's work and not just be tokenistic. Lisa Wills said the Is This Love? campaign was now a priority for Health & Care Portsmouth and had been delivered to all senior schools in Portsmouth. Terry Norton said the police already commissioned so much but could not reach everyone and welcomed the 2022 statutory guidance on relationships. Regarding a consistent approach in schools and what happened with those who withdrew, Councillor Horton said it was a more a matter of culture rather

than specifying the curriculum. Telling people what to do was not the best way to change culture.

In response to questions, Caroline Hopper confirmed there were plans for further consultation on workstreams as the strategy was going to be co-produced with key stakeholders. With regard to preventing duplication with other local authorities, their strategies primarily focused on domestic abuse whereas Portsmouth was minded to cover the whole spectrum of abuse. Portsmouth was building a better picture of local need and where there was best practice which could be built on. It was seeking to map what is available at a regional level so that the VAWG Strategy did not sit alone. Boys and men would be included as they were also affected. There would be a place for everyone affected. The OPCC's offer to share information specific to Portsmouth was welcomed.

**RESOLVED that the Health and Wellbeing Board approve the development of a city-wide Violence Against Women and Girls (VAWG) Strategy.**

**19. Health & Wellbeing Strategy - Housing**

Sharon George, Interim Head of Housing Need, Advice & Support, and Sally Scattergood, Assistant Director of Housing, gave a verbal update and tabled a presentation.

In response to questions, as a result of Covid a rough sleeping pathway had been developed for about 105 rough sleepers as Housing wanted to use the opportunity to engage with them and work with other teams to offer support with health and any other needs. A rough sleeping day service is still operating and staff are proactive and go out on the streets to offer support. The HWB commended the phenomenal success of the rough sleeping pathway and the small number of evictions from supported temporary accommodation. It supported the training on damp and mould for frontline staff such as social workers and health visitors who see it when they visit homes. The development session on the Housing priority could examine the issues in the presentation more detail.

The Positive Relationships priority of the Health & Wellbeing Strategy would come to the HWB's next meeting.

**RESOLVED that the Health and Wellbeing Board note the update.**

**20. Stroke Recovery Service update**

Rachael Roberts, Deputy Director of Adult Social Care, and Jane Walker, Head of Adult Care & Support introduced the report.

In response to questions, officers said the council could no longer resource the service. It had been delivered by moving money around but this had become more challenging and there was no longer the funding. There was no doubt the service had provided bespoke support for stroke survivors and it was a difficult decision to withdraw from a discretionary service. However, there were other services in the city and in 2022 the NHS had published a

national stroke service model which advocated that services could be provided by the VCO sector amongst other sources of support. Although such a model had not been rolled out in Portsmouth it could be implemented.

Innes Richens was wary that a gap in support may mean picking it up later. Healthwatch shared his concerns and said there had been a local petition. The HWB was a body that could highlight the concerns, which could go to the Portsmouth Health & Care meeting on 12 July and then return to the HWB.

Councillor Winnington was pleased the service had had an extension but it was frustrating there had been no progress with the pathway although it was published last year; other areas had progressed with it. Portsmouth was the only place in HIOW which had such a service but it had never had underpinning funding. The matter could be raised to the HIOW level as a strategy was needed. There had been discussions with the local Stroke Association but more local conversations were needed.

The council had consulted with health colleagues about the possible impact if the service was withdrawn. Primary care was more likely to be affected but there was a robust stroke service in place. The council was looking to see if the voluntary sector had capacity to fill the gap. Dr Collie had met the Director of Adult Social Care to express concerns. There could be questions of equity if other conditions did not have a similar service.

**RESOLVED that the Health and Wellbeing Board note the report.**

**21. Dates of future meetings**

The dates of future meetings in 2024 (all Wednesdays at 10 am) were confirmed as 6 March, 26 June, 25 September and 27 November.

**RESOLVED that the Health and Wellbeing Board note the dates.**

Remaining meetings in 2023 are 27 September and 29 November (both Wednesday at 10 am).

The Chair thanked officers for their reports.

The meeting concluded at 12.27 pm.

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Councillor Matthew Winnington and Dr Linda Collie (Chair)

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# Agenda Item 5



**Title of meeting:** Health and Wellbeing Board

**Date of meeting:** 27<sup>th</sup> September 2023

**Subject:** Health and Care Portsmouth Joint Forward Plan

**Report by:** Chief Executive

**Wards affected:** All

**Key decision:** NO

**Full Council decision:** NO

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**1. Purpose of report**

1.1 To present to the Health and Wellbeing Board the Joint Forward Plan for Health and Care Portsmouth.

**2. Recommendations**

**2.1 The Health and Wellbeing Board is recommended:**

- a) To note the Health and Care Portsmouth Forward Plan
- b) To note the relationship with the ICB Forward Plan presented at the July Health and Wellbeing Board meeting
- c) To consider how the plan can support the Health and Wellbeing Strategy for the city.

**3. Background**

3.1 Health and Care Portsmouth is a long-standing partnership of six organisations, working together to improve the delivery of health and care services in the city. The organisations have previously set out, in the Blueprint for Health and Care in Portsmouth a shared vision:

3.2 ***"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."***

3.3 The Blueprint document, considered at the Health and Wellbeing Board in November 2022, set out the shared values, principles and governance that brings together health and care partners in the city.

3.4 It was noted at that point that partners would work together to develop a joint forward plan that set out the key areas where partners would work together to develop integrated solutions for the city that would address the needs of residents, and where there are opportunities for more effective and efficient working.

3.5 The Health and Care Portsmouth Joint Forward Plan has been developed with input from many partners, and takes into account material from a series of discussion groups and workshops.

#### **4. Summarising the Joint Forward Plan**

4.1 The Forward Plan sits alongside the Blueprint, which sets out the architecture for joint working in Portsmouth, and the Health and Wellbeing Strategy, which sets out how partners will work together to create the wider conditions in which residents can thrive. The Joint Forward Plan focuses on the key areas of need in the city, and sets the direction for the responses that need to be put in place in the context of significant challenges including:

- Significant inequalities in the city
- Significant pressure on services
- A challenging financial landscape

4.2 The HCP plan is constructed around 5 key pillars:

- Health improvement and reducing health inequalities
- Children's services 0-19 (and 0-25 for young people with special educational needs or disabilities)
- Adults with the most complex needs
- Integrated community care model
- Person centred care

4.3 In line with the intentions set out in the Blueprint, each pillar will be underpinned by a section 75 agreement that will enable us to bring together resources to tackle the shared priorities identified, and which will set out detailed performance metrics to enable us to track our performance.

4.4 The HCP Joint Forward Plan is the key document that sets out the place-based activity that will be taking place in Portsmouth between NHS and other partners, and supports the ICB Forward Plan that was presented to the Health and Wellbeing Board in July 2023.

#### **4. Reasons for recommendations**

4.1 The Health and Care Portsmouth Joint Forward Plan is the key document that sets out the priority areas of activity for the NHS and partners locally. The Plan has been agreed by the Portsmouth Place-Based Partnership and is presented





to the Health and Wellbeing Board for visibility and to enable consideration of how the priorities and activities in the document support the achievement of improved health outcomes in the city.

**5. Integrated impact assessment**

5.1 No integrated impact assessment has been undertaken because the individual projects and key activities within the plan will be subject to their own assessments.

**6. Legal implications**

There are no legal implications specifically associated with this report. Any projects undertaken will be subject to their own assessments.

**7. Director of Finance's comments**

There are no direct financial implications associated with approval of this report. The strategies to achieve the plan and any projects that flow from this will be subject to their own individual financial assessments.

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Signed by:

Jo York, Place Based Director for Portsmouth, Hampshire and Isle of Wight Integrated Care Board

**Appendices:**

Appendix 1 - Health and Care Portsmouth Joint Forward Plan

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

None

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

.....

Signed by:

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## **Health and Care Portsmouth Joint Forward Plan**

### **Introduction to Health and Care Portsmouth**

**This document describes the shared priorities for NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Portsmouth City Council (PCC) along with other key partners in the city, for developing integrated responses to the health and care challenges that the city faces in the short to medium term.**

Health and Care Portsmouth is a long-standing partnership of six organisations, working together to improve the delivery of health and care services in the city. These are:

- Portsmouth City Council
- NHS Hampshire and Isle of Wight Integrated Care Board
- Portsmouth Primary Care Alliance
- Solent NHS Trust
- Portsmouth Hospitals University NHS Trust
- HIVE Portsmouth

The organisations work as partners in the Hampshire and Isle of Wight Integrated Care System (HIOW ICS) and with the local delivery system around the acute trust footprint to ensure the successful implementation of health and care services for Portsmouth, in line with the aims of the ICS.

In Portsmouth, our strong history of partnership means that we are well placed to deliver positive change in the new ways of working. Partners are committed to continuing our journey of integrated health and care so that people experience better care, seamless service provision and are better able to receive the support they need.

The basis of the partnership since 2015 has been the Blueprint for Health and Care in Portsmouth, and the document was recently refreshed to confirm the vision for services in the city, the principles that govern working together and the commitments that partners make to each other and to the residents of the city. The document also sets out the structures that enable decision-making and support good governance.

This document looks in more depth at the shared responses and actions that partners are developing over the next 5 years to address need in the city, and ensure that services are delivering efficiently and effectively, providing the best possible value for money as well as achieving the best possible outcomes.

### **Priorities for the ICB**

There are 4 stated aims of Integrated Care Systems:



Locally, the Integrated Care Board have defined four objectives to support these aims:

1. Delivering the best outcomes for our population
2. Building meaningful and impactful partnership and collaboration

3. Transforming health and care together
4. Making the best use of our resources

To deliver on these objectives, HIOVICB have developed a set of priorities that are shared across partners in the system:



These priorities are key influencing factors on the local priorities for Portsmouth that are set out in this local 5 year plan.

### Key issues in Portsmouth

In 2019 and 2020, partner organisations worked together on an exercise, “Imagine Portsmouth”, to create a shared vision for the city.

We worked with 2,500 people representing business and organisations who live and work in Portsmouth to talk about our hopes and dreams for our city. We created big bold plans for what we want in the future; for ourselves, our families, our communities, our businesses and our co-workers.

People described the values they wanted to see lived in the city and the things that are important to them:

#### We believe in:

- equality
- innovation
- collaboration
- respect
- community

#### By 2040, we want to see a:

- happy and healthy city
- city rich in culture and creativity
- city with a thriving economy

- city of lifelong learning
- green city
- city with easy travel.

In describing a vision for a happy and healthy city, people described a city where:

*“We do everything we can to enhance wellbeing for everyone in our city by offering the education, care and support that every individual needs for their physical and mental health. All our residents and communities live in good homes where they feel safe, feel like they belong, and can thrive.”*



Partners used the vision as a basis to refresh a joint **Health and Wellbeing Strategy for 2022-2030**. The strategy seeks to tackle the wider determinants of health in the city and looks at five key issues:

- Poverty
- Education
- Housing
- Positive relationships
- Active travel and air quality

The themes all have clear relationships between them, and support the idea of positive environments and facilities as drivers of wellbeing for the city.

These documents set a clear purpose for what Health and Care Portsmouth needs to achieve. However, the data about the city, collected in our Joint Strategic Needs Analysis, highlights some real challenges for the city:

**We have some significant inequalities in the city:**

- Life expectancy for men and women in Portsmouth is significantly lower than the England average; and it is 7.8 years lower for men in the most deprived areas of the city than in the least deprived. Rates of under-75 mortality rate from cardiovascular diseases, cancer, respiratory diseases and liver disease are worse than the England average. In school year 6 (at the end of primary school) 21.5% of children are classified as obese.

- The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. Portsmouth (along with Southampton) ranks as significantly more deprived than any other district within Hampshire and Isle of Wight. Of 317 LA districts in England, Portsmouth is the 57th most deprived by the average rank of each LSOA, the 59th most deprived by average score of LSOA, and 72nd most deprived by the proportion of its LSOAs that are in the most deprived 10% nationally. With only 2 LSOAs in the least deprived 10% nationally, and 15 in the most deprived 10%, Portsmouth has pockets of affluence rather than pockets of deprivation. This concentration of deprivation also means that the impact on the city of the current cost of living crisis is likely to be particularly acute.
- In many key measures of educational attainment, Portsmouth is ranked lower than other cities. There is a paradox that the city is strong in terms of Ofsted judgements, with 92% of inspected schools and 96% of early years settings assessed to be good or better, but the city has weak outcomes in terms of educational outcomes, particularly at the end of Key Stage 2, when children finish their primary school years and Key Stage 4, when they finish secondary schooling. On the last comparable data (before the pandemic struck), at Key Stage 2, 58% of children achieve the expected standard across Reading, Writing and Maths, compared with 65% of their peers nationally. At Key Stage 4, 35% achieved a strong pass in both English and Maths compared to 43% nationally, and 56% achieved a standard pass in these subjects compared to 65% nationally. For children meeting the expected standard in reading at KS2, the city ranks 148th out of 152 local authority areas; and 147th for the average Attainment 8 score at KS4.
- Educational outcomes have implications for achievement at further and higher education. The most recent statistics show that the proportion of young people not in education, employment or training has risen to 5.2%. There is also concern about the number of young people leaving post-16 without a positive destination. Despite being a university city, Portsmouth has relatively few people with degree level skills; this poses a challenge for residents looking to obtain highly paid work. Portsmouth also has a higher proportion of residents with no skills (6.9%) compared to the average for the south east (5.6%), though this remains lower than the national average (8.0%). Many higher paid and higher skilled jobs are being taken by employees commuting into Portsmouth and not by residents. Resident salaries are lower than the national average despite city workplace wages being higher – this indicates the lower skills level of the local workforce.

**There is significant pressure on health and care services:**

- Post-pandemic we are continuing to see considerable pressures in all sections of the health and care economy in the city. Demand for urgent care services in particular is rising, partly as a result of pressures on planned care services and increased waiting times, alongside some significant workforce challenges in the health and care sector.
- While our Primary Care services continue to increase the number of appointments offered, (86,656 in September 2022, compared to 83,800 in September 2021) the time people wait to be seen is longer (38% appointments on the same day and 65% within seven days in September 2022, compared to 42% seen on same day and 72% seen within seven days in September 2021).
- Patients are waiting longer for planned treatment than before the pandemic (in August 2022 - 15,762 people were waiting for a planned procedure, of whom 68% were treated in under 18 weeks. 427 people waited longer than 52 weeks, 24 people waited longer than 78 weeks and 1 patient waited longer than 104 weeks. In comparison, in August 2019 there were

13,759 patients waiting for a planned procedure, 84% were treated in under 18 weeks, and there was no one waiting over 52 weeks).

- While there are fewer Emergency Department (ED) attendances per head of the population at the main local provider of acute services, Portsmouth Hospitals University NHS Trust, there are:
  - More ambulances arriving at ED than the national average and local peers
  - A higher than national and regional average for the number of patients admitted to wards from ED
  - 65% of emergency inpatient bed days are for the over 65s
  - The highest proportion of readmissions in 75 years category compared to peers
- During 2022, contacts into the Multi Agency Safeguarding Hub for children have averaged around 1,236 children per month. Those children moving on into a service referral remains high, but it is in line with our statistical neighbours (other cities similar to Portsmouth). Referrals are 'appropriate' meaning that a high proportion of children and families are in need of a service - either statutory safeguarding or early help support, and re-referral rates are higher than historical trends.
- Since April 2022 there have been on average around 192 concerns per month referred to the Multi Agency Safeguarding Hub (MASH) for Adults. These are clients with specific safeguarding concerns (and not representative of the total number of referrals to the service which do not have safeguarding concerns). There is considerable pressure on the service and the time to assess clients (after initial triage) poses an increased risk to our residents. Around 170 children a month are being referred to Child and Adolescent Mental Health Services (CAMHS). This is higher than pre-pandemic levels, but with some early signs of this reducing following investment in early help initiatives. This means that only 67% of children are seen within 72 hours. There are currently 132 children waiting to be seen in long-term treatment teams, with only 25% seen within 18 weeks.
- Although the Adults psychology service has developed several innovative ways of meeting increasing demands, higher acuity, and recruitment challenges, more patients are waiting longer to be seen. As of September 2022, 70 people had waited more than two years and 74 people had waited more than one year.
- There are also significant challenges around mental health, dentistry, children in care and hospital admissions and length of stay for those aged 65+.
- The number of residents requiring 'Discharge to Assessment' (D2A) support has increased since August 2022. Around August 2022 we had approximately 50 residents waiting; by April 2023 this figure was approximately 87 residents, with the number often surpassing 100 residents in the months between. Since August 2022 the number of resident's assessments not completed within timescale (4 weeks) at month end regularly exceeded 20. D2A workforce remains a significant challenge, with approximately 8 vacant posts (out of a proposed workforce of 22).

**Financially, these continue to be challenging times for Portsmouth:**

- Financial pressure on health and care services are significant. Since 2011/12, overall central government funding to Portsmouth City Council has reduced significantly, as other financial pressures (mainly relating to inflation, COVID-19 recovery, the effects of an ageing population on care services and the increased requirements for safeguarding of vulnerable children) have emerged. Adult and children's social care (representing in excess of 50% of controllable spend) provide services to the most vulnerable, experience the greatest cost

pressures, and have historically received significant protection from savings. During the COVID pandemic, health funding increased to allow services to treat and protect people, rapidly transforming the way people are treated and then discharged from hospital. In 2022/23 and beyond this, additional funding has stopped and is expected to reduce further in 2023/24.

- Health and Care Portsmouth has had to make savings and efficiencies to ensure that spending remains in line with income and funding levels. For the council this equates to £104m over the past 11 years, this represents 48% of all controllable spending
- In 2022/23, the council budget proposals sought to ensure that the financial position of both adult and children's social care remains robust both in the short and medium term, and provided additional funding:
  - Children's social care - £3.9m to cover financial pressures relating to residential placements, care leavers, unaccompanied asylum seekers, inflation and to remove unachievable budget savings
  - Adult social care - £3.3m to cover the uplift in the national living wage of 6.6% that will be passported to care providers as well as all other inflationary pressures
- NHS organisations across Hampshire and Isle of Wight have a challenging combined deficit for 2023/2024. Partners across the Integrated Care System (ICS) are working together to bring the system back into financial balance and living within the allocations provided is a collective priority. Partnerships are already well established, and given the scale of the challenge, the Integrated Care Board (ICB) - along with Chief Executives from our NHS Trust providers - sought help from NHS England by proactively seeking to enter the national Recovery Support Programme (RSP). This has enabled the system to secure support from NHS England to help us deliver the scale and pace of transformation needed whilst also delivering other key commitments to improve access, reduce waiting times and reduce health inequalities.
- However, with significant funding reforms for social care imminent and health funding reducing in real terms and a care provider market destabilised by the pandemic and recruitment issues<sup>1</sup>, the outlook remains challenging, and the imperative to ensure that we are working as efficiently as possible to drive the greatest possible value out of the Portsmouth Pound remains.
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- The approach to system recovery consists of establishing both grip and control of cost within and across organisations, and the delivery of five transformation programmes to address the operational and financial challenges within the system:
  - Elective Care
  - Urgent and emergency care
  - Discharge
  - Local (primary and community) Care
  - Workforce
- In addition, each organisation has developed an individual organisation recovery plan. The combined intention of both the system recovery and the individual organisation recovery plans is to ensure financial recovery and longer-term sustainability across Hampshire and the Isle of Wight.
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<sup>1</sup> [Bailed out and burned out? The financial impact of COVID-19 on UK care homes for older people and their workforce](#)



## **How we will work together locally to tackle these issues**

By working together as a place based partnership within the HIOW Integrated Care System, Health and Care Portsmouth we will jointly plan and deliver services that focus on each individual, use every Portsmouth pound to best effect and create seamless services for our population.

Our Blueprint for Health and Care Portsmouth sets out the key principles that drive how all partners in Health and Care Portsmouth work together, and the commitments that all partners make to each other and the residents of the city.

The document also sets out the vision that all partners share 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.***

The priorities for action in Portsmouth identified by partners flow from the identified issues and challenges for the city, and from an understanding of what needs to happen to make the vision a reality for the city.

## **Our Pillars for Health and Care in Portsmouth**

Over the late summer and autumn of 2022, HIOW ICB facilitated a number of events to discuss how partners would continue to work together in an integrated way at place level in Portsmouth, and what the priorities for action should be. These discussions took account of the developing priorities at wider system level, the city vision for Portsmouth, and the newly-adopted Health and Wellbeing Strategy for the city, as well as the data and evidence that was available.

Five priority areas were identified for Portsmouth:

- Health improvement and reducing health inequalities
- Children's services 0-19 (and 0-25 for young people with special educational needs or disabilities)
- Adults with the most complex needs
- Integrated community care model
- Person centred care

These areas form the key pillars of the plan for Health and Care in Portsmouth, and guide how we will be working together to design and deliver services that meet the needs of our residents.

Underpinning this plan and the pillars is a section 75 agreement that enables us to bring together resources to tackle the shared priorities identified, and which sets out detailed performance metrics to enable us to track our performance.

## HCP Pillar 1: Health Improvement & Reducing Health Inequalities

### What this pillar is about:

**We want to address the stark health inequalities that exist for some of our communities in the city, including equality of access to services and equality of health outcomes, whilst improving overall outcomes across our whole population.** We will do this by increasing primary and secondary prevention opportunities to address, slow or prevent progression of disease in all population groups but target those most at risk. We will establish and embed a population health management approach across the locality, so that the system understands the local population and designs and delivers well-targeted interventions to prevent long-term conditions, ill-health and premature deterioration of health. The proactive case management approach will identify these high intensity users and provide frequent touchpoints to ensure the correct level of proactive, personalised care and support is being provided and rapid, priority access to community response services to support the person to remain safe and independent in their own home, avoiding the need for a higher level health and care response, including an admission to hospital.

We will seek to increase the provision of preventative support options to help people manage their own health and wellbeing, and simplify and increase the options for community based services and care, so that patients (and the health and care workforce) know where they can go to get the help and support they need. Key to this will be addressing challenges in the capacity and resilience of local primary care services.

### Key issues in health improvement and reducing health inequalities

- **There is close working across partners on issues relating to health improvement and reducing health inequalities.**
- **We have innovative practice around social prescribing, community champions and community connectors.**
- **Portsmouth has comparatively low GP-patient ratio**
- **Portsmouth has low number of dentists for the size of the population**
- **Portsmouth is a deprived area with pockets of affluence, with health inequalities embedded across the city - we are ranked 57<sup>th</sup> most deprived out of 317 areas.**
- **Life expectancy for males in Portsmouth is 78.5 years compared to a national average of 79.4; and for females it is 82.4 compared to 83.1. Healthy life expectancy is 15years shorter for men and 14 years shorter for women in the most deprived areas of the city compared to the least deprived.**
- **In Portsmouth in 2020, there were 254 deaths in people under the age of 75 from causes considered to be preventable.**
- **The main causes of the life expectancy gap are cardiovascular disease, cancer and respiratory disease, and rates of all of these are higher in Portsmouth than in England. They can be caused by environmental factors and risky behaviours, like smoking, alcohol, poor diet and inactivity.**
- **2/3 of adults are obese or overweight which leads to preventable heart disease and some cancers.**
- **1 in 5 people are drinking to unhealthy levels with up to 4400 adults in the city estimated to be alcohol dependent.**
- **14% of Portsmouth adults are estimated to be current smokers.**
- **Fewer than half of the population meet the recommended 5 a day on a usual day.**

- A lower proportion of cancers are diagnosed early in the city than is average for England and rates of screening breast, cervical and bowel cancers are lower in Portsmouth too.
- 12% of working age residents have a limiting long term illness or disability. In Charles Dickens Ward this rises to 18%.

**Our priorities for 23/24**

We will:

- Establish and embed the population health management approach across the city, including proactive case management
- Increase provision of primary and secondary prevention services to improve health and wellbeing and reduce inequalities for all our communities through addressing slowing or preventing progression of disease
- Support and improve primary care resilience
- Develop integrated community based services

**What will we do?**

Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

Priority	Our key responses in 23/24
Priority: Population Health Management	By April 2024, ensure all 5 PCNs are supported to use available PHM Analytic tools (due from September 2023 with TPP data) to understand their population profile as they develop their clinical strategies
	Proactive Case Management: Review learning from an initial pilot with Portsdown Group Practice and devise rollout plan to establish a consistent approach across all practices.
Priority: Preventative support options	Stop Smoking: Deliver programmes to increase numbers setting a quit date, in particular working with people with mental health challenges or misusing substances
	Weight Management: Redesign the adult's and children's weight management offer, and continue to develop the multidisciplinary team approach in the pilot of the new weight management hub.
	Physical Activity: Work through the Active Portsmouth Alliance to influence and develop the physical activity offer, particularly for the identified least active populations; and review the inclusion of physical activity within the weight management programmes, plus pilot and evaluate its inclusion within other lifestyle behaviour interventions e.g. smoking, to reach those currently not engaging.
	Sexual and reproductive health: Recommission an integrated sexual health offer; facilitate women's health hubs in general practice; and facilitate people to know their HIV status and access treatment early to reduce poorer health outcomes and reduce forward transmission.
	Health Checks (CVD) : Ensure that we annually Invite 20% of the eligible population (estimated total eligible population (TEP) for 2022/23 is 52,559)
	Develop the Wellbeing Service to take a 'no wrong door' approach in how this supports individuals holistically working collaboratively with colleagues in other services such as social prescribers, health champions and the Adult Social Care Independence and Wellbeing Service

	<p><b>Oral Dental Health Promotion:</b> Increase oral health promotion targeting children and key at risk groups (homeless and care homes) to ensure key messages are being given in a method receptive to the population group.</p> <p><b>Develop a plan to promote social connectedness within local communities</b></p> <p><b>Cost of living: Deliver a Cost of living crisis action plan to:</b></p> <ul style="list-style-type: none"> <li>- Increase access to money advice and other essential advice</li> <li>- Provide accessible information on employability support and skills</li> <li>- Reduce the risk of benefit sanctions</li> <li>- Reduce daily living costs</li> <li>- Ensure people don't have to go without essentials</li> </ul>
<p><b>Priority: Supporting primary care resilience</b></p>	<p><b>Review the GP training, recruitment, and retention pathway in order to simplify and support more GPs to work in the city. – This includes development of international recruitment pathways; scoping the possibility of joint roles across primary and secondary care ; and expanding GP trainee numbers in the city.</b></p>
	<p><b>Support the implementation of new national access requirements: practices to devise action and implementation plans to improve access to general practice.</b></p>
	<p><b>Easing Workload: Review potential for implementing automation in practices and develop rollout plan. Implement a concordat between primary and secondary care to ensure workload is undertaken in the most appropriate setting.</b></p>
	<p><b>General Practice Enhanced Access: Expand routine capability (phlebotomy, leg ulcer, diagnostics, etc) for evening and weekend appointments, and increase awareness of the service amongst the general population</b></p>
	<p><b>Skill Set &amp; Workforce Planning, Culture: ASP services to have the required workforce, skills and competencies to meet current and future demand, including review of static and rotational posts, T-Levels and registrant and non-registrant roles, induction processes</b></p>
	<p><b>Stabilise the position around dentistry locally</b></p>
	<p><b>Stabilise the position for community pharmacy locally, in line with the recommendations of the Pharmaceutical Needs Assessment</b></p>
<p><b>Priority: Community-based services</b></p>	<p><b>Explore potential rollout of the Acute Respiratory Infection Hub model to support urgent, same day care during winter</b></p>
	<p><b>Breathlessness Pathway: Refocus breathlessness pilot to accept referrals for patients with incidental findings from the Targeted Lung Health Check programme to support primary care pressures by completing diagnostic tests and treatment planning for patients with new findings of mild emphysema.</b></p>
	<p><b>Wait List Management: Plans to address post-COVID waiting lists in Speech &amp; Language Therapy and Bladder &amp; Bowel services</b></p>

## **HCP Pillar 2: Children's Services 0-25**

### **What this programme is about:**

We want to ensure that we have a well-developed integrated approach to commissioning and delivery for all of the city's children and young adults. We want to see all of our universal services and settings providing high quality preventative and early help support including maternity, sexual and reproductive health, health visiting, early years settings, schools and the youth offer. This co-ordinated approach to high quality, timely intervention will lead to improved outcomes across a range of domains for our children, young people and their families. There is a close link to the work of the wider ICP on the first 1001 days and the impact that focusing on this vital early stage can have.

### **Key issues in children's services**

- **Strong partnerships across the health and care Portsmouth and good relationships with schools.**
- **Portsmouth has 50 primary schools, 10 secondary schools and four special schools (including one multi-site provision). one maintained nursery school and a University Technical College (UTC), which is a school for young people aged 14-19 interested in pursuing a technical career.**
- **Free school meal eligibility is 32.1% (compared to 22.5% nationally) indicating high levels of deprivation.**
- **2076 children with Educational, Health and Care Plans and 5134 children on "SEN Support"**
- **1051 children receiving targeted early help; 880 children receiving statutory help and protection, 390 children in care and 363 care experienced young people.**
- **Over 1500 children and young people referred for mental health support from CAMHS, and an additional 2000 receiving lower levels of emotional wellbeing and support**
- **27.3% of children are assessed as obese in Year R and this rises to 42% in Year 6.**
- **5.2% of 16-19 year olds are not in education, employment or training.**
- **Portsmouth is ranked 148/152 local authorities for children meeting the expected reading standard by the end of primary school.**
- **Portsmouth is ranked 147/152 local authorities for children achieving 5 or more good GCSE passes at the end of secondary school.**
- **There are high levels of pupil absence, with attendance rates down on pre-pandemic levels.**

### **Our priorities for 23/24**

We will deliver on the priorities identified in the Children's Trust Strategic Plan, which are to improve:

- Educational outcomes (as detailed in the Education Strategy and reflected in the Health and Wellbeing Strategy )
- Early help and safeguarding (as set out in the Safeguarding Strategy)
- Children's health outcomes (as set out in the Children's Public Health Strategy including sexual and reproductive health)
- Social, emotional and mental health (as set out in the SEMH Strategy)
- Outcomes for children in care and care leavers (as set out in the Corporate Parenting Strategy)
- Outcomes for children with Special Educational Needs and Disabilities 0-25 (as set out in the SEND Strategy)

## What will we do?

Wider details of the activity relating to children, young people and families are set out in the strategies and associated plans referenced above. Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

<b>Priority</b>	<b>Our key responses in 23/24</b>
<b>Priority: Educational outcomes</b>	<b>individual schools and education settings to improve effectiveness and outcomes for children</b>
	<b>Implement a digital learning strategy for the city that supports learning both at school and at home</b>
	<b>Improve pupil outcomes in literacy (reading, writing and oral) with a high priority focus on early language development</b>
	<b>Recruit, retain and grow the best teachers, practitioners and leaders and provide high quality continuing professional development</b>
	<b>Promote emotional health, wellbeing and resilience in education</b>
	<b>Ensure all pupils regularly attend school</b>
	<b>Invest in school buildings to create additional school places, focusing on secondary, even more inclusive mainstream schools and a continuum of specialist provision for children with additional needs</b>
	<b>Reducing the proportion of young people not in education, employment or training (NEET) through NEET prevention and re-engagement activities</b>
<b>Priority: Early help and safeguarding</b>	<b>We will ensure that children's and family's needs are identified at the earliest point and that they will receive effective early support and help.</b>
	<b>We will make sure that families will receive effective and timely support when children are at risk of experiencing neglect.</b>
	<b>We will work to ensure that families receive effective and timely support when children are at risk of experiencing sexual abuse.</b>
	<b>We will seek to ensure that young people will be kept as safe as possible from all forms of extra-familial harm, and there will be effective transitional safeguarding arrangements in place to support vulnerable young adults.</b>
	<b>We will make sure that children and young people have access to appropriate support that recognises the impact of trauma resulting from adverse childhood experiences (ACEs).</b>
	<b>We will ensure that there is an effective response to safeguarding children with additional needs and those from diverse communities.</b>
	<b>We will ensure there is sufficient professional and organisational development to provide an effective response to safeguarding children within Portsmouth.</b>
	<b>We will make sure there is a good understanding of safeguarding risks for children within education settings and an effective response to these.</b>
<b>Priority: Children's health outcomes</b>	<b>The best start – first 1001 days: improve infant SEMH; reduce smoking in pregnancy ; improve healthy weight in pregnancy and improve breastfeeding initiation.</b>
	<b>Thriving parents - improve perinatal SEMH; increase take up of long-acting reversible contraception; reduce substance use.</b>
	<b>Reducing the impact of poverty - improve healthy weight at end of Year R and Year 6.</b>
	<b>Healthy places and the built environment - increase activity levels among children.</b>
<b>Priority: Social,</b>	<b>Secure strong early attachment in the first 1001 days of life</b>
	<b>Provide high quality advice, guidance and self-help</b>

<b>Emotional and Mental Health</b>	<b>Improve early help and develop digital solutions</b>
	<b>Improving wellbeing and resilience in education</b>
	<b>Improve mental health support for LAC and care leavers</b>
	<b>Improve the support for specific groups of vulnerable children and young people</b>
	<b>Develop the children and young people's workforce</b>
	<b>Develop CAMHS services to meet demand</b>
	<b>Prevent suicide and its impact on children, young people and families</b>
	<b>Improve transition and access for 16 – 25 year olds</b>
<b>Priority: Children in care and care leavers</b>	<b>Improve mechanisms for hearing the voice of young people</b>
	<b>Provide trusted, safe and stable homes for young people in our care</b>
	<b>Promote and develop relationships with the people that are important to young people we care for</b>
	<b>Support the emotional and physical health and wellbeing of young people we care for</b>
	<b>Promote your learning and employment opportunities</b>
	<b>Help young people</b>
<b>Priority: Special Educational Need and Disability</b>	<b>Inclusion: develop inclusive city and inclusive schools</b>
	<b>Develop the offer around social emotional and mental health (SEMH) in schools</b>
	<b>Develop work to help prepare young people with SEND and their families for their adulthood</b>
	<b>Continue to develop the city response and offer around neurodiversity</b>

### **HCP Pillar 3: Adults with the most complex needs**

#### **What this pillar is about:**

We will improve outcomes on mental health, for the neurodivergent and those with the most complex lives, including people who are homeless and those misusing substances. We want our universal services and settings to provide high quality preventative and early help support, and to ensure that targeted interventions are timely and effective, particularly for those in health inclusion groups, so that there are fewer escalations requiring intensive support (such as acute admissions).

#### **Key issues in for adults with the most complex lives**

- **There is a higher rate of emergency hospital admissions for intentional self-harm than is average for the rest of England.**
- **1842 households are owed a duty under the Homelessness Reduction Act**
- **Homeless people face several health inequalities and significantly reduced life expectancy. The average age of death among homeless people in the UK is 47 for a man and 43 for a woman.**
- **Only 5% of opiate users, and 17.6% of non-opiate users successfully completed drug treatment in 2021.**
- **Only 18.4% of service users successfully completed alcohol treatment**
- **12.9% of residents report having a long term mental health condition compared to 11% in England.**
- **There are 1010 active adult patients with an Autism (or similar) diagnosis on SystemOne and we know this is likely to be under-recorded.**

#### **Our priorities for 23/24**

We will:

- Improve the citywide response around mental health wellbeing
- Develop the approach to supporting neurodivergent adults, so that as a system we are assessing and meeting need effectively
- Implement the measures in the Suicide Prevention Plan to reduce suicide and self-harm
- Reducing harm caused by substance dependency including alcohol misuse
- Tackling recurring factors that lead to homelessness and rough sleeping, and the resultant poor outcomes for individuals
- Address the needs of our health inclusion groups
- Prevention
- Coproduction
- Trauma informed care and practice approach

#### **What will we do?**

Wider details of the activity relating to children, young people and families are set out in the strategies and associated plans referenced above. Key Health and Care Portsmouth joint priorities for action in 2023/24 are:



Priority	Our key responses in 23/24
<b>Priority: Community Mental health Transformation</b>	<b>Establish a Mental health 'access' hub for the city of Portsmouth by the spring of 2023, and evaluate at 6 months</b>
	<b>The mental health workforce delivery of care will be personalised and guided by a trauma informed approach, and a training package will be delivered for MH access hub staff to ensure they are competent and confident to support personalisation and trauma informed and neuro diversity approaches.</b>
	<b>Agree the Portsmouth approach to enabling a universal MH MDT which reaches across primary and secondary care</b>
	<b>Implementation of the full roll out of the MH ARR's in all 5 PCN's and further development of MH ARRs and the Hub models to determine how to expand and strengthen links</b>
	<b>Work with the Hive Experts by Experience (EbE) Network to ensure that all transformational service changes to be co-produced with people with lived experience, and further develop protocols to ensure Hive EbE network is enabled to work with the transformation team influencing and shaping service design / changes.</b>
	<b>People with severe mental illness receiving a full annual physical health check and follow up interventions</b>
	<b>Work with the EIP team to ensure achievement of targets for 23/24 around First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral</b>
	<b>Access to Individual Placement and Support Services: review the current service provision to ensure meeting the core requirements of the fidelity model, and use recommendations from the review to develop an action plan to ensure clear timelines for delivery</b>
	<b>Local implementation of HIOW wide mental health improvement programmes such as</b> <ul style="list-style-type: none"> <li>• <b>Crisis Resolution and Home Treatment: Review the current crisis service offer to ensure service is fit for purpose given increasing complexity and acuity across all caseloads and develop an action plan; and review short team therapeutical and recovery focused interventions to be delivered at the point of crisis.</b></li> <li>• <b>'All Age' Psychiatric Liaison Model: Collaborate with OPMH, AMH and VCS to support development of an action plan, creating a uniformed approach and sustainable model, including development of transition protocols between CAMHS and Adult MH Services including CMHT, IAPT service and Primary Care mental health support such as the Enhanced Primary Care Teams</b></li> <li>• <b>IAPT expansion to ensure increased access to psychological therapy in primary care, including developing further LTC modalities and pathways to increase the number of people with long term health conditions accessing talking therapies and improve clinical outcomes for this</b></li> </ul>
	<b>Dementia: Provide early diagnosis to enable people with dementia to live independently in their own home for longer and develop a comms plan with the aim to increase awareness of the benefits of being diagnosed</b>
	<b>Dementia: Review of the current VCSE Dementia support service with links to the carers support services to ensure an integrated offer, and use</b>

	<p>recommendations from the review to drive through changes needed in coordination with the Hive EbE network</p> <p>Dementia Action alliance – work with the providers to ensure Ports remains a dementia friendly city</p>
<p><b>Priority: Neuro- diversity</b></p>	<p>Develop Neuro diversity training package for all MH staff</p>
	<p>Transformed Service Model – Diagnostic Service: Design a service that fully meets current and projected demand and offers a response which is:</p> <ul style="list-style-type: none"> <li>- proportionate to need</li> <li>- meets the 12 week national waiting times target by maximising capacity and minimising waste</li> <li>- facilitates the smooth delivery of triage, assessment, diagnosis and prescribing services as well as signposting/referrals onto other services</li> <li>- ensures reassuring and safe transition/discharge</li> <li>- provides the infrastructure required to maintain safe and equitable shared care</li> <li>- manages patient expectations and reduces inequalities</li> </ul>
	<p>Transformed Service Model – Support and Intervention: identify gaps, areas of good practice and areas of risk in the current offer and implement sustainable shared care arrangements which match national policy, are locally agreed with Primary Care and are not diagnosis-reliant</p>
	<p>Moving people into the community and reducing reliance on inpatient care: Implement system wide protocol for early identification of autistic people in mental health inpatient units managed by local NHS providers. Improve transition arrangements for young people with learning disabilities and/or autism. Development of comprehensive system wide improvement plan to avoid admissions and reduce length of stay for people with learning disabilities and/or autism. Implement DSRs (Dynamic Support Registers) across HIOW LDAP area in a consistent, monitored approach.</p>
<p><b>Priority: Suicide prevention</b></p>	<p>Maintain city and sector-wide leadership for suicide prevention, including supporting research, data collection and monitoring</p>
	<p>Tailor approaches to improve mental health in specific groups</p>
	<p>Reduce access to the means of suicide</p>
	<p>Address the risk factors for suicide – specifically supporting parents/carers with responding to self-harm and undertaking quality improvement work with health and education services in responding to self-harm</p>
	<p>Support the media in delivering sensitive approaches to suicide and suicidal behaviour</p>
<p><b>Priority: Substance misuse</b></p>	<p>Ensure the treatment service attend each Operation Fortress meeting, supporting the police to target prolific offenders and support vulnerable adults</p>
	<p>Increase the number of people in treatment from 2020/21 baseline 1436 to 1785</p>
	<p>Improve engagement in community treatment following prison release from 31% to 45%</p>
	<p>Increase the number of people accessing residential rehabilitation from 30 to 39</p>
	<p>Increase the number of specialist young people substance misuse workers from 1 to 3.5</p>

	<p>Increase the proportion of under-18 referrals from a range of sources to the national average (including Education, Youth Offending Team and self-referral which are below the national average).</p> <p>Commence drugs education sessions in schools and other youth settings.</p> <p>Deliver drugs awareness training to over 40 professionals</p>
<p><b>Priority: Homelessness and rough sleeping</b></p>	<p>Tackling recurring factors that lead to homelessness and rough sleeping by developing a multi-disciplinary health inclusion service, including primary care; mental health</p>
	<p>Increase the amount of psychology hours /support available to rough sleepers or those at risk from 45 hours / week to 98 hours / week</p>
	<p>Increase the number of rough sleepers or those at risk of rough sleeping registered with a GP to 98%</p>
<p><b>Priority: address needs of health inclusion groups</b></p>	<p>Review the needs of health inclusion groups in the city and expand provision of the Health Inclusion Service, exploring opportunities to include asylum provision</p>
	<p>Expand the existing homeless healthcare team to include a broader range of hard to reach groups, including sex workers, substance misusers, Gypsies, Travellers and refugees.</p>
	<p>Explore co-location of key support services for rough sleepers, including the healthcare team and the rough sleeper drug and alcohol team</p>

## **HCP Pillar 4: Integrated community care model**

### **What this pillar is about:**

We want those in need of care in the city to be appropriately housed, warm, well fed individuals with their circumstances and conditions supported with timely well understood pathways to manage exacerbations. We want to achieve better patient outcomes through personalised care including retaining independence and maintaining individuals wellbeing.

We will help people maintain independence, and therefore reduce acute admissions, through proactive case management and robust care plans. Services will be fully joined up so that individuals clearly know who to contact, and are not just signposted.

People will be supported home from hospital, and there will be effective urgent care in the community, and rehabilitation and reablement support to avoid emergency admissions; to ensure no-one stays longer in an acute or community bed longer than they need to and reducing readmissions. Pro-active care – planned, pro-active integrated health and care management; focus on single assessment and truly integrated professional teams so people only have to tell their story once with services providing a holistic view of their individual needs.

Many of the interventions in this pillar will use the Better Care Fund, focusing on frailty and people with long term conditions. The driving principle is to ensure that we are providing the right care in the right place.

### **Key issues for integrated community care**

- **There are fewer emergency admissions due to falls in people 65 and over than nationally**
- **There are more emergency readmissions within 30 days of discharge from hospital than in most other areas.**
- **Between 2021 - 2030, the population of Portsmouth aged 65+ is expected to increase by 19%, and those aged 80+ by 28%. In 2043, 19% of the city's population are expected to be aged 65 years or over.**
- **There are 37 CQC registered homes in the city, with most of the providers small and medium enterprises.**
- **There continue to be challenges in meeting the most complex care needs in residential and nursing care, with only limited homes able to meet needs such as bariatric care, challenging behaviours and dementia.**
- **There are 30 active domiciliary care services registered in the city.**
- **On average, there are around 100 hours of care waiting to be sourced at any one time.**

### **Our priorities for 23/24**

We will:

- Drive early intervention and self-care for frail people and those with long term conditions
- Ensure Admission avoidance and effective discharge through the Integrated Community Programme and a proactive care model.

### **What will we do?**

Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

Priority	Our key responses in 23/24
Priority: Early intervention and self-care	<p><b>Technology Solutions / Auto Allocate</b> To implement digital solutions to enable effective caseload management, including implementation of Auto Allocate and a review of SystmOne requirements</p>
Priority: Admission avoidance and effective discharge	<p><b>Bedded Rehab Offer</b> To review and define the reablement and rehab offer for inpatients that supports discharge, admission avoidance and step up / down. To include your next patient / home for brunch schemes</p>
	<p><b>Review Discharge to Assessment (D2A) services</b></p>
	<p><b>Inpatient Workforce</b> Review of the medical model across inpatients, supporting clinical oversight in ToCT, 7 day therapy and assessment, etc.</p>
	<p><b>Improved Transfer of Care Offer</b> To review and increase daily discharges from PHU across 7 days, including early discharge planning</p>
	<p><b>Palliative Care Partnership Working</b> Working more closely with partners to deliver equitable, sustainable Palliative Care across the ICP, in line with our agreed joint vision to reduce inequality provision across PSEH</p>
	<p><b>Rehab and Reablement Offer</b> To provide a true single rehabilitation and reablement offer across Portsmouth city (including consideration of CIS, community physio and community OT)</p>
	<p><b>ECHT Care Home Education</b> To develop an education programme that can be delivered to all Care homes within Portsmouth. To consider opportunities to develop a Face to Face , Virtual and e-learning package of learning in order to upskill and enhance education in Care homes in order to enhance patient care and support and prevent unnecessary admissions.</p>
	<p><b>Develop the model for Integrated Urgent Care, including the co-location of our Urgent Treatment Centre (UTC), Out of Hours service (primary medical care), Clinical Assessment Service, and Urgent Community Response service. As part of this we will explore 2 way direct booking between the UTC and GP practices</b></p>
	<p><b>Front Door and Service Offer - Implementation of a 'no wrong door' approach to Portsmouth services with the aim of meeting the patient's needs, enabling an integrated process ensuring patients are seen by the most appropriate team/discipline at the right time, supporting patient flow across all services.</b></p>
	<p><b>To ensure Portsmouth service offers and SystmOne is responsive to demand and we are able to appropriately capture two hour, unplanned and routine activity, enabling an integrated health and care approach across the city</b></p>
	<p><b>Specialist Services and UCR Integration: To develop pathways for management of acute episodes for patients known to Specialist Services via the urgent community response hub</b></p>
	<p><b>Community physio waiting times - The service has successfully managed to reduce its waiting times to approx. 5-7 day turnaround for all referrals. Aligning with the UCR and admission avoidance demand this is likely to continue to increase and requires ongoing support to sustain current waiting times to meet the demand</b></p>

## HCP Pillar 5: Person-centred care

### What this pillar is about:

In Portsmouth, many years of broad and deep integration between health and care services mean that we have a person-centred model for the provision of care that takes down barriers between organisations to ensure that people receive the care and support that is right for them.

We have strong local models for the delivery of continuing health care responses, and for purchasing individual packages of care when required.

Our aims for this pillar are that we maintain the strong practice in Portsmouth, through developing and managing the market to respond to current and future demand, in a way that secures high quality support for our residents. We will ensure single, streamlined processes for assessing the support needs of individuals, and ensure that appropriate services are commissioned to meet these.

### Key issues for person-centred care

- **An integrated continuing healthcare team that focuses on needs and demonstrates strong financial management**
- **There are strong integrated commissioning arrangements across mental health and learning disability services.**
- **There is not enough dedicated accommodation support for autistic people and not enough accessible and bespoke accommodation for those with complex needs.**
- **Close working with colleagues in housing to design and build accommodation for residents with care and support needs**
- **Relatively low rate of take up of Direct Payments as an option, at less than 10% of eligible clients.**
- **Safeguarding concerns received by the Adult Multi-Agency Safeguarding Hub are increasing**

### Our priorities for 23/24

We will:

- Work with the market to develop a range of options to address the care and support the needs of individuals , based on understanding of local supply and demand
- Ensure single, streamlined processes for assessing the needs of individuals requiring support from health and social care, and making decisions on how that will be provided

### What will we do?

Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

Priority	Our key responses in 23/24
Priority: Developing options to address care and support needs	Develop an Accommodation Strategy and implementation plan, to ensure that the types of accommodation available in the city meet the care and support needs of the population.
	Develop a plan for digital transformation of care and support.
	Review and increase the Shared Lives service
	Develop the Direct Payments offer to improve take-up of this offer where it is an appropriate model)
	Review available Adult Social Care information, advice, and guidance (IAG) for residents of Portsmouth.

	<p>Produce a Market Position Statement, market capacity plan (MSIF) and develop strategic commissioning intentions.</p> <p>Enhancing and building upon existing relationships with the VCS to improve our co-production approach and further embed the community connector approach to make best use of community assets.</p> <p>Review of 2022 Interim Portsmouth Plan for Carers (HCP system wide) to coproduce an expanded version.</p> <p>Review demand for complex needs day opportunities. Consider options to meet increased demand (inc. transition), taking account of PCC delivered services.</p> <p>Work to improve respite services, enabling more informal carers to have a provisional offer of respite.</p> <p>Roll out a Strengths-based working project</p>
<p><b>Priority : Assessment and decision- making</b></p>	<p>Improve our statutory reviews process, developing a more structured approach.</p>
	<p>Improve our approach to joint and combined assessments for residents and their carers, by reviewing practice guidance and updating to emphasise opportunity for joint assessments.</p>

## Themes running through our plan

There are a number of themes that run through all of the plans and are important to the way that we are delivering as a city:

**Fully integrated and needs led** - we continue to commit to a way of working in Portsmouth that is about joining up to deliver the services that residents need in the way that they need to be able to access them. We do not design or deliver services from the point of what would best suit delivery organisations, but think these through from the point of view of patients and services users. The high levels of trust that we have fostered in the city help us to take down organisational barriers. Examples of this approach would be our ways of working around continuing health care, where the local authority is empowered by the ICB to commission services on its behalf, because that makes sense in supporting the patient. Through our Blueprint, we commit to these ways of working across all health and care services in the city.

**Intelligence led** - We use data and evidence from our Joint Strategic Needs Assessment (JSNA) to inform our working, and to identify our priorities. In the pandemic, as a system we became used to focusing relentlessly on what the data was telling us about developing situations, and we have maintained that practice locally, developing a dataset to help us track the impact of the cost of living on residents, or taking a data-driven approach to our successful work around getting people home from hospital. Our work on population health management will be similarly data and evidence driven.

**Robust financial management** - Portsmouth has a strong track record of sound financial management and of taking effective actions to make savings when these are required. The local authority has over the last 10 years saved £104m from its controllable expenditure, and has been able to manage the impact of the economic shocks of recent years. Health spending in Portsmouth has traditionally been well controlled, but in the landscape of a larger, financially constrained Integrated Care Board operating across Hampshire and the Isle of Wight, there will be heightened challenges to identify efficiencies and financial savings within our health spend.

**Development of workforce** - none of the plans that we are putting in place will be deliverable without the workforce to deliver them, so we will be working with partners, including in higher and further education, to see how we can attract, retain and develop the staff that we need in the city to ensure high-quality, effective services.

**Quality and safeguarding** - We need to make sure that the services we are delivering are high-quality and help keep people safe. Partners to Health and Care Portsmouth are also partners to the safeguarding boards in the city overseeing responses for both adults and children, and play active roles in implementing the policies and practices that ensure people are kept safe from harm.

**Co-production** - We know that services are most likely to lead to successful outcomes if the people that will be using them and delivering them shape them. So we will ensure that all services are co-produced with service users and their families, experts by experience and with people working on the frontline so that they fully reflect the needs and experiences of the people that they need to serve.

**Digitally enabled** - for some people, the online world is a difficult and confusing thing to content with. For other people, there is an expectation that they can access any information and services they need through their phones. We need to ensure that we are being intelligent in how we are applying technology and digital capability to services, to make sure that when we can make things



more efficient and accessible we do, but that we also respect that some people - including members of the workforce - are less comfortable with digital solutions, and make sure they are supported.

### **Governance and resources**

In our Blueprint for Health and Care Portsmouth, we set out the governance arrangements that will ensure we are able to deliver the plans set out in this document and align resources to them.

Building on the section 75 (s75) arrangements that previously existed between NHS Portsmouth Clinical Commissioning Group and Portsmouth City Council (for Continuing Health Care, Better Care Fund and enabling functions delivered through Health and Care Portsmouth) an overarching s75 framework has been agreed, supported by 5 schedules, reflecting the pillars of the HCP plan.

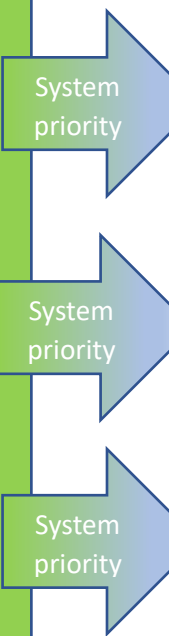
Our ambition is to strengthen the integration arrangements and increase the aligned fund arrangements over time, to reflect the responsibilities of the place-based partnership, in line with broader approach of the ICS to planning and delivery of services.

These agreements will be managed by Partnership Management Groups, who will monitor the progress on plans and track finances to ensure that these are on track and well aligned with the priorities. On a quarterly basis, the PMGs will report to the Portsmouth Place-Based Partnership Board, as the group for oversight of resource allocation and service delivery in the city.

**Our Plan on a Page**

ICS priorities expressed through the ICP strategy and ICB plan

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City Vision: *"We do everything we can to enhance wellbeing for everyone in our city by offering the education, care and support that every individual needs for their physical and mental health. All our residents and communities live in good homes where they feel safe, feel like they belong, and can thrive."*

Health and Wellbeing Strategy 2022-2030:

VISION - *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.*

Health in Portsmouth - what our data and intelligence tells us

**Health and Care Portsmouth Plan for children and young people**

We will improve:

- Educational outcomes
- Early help and safeguarding
- Children's health outcomes
- Social, emotional and mental health (as set out in the SEMH Strategy)
- Outcomes for children in care and care leavers (as set out in the Corporate Parenting Strategy)
- Outcomes for children with Special Educational Needs and Disabilities 0-25

**Health Improvement and reducing health inequalities**

We will:

- Establish and embed the population health management across the city, including proactive case management
- Increase provision of primary and secondary prevention services
- Support primary care resilience
- Development community based services

**Health and Care Portsmouth Plan for adults with the most complex lives**

We will:

- Improve the citywide response around mental health
- Develop the approach to supporting neurodiverse adults, so that as a system we are assessing and meeting need effectively
- Implement the measures in the Suicide Prevention Plan to reduce suicide and self-harm
- Reducing harm caused by substance dependency including alcohol misuse
- Tackling recurring factors that lead to homelessness and rough sleeping, and the resultant poor outcomes for individuals

**Health and Care Portsmouth Plan for integrated community care**

We will:

- Drive early intervention and self care for frail people and those with long term conditions
- Ensure Admission avoidance and effective discharge through the Integrated Community Programme and a proactive care model.

**Health and Care Portsmouth Plan for person-centred care**

We will:

- Work with the market to develop a range of quality options to address the care and support needs of individuals, based on understanding of local supply and demand
- Ensure single, streamlined processes for assessing the needs of individuals requiring support from health and social care, and making decisions on how that will be provided

Blueprint for Health and Care Portsmouth (setting how we work together in the place)  
Section 75 agreements enabling pooling/alignment of resources to achieve the shared priorities



<b>Title of meeting:</b>	Health and Wellbeing Board
<b>Date of meeting:</b>	27 September 2023
<b>Subject:</b>	Portsmouth Safeguarding Adults Board: resourcing
<b>Report by:</b>	David Goosey - Independent Chair Portsmouth Safeguarding Adults Board
<b>Wards affected:</b>	All
<b>Key decision:</b>	No
<b>Full Council decision:</b>	No

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## 1. Purpose of report

- 1.1. To highlight to Health and Wellbeing Board members the current resourcing position for the Portsmouth Safeguarding Adults Board (PSAB) and the implications for the PSAB in discharging its duties.

## 2. Recommendations

### 2.1 The Health and Wellbeing Board is recommended to:

Write to Hampshire and Isle of Wight Constabulary and Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) to request that they set out their formulas for funding the respective Safeguarding Adults Boards (SABs) in their area and how they intend to enable the PSAB to meet its obligations in 2023-24 and 2024-25.

## 3. Background

- 3.1 Section 43 of the Care Act 2014 places a statutory requirement on Local Authorities to establish a SAB in its area. The objective of the SAB is set out in the Care Act: to help and protect adults in its area who have care and support needs and are experiencing (or at risk of) abuse or neglect, and who are unable to protect themselves as a result of their needs. SABs must do this by co-ordinating and ensuring the effectiveness of what each of its members does.
- 3.2 Schedule 2 of the Care Act sets out the statutory members of the SAB: the Local Authority, the Chief Officer of Police for the area, and the Clinical Commissioning Group (now ICB). Schedule 2 also makes provision for these statutory members to contribute funding or other resources to the SAB for expenditure incurred by, or for purposes connected with, the SAB.

3.3 The Care Act imposes a number of duties on the SAB: to produce a Strategic Plan (with the involvement of the local community) and Annual Report (Schedule 2), and to commission and learn from Safeguarding Adults Reviews (SARs) in specific circumstances (section 44). Further requirements are outlined in the [Care Act Statutory Guidance](#) and include additional requirements about how the SAB must engage with service users and the community; communicate about its work; analyse data and assess the effectiveness of safeguarding; and promote and ensure the effectiveness of safeguarding training.

#### 4. PSAB resourcing

4.1 In 2022, Portsmouth City Council and the Portsmouth SAB participated in a peer review conducted by the Local Government Association. A number of the recommendations that emerged from the review focussed on the financial resourcing of the PSAB, including benchmarking against other boards. The review team commented on the low level of resources available to the PSAB.

The PSAB has identified that at the current level of funding, the PSAB will not be able to meet the functions outlined above or deliver the ambitions within its strategic plan in 2023-24 or in future years. A benchmarking exercise with the other local SABs (Southampton, Isle of Wight and Hampshire) showed that the funding for the PSAB is considerably less than for the other Boards, and not commensurate with the population or level of need in the city.

Financial contributions to Safeguarding Adults Boards across Hampshire & the Isle of Wight for the 2022/23 financial year:

##### **Portsmouth SAB 2022-23**

PCC Contribution	£42,014
PCCG Contribution	£31,227
Police Contribution	£13,178
Other Board members (training)	£3,750
<b>TOTAL</b>	<b>90,169</b>

##### **Southampton SAB 2022-23**

Southampton City Council	£97,428
Southampton Clinical Commissioning Group- now ICB	£56,042
Hampshire Constabulary	£22,417
<b>Total</b>	<b>£175,887</b>

##### **Hampshire SAB 2022-23**

Hampshire County Council	- £95,000
Hampshire Clinical Commissioning Group	- £39,000
Hampshire Constabulary	- £17,000
<b>Total</b>	<b>- £151,000.</b>

##### **IoW SAB 2022-23**

ASC 65% =86,759

Police 12% =16,017  
CCG 23% =30,699  
**Total £133,475**

- 4.2 A proposal for partner contributions for 2023-24 was brought to the March 2023 Board meeting by Andy Biddle, Director of Adult Care. The proposal would bring the level of PSAB funding to that of the Isle of Wight SAB and would enable to the PSAB to meet its duties and go some way to meeting the ambitions of its strategic plan. A business case was subsequently developed and sent to the statutory SAB members by the PSAB Independent Chair seeking agreement by the end of June 2023. As a result of the benchmarking against other Boards, the PSAB therefore proposed the increases below

	2022-23 total contribution	Proposed increase	2023-24 proposed contribution
ICB	31,227	21,000	52,227
Hampshire Constabulary	13,178	8,500	21,678
PCC ASC	42,014	28,000	70,014
Other partners	3,750	2,500	6,250
<b>TOTAL</b>	<b>90,169</b>	<b>60,000</b>	<b>150,169</b>

## 5. Current position 2023-24

- 5.1 Portsmouth City Council's Adult Social Care department has indicated that it would be prepared to contribute the proposed increase in its contributions for 2023-24, provided there is agreement from the other statutory members to the proposed contributions set out in the business case. This increased contribution would be in addition to the costs the Local Authority already incurs by hosting the support functions for the Safeguarding Board, for which the Local Authority has not sought to recharge to partners.
- 5.2 A response has not yet been received from Hampshire and Isle of Wight Constabulary about its contributions.
- 5.3 HIOW ICB initially offered a 5% increase on its contribution for 2022-23 but has indicated following subsequent discussions in September 2023 that they are prepared to reconsider their position.
- 5.4 Smaller contributions have been secured from three other PSAB members, which have been ringfenced for learning and development on the theme of risk management, which has been identified as a priority area as a result of learning from Safeguarding Adults Reviews.
- 5.5 If contributions from the statutory members remain at the 2022-23 level, it is projected that there will be an overspend of approximately £8,000 in 2023-24. This is a result of needing to commission four Safeguarding Adults Reviews this

year. The PSAB would have insufficient resources to commission any further SARs should these be required in the remaining 6 months of the 23/24 year.

## **6. Reasons for recommendations**

- 6.1 The current level of funding received by the PSAB is inadequate to meet the requirements of the Care Act 2014 and its associated statutory guidance and is inequitable in comparison to other areas within Hampshire and the Isle of Wight.
- 6.2 At the current level of contributions, the PSAB budget is projected to be overspent in 2023-24. An agreement for sustainable resourcing for PSAB is required for 2023-24 and future years.
- 6.3 The Care Act statutory guidance states that it is in all core partners' interests to have an effective SAB that is resourced adequately to carry out its functions.

## **7. Integrated impact assessment**

- 7.1 As the recommendations within this report do not give rise to any changes to policies or services an Integrated Impact assessment is not required.

## **8. Legal implications**

- 8.1 The report has incorporated legal implications and accordingly there are no other immediate legal implications arising from this report.

## **9. Finance comments**

- 9.1 The City Council contribution to the PSAB for 2023/24 is currently budgeted at the 2022-23 contribution levels. It is proposed that any increase for 2023-24 will be funded from one-off reserves. To maintain the increased contribution levels in future years, additional recurring funding sources will need to be identified from within the Adult Social Care budget.
- 9.2 If partner contributions are not increased in 2023-24 in line with the above proposals, then the PSAB will be unable to meet the functions outlined above or deliver the ambitions within its strategic plan in 2023-24 or in future years.

Signed by: David Goosey - Independent Chair Portsmouth Safeguarding Adults Board

**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:

<b>Title of document</b>	<b>Location</b>

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

.....  
Signed by:

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# Agenda Item 7



## THIS ITEM IS FOR INFORMATION ONLY

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

**Title of meeting:** Health and Wellbeing Board (HWB)  
**Subject:** Public Health Annual Report 2023  
**Date of meeting:** 27<sup>th</sup> September 2023  
**Report by:** Director of Public Health  
**Wards affected:** All

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**1. Requested by** Director of Public Health

### 2. Purpose

2.1 To note that the Director of Public Health is publishing her statutory Annual Report for 2023. The topic of this year's report is poverty and the cost of living crisis in Portsmouth. The Public Health Annual Report 2023 provides an updated evidence base to support the city's tackling poverty work and its response to the cost of living challenges facing many residents.

2.2 The full report at Appendix A examines in more detail why poverty is a problem, how it has been made worse by the cost of living crisis which has put many more households in a position of financial stress or vulnerability, and what that means for communities in Portsmouth. It explores how the city council and its partners have responded and what has been tried in other areas, and makes recommendations for how people across the system can work best to maintain a focus on the underlying causes of poverty whilst addressing the immediate issues arising from the current cost of living crisis.

2.3 An accessible summary of the report will be published and made available to members of the HWB. Details of the format this will take are still to be confirmed.

2.4 Poverty is one of the priorities in the Health and Wellbeing Strategy 2022-30. The PHAR will inform the work to address this priority, led by the Tackling Poverty Steering Group. Progress on this priority is due to be reported at the November HWB meeting.

### 3. Information Requested

.....  
Signed by (Director)



**THIS ITEM IS FOR INFORMATION ONLY**

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**Appendices:**

Public Health Annual Report 2023 (content-only version, accessible summary to follow)

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

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

Title of document	Location

# **Public Health Annual Report 2023:** **Poverty and the cost of living crisis in Portsmouth - Needs** **Assessment**

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## Introduction – poverty is a public health issue

Our health and well-being depend on many different factors. A small proportion – just 10-20% – is determined by access to traditional health services, principally the NHS but also including public health services commissioned in local government. The remainder is shaped by our economic, social and environmental conditions such as our income, the education we receive, the housing we live in, the transport we use, and the air we breathe. Well-being and health are two sides of the same coin.<sup>1</sup>

Poverty is a long-standing problem in the UK and here in Portsmouth, with stark impacts on health outcomes and well-being. Rising poverty levels and widening health inequalities – exacerbated by the current financial crisis – have severe consequences for individuals and communities, the NHS, social care, and for the economy.

Tackling risk factors before leading to ill-health is the essence of a public health approach. The Portsmouth Health and Wellbeing Strategy 2022-2030 identified five issues which are described as the 'causes of the causes' – the underlying factors that contribute to emergence of risk factors which in turn influence health and wellbeing, including poverty. The next step upstream is in taking action to address these risk factors before they lead to ill-health, including by tackling poverty.

Our work in Public Health plays a significant role in delivering the Portsmouth Health and Wellbeing Strategy and in how we create the conditions for good health and wellbeing. An example is having led - working with departments across the council - plans to address cost of living. This current crisis has substantial implications for health and wellbeing of local residents.

In this report, we will examine in more detail why poverty is a problem, how it has been made worse by the cost of living crisis which has put many more households in a position of financial stress or vulnerability, and what that means for communities in Portsmouth. We will look at how the city council and its partners have responded and what has been tried in other areas. Finally we will make recommendations for people across the system on how collectively we can work best to maintain a focus on the underlying causes of poverty whilst addressing the immediate issues arising from the current cost of living crisis.

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<sup>1</sup> Joint statement on public health and poverty, ADPH, 2023. [Joint statement on public health and poverty | ADPH](#) accessed 22.08.2023

## 1. Why poverty is a problem

Poverty is a problem because it limits the capacity of each individual to maximise their potential and negatively impacts the wellbeing of the city as a whole. In this section we will explore levels of poverty in Portsmouth, the impacts on health and wider life chances, and how these come together into overall levels of deprivation.

### 1.1. How is poverty measured?

There are many different ways to measure poverty. Throughout this report we will use a range of sources and insights to build a picture of who is most affected and what the trends look like. This means that the numbers and percentages are not directly comparable.

Two commonly used measures of poverty based on disposable income are:

- Relative low income: This refers to people living in households with income below 60% of the median in that year.
- Absolute low income: This refers to people living in households with income below 60% of median income in a base year, usually 2010/11. This measurement is adjusted for inflation

Median income is the point at which half of households have lower income and half have higher income. Income can be measured before or after housing costs are deducted. Other measures of poverty look beyond income to the impact it has on people's choices and chances to participate fully as citizens.

### 1.2. Poverty levels in Portsmouth

#### 1.2.1. Children and young people

In Portsmouth, 23.9% of children under 16 years (8,870 children) were living in relative low income families in 2021/22. This was a 10.6% increase (a further 355 children) compared to 2020/21 and a 53.2% increase compared to 2014/15 (a further 2,827 children). 17.3% of children under 16 years (6,408) were living in absolute low income families in 2021/22, this was the same proportion as in 2020/21, but a slightly lower total number of children - 6,408 in 2022, compared to 6,824 - this will be due to a change in the population estimates following the Census.<sup>2</sup>

Portsmouth has the 2<sup>nd</sup> highest proportion of children living in absolute low income families in the South East region (17.3%), with significantly higher levels than England (15.3%) and the South East (10.8%) averages (see fig.1 below).

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<sup>2</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk), accessed 12.09.2023

Area	Value
England	15.3
South East region	10.8
Southampton	17.8
Portsmouth	17.3
Isle of Wight	16.9
Slough	16.8
Medway	14.6
Milton Keynes	13.7
East Sussex	13.1
Kent	12.8
Reading	11.9
Brighton and Hove	11.1
West Sussex	10.8
Buckinghamshire UA	10.1
Hampshire	9.4
Oxfordshire	8.5
Bracknell Forest	7.8
West Berkshire	7.7
Surrey	6.8
Windsor and Maidenhead	6.7
Wokingham	5.5

Figure 1 Children in absolute low income families (under 16 years) in 2021/22 in the South East by UTLA, Fingertips, accessed 12.09.2023

The End Poverty Coalition in July 2022 used the data above on relative and absolute low income families alongside information on local rent levels and income data to compile an 'After Housing Cost' set of child poverty estimates, which Action for Children has used to create an interactive dashboard to highlight the extent of child poverty in an area. The estimates for Portsmouth indicate that in 2020/21, 32.2% of children (12,402) were living in poverty.<sup>3</sup>

Charles Dickens ward continues to have the greatest proportion of children under 16 living in absolute low income families in 2021/22 (24.6% / 1,041 children), with Drayton and Farlington having the lowest proportion (6.8% / 175 children). The chart below shows the trends for this data over the last seven years.

<sup>3</sup> [Child-Poverty-AHC-estimates-2015-2021-FINAL.xlsx \(live.com\)](#)

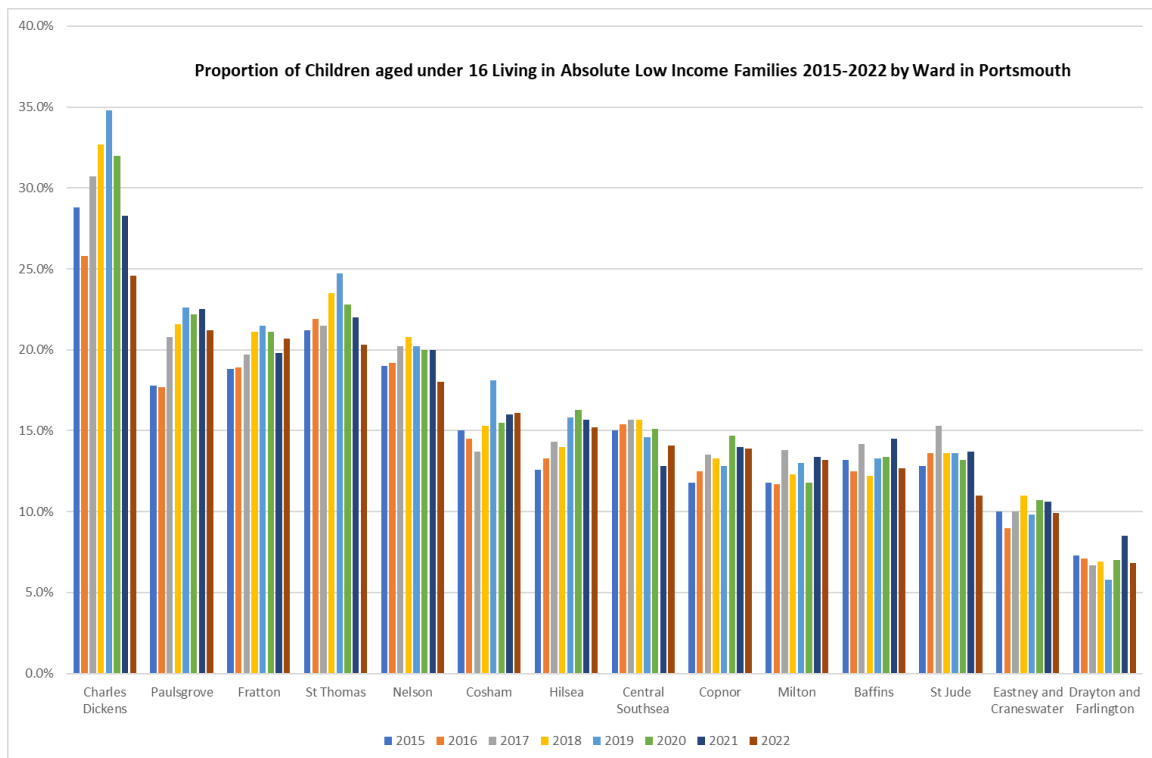


Figure 2 Children in Low Income Families by ward in Portsmouth 2015-2022 (Source: DWP, 2023, local area statistics, United Kingdom, financial years ending (FYE) 2015 to 2022)

67% of children in low income households are in working families.<sup>4</sup> However, children who are in workless families are more likely to be in low income than those in working families. In FYE 2022, 46% of children in workless families were in low income. In comparison, 16% of children in working families were in low income in FYE 2022.

### 1.2.2 Adults

The Households Below Average Income (HBAI) report presents information on UK living standards based on household income measures for the financial year ending 2022<sup>5</sup>. Estimates are provided for average incomes, income inequality, and for the number and percentage of people living in low-income households. The statistics are the UK’s official source of poverty estimates and, with a larger sample size, are the main source on household and individual incomes.

Data for both 2021 and 2022 was affected by the Covid-19 pandemic, with a switch to telephone interviews from face to face affecting the size and composition of the survey sample that the data is drawn from. Caution is advised when making comparisons with previous years.

In FYE 2022, the average (median) real terms household income before housing costs (BHC) was £565 per week (around £29,500 per year). Households falling below 60% of this median income are considered to have relative low income. In 2022, this equated to £339 per week (around £17,500 per year).

<sup>4</sup> [Households Below Average Income: an analysis of the UK income distribution: FYE 1995 to FYE 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/households-below-average-income-an-analysis-of-the-uk-income-distribution-fye-1995-to-fye-2022)

<sup>5</sup> [Households Below Average Income: an analysis of the UK income distribution: FYE 1995 to FYE 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/households-below-average-income-an-analysis-of-the-uk-income-distribution-fye-1995-to-fye-2022)



The percentage of working-age adults in relative low income BHC increased by 1 percentage point from 14% to 15% in FYE 2022. The percentage of working-age adults in absolute low income BHC remained unchanged at 12% and absolute low income AHC stayed at 16%. In the years from FYE 2012 to FYE 2020, there was a broadly downward trend in both measures. Working families constitute 54% of all working-age adults in low-income households.

Groups at greatest risk include those living in a family with a disabled member, who are more likely to be in low income (27%) than non-disabled families (19%). In Portsmouth the 2021 Census showed 18% or 36,600 people identified as having a disability.

Nationally there remains huge variations in poverty rates by ethnicity. According to the Joseph Rowntree Foundation's analysis, around half of all people in households headed by someone of Bangladeshi ethnicity were in poverty in 2020/21. This figure was over four in ten for people in households headed by someone of Pakistani or Black ethnicity. This is over twice the rate of people in households headed by someone of white ethnicity.<sup>6</sup> According to the 2021 Census, 15% of the Portsmouth population are of non-white ethnicity, including 2.3% Bangladeshi, 0.3% Pakistani and 3.4% Black.

Nationally, the household incomes of individuals in the bottom quarter of the income distribution showed real terms reductions. The percentage of individuals in relative low income increased both before and after housing costs in FYE 2022. Increases for children and working-age adults were lower than pensioners, with rises of 1 or 2 percentage points. For pensioners, the increases were 2 and 3 percentage points BHC and AHC respectively.

### 1.2.3 Older people

The percentage of pensioners in relative low income increased to 18% for both BHC and AHC measures between FYE 2021 and FYE 2022. This represented an increase of 2 and 3 percentage points respectively. These changes were not statistically significant. Compared to the overall UK population, pensioners have been less likely to be in relative or absolute low income AHC since around FYE 2005 (reflecting significantly higher rates of home ownership), and similar levels BHC since around FYE 2010.

National Households Below Average Income data highlights more private tenants (37%) and social rented sector tenants (36%) are living in poverty compared to 13% of older people who own their home outright. Single older people who live alone and households living in a household with a head from an ethnic minority are also at particular risk. The 2021 ONS Census showed that there are 10,660 one-person households in Portsmouth where that person was aged 66 or older, representing over a third of older people in the city.

Based on data from 2015/16, the Income Deprivation Affecting Older People Index (IDAOPI) (a subdomain of IMD 2019) estimate that 17% of Portsmouth residents

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<sup>6</sup> [UK Poverty 2023: The essential guide to understanding poverty in the UK | JRF](#)

(about 6,540 people) aged 60 years and over in the city lived in income-deprivation (12.7%, 24.8% and 15.8% in the North, Central and South localities respectively).

Thirteen (out of 125) LSOAs in Portsmouth are within the most deprived 10% of LSOAs in England on the Income Deprivation Affecting Older People Index. Of these, only one is in the north of the city (in Paulsgrove) with the rest clustered in Charles Dickens ward and adjoining neighbourhoods.

### 1.3. The health impact of poverty

The Association of Directors of Public Health have highlighted again in 2023 that poverty is a long-standing problem in the UK with stark impact on health outcomes.

*"It is clear that the economic and social circumstances we live in have a greater influence on our health than any other factor. Rising poverty levels and widening health inequalities – exacerbated by the current financial crisis – have severe consequences for individuals and communities, the NHS, social care, and for the economy. There is now a 27-year life-expectancy divide in men, and a 21-year difference for women, between the least and most deprived areas of the country, and the stark difference in health outcomes between ethnic groups remains."*<sup>7</sup>

In Portsmouth we know that, overall, health and wellbeing in Portsmouth is generally worse than the national average. Furthermore, inequalities are evident with some population groups and communities experiencing significantly poorer health and wellbeing outcomes than others. Male and female life expectancy at birth continues to be significantly shorter than England. In 2018-2020 male life expectancy at birth was 78.5 years in Portsmouth v 79.4 years for England; and for females, 82.4 years in Portsmouth v 83.1 years for England.

Life expectancy at birth (2018-20) for males in Portsmouth's most deprived 10% of Lower Super Output Areas (LSOAs) is 10.2 years shorter than males in Portsmouth's least deprived 10% of LSOAs - longer, but not significantly, than the inequality gap in England (9.7 years). Life expectancy at birth (2018-20) for females in Portsmouth's most deprived 10% of LSOAs is 4.6 years shorter than females in Portsmouth's least deprived 10% of LSOAs (the slope index of inequality in life expectancy at birth for males and females) - the gap is significantly shorter than the inequality gap in England (8.0 years).<sup>8</sup>

Healthy Life Expectancy at birth in Portsmouth is also slightly shorter than England for both males and females (males: 61.5 years v 63.1 years; and females: 61.4 years v 63.9 years respectively), 2018-20. There has been a small downward trend in healthy life expectancy in recent years in Portsmouth (from 62.9 years for males in 2016-18, and 63.3 years for females in 2015-17) which has also been observed nationally and has been met with concern. There are inequalities in HLE by deprivation (within Middle Super Output Areas). In 2009-2013, Portsmouth had a

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<sup>7</sup> [Joint statement on public health and poverty | ADPH](#), accessed 05.09.2023

<sup>8</sup> [Health Inequalities Dashboard \(phe.gov.uk\)](#), accessed 05.09.2023

slope index of inequality of 15.1 years of HLE for males and 14.2 years of HLE for females (the range in years of HLE from the most and least deprived).<sup>9</sup>

### 1.3.1 Child and young people

For children and young people, the effects of living in poverty have lifelong impacts. In infancy, poverty and deprivation more broadly, is associated with higher rates of infant mortality, low birth weight, shorter life expectancy and higher risk of death or unintended injury in the first year of life.

Children living in poverty are also more likely to suffer from chronic diseases (often those associated with poor housing e.g. respiratory conditions) and diet-related problems. They are also more likely to have an Education Health and Care Plan due to their Special Educational Needs and Disabilities.

Poverty can affect children's cognitive development and those living in poverty are over three times more likely to suffer from mental health problems. Poverty has long term implications on children's life chances and health in adulthood.

Children growing up in poverty are more likely to be exposed to adverse childhood experiences (ACEs), such as abuse and neglect, living in a household where there is domestic abuse, drug or alcohol use, mental ill health, criminal activity, separation or experience of living in care. Those who experience multiple ACEs have an increased risk of poor health outcomes including heart disease, cancer, lung disease, liver disease, stroke, hypertension, diabetes, asthma, arthritis and mental health problems.

### 1.3.2 Adults

#### *Long term conditions and mortality*

Most individual long-term conditions are more than twice as common in adults from lower socio-economic groups, and mental health problems are much more prevalent. For example, twice as many people are obese in the most deprived areas of the UK than in the least deprived areas. The relationship between these issues is complex but one aspect is illuminated by the Food Foundation's research in 2022 which found that the most deprived fifth of the population would need to spend 50% of their disposable income on food to meet the cost of the Government recommended healthy diet. This compares to just 11% for the least deprived fifth.<sup>10</sup>

People in Portsmouth experience higher rates of death before 75 years ('premature mortality') compared to England (a widely accepted measure in considering the overall health status of a population), 2017-19 data. For males, these high rates are observed in cardiovascular disease, stroke, cancer and respiratory disease, and for females on cardiovascular disease, heart disease, cancer (particularly breast cancer), liver disease and respiratory disease. In some areas within Portsmouth

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<sup>9</sup> Slope index of inequality (SII) in healthy life expectancy (HLE) at birth by sex for Upper Tier Local Authorities (UTLAs) in England, 2009 to 2013, Office for National Statistics. <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-by-middle-layer-super-output-areas--england/inequality-inhealth-expectancies-using-imd-2015-small-area-deprivation-scores--2009-13/index.html> Accessed 20 November 2015.

<sup>10</sup> The Broken Plate 2023, Food Foundation, [The Broken Plate 2023 | Food Foundation](#) Accessed 22.08.2023

(Buckland, City Centre and Somerstown) which experience higher rates of poverty, the likelihood of dying prematurely is twice as high as in England.

Analysis by the Office for Health Improvement and Disparities suggests 67% of the association between lower life expectancy and deprivation in Portsmouth (measured through the IMD) can be explained by deprivation.<sup>11</sup>

#### *Inclusion health groups*

There are several groups in society who consistently experience worse health outcomes because they are socially excluded. These groups, sometimes referred to as 'inclusion health' groups by health services, include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery and people in contact with the justice system. Poverty is one of the frequently occurring overlapping risk factors for these groups (along with violence and complex trauma). In Portsmouth, the Inclusion Health Service provides primary care services to people in Portsmouth experiencing social exclusion and severe multiple disadvantage.

People belonging to these groups often experience severe multiple disadvantage (people with two or more of the following issues: mental health issues, homelessness, offending and substance misuse) and frequently suffer from significant, overlapping physical and mental health issues, which leads to much lower life expectancy than the general population. For example, a Lancet study in 2017 found that:

*'...excess mortality associated with considerable social exclusion is extreme. We found all-cause mortality SMRs of 7.9 in male individuals and 11.9 in female individuals. By comparison, mortality rates for individuals aged 15–64 years in the most deprived areas of England and Wales are 2.8 times higher than those in the least deprived areas for male individuals and 2.1 times higher for female individuals. The relative excesses were greatest for injury, poisoning, and external causes, but extend across almost all health conditions and across the inclusion health populations that we studied.'*

People experiencing homelessness die young - the average age of death for a homeless man in 2021 was 45.4 years and for a woman was 43.2 years.<sup>12</sup> In Portsmouth there are estimated to be 16 people who sleep on our streets (2022 data)<sup>13</sup>, which is a reduction from 24 in 2021 but both figures are likely to be an underestimation. The majority were men (9/16), from the UK (9/16), aged over 26 (8/16).

The Portsmouth Homeless Drug and Alcohol Team provide dedicated integrated support for people experiencing homelessness who also have needs relating to alcohol and or drug use and mental health needs. This has been invaluable in enabling people who fall through the gaps in a number of services to get the support they need in a way which works for them.

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<sup>11</sup> Local Inequalities Explorer Tool 2023, OHID, [Microsoft Power BI](#), accessed 05.09.2023

<sup>12</sup> ([Deaths of homeless people in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)):

<sup>13</sup> [Rough sleeping statistics 2022.xlsx \(live.com\)](#)

A report to Cabinet in November 2022 noted that there are currently over 400 people under the various National Migration Programme schemes living in Portsmouth and over the last five years the council have also supported over 800 people including nearly 350 unaccompanied asylum seeking minors, with the current figures likely to be significantly higher. The report sets out the council's role in the schemes to support asylum seekers and people resettling into the UK via government schemes.<sup>14</sup> Portsmouth City of Sanctuary has supported a rise in newly dispersed asylum seekers in the city since 2021/22. Their impact report highlights an increase in support needs relating to mental health, especially linked to trauma, and more women presenting with needs relating to gender violence.

A study into severe and multiple disadvantage (focussing on homelessness, substance misuse and offending) found evidence to support the *poverty-plus* hypothesis.<sup>15</sup> This argues that poverty is necessary but not sufficient to generate extremely negative outcomes; additional community, social, educational, or family factors compound the negative effects of poverty. There is a risk that rising pressures from the cost of living crisis exacerbate issues associated with poverty. This could see an increase in drug or alcohol misuse as people struggle to cope with daily life. This in turn can lead to increases in the harm caused by substance misuse, such as increases in poor physical and mental health and an increase in crime and anti-social behaviour. This may in turn make daily life harder for people trying to overcome addiction issues, afford decent housing and obtain employment.

#### *Mental health*

A negative impact on mental health and wellbeing has been shown from cross-sectional national surveys which have asked about mental health during the cost-of-living pressures.

For example, Mind conducted a survey (>5,000 respondents, Dec 22 - Jan 23) which showed that 78% of people surveyed said that cost-of-living pressures was impacting their mental health, and this was higher still for people living with existing mental health problems (94%).<sup>16</sup> The survey also showed that for those who said the cost of living crisis was impacting their mental health a quarter of respondents (25 per cent) couldn't afford social activities to help them stay mentally well; a quarter (25 per cent) were working longer hours and almost 20% couldn't afford to contact their support network (e.g. phone, text, social media) or travel to their support networks in local communities.

Other research carried out by the Office for National Statistics and Money and Mental Health Policy Institute in 2022, who surveyed their research community of over 4,000 people with lived experience of mental health problems found a link between the current cost-of-living pressures and levels of mental health distress. Over half (54%) of UK adults say they had felt anxious as a result of higher costs, while one in five (21%) had felt unable to cope.<sup>17</sup> While there is rarely a single factor that drives people to take their own life, economic adversity (either recent or long-

<sup>14</sup> [Migration Support Report.pdf \(portsmouth.gov.uk\)](#), accessed 06.09.2023

<sup>15</sup> Lankelly Chase Foundation (2015) *Hard Edges: Mapping severe and multiple disadvantage*. [http://www.lankellychase.org.uk/assets/0000/2858/Hard\\_Edges\\_Mapping\\_SMD\\_FINAL\\_VERSION\\_Web.pdf](http://www.lankellychase.org.uk/assets/0000/2858/Hard_Edges_Mapping_SMD_FINAL_VERSION_Web.pdf)

<sup>16</sup> [Almost 20 million adults never speak about mental health – and it's set to get worse due to the cost-of-living crisis - Mind](#), accessed 05.09.2023

<sup>17</sup> [Cost-of-living-crisis-policy-note-3.pdf \(moneyandmentalhealth.org\)](#), accessed 05.09.2023



standing) is a recognised factor which the forthcoming national suicide prevention strategy is expected to make explicit. It should also be recognised that these longer term impacts which can result in chronic stress also poses an increased risk of long term physical health conditions.

### Sexual health

Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes including the likelihood of both the parent and child living in long-term poverty. In 2021, the teenage conception rate, aged under 18 years, in Portsmouth decreased to 17.1 per 1,000 females aged 15-17 years (n54). The Portsmouth rate was higher than England (13.1) and significantly higher than the South East (10.7). There are electoral wards in each locality which have significantly higher under 18 year old conception rates than England - Paulsgrove ward, in the North of the City; Charles Dickens, Fratton and Baffins in the Central locality; and St. Thomas ward in the South locality, all have higher rates than England, in 2017-19.

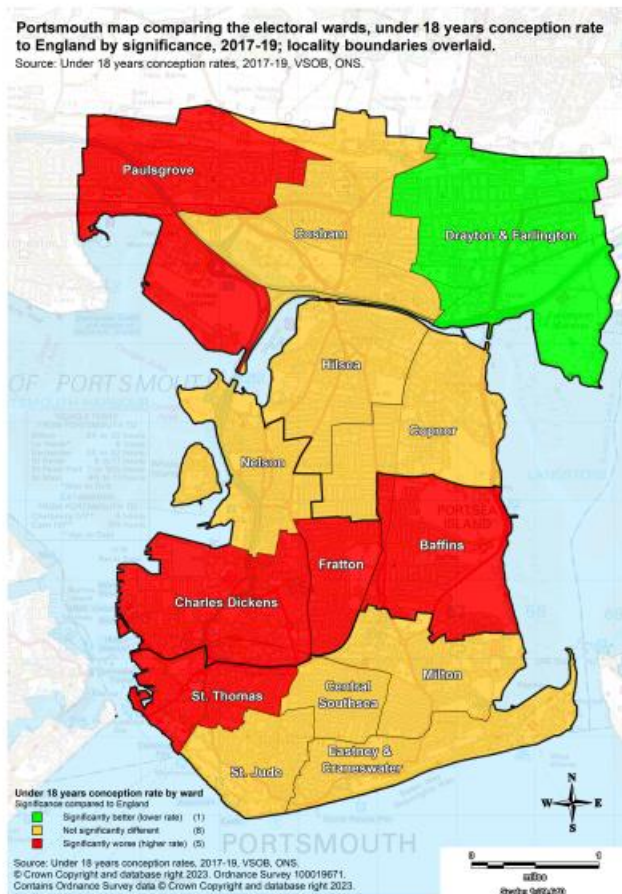


Figure 3 Map of teenage conception rates by Middle Super Output Area, 2017-2019

### Older people

The health impacts of living in a cold home, particularly for older people and people with long-term conditions, are known to be significant. Cold air inflames lungs and inhibits circulation, increasing the risk of respiratory and circulatory conditions, leading to asthma attacks or symptoms, worsening of chronic obstructive pulmonary disease (COPD), infection, and an increased risk of heart attack or stroke.

Portsmouth's Winter Mortality Index value increased significantly for the first time (by 37.4%) between the 2019-20 and 2020-21 reporting periods reaching 46.1% in 2020-21. England also increased over the same time period (by 30.9%) reaching 36.2% in 2020-21. The 2020-21 Winter Index values were the highest reached for both Portsmouth and England within the available dataset for this indicator. Based on 2021 data, 11.8% of households in Portsmouth were classified as fuel poor; having low income and high energy costs.

#### 1.4 The impact of poverty on wider life chances

Poverty is not just an issue because of its impact on health. Experience of poverty negatively impacts on people and society's wider life chances while a range of factors are associated with increased risk of poverty.<sup>18</sup> This section will briefly explore the relationships between poverty and education, employment, and communities. These themes reflect the other priorities of the HWB's strategy, each of which both impacts on, and is affected by, poverty and its consequences for individuals and families.

##### 1.4.1 Education

Nationally, the gap in GCSE grades between students on free school meals (at any point over the last six years) and their better off peers – was on average 1.24 grades in 2020. This compares to 1.26 grades in 2019, and is little changed since 2017, marking a stalling of progress in reducing educational inequalities. This disadvantage gap is even wider for students who are in long-term poverty (those who spend at least 80% of their school lives on free school meals), who trail their better off peers by as many as 1.6 grades on average at GCSE.<sup>19</sup>

In Portsmouth, whilst our city schools can demonstrate strong levels of inclusion and whilst the majority of inspected schools are judged by Ofsted to be Good or better, the city continues to have weak outcomes particularly at the end of Key Stage 2 (11 year olds) and Key Stage 4 (16 year olds). For this reason Portsmouth has recently been identified as a Priority Education Investment Area, one of only 12 new areas in the country.

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<sup>18</sup> Health Equity in England: The Marmot Review 10 Years On, 2010. [Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org/). Accessed 22.08.2023

<sup>19</sup> [Covid-19 and Disadvantage gaps in England 2020 - Education Policy Institute \(epi.org.uk\)](https://www.epi.org.uk/covid-19-and-disadvantage-gaps-in-england-2020)

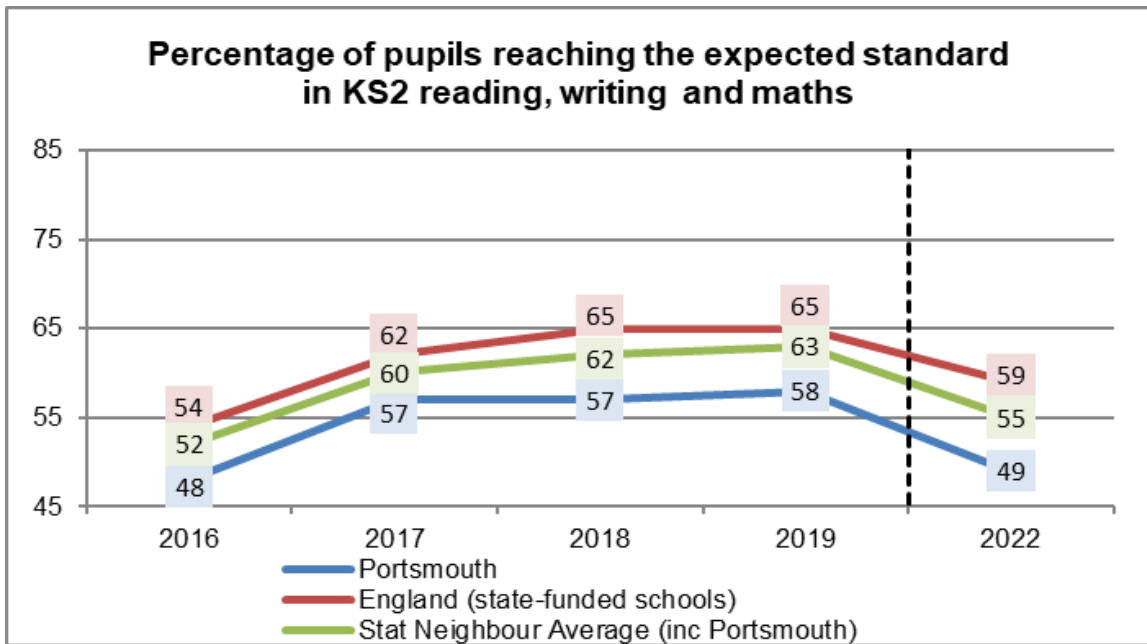


Figure 4 % pupils in Portsmouth reaching expected standard in Key Stage 2 reading, writing and maths

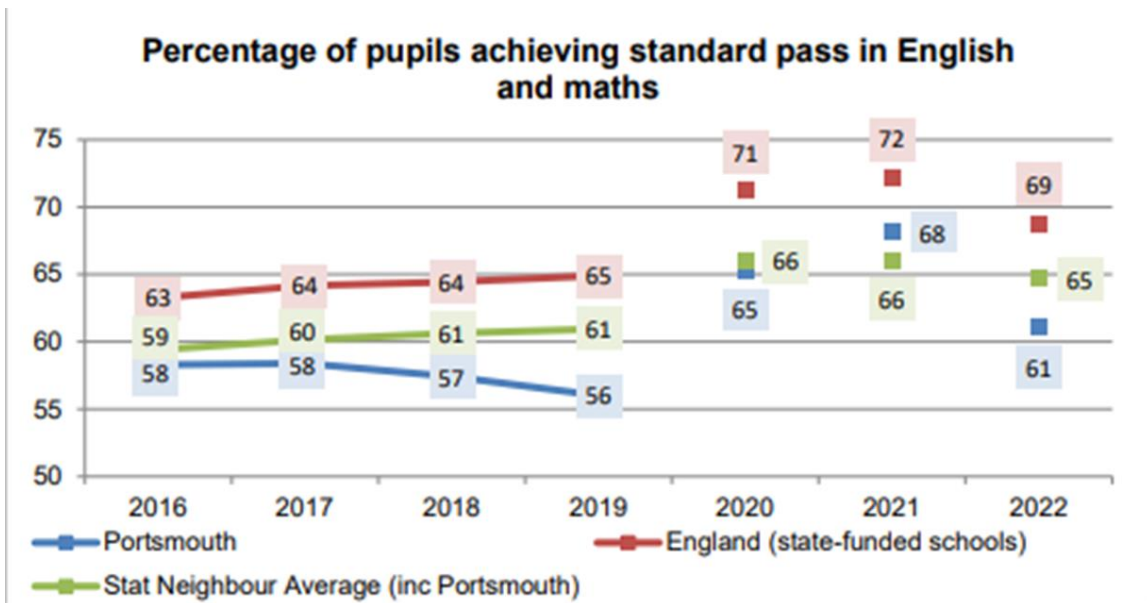


Figure 5 % pupils in Portsmouth achieving standard GCSE pass in English and Maths

For pupils at state-funded schools in Portsmouth, in 2022 33% of those eligible for Free School Meals (FSM) achieved 9-4 (A\*-C) in five or more subjects including English and Maths. This compared to 66% of pupils that were not FSM-eligible. The national figures were 43% and 71%, so the gap for Portsmouth's more deprived pupils was greater than that seen nationally. At Key Stage 2, 38% of FSM eligible pupils reached the expected standard in reading, writing and maths, compared to 54% of the non FSM-eligible pupils. Equivalent national figures are 42% and 65%.

In the 2022 data, the Attainment 8 gap between our FSM eligible pupils (31.4) and non-FSM pupils (47.9) was greater than the national gap between FSM (36.9) and non-FSM (51.9). Effectively, Portsmouth's FSM eligible pupils' GCSE grades were an average of 1.6 grades lower than the grades for the LA's non-FSM eligible pupils and were an average of 2.1 GCSE grades lower than the national figure for pupils who weren't free school meal eligible.



Absence rates are higher in more deprived parts of Portsmouth compared to less deprived areas. In 2021/22 pupils in neighbourhoods in the most deprived decile nationally (using the Income deprivation affecting children index) missed 8.2% of half days across the academic year, compared with 6.9% in the least deprived.<sup>20</sup>

The proportion of young people aged 16/17 who are not in education or training (or whose status is not known) increased to 5.6% in 2022/23 from 5.1% the previous year.<sup>21</sup> This has implications both for the long-term earning potential of the young people and for the household finances in the short term as it would affect eligibility for child benefit for example. Local analysis of year 11 leavers in 2022 shows that those classed as 'disadvantaged' (eligible for FSM in last 6 years or ever looked after by the local authority) are significantly more likely to not be participating in education or training (9.3% compared to 2.7% for non-disadvantaged pupils).

#### 1.4.2 Employment and worklessness

##### *Employment*

The most recent Annual Population Survey, for the period April 2020 to March 2021, show that Portsmouth's percentage of people in employment aged 16-64 years at 76.4% was the highest since April 2011 to March 2012; however, this is not statistically significantly different to any of the previous periods. In 2020/21, Portsmouth's employment rate aged 16-64 years is higher but not significantly than England; and lower but not significantly than the South East region. However, in 2020/21, 66.1% of Portsmouth residents aged 50-64 years were in employment, which is lower but not significantly than England; and significantly lower than the South East region (74.7%).<sup>22</sup>

##### *Income*

The link between income (in particular low income) and poor health is well established, and the relationship can operate in both directions: low income can lead to poor health and ill health can result in a lower earning capacity<sup>23</sup>. Earnings are the primary source of income; therefore, the Average Weekly Earnings indicator is designed to give insight into the variation of economic resources across areas and between subgroups (men and women, income decile). This measure of earnings includes full and part-time workers because the aim of the indicator is to provide insight into the economic resources available to people, not to compare wage rates per se (for which comparing full-time wages may be more appropriate). The measure excludes overtime payments because such earnings are potentially more erratic. In 2021, the median average weekly earnings in Portsmouth was £468, which is higher, but not statistically significantly, than in 2020 (£407). Portsmouth's median average weekly earnings in 2021 was lower, but not significantly than the England average (£496) and Southampton (£521.40); and significantly lower than the South East (£530.40).<sup>24</sup>

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<sup>20</sup> [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/), accessed 06.09.2023

<sup>21</sup> [department-for-education.shinyapps.io/neet-comparative-la-scorecard/#](https://department-for-education.shinyapps.io/neet-comparative-la-scorecard/#), accessed 08.09.2023

<sup>22</sup> Public Health Outcomes Framework (PHOF), Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022. Date accessed 14/2/2022

<sup>23</sup> Fair Society Healthy Lives (The Marmot Review): 'Fair Society Healthy Lives' 2010

<sup>24</sup> Wider Determinants of Health, Office for Health Improvement and Disparities. Public health profiles. 2022 <https://fingertips.phe.org.uk> © Crown copyright 2022. Date accessed 14/2/2022

*Worklessness*

While over half (54%) of all working age adults in low-income households are in working families, working-age adults workless households are nearly four times as likely to experience poverty (38% vs 10%). For children, 46% of those in workless families were in low income, compared to 16% of children in working families. Unemployment is also associated with poor health behaviours such as smoking and increased alcohol consumption, and poorer mental health, which have been discussed elsewhere in this report in terms of their relationship with poverty.

Claimant count (the number of people aged 16-64 claiming unemployment-related benefits) does not capture all unemployed people but is a useful proxy indicator. It shows that rates in March 2023 are higher in Portsmouth (4.5%) than England (3.8%) or neighbouring authorities.

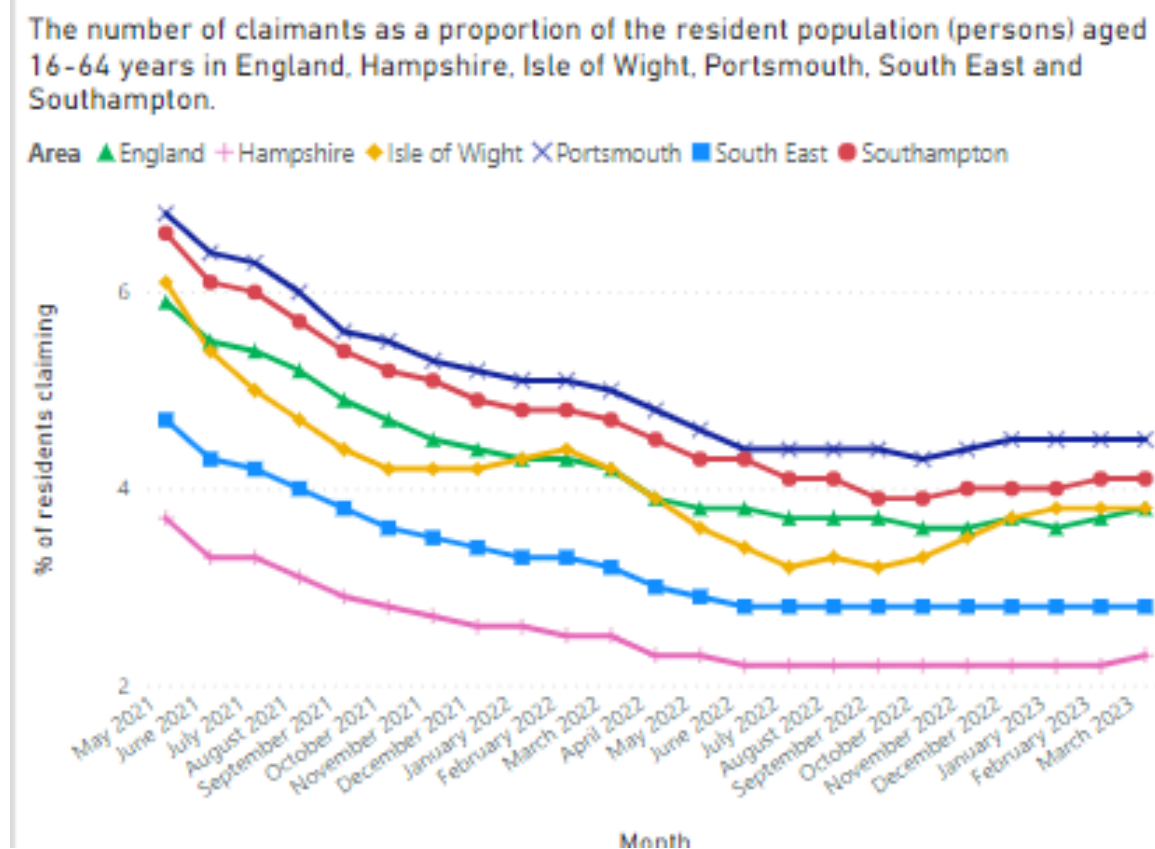


Figure 6 Claim count in Portsmouth and neighbours, May 2021 to March 2023

Sanctions regimes can cause financial hardship for individuals and households <sup>25</sup>. The rate of Universal Credit sanctions in Portsmouth has increased since conditionality rules were re-introduced in 2021, after they were paused at the start of the pandemic. However the rate in Portsmouth (226 per 100,000) is significantly higher than in England and neighbouring authorities such as Southampton (162 and 163 per 100,000 respectively).

<sup>25</sup> [Legal Action Group | The problems with benefit sanctions \(lag.org.uk\)](https://lag.org.uk), accessed 09.09.2023

Crude rate of UC sanctions per 100,000 population aged 16 years and over, Searching for work conditionality regime, persons, Portsmouth and comparators, monthly

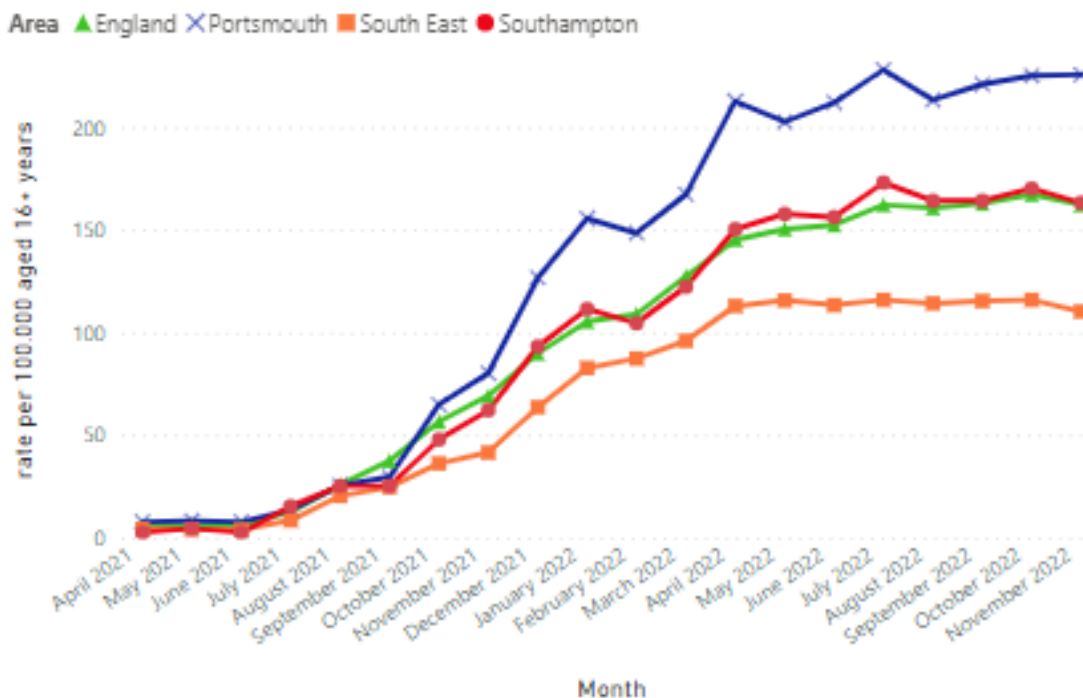


Figure 7 Rate of Universal Credit sanctions in Portsmouth and comparators, April 21 to November 22

### 1.4.3 Housing and communities

#### Housing

People experiencing poverty are more likely to be experiencing housing stress. This could be due to affordability, defined by the Affordable Housing Commission as the point when rents or purchase costs exceed a third of household income (for those in work). It also encompasses issues such as housing quality and overcrowding.<sup>26</sup> Housing affordability was the main reason given by the 21% of adults in England who said that a housing issue had negatively impacted their mental health.<sup>27</sup>

Local analysis on housing affordability found that in 2019, 45% of all tenants in Portsmouth received benefits that helped to pay their rent, rising to 64% for PCC tenants. The shift onto Universal Credit means that we no longer have accurate data on the number of households in the city receiving support with rent costs.

Local Housing Allowance (LHA) rates determine the maximum level of support a household can receive in either Housing Benefit or Universal Credit. LHA rates were frozen between April 2016 and March 2020, while market rents increased annually, leaving LHA rates well below market rent levels. In April 2020, LHA rates were recalculated at the 30<sup>th</sup> percentile of rents (at September 2019). However, the rates were then frozen in April 2021, 2022 and 2023, again reducing LHA rates well below the level of market rents. As housing costs have increased, there is less for

<sup>26</sup> Defining and measuring housing affordability - an alternative approach, Affordable Housing Commission, 2019 [Defining and measuring housing affordability \(squarespace.com\)](https://www.squarespace.com) Accessed 05.09.2023

<sup>27</sup> Health Equity in England: The Marmot Review 10 Years On, 2010. [Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](https://www.instituteofhealthequity.org). Accessed 22.08.2023

households in the private rented sector to spend on other essentials such as food, heating, clothing and transport.

#### *Community Safety*

The relationship between poverty and crime is complex, and therefore there may be no direct impact on crime, but there is some evidence that poverty is associated with adverse childhood experiences. Levels of crime are one of the indicators that make up the Indices of Multiple Deprivation (see 1.5 below), so people in deprived areas are more likely to be both a victim and a perpetrator of crime.

A recent national survey showed that people in the least deprived areas were significantly more likely to agree with the statement 'overall, I feel safe in the area where I live' (IMD quintile 5 - 89%, IMD quintile 1 - 62%).<sup>28</sup>

#### *Social isolation*

Poverty is known to increase risk of social isolation as people lack the resources to participate in social activities<sup>29</sup>. This in turn impacts of people's health and wellbeing and, where it results from exclusionary processes, it is recognised as a cause of health inequalities<sup>30</sup> [REF] Poverty also increases risk of digital exclusion as people struggle to afford internet access or mobile phone contracts. As well as increasing risk of social isolation, this can make it harder to access employment or training, health services, benefits, and other ways to increase income or reduce costs that are available online.

### 1.5 Indices of Multiple Deprivation

The Index of Multiple Deprivation 2019 (IMD) provides a relative ranking of areas across England according to their level of deprivation.<sup>31</sup> The IMD is a measure of relative deprivation at Lower Super Output Area (LSOA) or neighbourhood level - small geographic areas of around 1,500 people.

Portsmouth is ranked 46th of 142 upper tier local authorities, where 1 is the most deprived in terms of average score across each of the domains of deprivation. Scores can also be compared to all 326 district councils in England. Portsmouth is ranked 59th, falling form 63rd in 2015. This is useful for comparison against neighbouring districts for example, where local issues can be masked if aggregating scores to counties (upper tier). Portsmouth is ranked lowest of the 14 local authorities in Hampshire and the Isle of Wight on average deprivation score and local concentration of deprivation.

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<sup>28</sup> [Public polling on community safety - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/public-polling-on-community-safety), accessed 05.09.2023

<sup>29</sup> [Poverty And Poor Health Create Isolation In Older People | Ipsos](https://www.ipsos.com/press-releases/poverty-and-poor-health-create-isolation-in-older-people), accessed 08.09.2023

<sup>30</sup> Reducing social isolation across the lifecourse, PHE, 2015 [3a Social isolation-Full-revised.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/428483/3a_Social_isolation-Full-revised.pdf) accessed 22.08.2023

<sup>31</sup> [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

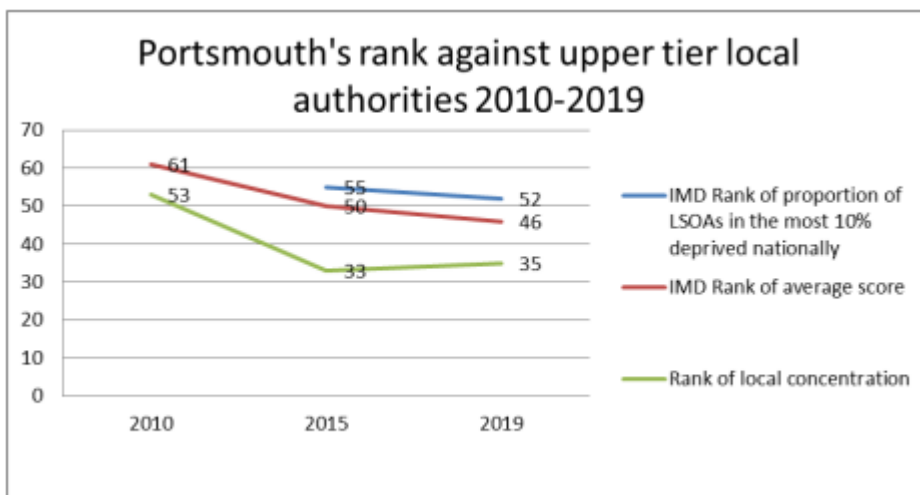


Figure 8 Portsmouth's rank on key IMD scores by UTLA, 2010 - 2019

Portsmouth's position relative to other local authorities has generally worsened in the most recent decade. For overall deprivation, 15 of Portsmouth's 125 small areas (12%) are within the most deprived 10% of small areas in England - and of these, half (8) are in Charles Dickens ward. The rest are in Paulsgrove (3), Nelson (2), rotton and St Thomas (1). Landport (within Charles Dickens) is amongst the 1% most deprived neighbourhoods in England. Sultan Road South, City Centre North, Continental Ferry Port and Blackfriars are among the most deprived 2%. While overall the areas experiencing greatest deprivation have remained similar over time, concentrated down the western city of the city, there have been changes, notably in Portsea. This could be seen as a result of the redevelopment of Gunwharf Quays and the growth of the University, and indicate the potential for regeneration to partially mitigate longstanding deprivation if done in a way that is sympathetic to the needs of local communities.



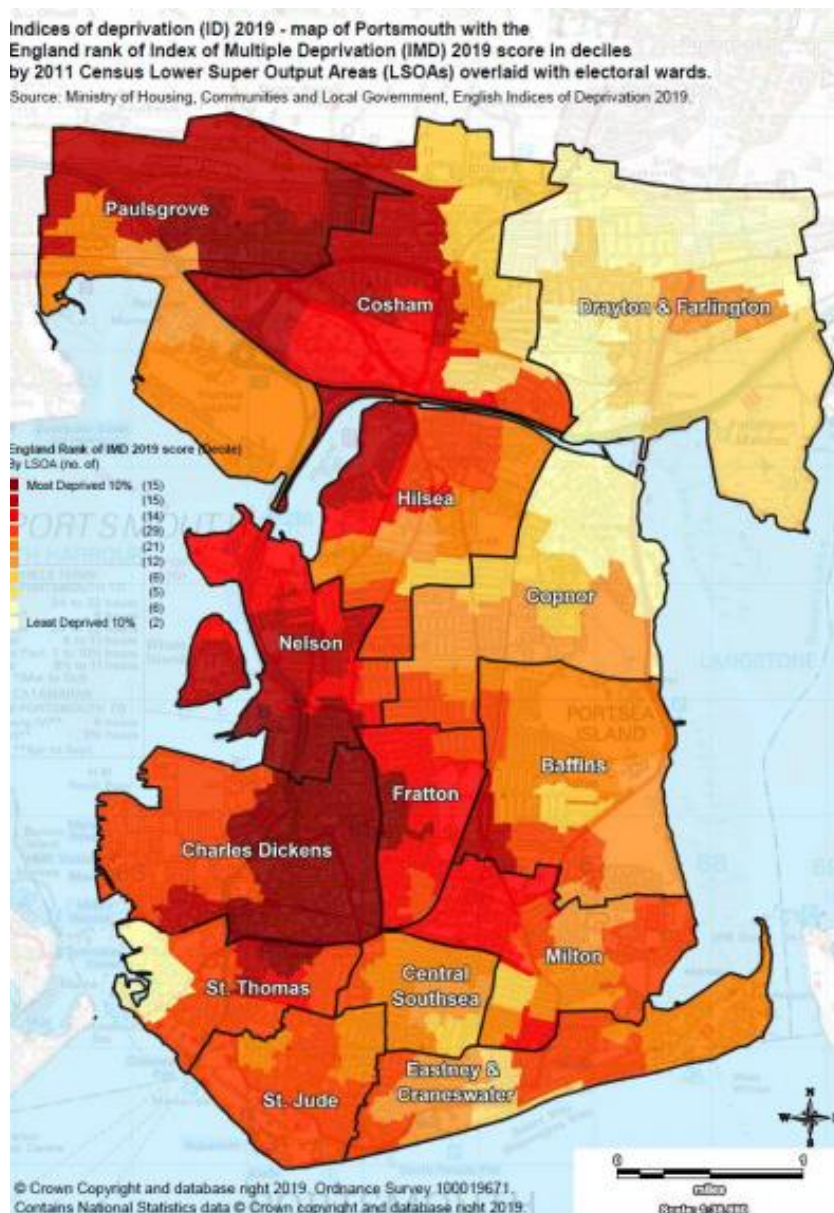


Figure 9 Map of Portsmouth showing IMD scores by decile for LSOAs

## 1.6 Conclusions

There are significant numbers of people living in poverty across Portsmouth. People of all ages are affected, with impacts across the whole life course. Those who are already vulnerable or who face other barriers are more likely to be in poverty. This includes children, older people and those with disabilities. People living in areas and groups that experience the negative impacts of other social challenges - poor housing, lower educational attainment - are more likely to be in poverty.

Taking all these impacts together, healthy life expectancy (an estimate of the *average number of years babies born this year would live in a state of 'good' general health if mortality levels at each age, and the level of good health at each age, remain constant in the future*) in Portsmouth is 15 years shorter for men and 14 years shorter for women in the most deprived areas, compared to the least deprived. It is 1.8 years shorter for men in Portsmouth than in England, and 2.5 years shorter for women.

## 2. Cost of Living crisis: compounding the challenges

### 2.1 A national cost of living crisis

The 'cost of living crisis' describes a set of circumstances linked in particular to high inflation that became increasingly apparent during 2022. Its effects continued to be felt during 2023, with more than 9 in 10 adults seeing as an issue in July 2023 and 60% reporting higher living costs than the previous month.<sup>32</sup>

The increases in cost of living were driven in large part by rising energy and food costs. These increases were not the same for all household groups because energy and food costs have more of a bearing on the inflation rate experienced by low-income households who spend a greater proportion of their income on them. As a result, Consumer Prices Index (CPI) annual inflation was 11.9% for low-income households (those in the second income decile) and 10.5% for high-income households (those in the ninth income decile) in the year to October 2022, compared with an all-households rate of 11.1%.

Similarly, CPI including owner occupiers' housing costs (CPIH) annual inflation for subsidised renters was 12.1%, which was higher than for owner occupiers (9.4%) and private renters (9.1%) in October 2022; these are the largest differences since the series began in January 2006.<sup>33</sup>

Figure 1: The highest 12-month inflation rate (CPI and CPIH) was recorded among the bottom three income deciles in October 2022

Inflation rates for equivalised disposable income deciles, Consumer Prices Index (CPI) and Consumer Prices Index including owner occupiers' housing costs (CPIH), UK, October 2022



Source: Office for National Statistics – Consumer Prices Index and Consumer Prices Index including owner occupiers' housing costs

Figure 10 ONS data showing inflation rates by income deciles in October 2022

<sup>32</sup> [Impact of increased cost of living on adults across Great Britain - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/economy/inflationandcosts/articles/impactofincreasedcostoflivingonadultsacrossgreatbritain), accessed 24<sup>th</sup> July 2023

<sup>33</sup> [Inflation and cost of living for household groups, UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/economy/inflationandcosts/articles/inflationandcostoflivingforhouseholdgroupsuk)

### 2.1.1 the impact of the rising cost of living on poverty

#### *Income*

In March 2023, the Office for Budget Responsibility (OBR) forecast that real household disposable income per person (a measure of living standards) will fall by 5.7% during the 2022/23 and 2023/24 financial years. The OBR is an independent fiscal watchdog that analyses public finances and fiscal policy.

Absolute low income is likely to rise in the short run. The Resolution Foundation, an independent think tank, forecasted in January 2023 that absolute low income will increase from 17.2% in 2021/22 to 18.3% in 2023/24. This means an additional 800,000 people in absolute low income nationally. This is because real incomes are set to fall, and income is adjusted for inflation when measuring absolute low income.

Since relative low income compares low-income households to median income, the fact that income is set to fall for everyone means that relative low income is likely to fall between 2022/23 and 2023/24. However, the Resolution Foundation expects relative child poverty to return to its upward trend at the end of the cost of living crisis and reach its highest levels since 1998/99 in 2027/28.<sup>34</sup>

#### *Daily costs of living*

Work carried out by VIVID, one of the largest social landlords in Portsmouth, to support customers trying to manage on an extremely limited budget, highlights the impact. For someone living on the standard living allowance paid to single people on Universal Credit (£388.74 per month), following the basic meal plan set out in Appendix A still leaves a shortfall of nearly £50 per month. The picture is worse for those under 25 whose basic UC before housing costs is £292.11 per month, while many people also face significant UC deductions or have additional debts or arrears to pay towards.<sup>35</sup>

In August 2023 organisations including the Academy of Medical Royal Colleges, the NHS Confederation, the British Medical Association, the Royal College of Nursing and more warned that so many people are routinely going without the essentials it now poses a serious risk to the UK's health. As well as not being able to afford enough food, health and care practitioners told in the letter of seeing people forced to miss hospital appointments because they can't afford the bus fare, or missing or reducing their medication because they can't afford the prescription.<sup>36</sup>

#### *Energy costs*

The Ofgem energy price cap will fall to £1,923 from October 2023 for a typical household. However the rise in the daily standard charge and the end of the end of the universal Energy Bill Support Scheme in March 2023 will see the biggest falls in bills for those who consume most energy while those consuming less than four-fifths of a typical household's energy will see their bills rise compared to the previous

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<sup>34</sup> [Poverty in the UK: statistics - House of Commons Library \(parliament.uk\)](#)

<sup>35</sup> [Inside Housing - Comment - How would you manage on £368 a month?](#)

<sup>36</sup> [Universal Credit falling so far short of the cost of essentials is putting the health of millions at risk say health bodies and charities | JRF](#), accessed 06.09.2023



winter. Analysis by the Resolution Foundation shows this will affect a third of all families, rising to nearly half of the poorest 10% of households in England.<sup>37</sup>

#### *Financial vulnerability*

Taking a broad definition of poverty that encompasses not having enough resource to meet basic needs and take part in society, the rising cost of living has meant many more people not just struggling to cover food and energy bills but also having nothing set aside to cover emergencies like a cooker breaking down. The ONS consider someone to be experiencing financial vulnerability if three or more of the following apply to them<sup>38</sup>:

- being unable to afford an unexpected, but necessary, expense of £850
- borrowing more money or using more credit than usual, in the last month, compared with a year ago
- being unable to save in the next 12 months
- finding it very or somewhat difficult to afford energy bills

Around a quarter (24%) of all adults experienced financial vulnerability in the period February - May 2023, similar to the period September 2022 - January 2023. Those with highest odds of being financially vulnerable included renters, those on annual incomes below £10,000, adults aged 25-34 and disabled adults. These findings mirror those from the Big Portsmouth Survey in November 2022 (see section 2.2.5).

#### 2.2.2 The cost of living crisis is a public health crisis

The Royal Society for Public Health reported in December 2022 that health impacts could be expected across society that would impact on health now and for years to come.<sup>39</sup> They also noted that "*whilst this crisis cuts across society, some groups are going to be more impacted than others. The financial crisis is exacerbating already deeply entrenched inequalities, which will very likely widen the healthy life expectancy gap between the most privileged and socio-economically disadvantaged groups in society*".

Cost of living pressures are expected to continue:

- Energy price cap 1 October to 31 December: £1,923 per annum for the average household - down from £2,500 Energy Price Guarantee October 2022 to June 2023 - but remains almost double the price of energy during winter 2020/21.
- Fall in price per unit of energy will be offset by the rise in the daily standing charge and the end of the £400 universal payments.
- Food and non-alcoholic drinks prices rose at fastest rate since 1977 in the 12 months to March 2023 - annual inflation rate of 19.2%, reducing very slightly to 19.1% in April.
- Inflation forecast to reduce in 2023 and 2024. Consumer Price Index reached a peak of 11.1% in October 2022. This reduced to 7.9% by June 2023.
- Prices are not reducing, just increasing at a slightly slower rate.

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<sup>37</sup> [Falling energy price cap will be cold comfort for over seven million families who will face higher bills this winter • Resolution Foundation](#), accessed 05.09.2023

<sup>38</sup> [Impact of increased cost of living on adults across Great Britain - Office for National Statistics \(ons.gov.uk\)](#), accessed 05.09.2023

<sup>39</sup> [RSPH | Our health: the price we will pay for the cost-of-living crisis](#)

- Bank of England response is to raise interest rates, from 0.1% in December 2021 to 5.25% in August 2023 - highest rate since the banking crash of 2008.
- The unemployment rate is expected to rise in 2024 and increase gradually through to 2026.
- Immediate impact for any households on a variable rate mortgage or needing to re-mortgage - affordability issues for households across wider range of income scales.
- Increased mortgage costs will drive further increases in private sector rents.
- Higher interest rates will increase the number of households unable to meet their debt repayments.
- Government has made some changes to assistance with childcare costs and mortgage costs for households on Universal Credit, but otherwise response mainly relies on one-off short term assistance (cost of living payments, temporary increase to winter fuel grant, Household Support Fund etc).
- Cabinet has noted that to restore the £20 per week uplift to Universal Credit that was removed in October 2021 for the 16,500 households in Portsmouth receiving Universal Credit would cost £17.2m, four and a half times our Household Support Fund budget for 2023/24<sup>40</sup>.

## 2.2 The impact of the Cost of Living crisis in Portsmouth

The Cost of Living Report provides data that can help us understand the impact in Portsmouth. It brings together national and local data covering risks and vulnerability and emerging impacts, and will be used to inform the local response heading into the autumn/winter 2023/24 as well as the work it supported last year.

It has been developed using datasets from a range of sources, and caution should always be taken in interpreting the outputs. The data in the report is dynamic and updated regularly. It can be accessed on the [JSNA pages](#) of the council website.

The following key points are based on the latest available data at 1st August 2023.

### 2.2.1 Food Insecurity and Poverty

In 2022/23 7,600 vouchers were fulfilled at Portsmouth Food Bank. This is an increase of 51% from 2021/22 when 5,020 vouchers were fulfilled.

### 2.2.2 Fuel and Energy

Based on 2021 data, 11.8% of households in Portsmouth were classified as fuel poor; having low income and high energy costs. This ranged from 2.5% in some parts of Hilsea to 30.2% in some parts of Central Southsea.

### 2.2.3 Housing

In Portsmouth the maximum monthly amount (Local Housing Allowance rate) that an eligible resident can claim (through Housing Benefit or Universal Credit) towards the cost of renting a 2 bedroom property in the private sector is £725 in 2023/24. This is below the £795 that splits the cheapest 25% of properties from the most expensive 75%, based on average rents in Portsmouth in 2022/23. With average rents

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<sup>40</sup> <https://democracy.portsmouth.gov.uk/documents/s46319/Household%20Support%20Fund.pdf>

increasing over the past 12 months, this gap is likely to have widened, reducing the amount that those eligible for support have to spend on other essentials.

National data continues to show renters having much higher odds of experiencing financial vulnerability, and spending a higher proportion of their disposable income on housing costs, compared to mortgage holders or those who own their house outright.<sup>41</sup> In Portsmouth, 47% of households are rented (privately or from a social landlord) and 53% owned (outright or with a mortgage).<sup>42</sup>

#### 2.2.4 Skills, Employment and Benefits

The effects the cost of living crisis is having on employment is shown using data on unemployment and claims for key employment-related benefits, and changes in numbers of people in receipt of Universal Credit. In Portsmouth, 6,290 people aged 16-64 were claiming unemployment-related benefits in March 2023, 39% higher than in March 2020 (n=4,535). The increase in the last 6 months was mostly in females aged <50 years old.

Millions of pounds of benefit entitlements go unclaimed in Portsmouth every year, reflecting the £19 billion that is estimated to go unclaimed nationally<sup>43</sup>. For example, uptake of Healthy Start vouchers was 68.5% in May 2023; 669 families in the city were missing out.

#### 2.2.5 Money, Debt and Advice

The cost of living crisis is affecting all of our communities in different ways. Some households who have not previously required support will experience difficulties, while those already experiencing greatest deprivation are likely to see higher proportional impacts. The Big Portsmouth Survey in November 2022 showed more than 9 out of 10 people say their cost of living had increased.

In Portsmouth even before the cost of living crisis parts of the city were in the highest 10% nationally for the proportion of children living in absolute low income families, with between 3 and 4 out of every 10 children affected.

Since 2015, there has consistently been a higher rate of individual insolvency (Individual Voluntary Arrangement, Debt Relief Order or Bankruptcy) in Portsmouth compared to the averages for the South East and England, and rates are rising. Data from support services like Advice Portsmouth shows that the numbers of requests for advice, information and support have been going up in most parts of the city. The highest areas of demand are for advice on welfare benefits, debt and housing.

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<sup>41</sup> [Impact of increased cost of living on adults across Great Britain - Office for National Statistics \(ons.gov.uk\)](#), accessed 24<sup>th</sup> July 2023

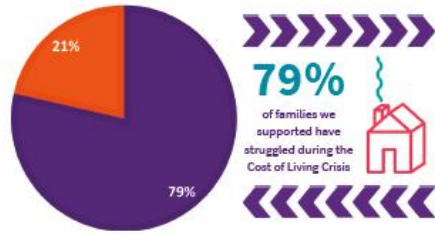
<sup>42</sup> ONS Subnational Estimated of dwellings by tenure, 2023 [Subnational estimates of dwellings by tenure, England - Office for National Statistics \(ons.gov.uk\)](#), accessed 22.08.2023

<sup>43</sup> <https://policyinpractice.co.uk/wp-content/uploads/Missing-out-19-billion-of-support.pdf>

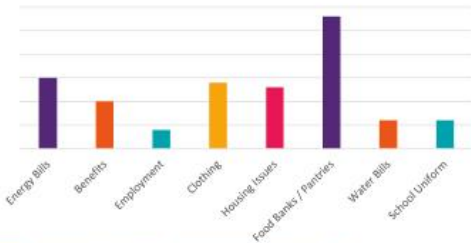


## COST OF LIVING CRISIS FAMILY FEEDBACK

Between April and August 2023, Home-Start Portsmouth Coordinators have interviewed 43 families about how the cost of living crisis has affected them.



Where Families Need Support



68% are needing to use Food Pantries and Food Banks to get by.



### What Families Are Saying

- My rent has gone up. Food is expensive. I am very careful with my money and budget well, but it is still such a struggle.
- I am needing Food Parcels from Pre-School
- I am in debt with my gas and electric and pay what I can each month.
- Universal Credit does not cover what I need to get by each month.

Feedback from Home-Start gathered between April and August 2023 on how the cost of living is impacting on families that they support in Portsmouth.

Home-Start is a local community network of trained volunteers and expert support helping families with young children through their challenging times.

### 2.3 Compounding previous challenges - the ongoing impact of Covid-19

We know that the impact of Covid-19 was felt disproportionately by those that were already facing multiple disadvantages. Age-standardised Covid-19 mortality rates were consistently higher in more deprived areas, due to a combination of factors including increased risk of exposure and pre-existing poor health. Lower vaccination rates in deprived areas are an additional contributory factor to the higher incidence of long Covid for people in communities that are at greater risk of poverty.<sup>44</sup>

Nationally, the number of people economically inactive because of long-term sickness has risen to over 2.5 million people, an increase of over 400,000 since the start of the coronavirus (COVID-19) pandemic.<sup>45</sup> Locally there has been a steady increase in the number of people claiming disability-related benefits in Portsmouth since 2019. In February 2019 there were 15,164 people claiming Disability Living Allowance, Personal Independence Payment or Attendance Allowance. This had

<sup>44</sup> The continuing impact of Covid-19 on health and Inequalities: Health Foundation, 2022. [The continuing impact of COVID-19 on health and inequalities - The Health Foundation](#), accessed 08.09.2023

<sup>45</sup> [Rising ill-health and economic inactivity because of long-term sickness, UK - Office for National Statistics \(ons.gov.uk\)](#)



increased to 17,512 by August 2022. Mapping these individuals by LSOA shows similar distribution to other measures of poverty and deprivation.

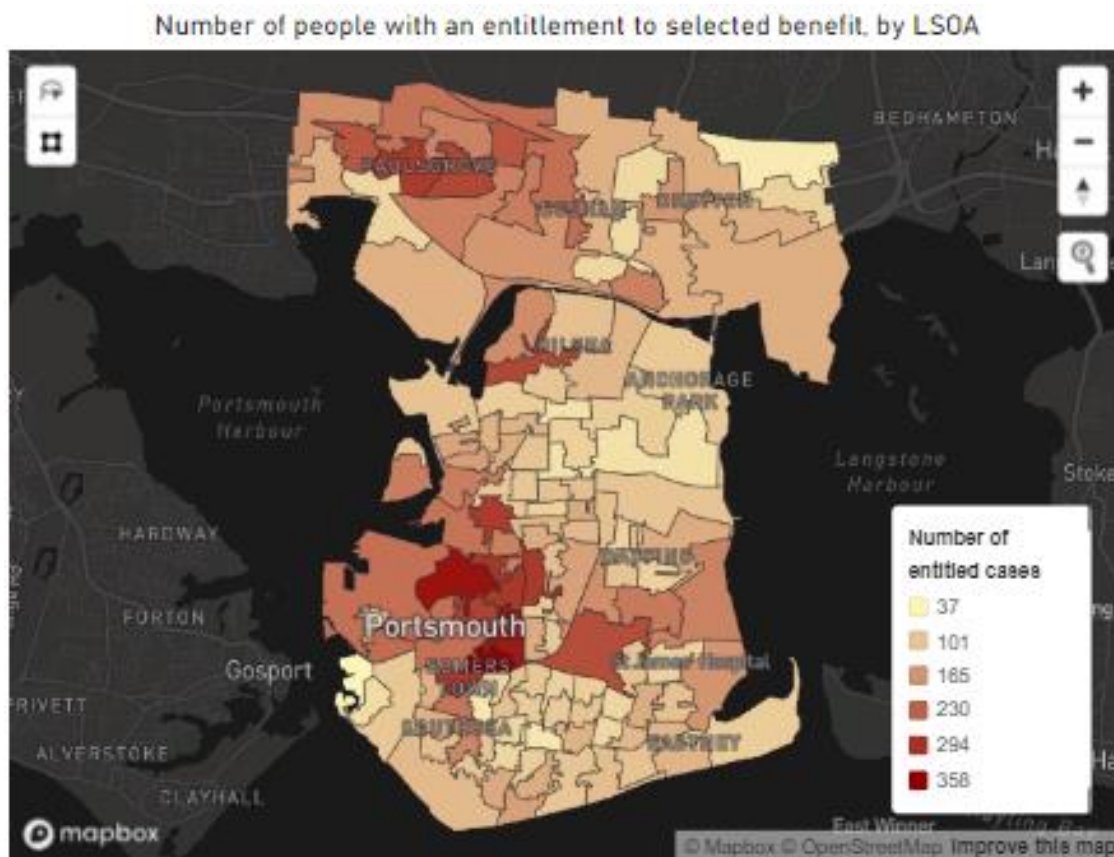


Figure 11 map of numbers eligible for disability related benefits by LSOA in Portsmouth in August 2022

It is also apparent that the impact of Covid-19 related disruption on educational attainment has been greater on children from poorer households.<sup>46</sup>

<sup>46</sup> The Impact of Covid-19 on Learning, Education Endowment Foundation, 2022  
[Impact\\_of\\_Covid\\_on\\_Learning.pdf \(d2tic4wvo1iusb.cloudfront.net\)](https://www.eef.org.uk/media/1000/Impact_of_Covid_on_Learning.pdf), accessed 22.08.2023

## 3 Approaches to tackling poverty

### 3.1 Tackling poverty in Portsmouth

#### 3.1.1 Timeline of Portsmouth's Approach to Tackling Poverty

Work began on what was originally called the Anti-Poverty Strategy in 2008 in response to high levels of need in the city and the desire for better coordination in the work being done to alleviate poverty between Portsmouth City Council and its partners. One of the main outcomes of this initial strategy was the recommendation and appointment of an Anti-Poverty Co-ordinator, who took up post in 2010. The post continues to be funded by PCC housing service, reporting to the Director of Housing, Neighbourhoods and Building Services (HNBS), but working closely with partners and across the council. This includes coordinating Tackling Poverty steering group (TPSG) and local Universal Credit Partnership, supporting the foodbank network and leading the council's administration and distribution of the various financial assistance grants (e.g. the Household Support Fund).

An important milestone in ongoing development of the strategy was the Child Poverty Act 2010<sup>47</sup>, which set into legislation the then Labour Government's commitment to 'eradicating child poverty by 2020'. The act placed a statutory responsibility on local authorities and their partners to publish a local child poverty needs assessment and child poverty strategy for their area. The focus on child poverty was based on evidence from the Field Review Report<sup>48</sup>. The findings of the report demonstrated that children living in poverty are much more likely to grow into poor adults, who in turn are more at risk of other poorer outcomes. By reducing the number of children living in poverty, the aim was that it would subsequently reduce the number of children growing up to become poor adults.

In light of these findings, Portsmouth's Tackling Poverty Strategy 2011<sup>49</sup> made tackling child poverty a key priority. As well as meeting the requirements of the Child Poverty Act, focus was placed on taking a more holistic approach, including tackling poverty for adults who were not part of a family, such as single adults or older people, with the aim of breaking the inter-generational cycle of deprivation. The Welfare Reform and Work Act<sup>50</sup> later removed the statutory duty for local authorities to complete a child poverty needs assessment in their area and to publish a strategy for child poverty in 2016. Nonetheless, child poverty has remained a key area of importance in Portsmouth's subsequent strategies.

Portsmouth's Tackling Poverty Strategy 2015-2020<sup>51</sup> built on the foundations of the previous strategies, aiming to ensure that the effects of poverty or financial hardship did not hinder the health and wellbeing of the people that live and work in the city. It set out a plan to address the immediate short-term effects of poverty, with a continued focus on alleviating the longer-term cycle of deprivation. This was a stand-

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<sup>47</sup> [Child Poverty Act 2010 \(legislation.gov.uk\)](https://legislation.gov.uk)

<sup>48</sup> The Foundation Years: preventing poor children becoming poor adults ([\[ARCHIVED CONTENT\]](https://nationalarchives.gov.uk) [nationalarchives.gov.uk](https://nationalarchives.gov.uk))

<sup>49</sup> [Microsoft Word - Tackling Poverty in Portsmouth - A strategy for the city FINAL 26.05.11](#)

<sup>50</sup> [Welfare Reform and Work Act 2016 \(legislation.gov.uk\)](https://legislation.gov.uk)

<sup>51</sup> [tackling-poverty-strategy.pdf \(portsmouth.gov.uk\)](https://portsmouth.gov.uk)

alone strategy, developed alongside Portsmouth's Joint Health and Wellbeing Strategy 2014-17<sup>52</sup>. The Health and Wellbeing Board has a statutory responsibility to produce a joint strategic needs assessment and a joint health and wellbeing strategy for the local population.

### 3.1.2 Portsmouth's current approach to tackling poverty

Portsmouth's current strategy for tackling poverty comes under the umbrella of the Health and Wellbeing Strategy for 2022-2030<sup>53</sup>, produced by the Health and Wellbeing Board. A different approach has been taken to previous strategies, focusing on the underlying factors affecting people living in the city leading to the issues which in turn result in poor health outcomes. Termed the 'causes of the causes', these themes have been used as the foundation for the strategy. The aim is to act upstream to address these issues before they cause ill-health, and to drive change by creating the conditions for good health and wellbeing in Portsmouth. Poverty has been identified as one of these causes, along with educational attainment, positive relationships in safer communities, housing, and active travel and air quality. Tackling poverty also underpins many of the people-focused strategies for the city, such as the fuel poverty aspects of the Energy and Water at Home Strategy 2020-25<sup>54</sup>, the Children's Public Health Strategy 2021-23<sup>55</sup>, and the Homelessness Strategy 2018-23<sup>56</sup>.

The Health and Wellbeing Strategy was developed through workshops with over 100 stakeholders. The poverty theme has been overseen and actioned by the Tackling Poverty Steering Group who monitor and update the ongoing action plan.

Informed by the Marmot Review<sup>57</sup>, which emphasised the idea that health inequalities are likely to persist so long as social inequalities persists, the strategy recognises the importance of the distribution of income and wealth in reducing health inequality. The COVID 19 pandemic exacerbated pre-existing health and wider inequities our society, disproportionately affecting those who already faced disadvantage and discrimination, such as people living in areas of high deprivation, those from ethnic minority groups, older people, those with a learning disability and others with protected characteristics. Through the use of the ONS Health Index to monitor progress in tackling health inequalities, the strategy focuses on delivering fair and equitable services to all communities in the city, reflecting a commitment to equality, diversity and inclusion.

The strategy seeks both to create an immediate action plan help people escape poverty, and to mitigate the effects of poverty in the longer term. There is a short-term focus on providing immediate support to people in urgent or long-term financial hardship. This involves developing a range of local welfare provision and helping people maximise their income through improving access to welfare provision,

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<sup>52</sup> [JHWS 2014 - 17 \(portsmouth.gov.uk\)](https://www.portsmouth.gov.uk/jhws-2014-17)

<sup>53</sup> [health-and-wellbeing-strategy-january-2022-accessible.pdf \(portsmouth.gov.uk\)](https://www.portsmouth.gov.uk/health-and-wellbeing-strategy-january-2022-accessible.pdf)

<sup>54</sup> [Energy and Water at home strategy \(switchedonportsmouth.co.uk\)](https://www.switchedonportsmouth.co.uk/energy-and-water-at-home-strategy)

<sup>55</sup> [Childrens Public Health Strategy - Appendix - Strategy 2021-2023.pdf \(portsmouth.gov.uk\)](https://www.portsmouth.gov.uk/childrens-public-health-strategy-appendix-strategy-2021-2023.pdf)

<sup>56</sup> [Portsmouth Homelessness Strategy 2018-2023](https://www.portsmouth.gov.uk/homelessness-strategy-2018-2023)

<sup>57</sup> Fair Society Healthy Lives (The Marmot Review): ['Fair Society Healthy Lives'](https://www.fair-society.org.uk/) 2010

reducing their expenditure and dealing with unmanageable debt. Work in this area is already underway in the city, through the delivery of Live Well events, and additional money advice outreach activity by Advice Portsmouth and Citizens Advice Portsmouth. Support and interventions to tackle fuel poverty include the provision of a freephone telephone helpline, free home energy advice visits and the Warmth on Prescription partnership project, which is exploring methods to target older people most at risk from cold homes in partnership with healthcare providers.

There is also a particular drive to tackling in-work poverty by addressing issues with employers and pay. The aim is to move towards a situation in which every employee receives a real living wage, has the support and training to fulfil their potential through work and to increase their earning power. Evidence from the case studies of Cardiff and Fife in the Building Back Better With Living Wage Places Briefing Paper 2021<sup>58</sup> illustrates the significant impact that the Real Living Wage can have on lifting people out of low pay and in-work poverty.

In a bid to help people into employment, focus has been placed on helping people access employability support, such as employment skills and training opportunities. Additional support would be implemented for those that may face greater barriers to working, such as people with learning disabilities. Examples of initiatives currently underway in the city include the launch of Into Work<sup>59</sup>, an employment support service for autistic and neurodivergent people, a partnership approach aiming to reduce the risk of benefit sanctions, and the provision of 'Multiply' numeracy skills courses.

Underpinning the approach is the drive to support a community-level response to local needs, by enabling communities to access resources, advice and support. The capacity for local communities to support one another was demonstrated during the COVID-19 pandemic, with the support of HIVE Portsmouth and its partners. The aim is to support and build on this further to encourage independence and resilience in the city's communities. This approach may redirect focus away from support being provided by traditional services, to that provided by community-run services such as food banks or pantries. Work currently underway in the city includes the Warm Spaces, Welcome Places project led by HIVE, who are also supporting the development of more community pantries, and the HAF Fun Pompey programme which provides healthy food and activities for children and families during school holidays.

### **Case study: Caroline's story**

*Fratton resident Caroline, age 55, had been smoking 50 roll-ups a day, costing her £15 a day (£105 a week).*

*With the rising cost of living, the mum-of-three was choosing to buy tobacco rather than turning on her heating, and she was asking her adult children for cigarette money.*

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<sup>58</sup> [Building Back Better with Living Wage Places Briefing Document 2021.pdf](#)

<sup>59</sup> [Into Work - The You Trust](#)



*Caroline took up smoking cigarettes when she was a teenager. She spoke to her GP about quitting after she lost her mother – also a smoker – to lung cancer in May 2022.*

*Caroline's GP then referred her to the council's Wellbeing Service, who supported her to quit.*

*She recalls: "I was quite sceptical because I have tried quite a few times in the past. But you would go without food before you'd go without fags. But the staff were absolutely great."*

*"[My wellbeing worker] was absolutely brilliant, without Leah I couldn't have done it."*

*Caroline said "I couldn't afford to eat properly" when she was prioritising her money on cigarettes. She was also very breathless and struggled to move around without feeling on the verge of collapse.*

*"I have asthma and COPD and now I feel a lot healthier - I can finish a conversation without constantly choking halfway through.*

*And I have been almost completely saved from the cost of living crisis."*

### 3.2 Portsmouth's response to the cost of living crisis

The council and partners have identified the cost of living crisis as a clear priority. The response aims to understand and build on work focused on tackling poverty already taking place at the council, utilising existing networks and good practice already in place. Building on this, it seeks to put together an immediate response to help people, as well as using data and insight to support the development of a longer-term approach.

The response to the crisis has been led by the Cabinet and overseen within the council by a cross-directorate executive group chaired by the Director of Public Health to ensure planning and implementation across the organisation is coordinated. A key element of the approach has been to have a single source of reliable, up-to-date and easily accessible information detailing council support available for residents, hosted on the council website. The Cost of Living Hub was launched in November 2022 and provides dedicated support for residents through an online hub.<sup>60</sup> At the same time, a cost of living telephone helpline was launched, which has been able to refer complex cases to a dedicated cost of living support worker. Based in Public Health, the support worker also acquires cases through outreach work. This work was supported by multi-channel marketing activity to raise awareness of the support available.

Over 28,000 people visited the online hub between November 2022 and July 2023, with the most popular content viewed being food and essentials, warm spaces, energy and bills and low cost activities. During this period there were also over 1,000

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<sup>60</sup> [Cost of living hub - Portsmouth City Council](#)

calls taken on the helpline, with the most common topics of advice sought being food, energy, benefits, housing and debt. Of these callers, 36% reported having a disability, with a further 32% of callers not wishing to disclose this information. In addition to the calls to the helpline, 85 people have been referred to the cost of living support worker, with many of these residents supported through a period of weeks or months. The majority of these referrals came via the helpline, but they have increasingly resulted from outreach work at a range of events and services including food banks, job centres and the wellbeing service. The case studies included in this report demonstrate the impact that the support provided has had on these residents, many of whom have found their wellbeing affected by finding themselves in severe financial hardship, often for the first time.

Significant marketing activity has taken place across the city to raise awareness of the cost of living support offer to residents. This involved a launch leaflet being sent to all households, advertising on social media, online and print news outlets and out-of-home advertising around the city.

As an additional part of the response, a special cost of living version of the Healthy Conversations Skills - Making Every Contact Count (MECC) training routinely delivered by Public Health was developed to support staff to feel confident in identifying opportunities to talk to local residents about their wellbeing or other issues such as debt or benefits. This may take the form of a simple conversation about ways to make changes, such as reducing expenditure, or could involve signposting or onward referral to relevant services. Over the winter months in 2022-23, more than 200 people undertook the training, with attendance from PCC, schools, NHS and voluntary and community sector staff.

Organisations across the city are supporting people to address the increasing challenges they face, with many positive examples from the VCS and local businesses shared at the cost of living conference hosted by the council in February 2023 (see section 4.2.2). Another example is the work VIVID have done as part of the National Databank ('a food bank but for internet connectivity data')<sup>61</sup> to reduce digital exclusion, which includes loans of digital devices and supporting their Portsmouth tenants with mobile phone data.

### **Case study: Olivia's story**

*Autumn 2022 was tough for Olivia. A mother of two living in a housing association property, she and her partner had debts piling up around them and were also struggling with the cost of food. Born prematurely, her second child needed regular hospital treatment. The strain had become too much, so OLIVIA reached out to the HIVE, who suggested that she call the Council's new Cost of Living helpline.*

*'It was really bad,' Olivia recalls. 'I was at a point where I didn't have anything, life was really difficult. I was nervous about calling - what if they thought I couldn't look after my children? I cried on the phone.'*

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<sup>61</sup> [National Databank - Good Things Foundation](#), accessed 09.09.2023

*Olivia was swiftly referred to the Council's Cost of Living Support Officer, Lynn Doel, who soon calmed her nerves. 'Lynn was really helpful. When I said that I wasn't bothered about myself but about my children, she reminded me that I had to keep up my energy for them.' Lynn arranged for a food parcel to be delivered to the family; it arrived a few hours after that first call. She sourced a pram for the baby and clothes for both children. With the family's immediate needs taken care of, Lynn then arranged for Olivia to be Issued with a Household Support Fund food voucher, and joined a three-way call with Olivia's housing officer to arrange for necessary repairs to the property and to discuss a realistic payment plan for the couple's rent arrears.*

*Next she put Olivia in touch with the Citizens Advice Bureau who worked with her to put a plan in place to manage the couple's debts. Lynn also arranged for Olivia to receive a visit from Switched On Portsmouth, during which they provided advice and guidance on how the family could cut their energy costs. At Christmas time, with the support of the Salvation Army, Lynn made sure that Olivia was able to put presents for her children under the tree.*

*'When I first spoke to Lynn I was in a deep, dark hole, but now I feel like I'm starting again, and have a plan to clear my debts. If it wasn't for her support, I'd have kept burying my head in the sand.'*

*If someone else was suffering from financial hardship and the effect it has on their wellbeing, would Olivia recommend that they call the Cost of Living helpline?*

*'Yes, I really would because without the support I was given, I'd be in the same situation. Now I'm in a better space and feel a hundred times better. Lynn's been my guardian angel!'*

### 3.3 Lessons from other places

#### 3.3.1 Approaches to tackling poverty

There is a range of research and evidence as to what approaches might work in addressing poverty. Any approach to eliminating poverty requires cross-sectoral action and no one type of approach is likely to produce significant results in isolation. Much of the research has focused on interventions that address poverty directly, as well as those which seek to address some of the wider outcomes that may be a consequence of poverty. While it is not possible to provide a comprehensive review of this research here, it is nonetheless useful to look at some of the current findings and recommendations, some of which have already been implemented into Portsmouth's strategies for tackling poverty.

Many examples of what has worked at a practical level in other local authorities from around the UK are those that have taken a more strategic approach, enabling coherent long-term solutions to address poverty, rather than reacting to crisis after crisis. Although there is little empirical evidence to necessarily support the use of one specific approach over another, one study by Great Manchester Poverty Action<sup>62</sup> aimed to fill this gap in the evidence by analysing case studies of anti-poverty

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<sup>62</sup> [gmpovertyaction.org/wp-content/uploads/2023/02/GMPA-Local-anti-poverty-strategies-report-2023-final.pdf](https://gmpovertyaction.org/wp-content/uploads/2023/02/GMPA-Local-anti-poverty-strategies-report-2023-final.pdf)

strategies implemented at six different local authorities. It then used the findings of this analysis to produce key recommendations to guide the development of anti-poverty strategies. The report recommended that focus should be on the three main drivers of poverty: income from employment, costs of living and income from social security and benefits in kind. The analysis suggested successful anti-poverty strategies tended to focus cash-first approach to local welfare provision, maximising dignity, choice and control for recipients of the support. Finally, the report confirmed that working with external partners and communities was essential for an effective anti-poverty strategy.

One success story has been the strategy employed by Wigan Council since 2011, which has come to be known as the 'Wigan Deal'<sup>63</sup>. The council has sought to empower communities through a 'citizen-led' approach to public health, with public services building on the strengths and assets of individuals and communities to improve outcomes. An example of this has been the closure of several existing day centres, with investment redirected into community organisations looking to support people in different ways. Additionally, staff in the council and partner organisations have been trained to have more rounded and meaningful conversations to help support local people with their needs. A study by The King's Fund<sup>64</sup> demonstrated the success of the scheme through several key metrics. In the period since the strategy was implemented, healthy life expectancy has increased significantly, Care Quality Commission assessments indicate improvements in the quality of social care and there has been an improvement in the number of people able to be cared for in the community, rather than in long-term residential care after they leave hospital. Staff engagement has also improved at the council. Although still a work in progress, the Wigan Deal provides a powerful example of what can be achieved through new ways of working.

Another important initiative in tackling poverty in the UK has been the development of Marmot cities and city areas, based on the framework from the Marmot Review<sup>65</sup> which highlights the social determinants of health. At present these include Coventry, Stoke, Newcastle, Gateshead, Bristol and Somerset. These cities have committed to placing health and inequalities at the centre of their approaches to early years, education and skills, transport, housing and jobs and businesses. The long-term aim is to join all major cities in the UK together into a network of Marmot Cities to allow sharing of expertise and research findings. It is hoped that through collaboration between regional leaders, some of the most deprived communities can be lifted out of the cycle of poverty and deprivation.

### 3.3.2 Approaches to tackling the cost of living crisis

With rising costs of fuel, food and other essentials, councils and local partners across the UK have responded to the cost of living crisis with a variety of approaches to delivering services and support. In an environment with ever increasing restraints on resources, greater policy and practice innovation is vital. Sharing best practice

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<sup>63</sup> [The Deal Brochure \(wigan.gov.uk\)](http://wigan.gov.uk)

<sup>64</sup> [Lessons from the Wigan Deal | The King's Fund \(kingsfund.org.uk\)](http://kingsfund.org.uk)

<sup>65</sup> Fair Society Healthy Lives (The Marmot Review): 'Fair Society Healthy Lives' 2010

can offer important lessons about what kind of approaches have been successful in certain areas and can allow them to be adapted as necessary and implemented in other areas.

The Local Government Association (LGA) has created a cost of living hub<sup>66</sup>, which showcases some of these approaches, allowing further sharing of best practice and providing learning opportunities. Across these case studies, several consistent themes emerged for the types of living support implemented: food insecurity and poverty, fuel and energy, health and wellbeing and money debt and advice. The following examples have been sourced from the LGA cost of living hub website and using local knowledge of schemes being used in other cities in the area. They have been selected for their innovative nature and includes those which have the potential to be adapted and incorporated into Portsmouth's approach to tackling poverty.

### Food insecurity and poverty

- **Redistributing surplus food to those who need it most**
  - Southampton City Council have committed to working with the 'Big Difference Scheme', a food redistribution project. They collect surplus food from a range of food businesses and redistribute it to charities and community groups in Southampton to help struggling families and the vulnerable who are facing food poverty. Currently they are redistributing this food to help many other communities, including the homeless.

### Fuel and energy

- **Data-sharing to allow automatic transfer to social water tariffs**
  - Maidstone has launched a data sharing partnership with South East Water to identify low-income customers and automatically transfer them to a social water tariff. It is estimated that over 7,000 residents will benefit from this scheme, who may not have previously been aware that they were eligible. Data sharing in this way has been made possible through legislation set out in the Digital Economy Act,<sup>67</sup> which aims to improve public services through innovative use of data.

### Health and Wellbeing

- **Helping keep children and families from deprived neighbourhoods to keep active**
  - Cherwell District Council have supported an initiative which aims to get children from its most deprived neighbourhoods active. The FAST (Families Active Sporting Together) programme invites children and their families to take part in a 12-week activity programme in schools and community settings. These families then receive discounted access to local leisure services to encourage ongoing active lifestyles once they have completed the programme. There are currently 7000 people involved from more than 2000 families. The initiative has

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<sup>66</sup> [Cost of living hub | Local Government Association](#)

<sup>67</sup> [Digital Economy Act 2017 \(legislation.gov.uk\)](#)

seen positive results, with only 15% of families reporting being active together five or more times a month before the programme, compared to 52% of families after the programme.

- **Addressing the link between debt and mental health**
  - Gateshead Council have worked to address the link between debt and mental health by considering council tax arrears data as a way to identify residents who may need additional support. A dedicated team have been trained to provide a holistic approach and have been encouraged to show a 'human side' to debt management within the council. This may involve a simple conversation about debt and ways the council can help, stopping arrears letters being sent and helping people access the benefits and support they are entitled to. An evaluation of the approach found that 75% of those who were supported in this way reported that their lives had been improved as a result. There may be an opportunity here to build on work already underway at Portsmouth City Council to embed mental health support into the council's approach to debt management.

#### Money, debt and advice

- **Targeting populations least likely to reach out for support**
  - Lewes District Council recognised that older people were less likely to try and access financial support they are eligible for, including pension credit and energy rebates. Online applications for support and attitudes to claiming support were identified as potential barriers, therefore the council initiated a multi-channel campaign to invite older people to a benefits drop-in session. This included communication via local radio, direct mail, community noticeboards and engagement with local retirement schemes. The drop-in session was extremely popular and over 220 residents were supported in accessing their entitled benefits.

#### Skills and employment

- **Developing a strategy to encourage real living wages and boosting employment skills and support**
  - The Covid-19 pandemic had a significant and long-lasting effect on unemployment in the London Borough of Waltham Forest, which has seen higher rates of increase in Universal Credit claims in the last few years than the national average. They have responded by introducing the Think Work Strategy, which intends to boost the take-up of apprenticeships, encourage living wages with businesses, tackle unemployment and in-work poverty, and create good jobs for residents. They have focused on three key sectors: construction, health and social care and culture. Data illustrating which areas had the highest rates of Universal Credit claims helped to target the areas likely to be in most need from the scheme. The service has supported 350 residents that were unemployed, with over 200 of those entering employment.



## 4. Stakeholder views

### 4.1 Tackling Poverty Steering Group (TPSG)

The Tackling Poverty Steering Group is a multi-agency partnership that has been leading the city's response to poverty for over a decade. Members of the TPSG have shaped the development of this needs assessment, provided data and examples of good practice, and identified areas for further work e.g. to understand the specific challenges faced by people with learning disabilities (see 4.3 below). Their priorities are set out in the action plan that informs much of section 3.

### 4.2 Health and Wellbeing Board

The HWB made tackling poverty one of their five priorities in the [Health and Wellbeing Strategy 2022-2030](#), recognising it as one of the 'causes of the causes' impact on a range of health outcomes in the city where Portsmouth needs to improve. Partners committed to help people escape poverty and take action to mitigate the effects of poverty. This includes using their power as employers and anchor institutions to tackle in-work poverty and drive social value.

### 4.3 Member priorities

PCC's Corporate Plan 2023/24 was approved by Cabinet in July 2023. Its first priority is "we will work to support individuals and families struggling to make ends meet". It states:

*"We help residents maximise their income, recognising the impact economic prosperity has on all aspects of people's lives, including health and wellbeing. We help people access grants and benefits, including council tax support and housing benefit, and household support grants for those in greatest need. We provide information and advice, including through our cost of living helpline and hub, and aid households to reduce costs and make homes greener through Switched On Portsmouth. We enrich lives by providing free and low cost activities through museums, libraries, and events, as well as our seafront and open spaces, and help people get around by supporting affordable and sustainable local transport, from the national £2 bus fare cap to rental electric scooters and shared bikes.*

*In 2023/24, we will also:*

- make sure households in need benefit from the city's Household Support Fund*
- provide additional help for people in the greatest need through support work, outreach and information and advice, and ensure that we help people to get on the right footing after a financial problem*
- provide more grants for insulation, air source heat pumps and solar panels for low-income homes*
- work in partnership with The Library of Things to enable residents to check heat loss from their homes*
- work with health partners to develop a model for "warmth on prescription" –*
- further develop the Holiday Activities and Food programme with more free events and activities*
- work with partners to extend support such as community pantries • continue to offer leisure card discounts on leisure activities for people on low incomes*
- continue to offer free swimming for under 12s.*
- work with the local bus industry to ensure affordable public transport."*

### 4.3 Local communities' perspectives

#### 4.3.1 Big Portsmouth Survey

To understand the impact of the rising cost of living on residents in Portsmouth, the council asked residents how that had been affected. Wave Four of the Big Portsmouth Survey was completed by over 1,600 residents from August to October 2022.<sup>68</sup> A fifth wave of the survey will report in the autumn 2023 based on fieldwork completed during the summer. Key findings in 2022 included:

- The vast majority of residents stated that their cost of living had increased over the last few months (94%), largely attributed to the rising cost of their food shop (97%) or an increase in their gas or electricity bills (88%).
- As a result of their cost of living increasing, over half of residents were spending less on non-essentials, using less fuel in their home, or spending less on food shopping and essentials.
- Just over half of residents reported being less able or unable to meet the day-to-day costs of living as a result of this increase (52%)

While caution needs to be applied in interpreting results due to the sample size, the survey also showed that those who were much less able to meet the day-to-day costs of living as a result were more likely to be disabled, in lower income, under the age of 65, and renting rather than property owners. This mirrored national analysis carried out by the Office for National Statistics in February 2023, which found that:

- Adults who rent their homes had higher odds of experiencing some form of energy (2.9 higher odds) and food insecurity (3.2 higher odds) than those who own their property outright.
- Adults with an annual personal income below £30,000 had between 2.1 and 2.6 higher odds of experiencing some form of energy insecurity than adults earning £40,000 or more; while those with a personal income below £40,000 had between 1.7 and 3.1 higher odds of experiencing some form of food insecurity than adults earning £40,000 or more.
- Adults who reported moderate-to-severe depressive symptoms had higher odds of experiencing some form of energy (2.3 higher odds) and food insecurity (3.1 higher odds) than those with no-to-mild depressive symptoms.
- Adults aged 30 to 64 years had between 1.5 and 1.8 higher odds of experiencing some form of energy insecurity than those aged 65 years and over; while adults aged 16 to 64 years had between 2.0 and 4.6 higher odds of experiencing some form of food insecurity than those aged 65 years and over.

#### 4.3.2 Cost of Living conferences in Portsmouth

The Leader of Portsmouth City Council hosted a Cost of Living Conference on 10<sup>th</sup> November 2022 that brought together stakeholders from the council, voluntary sector, local businesses and others stakeholders. The session explored how local

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<sup>68</sup> [Wave Four - November 2022 - Your City, Your Say survey research \(portsmouth.gov.uk\)](#)



people could come together to help each other, and how partners could work together to facilitate that. The many ideas generated helped to inform the council's response during the winter and beyond, including

- communications campaigns to support and encourage volunteers with positive messages
- sharing data and intelligence [add link to webpage when live]
- building a cost of living focus into existing work such as the Live Well events and 'Making Every Contact Count' training

A follow up event on 27<sup>th</sup> February heard inspiring stories of how local VCS organisations were helping local people but also highlighted the significant challenges local residents were facing. It was also an opportunity to show the collaborative approach the council and partners continue to take, bringing together information and advice about services from across provider organisations into one place to help residents navigate their way through the support on offer. This includes a range of services that already existed to support those struggling with the cost of living, such as food banks and Switched On Portsmouth, and new things established during the 2022/23 including:

- a single cost of living online help hub – [www.portsmouth.gov.uk/costoflivinghub](http://www.portsmouth.gov.uk/costoflivinghub)
- a cost of living helpline providing information and advice
- a cost of living support worker
- information and training for staff from PCC, Health and Care Portsmouth and other organisations. Including a 'cost of living checklist' of issues to consider and where to find support
- warm spaces to help people stay warm through the winter

### **Case study: Amelia's story**

*Amelia is a single parent with two children, whom she puts first in every decision she makes. She met the Council's Cost of Living Support officer, Lynn Doel, at a Live Well event at her children's school. 'I'm a bit of a proud person, I don't like to ask for help,' she says. 'Lynn has been amazing, and so helpful. She's made me see that I'm doing everything I possibly can for my kids.'*

*Amelia admits she became emotional talking to Lynn that evening. Although she has a part-time job, she had been struggling from week to week wondering how she was going to be able to afford to feed her children. Lynn was immediately able to take away some of this worry by providing Amelia with a supermarket voucher, followed by a referral to a food bank, and then information about food pantries near her.*

*'The food bank was great, they gave us extra Custard Cream biscuits because my daughter likes them! And the Cosham food pantry has been amazing. I like the fact they have fresh produce as I'm keen to make sure the kids eat fresh fruit and veg.'*

*Another referral Lynn made for Amelia was to Switched On Portsmouth, who visited to assess ways she could save energy and money. They identified that her fridge-*

*freezer was over eight years old and not in good working order. Through their free white goods replacement scheme, which is available to those on low income or income support, a new fridge-freezer is now on order for Amelia. Switched On also replaced all the light bulbs with new energy efficiency LED ones, and - adopting a less hi-tech approach to energy efficiency - put tin foil behind radiators to reflect heat back into Amelia's rooms rather than letting it uselessly escape through the walls.*

*'It's nice to know that Portsmouth City Council are trying to help, and Lynn has been an absolute godsend. I've recommended the Cost of Living helpline to a couple of friends in similar situations - not only to single parents but couples too.'*

#### 4.2.3 Future research

##### 4.2.3.1 Learning Disabilities

Alderman John Attrill, the city's Learning Disability Champion, identified that there is a lack of knowledge about the impact of the cost of living crisis on people with learning disabilities. Research will be carried out in the autumn 2023 to explore with individuals, families and support workers what impact the cost of living has had on people with learning disabilities in Portsmouth, and what support is needed. The findings of this research will be reported to the HWB.

##### 4.2.3.2 Community Participatory Action Research

In collaboration with UoP, HIVE Portsmouth, community representatives and other system partners we are exploring the role of policy in creating and preventing health inequalities, and the role of the public and communities in contributing to our understanding of health inequalities. This has led to two key projects with a Cost of Living focus. Funding by NHS England (HEE South-East) has given us the opportunity to support Home Start Portsmouth and Hope Portsmouth (the charity based at King's Church which delivers Portsmouth Food Bank and other projects / services) to deliver cost of living research over a 12-month period from June 2023-24. These researchers are embedded in their VCS organisations and are ideally placed to deliver research and insight that has strong potential to inform our work and decisions. In participating in this project we are gaining valuable experience and understanding of the support infrastructure and methods that enable us to learn more directly from communities about the lived experience of health inequality in the context of poverty.

## Section 5 Conclusions and recommendations

Poverty continues to impact on a significant proportion of Portsmouth's residents. The cost of living crisis has added to these challenges, and brought financial pressures to bear on many households that would not meet previous income-based definitions of poverty. National evidence makes clear the impact these issues can have on people's health and the wellbeing of communities across the city. It is a major driver of poor health outcomes in Portsmouth and negatively affects other key outcomes such as educational attainment. This relationship is two-way, with poor health and education outcomes in turn increasing the risk of poverty.

The focus on poverty as one of the 'causes of the causes' in the HWS reflects this and demonstrates the importance attached to it by the local system. Through the HWB and TPSG we continue to work together as partners across the city to tackle the long-term causes of poverty and to mitigate the impacts of the cost of living crisis on households affected.

The council has reaffirmed its commitment to tackling poverty, with one of its top priorities being "to support individuals and families struggling to make ends meet".

The Hampshire and Isle of Wight Integrated Care System (ICS) have identified the need to tackle inequalities in outcomes, experience and access, and included a focus in their strategy on minimising the potential health and wellbeing impact of cost of living pressures.<sup>69</sup> NHS England's focus through Core20PLUS5 will inform local system's action to target those in the most deprived 20% of the population.<sup>70</sup>

This system-wide focus needs to be maintained and enhanced. As this report has highlighted, these issues are long-standing and yet to be resolved, with the specific pressures in the short term around food and energy costs likely to continue. The recommendations set out below aim to identify ways in which the work already underway can be maintained, enhanced and extended. They are themed under four areas of action recommended by the Royal Society for Public Health in 2022, adapted to reflect a local focus.

### Recommendations

*1. Adequate financial support for families and services – targeted support for those most at risk and appropriate funding as an investment in the future health and prosperity of Portsmouth.*

- Maintain the targeting of support where it is most needed e.g. through the allocation of Household Support Fund (HSF) and the provision of schemes like Holiday Activities and Food (HAF Fun Pompey).
- Enhance the system wide support to fund the work, recognising that the issues impact on partners across the city.

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<sup>69</sup> [ICS Strategy \(16 x 9 in\) \(hantsiowhealthandcare.org.uk\)](https://www.hantsiowhealthandcare.org.uk)

<sup>70</sup> [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](https://www.nhs.uk/core20plus5/)

- Extend the support that is available by supporting campaigns such as the 'essentials guarantee' which would make sure the Universal Credit basic rate is always at least enough for people to afford the essentials.
2. *Champion policy innovation to maximise available supports. As many in society – including businesses, local authorities and central government – navigate a resource-constrained environment, greater innovation in policy and practice is needed across our entire societal infrastructure.*
- Maintain a partnership approach, through the key role of the TPSG to challenge the system, including the HWB.
  - Enhance the work with system partners to sustain the focus on poverty whilst responding to the immediate issues presenting, building on the role of anchor institutions in promoting social value.
  - Extend the support available in innovative ways e.g. piloting 'warmth on prescription' with primary care to reduce cold-related hospital admissions; building on work already underway at PCC to embed mental health support into the council's approach to debt management.
3. *Monitoring the long-term health impacts of poverty and the cost-of-living. Data on the impacts of financial security and wellbeing are crucial to drive the development and delivery of local support.*
- Maintain the reporting through the HWB of how work on the causes of the causes, including poverty, is impacting on health and wellbeing.
  - Enhance the availability of data to the wider system through the cost of living dashboard and related resources, including as part of the TPSG's monitoring of its action plan.
  - Extend the system-wide awareness of the impacts of poverty by supporting the inclusion of inequalities data (including deprivation) in key planning and reporting tools.
4. *Support and empower the workforce so they can support us all.*
- Maintain the support for the cost of living and wider determinants of health workforce that the council provides e.g. by protecting the budgets for these areas.
  - Enhance the use of MECC and systems thinking methodology to give staff in all organisations the systems, skills and support to provide assistance that responds to the impact of poverty and the cost of living crisis and delivers what matters to residents.
  - Extend the work with individuals and communities to recognise the role each can play in supporting themselves and one another.

**Appendix A – VIVID’s budgeting analysis, May 2023**

**Sample Menu**

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
<b>Monday</b>	40gm porridge oats 300 ml milk Banana Tea	1/2 pot soup cheese sandwich apple coffee	Mashed potatoes 2 sausages Broccoli & carrots gravy Yogurt Tea
Tuesday	40gm porridge oats 300 ml milk Banana Tea	2 scrambled eggs Toast apple coffee	250gm Qourn chilli sweetcorn & red pepper red kidney beans rice Yogurt Tea
Wednesday	40gm porridge oats 300 ml milk Banana Tea	1/2 tin baked beans Toast apple coffee	1/2 pack halloumi mushrooms salad Chips Yogurt Tea
Thursday	40gm porridge oats 300 ml milk Banana Tea	1/2 pot soup 1/2 tin tuna sandwich apple coffee	vegetable curry Rice Yogurt Tea
Friday	40gm porridge oats 300 ml milk Banana Tea	Cheese on toast Tomatoes apple coffee	Fish in breadcrumbs Chips Mushy peas Yogurt Tea
Saturday	2 scrambled eggs 1/2 tin baked beans Mushrooms Toast Tea	Pasta & Pesto 1/2 tin tuna tinned sweetcorn apple coffee	250gm Quorn bolognese Pasta grated cheese Yogurt Tea Muffin
Sunday	2 sausages 1/2 tin baked beans Mushrooms Toast Tea	Chicken breast Potatoes carrots & peas gravy yogurt coffee	2 boiled eggs toast muffin Yogurt Tea

**Sample budget and weekly shopping list**

**Bill Twokey 61 years old, rent £110 pw, CT band B**

***Income***

UC           £845.41  
CTS         £77.03  
**£922.44**

***Outgoings***

Rent                   £476.67  
Council tax         £96.29  
TV licence         £13.25  
Gas                   £53.00  
Electric             £63.00  
Water               £18.00 Social tariff  
Bus                   £19.50  
Broadband         £12.50 Social tariff  
Mobile phone       £10.00  
Gifts                £10.00  
Food                 £187.00  
Clothing & shoes   £5.00  
Toiletries          £5.00  
**£969.21**

**Shortfall        -£46.77 pcm**

### Weekly shopping for one

5 bananas	£0.85
mushrooms 200g	£0.85
Bag apples	£1.49
red pepper	£0.59
potatoes 2.5 kg	£1.39
broccoli head	£0.75
carrots 500g	£0.33
tomatoes 325g	£0.95
lettuce 2 sweet gem	£0.95
cucumber	£0.79

2.27 litres milk	£1.55
cheddar 400g	£2.79
halloumi 225g	£2.15
1 fish in breadcrumbs (1/2 pack)	£1.35
1 chicken breast (half pack)	£1.15
Pot soup	£1.49
4 sausages (half pack)	£0.75
500 gm Quorn	£2.95
6 eggs	£1.29
frozen peas 900g	£0.89
8 yogurts	£2.58

porridge oats 1K	£0.84
loaf bread (seeded)	£0.85
pasta 500g	£0.79
muffin x4	£1.45

2 x tins beans	£0.94
tin tuna	£0.99
4 x tins sweetcorn	£1.85
tin red kidney beans	£0.33
tin mushy peas	£0.32
2 x tins tomatoes	£0.64

Pack of 4 dishcloths	£1.99
Polish	£0.79
<b>Total</b>	<b>£39.66</b>

### This assumes that the customer already has supplies of the following:

T Bags 160	£1.39
Coffee 200g	£2.39
Yeast extract 250g	£1.89
Pesto 190g	£0.95
Gravy powder 300g	£1.09
Margarine 500g	£0.99
Stock pots x4	£0.89
Spices each	£0.59
Oil - rapeseed 500ml	£2.65
Salt & pepper grinders each	£1.35
Rice 1 kg	£0.48
Tomato puree 200gm	£0.52
Mango chutney 370g	£1.45
Toilet rolls x 9	£2.25
Washing up liquid 500ml	£0.65
Washing powder - 40 washes	£3.95
Anti-bacterial spray 750 ml	£0.85
<b>Total</b>	<b>£24.33</b>

### Probably need to buy at least 2 of these products each week, so at least £39-40

This is a very basic diet - very few treats - no alcohol or tobacco

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# Agenda Item 8

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



**Portsmouth**  
CITY COUNCIL

**Title of meeting:** Health and Wellbeing Board

**Subject:** Portsmouth Strategic Youth Justice Plan 2023-25

**Date of meeting:** 27 September 2023

**Report by:** Keely Mitchell, Head of Service, Adolescents and Young Adolescents.

**Wards affected:** All

**1. Requested by Sarah Daly, Director of Children, Families and Education.**

**2. Purpose**

This report shares the Portsmouth Strategic Youth Justice Plan 2023-25 for noting.

**3. Information Requested**

Please see Appendix One for a copy of the Plan.

.....  
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
Portsmouth Strategic Youth Justice Plan 2023-25	Portsmouth Youth Justice Services

# Portsmouth

## Youth Justice Plan

### 2023-2025



<b>Service</b>	Portsmouth Youth Justice Partnership
<b>Service Manager/ Lead</b>	Keely Mitchell, Head of Service for Adolescents and Young Adults and Lisa Morgan, YOT Service Leader and
<b>Chair of YJS Board</b>	Sarah Daly, Director of Children Services and Education

## Contents

1. Introduction, Vision and Strategy
2. Child First
3. Voice of the Child
4. Governance, Leadership and Partnership Arrangements
5. Board Development
6. Progress on previous plan
7. Resources and Services
8. Performance
9. National Key Performance Indicators
10. Priorities
  - Children from groups which are over-represented
  - Prevention
  - Diversion
  - Education
  - Restorative Approaches and Victims
  - Serious Violence and Exploitation
  - Detention in Police Custody
  - Remands
  - Constructive Resettlement
11. Standards for Children in the Youth Justice System
12. Workforce Development
13. Evidence Based Practice, Innovation and Evaluation
14. Service Development
15. Challenges, Risks and Issues

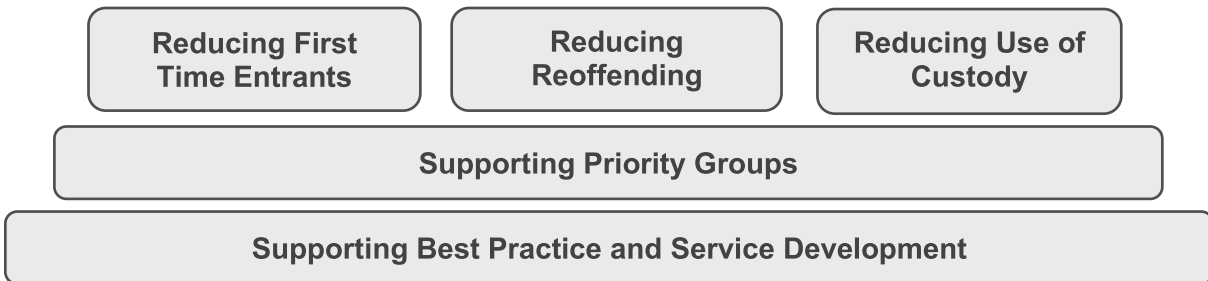
## Appendices

### **Introduction, Vision and Strategy**

Under Section 40 of the Crime and Disorder Act 1998, it is the duty of each Local Authority to form and put into place an annual youth justice plan setting out:

- How youth justice services in their area are to be provided and funded
- How the youth offending team (YOT) or equivalent service will be set up and funded, how it will operate, and what work it will carry out.

In 2021, the Portsmouth Youth Offending Team (YOT) Partnership Management Board set out a 2-year plan for 2021-2023 which was aligned with wider strategies developed under the umbrella of the Portsmouth Children's Trust Plan 2020-23, embedded within the Portsmouth Safeguarding Strategy 2020-23, and supported by Hampshire Constabulary's Child Centred Policing Strategy. In 2022, we reviewed our 2 year plan, taking into account the feedback we had received during our successful inspection by HMI Probation, and updating it with new priority areas for the remainder of its term. In this document, we set out the details of our new 2-year plan for 2023-25 which has been developed and agreed with all youth justice partners. Our key priority areas will be:



In 2023-25, we will modernise our approach by evolving into a *Youth Justice* Partnership Management Board to reflect the broader scope of our work and support a transformation of the local YOT into a Youth Justice Service (YJS) to reduce the stigma of contact with the system. We will also continue to oversee wider youth justice services including provision of Appropriate Adults and delivery of the Junior Attendance Centre whilst embedding a new Turnaround Youth Justice Programme to support vulnerable children in the City. Additionally, we will further develop our partnership working with the Early Help and Prevention service and the wider Early Help System by developing the Youth Justice offer from the five Family Hubs in the City and supporting the ongoing development of the Early Help System by working with partners to embed the Supporting Families Outcomes Framework which includes outcome measures around children being safe from abuse and exploitation and supporting children, young people and their families to meet outcomes around crime prevention and tackling crime.

Collectively we will identify opportunities for improvement, tackle risks and challenges which may pose barriers to success, and continually strive to improve in our key areas of priority in youth justice; recognising our achievements to date, building on our effective local partnership arrangements, and working together to meet our key aims and objectives.

**Sarah Daly, Director for Children, Families and Education, on behalf of the Portsmouth YOT Partnership Management Board.**

**Child First Principles**

**Child First**

The national Youth Justice Board (YJB) Child First principles are as follows:

<b>As children</b>	Prioritise the best interests of children and recognising their particular needs, capacities, rights and potential. All work is child-focused, developmentally informed, acknowledges structural barriers and meets responsibilities towards children.
<b>Building pro-social identity</b>	Promote children's individual strengths and capacities to develop their pro-social identity for sustainable desistance, leading to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.
<b>Collaborating with children</b>	Encourage children's active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their carers.
<b>Diverting from stigma</b>	Promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.

Source: [PowerPoint Presentation \(viresourcehub.uk\)](http://viresourcehub.uk)

The findings from our Inspection by HMI Probation in 2022 noted our strengths in this area, which we have sought to build on even further over the last 12 months by:

- Exploring options to create an over-arching **Adolescents Board**, including child and parent/carer representation, so that issues relating to youth crime can be considered alongside child exploitation, wellbeing and safeguarding.
- Expanding the range of **Sub-Groups for our Youth Justice Partnership Management Board** to increase focus on quality assurance and workforce development (respectively) and support practitioners and managers to adopt these principles in their day-to-day work.
- Establishing an '**Underpinning Principles and Approaches**' guidance document for practitioners and managers, accompanied by a full day training package, to underpin understanding of key theoretical models and best practice in this area.
- Modernising our service, through a **Service Review**, to establish our Youth Offending Team (YOT) and Junior Attendance Centre (JAC) as combined **Youth Justice Services** to increase join up and reduce stigma. Aligning also with the Adolescents and Youth Adults Service within the wider Directorate.
- Revising our **Service User Feedback** mechanisms, for re-launch under the new Service model, to include online participation in addition to more traditional routes.
- Securing the future of our **Parenting Support Practitioner** post, via the Service Review process and additional Turnaround Youth Justice funding, to ensure continuing collaborative working and support co-production with parents.
- Creating a new role of **Community Engagement Practitioner** to extend our work with volunteers and our engagement with local voluntary groups and organisations.
- Consolidating our use of **Youth Diversion Programmes** with children who are referred to our Joint Decision Making Panel in partnership with Police colleagues and extending delivery of services via the Ministry of Justice's **Youth Justice Turnaround Programme**, in partnership with Early Help.

Voice of the Child

**Voice of the Child**

In our 2021-23 Plan, we said we would explore how to increase consultation, feedback and evaluation about our work and strategic decision making. We wanted to hear more about what our children, parents/carers, victims of youth crime, staff, volunteers and other stakeholders think about what we are doing, how well we are doing it, and what they would like to us to do in future. We also wanted to expand the ways in which we receive these views.

Over the last 12 months we have revised our **'Board to Service Comms'** processes to ensure we have more active interaction with, and participation of, frontline staff. Previously, 'comms' messages were sent to the Team in writing after every Board meeting. More recently, summaries of Board discussion and decision making have been delivered directly, in person, at a Team Meeting - increasing contact between Board members and staff as well as opportunity for questions and feedback. These discussions have proved invaluable in enabling Board members to hear the feedback from our children also and bring them 'closer to practice'.

More broadly, in addition to standard self-assessment and evaluation questions within AssetPlus (our assessment tool), the YJS has a well-established feedback framework asking **"3 Key Questions": What do we do well? What could we do better? Is there anything else you would like to tell us?**

This model is accessible to all stakeholders; responses can be verbal or in writing and given at any juncture. It is built into a standing agenda item at Team Meetings to identify specific feedback received from children our services are working with, as well as a 'Good News' item to highlight achievements by children when they occur.

The YJS also participates in an annual **Feedback February** event co-ordinated across the Children's Services Directorate by the Portsmouth City Council Children's Participation Worker. At the time of writing, we are awaiting analysis of responses from the 2023 event. In 2022 feedback was generally very positive; highlighting the quality of relationships developed with staff as well as the value of support on offer. From this, there were two recommendations from children on what the YOT could do better:

"More sport related stuff"

"Keep the sessions shorter"

As a result, the YJS Service Leader and Head of Service explored how to strengthen connections for frontline practitioners to enable children to access sports-based activities through building links with PCC colleagues and local organisations who may be able to provide them. Alongside this, YJS Team Leaders considered how we can support children under youth justice supervision to access arts-based activities and awards to complement any sports-based developments and support additional areas of interest.

In response to this, we have embedded both aspects into a new **Community Engagement Co-Ordinator (CEC)** role which has been established via Service Review. This replaces the previous Referral Order and Volunteer Co-Ordinator post and extends that role to include building relationships with community groups and seeking opportunities to support children and young people to engage in constructive or positive activities. It is hoped that through the additional focus and capacity this post will bring, we can develop our intentions more fully and robustly into action. It is also intended that the CEC will lead on developing our participation and co-production work to strengthen this key area of practice.

Linked to that, the Partnership Management Board have received **bi-annual (twice yearly) reports** from the YJS Service Leader outlining feedback on YJS' work received from children and their parents/carers. Overwhelmingly, this feedback has been positive but it has been difficult to collate and response rates have reduced. To combat this, we have developed **online surveys** for children, parents/carers and other stakeholders which we had planned to launch in 2022-23. In light of the Service Review and subsequent modernisation, we now intend to launch them alongside this renewed plan and support completion and analysis through the Community Engagement Co-Ordinator post.

We also intend to re-establish regular **Feedback Forums** which had taken place in person prior to the Covid pandemic but were suspended due to it. These will provide another mechanism for feedback to be provided- complementing existing paper-based methods, new online surveys and incidental feedback.

If those Forums are well-received, we hope to be able to develop a **Stake Holder Group** (or Groups) to support and inform service-level and strategic decision making (rather than simply seeking feedback on what has already been delivered). This will be a longer-term ambition over the course of our 2 year plan, to inform, identify and consult on key areas of priority to support delivery and development of the service and wider partnership.

We are also keen to ensure we are capturing the **voice of the child at an individual level**, and that the services received by children and families meet their own individual and unique needs in a way which is meaningful to, and effective for, them based on their lived experience.

The YJS Service Leader developed our '**Underpinning Principles and Approaches to Youth Justice Practice**' with this in mind and will work with practitioners over the coming months to develop this beyond conceptual frameworks into practical reality. For example, exploring ways in which exploration of Social Graces (Burnham et al) can be integrated into our assessments to explore not just unique qualities and strengths, but also consider the barriers which children may have faced, and how they can be reduced or overcome.

## Governance, Leadership and Partnership Arrangements

Nationally, youth justice services are supported and overseen by the **Youth Justice Board** for England and Wales, a non-departmental public body sponsored by the Ministry of Justice. Locally, they are overseen by the **Portsmouth Youth Justice Partnership Management Board** which meets on a quarterly basis. Meetings are chaired by the Director of Children, Families and Education.

- **Core Members** are senior managers of the statutory agencies: Children's Services (including Education), Hampshire Constabulary, Probation Service and Health.
- **Additional Core Members** are invited for Her Majesty's Courts and Tribunal Services, the Office of Police and Crime Commissioner, Early Help and the lead Member for Children's Services.
- Over the last 12 months, in response to HMI Probation Inspection feedback, we have also extended that representation to include the local Principal Social Worker (to lead on Workforce Development) and the Children's Services Head of Service for Safeguarding and Quality (to lead on Quality Assurance). We plan to extend further over 2023-25 to include Housing, Youth and Community Safety representatives.

Board members also attend a range of connected partnership forums (including the Local Safeguarding Children's Board, the Corporate Parenting Board, the Health and Wellbeing Board, and the Children's Trust) as well as Pan-Hampshire Boards and meeting groups.

The Youth Justice Partnership Management Board oversees youth justice services for the Portsmouth City Council (PCC) Local Authority area including the YOT (now YJS) and Junior Attendance Centre. It holds those services to account by monitoring performance against both national and local indicators, reported on a quarterly basis by the YJS Service Leader, and ensuring compliance with the terms and conditions of YJB Grant.

There are now **four Board Sub-Groups chaired by Board Members:**

- Education and Youth Justice (Chaired by the Deputy Director for Education)
- Preventing Offending by Children We Care For (Chaired by the Deputy Director for Children and Families)
- Quality Assurance (Chaired by the PCC Children and Families branch Head of Service for Safeguarding and Quality)
- Workforce Development (Chaired by the PCC Principal Social Worker for PCC Children and Families branch)

All meet at least quarterly, with formalised Terms of Reference, and comprise a range of regular attendees from relevant teams. Updates are provided to quarterly Partnership Board Meetings from all Chairs.

Broader preventative functions (including targeted support) in Portsmouth are served via **Early Help and Prevention** services and supported by a range of programmes offered via third sector organisations. The YJS Service Leader also Chairs and co-ordinates a **Preventing Offending Champions Network** comprising representatives from Early Help, Police, Health, Social Care and Education to support prevention aims. A **PSCO seconded from Hampshire Constabulary to Early Help and Preventions** supports this also.



Early Help and Prevention is in receipt of grant funding from The Department of Education to further develop its five Family Hubs. The Family Hubs have a minimum service requirement for staff in the family hub or linked to the hub, regardless of their specialism, to know how to ask questions to explore the risk factors which may contribute to potential offending behaviour and how to connect children and their families to the right support for their need. Targeted youth support services will be accessible through the family hub, where eligibility criteria is met, including youth focused early intervention initiatives. To further develop the Youth Justice offer in the family hubs, the ambition is for targeted youth support services to be strongly associated with, or co-located in, the family hub, and using the family hub for direct work where this is best for the family. [Family Hub Service Expectations \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Since April 2015 all local authorities delivering the Supporting Families programme have been required to have in place a local Supporting Families Outcome Plan which sets out what each local authority and its partners consider to be the right indicators of eligibility and successful outcomes - measured at a family-by-family level - against the Supporting Families headline objectives. The new Supporting Families Outcomes Framework sets out ten headline outcomes. Early Help and Prevention use the Supporting Families Outcomes Framework to measure the outcomes of the families they work with. The national Supporting Families Outcome Framework includes five indicators of eligibility under the headline outcome of Children Safe from Abuse and Exploitation reflecting the complex nature of the needs that a family might be experiencing.

The framework also covers young people who are involved in crime and anti-social behaviour as well as young people who are at risk of becoming involved in crime. This allows Early help and Prevention to support families at the earliest opportunity and can be helpful in identifying families where there is strong intelligence about a family's involvement in activities such as gangs, youth violence or serious organised crime, but no proven offence. [Chapter 3: The National Supporting Families Outcome Framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Additionally, in partnership with Early Help and funded by Ministry of Justice, the new **Turnaround Youth Justice (TYJ)** programme has also been established and will be delivered from April 2023 to March 2025. This has been embedded within the YJS Structure to ensure wrap-around support from a range of YJS practitioners, and line management from a YJS Team Lead, but will be offered through a distinct 'TYJ' provision comprising a **Family Support Worker seconded from Early Help** and a **Parenting Support Practitioner** already based in YOT. We will roll-out this delivery under a phased approach, starting out with the YOT-referral cohort and then broadening to Police referrals in consultation with Police and Liaison and Diversion colleagues.

Our local Appropriate Adult services are provided, under pan-Hampshire contract, by **The Appropriate Adult Service (TAAS)** and monitored via representatives of the 4 area YOTs, 4 area Local Authorities, Hampshire Police and the OPCC.

The **Junior Attendance Centre (JAC)**, continues to operate locally, overseen by the existing Officer in Charge (OIC) who co-ordinates and oversees sessions delivered on alternating Saturdays at a local youth centre. They are supported by a dedicated JAC Facilitator and two Sessional Workers. In 2021-22, we revised JAC session delivery to focus on the out of court disposal cohort (though not at the exclusion of children subject to Court Orders) and are

seeking to extend this further to support our Youth Community Resolution and TYJ delivery. Through our Service Review in 2022, we have also adjusted line management reporting lines so that the OIC reports to a YOT Team Leader, rather than the Service Leader, to encourage stronger communication with, and increase referrals from, the frontline team.

The **Youth Justice Service (YJS)** continues to be a stand-alone multi agency team within the Children and Families Services section of the Children, Families and Education Directorate. The structure is available in [Appendix 1](#).

Since April 2022, it has been positioned within the **Adolescents and Young Adults Service** and overseen by a Head of Service whose role has been established to provide a greater focus across the City on adolescents, exploitation and transitions into adulthood. They oversee YOT, Edge of Care and the Supporting Your Futures (formerly Through Care) Team. This change has strengthened the YJS position as a key service delivering interventions to children who have offended, may be at risk of exploitation and could experience transitions to adult criminal justice teams.

#### The YOT Management Team consists of:

- ✦ The **Head of Adolescents and Young Adults** who is embedded within the wider Children and Families Senior Management Team, reporting to the Deputy Director for Children's Services. Their remit includes children on the edge of care, leaving care and seeking asylum, the young person's substance misuse service and the YJS. They are also the strategic lead for young people at risk of exploitation and who transition to adult services.
- ✦ The **YJS Service Leader** who reports to the Head of Adolescents and Young Adults and has strong links with youth justice services in the pan-Hampshire area which comprise the South Central region. The lead Managers for those services attend quarterly meetings and divide representation at local criminal justice forums (including the Local Criminal Justice Board) and other partnership meetings between them. The Service Leader also maintains more local links through involvement in the local Corporate Parenting Board, Prevent Board, Social and Emotional Health (SEMH) Partnerships and Solent (Health) Contract Monitoring Meetings
- ✦ Three **YOT Team Leaders** (increased from two in the recent Service Review) who report to the YOT Service Leader, supervise all YOT frontline practitioners and provide operational links for youth justice functions delivered across the City including the Joint Decision Making (Triage) Panel and services to local Courts. They also Chair regular multi-agency Youth to Adult Transitions Meetings and attend a range of other local operational meeting groups such as the MASH Operational Group.
- ✦ A shared **Business Support Team Leader** oversees YJS administrative functions (alongside similar for the Safeguarding and Quality Team). They line manage 3 YOT **Business Support Officers** who are directly employed for Portsmouth YJS and liaise with the centralised Police Admin team as required.

The increase in Team Leader posts, secured through a Service Review process in 2022, will support our ambition to increase management capacity and oversight in response to HMIP findings, and help us to strengthen quality assurance and work force development with the same aim.

Similarly, we have sought to enhance the availability and use of the data we hold to inform both service delivery and development. A new **YOT Management Information Officer (MIO)** post was established in May 2020, funded via OPCC Grant, to support and inform our work.

Recruitment to that post was challenging but the new appointee started in July 2022. Line Management arrangements were also transferred from the Service Performance and Development Team (SPDT) when that person was appointed, and now sit within the Education Data Team. This has been positive due to shared systems in place and close links have been maintained with the YJS Service Leader. They are also starting to develop with the wider Management Team also and will continue to progress over our next 2 year plan.

#### **In relation to frontline practitioners:**

- ✦ **3 Youth Justice Practitioners (Social Workers), 3 Youth Justice Officers and a Probation Officer** form the 'case management' hub, supervising of Out of Court Disposals and Court Orders (including custodial sentences) and supporting the Courts.
- ✦ Since October 2021, a **Youth Justice Practitioner (Triage)** post supports joint decision making processes and supervises Youth Diversion Programmes, which were implemented in Portsmouth in November 2021.
- ✦ A 0.5 **Parenting Support Practitioner** has been established within the new YJS structure to work with parents and carers of children known to the YJS. They also offer 0.5 Parenting Support to families open to Turnaround Youth Justice, comprising a full time post in total.
- ✦ The Referral Order and Volunteer Co-Ordinator role has been replaced with a **Community Engagement Co-Ordinator** who will extend the role beyond delivery of our Referral Order panels, and the recruitment, training and supervision of our YOT volunteers to include development of positive activities and wider engagement options.
- ✦ **2 Restorative Justice (RJ) Practitioner** posts deliver services to victims of youth crime in line with the Victim Code, including victim contact and interventions to repair the harm caused. They have strong links with colleagues in our local Youth and Play Service, and a reparation workshop situated in a local Adventure Playground which can offer carpentry-related activities for RJ. Following successful request for funding from the Violence Reduction Unit, they are also developing an additional unit at another local Youth venue, with a focus on craft and creativity options.
- ✦ **2 Police Officers** performs key duties in respect of Joint Decision Making (aka Triage), delivery of Out of Court Disposals and additional monitoring of the YOT's Priority Young People Scheme (overseeing children assessed as posing a High Risk of Reoffending). They also provide a link to Police Tactical Planning Meetings. This is an increase from 1 YOT Police Officer to 2 following a Constabulary review of resourcing

to youth justice functions. They are line managed jointly by the local Youth Justice Sergeant, who reports to a designated Inspector for Youth Justice and IOM.

- ✚ An **Education Practitioner** works with children pre and post 16 to support their education, training and employment. They meet regularly with education colleagues, including Virtual School and SEND Department, to discuss children open to YOT. They also provide details and case examples for the Education and Youth Justice Sub Group. They are offered specialist supervision by the PCC Virtual Head.
- ✚ A designated **CAMHS Practitioner** offers mental health-related support to children open to the YJS and can continue to work with them after YJS intervention has finished. They are also able to provide advice, consultation and team around the worker support to YJS Case Managers. Based within the CAMHS STaRT (Specialist Trauma and Relational Therapies) Team, this post is now part of a broader service which has been established to strengthen the service offer and improve accessibility for children and young people.
- ✚ A designated **Highly Specialist Speech and Language Therapist** offers speech and language related support to children open to the YJS and can continue to work with them after YJS intervention has finished. They are also able to provide advice, consultation and team around the worker support to YJS Case Managers. Since April 2022, they have been employed within the wider Portsmouth Children's Therapy Team. The post-holder also has a role within the local Neurodiversity Team (separate to CAMHS and SaLT) which will provide good overlap in terms of links and knowledge. To compensate for a slight reduction in availability for YJS, a **Speech and Language Assistant** has also been recruited.

Substance misuse services for under 19s are provided via the local children's **Drug and Alcohol Support Service (DASS)**, which the YOT can refer in to.

Other YOT functions are supported by PCC colleagues in IT, Human Resources, Finance, Workforce Development and Service Performance Development Teams.

## Board Development

As a Board, we take our responsibility for monitoring all of aspects of youth justice service delivery very seriously. In doing so, we offer strong strategic leadership across all relevant partners, and work together to ensure a high-quality service is provided to all children who come into contact with youth justice services.

### **Over the last 12 months we have:**

- **Developed our Board to Service Comms** processes to promote closer interaction with YJS staff and develop a better understanding of their day-to-day challenges and achievements.
- **Extended our membership** to include the local Principal Social Worker (to lead on Workforce Development) and the Children's Services Head of Service for Safeguarding and Quality (to lead on Quality Assurance) in response to HMI Probation feedback.
- **Revised our existing sub-groups** for Education and Children We Care For, to ensure there are clear terms of reference in place which remain current and relevant.
- **Established additional Sub-Groups** for Quality Assurance and Workforce Development respectively.
- **Developed the data we receive** which helps us understand the profile of children our services are working with and can inform our decision making.
- **Revised our Ethos and over-arching Terms of Reference** to ensure these remain fit for purpose.

**Over the next 2 years, we will ensure our governance and reporting structures remain fit for purpose and are even further strengthened where possible. As such, we aim to:**

- **Establish closer links with the over-arching Health and Wellbeing Board** via Youth Justice Partnership Management Board members to support increased strategic awareness and more informed decision making.
- **Enhance our access to, and use of data**, to support strategic and operational planning; specifically, but not solely, to understand diversity and disproportionality across our cohorts.
- **Increase Stake Holder Feedback**, and work towards more meaning levels of **co-production and collaboration** to inform our decision making and help us understand and evaluate its impact.
- Make key decisions regarding the progression of an **Adolescents Partnership or Board**.

**Progress on Previous Plan**

**Progress on previous plan**

A full update on our progress on the previous plan (updated in June 2022) is outlined in [Appendix 2](#), including commentary on objectives and work undertaken to meet them.

Overall, we have made good progress against our initial aims and objectives set out in the 2021-23 plan which were set out under our 3 Key Performance Indicators:

**Reducing First Time Entrants**

**Reducing Reoffending**

**Reducing Use of Custody**

Further detail on progress against actions set is outlined in Appendix 2.

Outcomes and impact are considered in the section on [National Key Performance Indicators](#).

We have also made headway on the additional priorities we added for 2022-23:

**Education, Employment and Training**

**Disproportionality**

Further detail on progress against actions is also outlined in Appendix 2.

In 2023-25, we would like to make even more progress in those key areas. We recognise that some of our achievements, whilst notable, have not yet had the impact we had hoped. We will work hard to change that.

We have therefore devised our new Youth Justice Plan for 2023-25. Our key areas of focus will be as follows:

**Reducing First Time Entrants**

**Reducing Reoffending**

**Reducing Use of Custody**

**Supporting Priority Groups**

**Supporting Best Practice and Service Development**

Further detail is provided in [Appendix 3](#) with context outlined in the section on [Priorities](#).

## Resources and Services

An overview of the provisional budget for youth justice service delivery in Portsmouth in 2023-24 is outlined below:

Agency	In Cash	In Kind	Other funds	Total
Youth Justice Board	262,140			<b>262,140</b>
Local Authority	443,000		90,800	<b>533,800</b>
Police		106,400		<b>106,400</b>
OPCC	71,400			<b>71,400</b>
Probation	5,000	24,400		<b>29,400</b>
Health	31,000	77,000		<b>108,000</b>
Other	10,000			<b>10,000</b>
<b>Total</b>	<b>822,540</b>	<b>207,800</b>	<b>90,800</b>	<b>1,121,140</b>

Where grants are received, they are used in accordance with their Terms and Conditions to support our aims for continual improvement, as outlined in our delivery plan.

In combination we will use our grants, partner contributions and available resources to meet staffing requirements and deliver our statutory functions, including supervision of bail and remands, out of court disposals and court orders (including custodial sentences) via the Youth Justice Service, delivery of a Junior Attendance Centre and provision of Appropriate Adults (via contract with The Appropriate Adult Service). The YJS will also deliver non-statutory work to children made subject to Youth Community Resolutions and Youth Diversion Programmes as part of our commitment to reduce First Time Entrants and support the work of the Courts and Secure Estate.

This year, we will embed the new Turnaround Youth Justice service which is funded by the Ministry of Justice, in line with the Terms and Conditions of that funding and in consultation with Early Help, Police and Health partners. This is a 2-year programme, funded until March 2025.

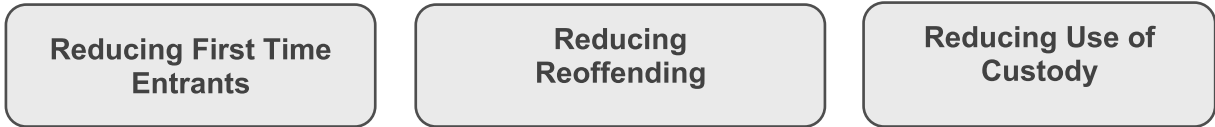
Portsmouth Youth Justice Services will also work alongside Edge of Care and Supporting Your Futures teams to consolidate links and cross-working across the wider Adolescent and Young Adults Service. This will include supporting the new MET Strategy and weekly MET Meetings, as well as work planned to enhance safeguarding of children transitioning to adulthood.

Additionally, we will work with partners across a range of services to develop our reporting of Key Performance Indicators as outlined in that section and continue to refine our data recording and reporting processes in-house. This will also include updating our use and configuration of the youth justice case management system to ensure it remains fit for purpose and can give us the data we need to guide our service development and delivery.

The latter will also support our understanding of priority areas including prevention, diversion, education, restorative justice, serious youth violence, custodial cohorts and resettlement and help us to revise this plan in 2024 from a more informed position.

**Performance**

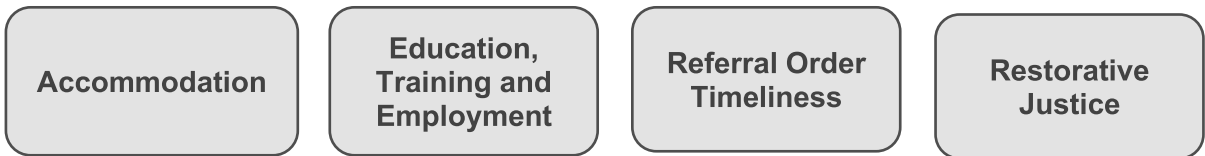
Our Youth Justice Plan deliberately focusses on our 3 National Key Performance Indicators as key priorities:



Progress against our aim and objectives for them is outlined in [Appendix 2](#).

More detail on the outcomes and impact is outlined in the [next section](#).

We also set and monitor Local Targets which are:



Performance against our Local Targets can be summarised as follows:

<b>Accommodation</b>	Performance against our target (set at 95% of young people being in suitable accommodation when their intervention ends) has reduced slightly over the last 12 months. This is linked to the slight increase in use of custody during the period and the impact this has had as a proportion of our small overall cohort. We will update this measure, and the counting rules, in line with the new KPIs outlined in the next section during 2023-24.
<b>Education, training and employment</b>	Making progress against our target (set at 95% of young people being in suitable education, training or employment when their intervention ends) has continued to be a challenge. Though higher % rates are noted amongst our pre-16 children, attendance data tells us an unacceptable number of school pupils continue to be severely absent with attendance less than 50%. Our post-16 cohort also demonstrate relatively high levels of being Not in Education, Employment or Training (NEET), though rates do fluctuate from quarter to quarter. We are working hard to improve this and have made strong steps towards understanding what is behind these rates and what we needed to do to change them. We will also update this measure, and the counting rules, in line with the new KPIs outlined in the next section during 2023-24.
<b>Referral Order timeliness</b>	Progress against our target (set at 90% of Referral Order Panel Meetings being held within 20 working days) has shown considerable variance throughout the year- ranging from 100% to 33%. Small numbers again impact on returns, and exception reporting identifies the circumstances and needs of children have also played a part.
<b>Restorative Justice</b>	This area is consistently strong; routinely reaching targets set for the % of victims identified being offered Restorative Justice (RJ) opportunities and the % of those who subsequently engage in direct or indirect RJ. We will update this measure, and the counting rules, in line with the new KPIs outlined in the next section during 2023-24.



We also have a range of monitoring measures we provide a window in to our service:

<b>Youth Community Resolutions (YCRs)</b>	Number of YCRs commenced (allocated) during quarter.
	Number of YCRs screened/discussed during quarter
<b>Joint Decision Making Panel (JDMP)</b>	Number of cases discussed during quarter.
<b>Caseload</b>	Number of Interventions/YP and Average Caseload at end of period
<b>Parenting Orders</b>	Number of Parenting Orders commenced during period
<b>Remands</b>	Number of custodial remands started in period
	Number of custodial remands ended in period and total costs.
<b>Child Exploitation</b>	Number/% of children assessed as at risk of
	Number/% of children assessed as at risk of CCE

Those measures do not have targets set but are monitored to understand wider demands on frontline delivery and support resourcing decisions.

In summary:

Though the number of **Youth Community Resolutions** allocated within the service has remained stable, and in fact reduced a little overall, the number of Youth Community Resolutions being received and screened (prior to allocation decisions being made) has increased:

<b>Youth Community Resolutions 2021-22</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total</b>
Number of YCRs commenced (allocated)	9	7	10	5	31
Number of YCRs screened/discussed	64	84	72	69	289
<b>Youth Community Resolutions 2022-23</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total</b>
Number of YCRs commenced (allocated)	8	10	5	1	24
Number of YCRs screened/discussed	65	60	107	95	327

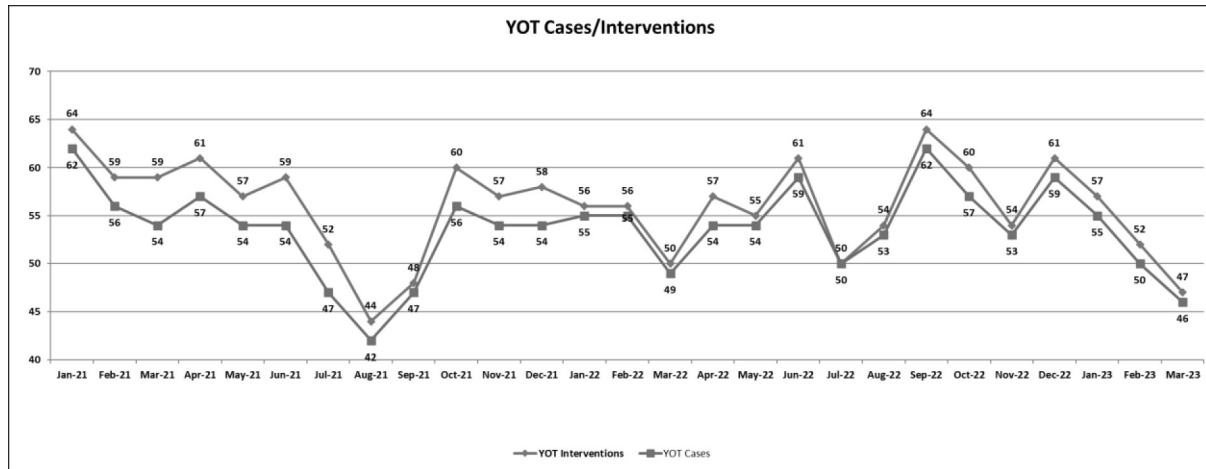
The reasons behind this are thought to be linked to post-COVID recovery.

Our **Joint Decision Making Panel** has also experienced an increase in the number of case discussions as follows:

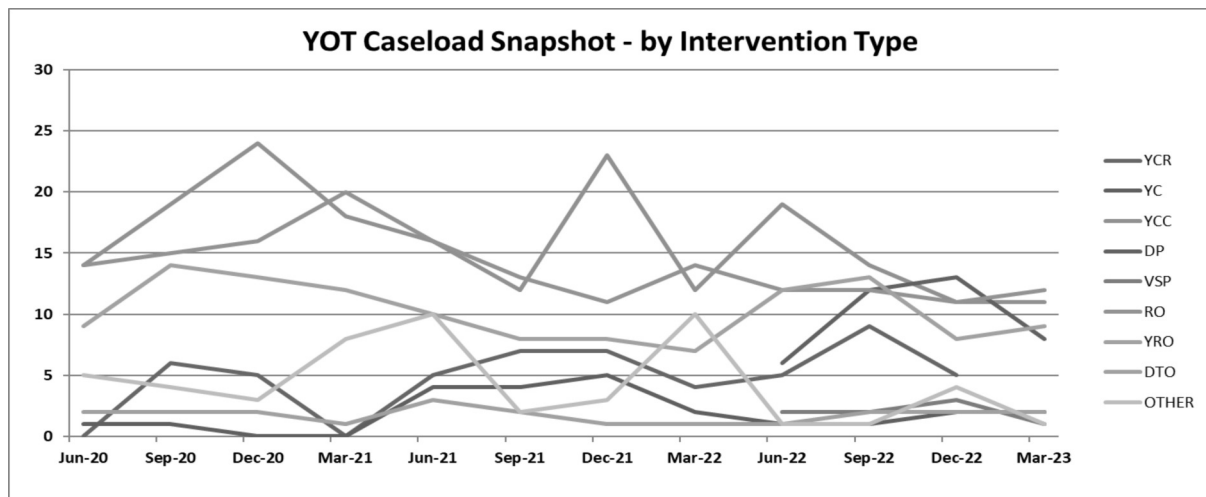
<b>Joint Decision Making Panel 2021-22</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total</b>
Number of cases discussed	42	49	41	42	174
<b>Joint Decision Making Panel 2022-23</b>	<b>Qtr 1</b>	<b>Qtr 2</b>	<b>Qtr 3</b>	<b>Qtr 4</b>	<b>Total</b>
Number of cases discussed	45	71	52	100	268

This is linked at least partly to the implementation of deferred decision making for Pre-Triage Assessments and a number of cases being returned to be discussed again after a period of more in-depth assessment.

Overall **Caseload** numbers have fluctuated in terms of the number of children we are supervising, increasing slightly at times as we move out of the COVID recovery phase, but have not returned to heightened levels we observed 5 years ago.



The nature of that Caseload is also changing, with a higher proportion of Out of Court Disposals now evident, and the introduction of Youth Diversion Programmes.



No **Parenting Orders** have been made in the past 5 years, though Voluntary Parenting Support Programmes are now available and will be reported on next year.

The number of **Remands into Youth Detention Accommodation (YDA)** remain relatively low, though we have not yet successfully reduced them further. We have though, developed our practice in this area, and are now more pro-actively seeking alternative packages of support and supervision for children who have received a YDA remand and can be safely released under remand into local authority accommodation and/or bail programmes.

The risk of **Child Exploitation** is a regular feature in our work, with approximately 70% of the assessments we complete identifying risk of Criminal Exploitation as a concern.

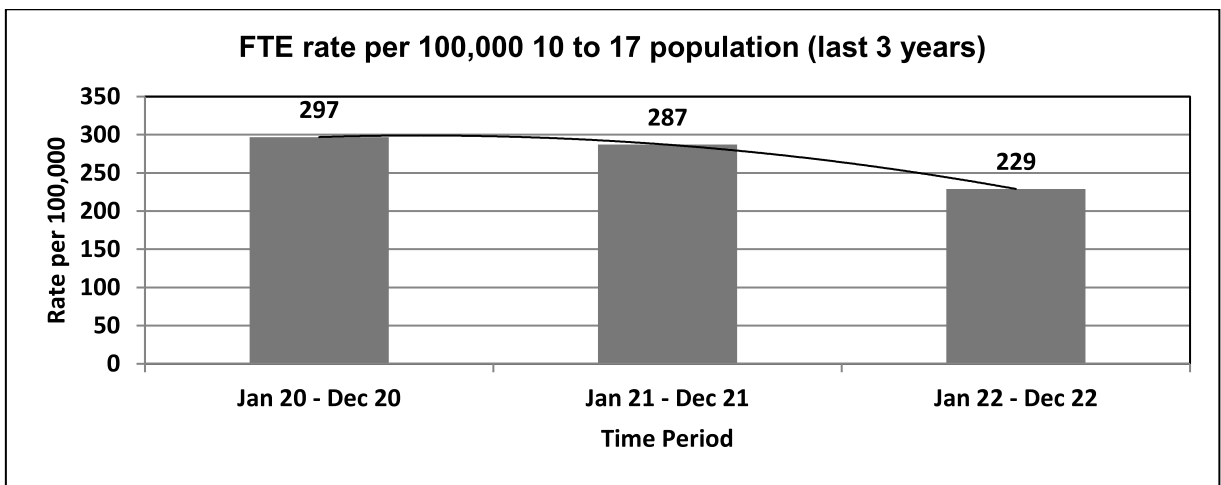
Moving forward we will be developing a Monthly Scorecard to more robustly track other areas of our workload (including restorative justice, parenting and Turnaround YJ) to better reflect the scope and breadth of the work we do across the Service. We will also be developing our Quarterly Performance Report in light of changes to Key Performance Indicators outlined in the next section.

National Key Performance Indicators

**National Key Performance Indicators**

**First Time Entrants**

<b>Local Target</b>	<b>&lt;224</b>	<b>223 - 340</b>	<b>&gt;341</b>
<p><b>Measure:</b> This indicator measures the FTE rate in full year rolling periods using offending data drawn from the Police National Computer and population data taken from the Office of National Statistics mid-year estimates. The cohort represents young people who have received a first 'substantive outcome' in the period i.e. Youth Caution, Youth Conditional Caution or Court conviction. Due to the way in which the data is collated, there is a 'quarter' lag on returns i.e Qtr 1 2022/23 related to April 2021 to Mar 2022; Qtr 2 2022/23 will relate to July 2021 to June 2022; Qtr 3 2022/23 will relate to October 2021 to September 2021 and Qtr 4 2022/23 the previous January to December 2021.</p>			



Last 5 rolling quarters:

12 month Rolling Period	Number of FTE	Rate per 100,000 10 to 17 population
Jan 21 - Dec 21	55	287
Apr 21 - Mar 22	56	310
Jul 21 - Jun 22	59	325
Oct 21 - Sept 22	49	269
Jan 22 - Dec 22	41	229

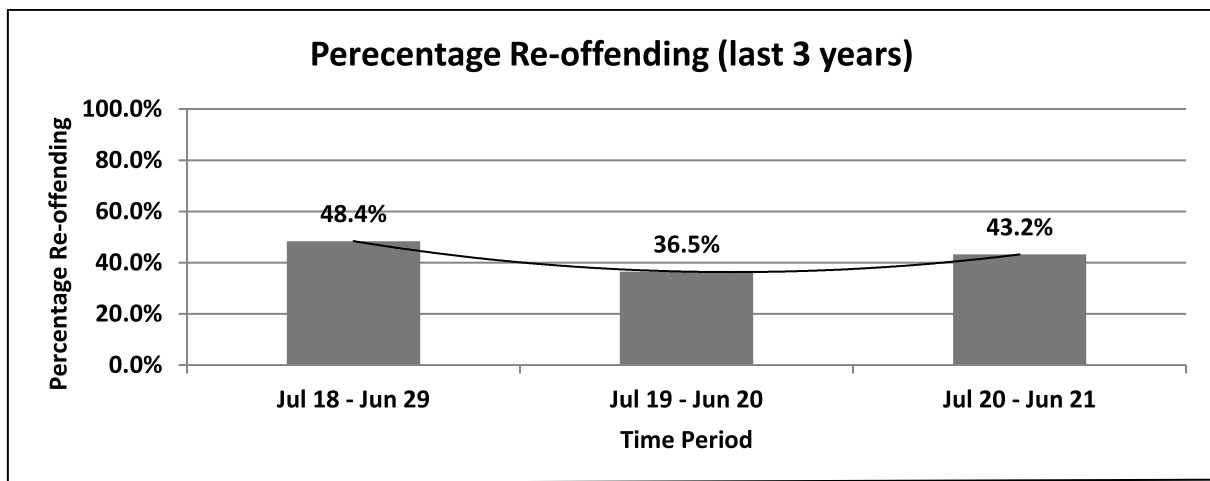
At the end of Quarter 4, the national average rate was 148. The comparator average rate was 183 and our local rate was 229. This placed us 7th out of 7 against our chosen comparators.

However, while we note some fluctuation, and recognise there is still more to do to bring us into line with comparator and national averages, we are pleased to see a reduction in our local rate based on the previous 5 rolling 12 month periods, and year on year comparisons.

Alongside the progress outlined against this priority in Appendix 2, the reductions thus far evidence the impact of work done across the partnership to strengthen early help and prevention, changes to Youth Justice practice in developing the screening and allocation of Youth Community Resolutions since July 2020 and also the implementation of our Youth Diversion Programme which has been in place since November 2021. We will continue to build on this reduction over the next 2 years.

## Reoffending

<b>Local Target</b>	<b>&lt;36%</b>	<b>36.1% - 40.1%</b>	<b>&gt;41%</b>
<b>Measure:</b> This indicator measures reoffending using data drawn from the Police National Computer (PNC). It reports on children who are released from custody, received a non-custodial conviction at Court, or a caution within a rolling 3 month period. A proven re-offence is defined as any offence committed within a following 12 month period, or within a further 6 month waiting period to allow the offence to be proven in Court. This is the same methodology used to calculate adult reoffending rates and means there is a 'lag' on returns due to the time over which 'reoffending' is monitored.			



Last 5 rolling quarters:

3 month rolling	Cohort	Children Re-offending	Re-offences	% Children Re-offending
Apr 20 - Jun 20	15	4	15	26.7%
Jul 20 - Sep 20	36	15	54	41.7%
Oct 20 - Dec 20	36	12	46	33.33%
Jan 21 - Mar 21	30	17	86	56.7%
Apr 21 - Jun 21	30	13	90	43.3%

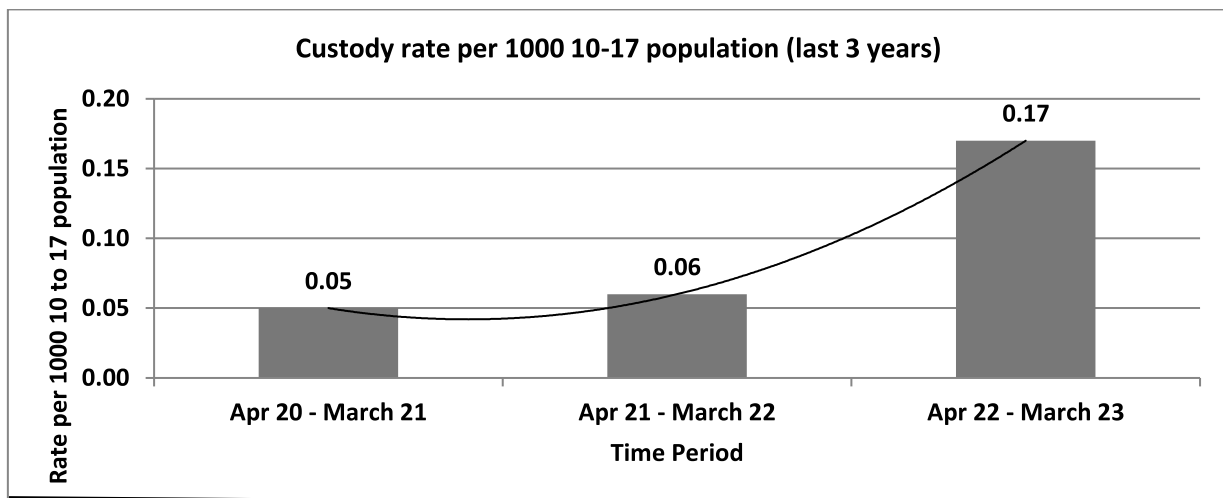
At the end of Quarter 4, the national average was 31.1%. The comparator average was 34.3% and our local rate was 43.2%. This placed us 7th out of 7 against our chosen comparators.

Again, while we note some fluctuation, and recognise there is still more to do to bring us into line with comparator and national averages, we are pleased to see an overall reduction in our local rate compared to pre-COVID levels.

Alongside the progress outlined against this priority in Appendix 2, we have made good preparation to strengthen the data we are able to obtain to help us understand this cohort more and begin to drive forward a greater reduction with that knowledge. We believe that with further analysis supported by enhanced data reporting, we will be able to more sharply focus our interventions to support reduced re-offending and re-offences rates. Our new Missing, Exploited, Trafficked (MET) Integrated Pathway will also support other work (e.g. that being done in Early Help and Prevention) to reach children at risk of being exploited and/or committing crime earlier to prevent First Time Entrant status and subsequently reduce reoffending through earlier and more effective prevention and diversion.

**Use of custody**

Local Target	<0.35	0.36-0.45	> 0.45
<b>Measure:</b>	This indicator counts the number of custodial sentences in the period given to young people with a local residence aged under 18 years on the date of their first hearing. It is presented as a 'custody rate' as per 1,000 young people in the local population, taken from the Office of National Statistics midyear estimates. It is taken from YOT Case Management System data. If a young person was given the same type of custodial sentence on the same day to be served concurrently or consecutively, they will only be counted once. Successfully appealed sentences are discounted, as are remands into Youth Detention Accommodation. Only new custodial outcomes are counted; those where an existing order was extended or varied are not included in the count.		



Last 5 rolling quarters:

Year	Number of custodial sentences	Rate per 1000 10 to 17 population
Apr 21 - Mar 22	1	0.06
Jul 21 - Jun 22	1	0.06
Oct 21 - Sept 22	1	0.06
Jan 22 - Dec 22	2	0.11
Apr 22 - Mar 23	3	0.17

At the end of Quarter 4, the national average rate was 0.11. The comparator average rate was 0.09 and our local rate was 0.17. This placed us 6th out of 7 against our chosen comparators.

Of note, there have been challenges in data collection which mean our reported figures do not always reflect our recorded number. Until this is resolved, it can mean that our reported rates are slightly higher than the actual rate and impact on our position amongst comparators. That said, we are aware through quarterly oversight and reporting that a very small number of children are at heightened risk of receiving repeat custodial sentences due to the offences they have committed and various factors linked to this including exploitation and serious youth violence. As a result, we have recently held partnership Rethink meetings to specifically explore and reflect on their situations in order to identify what we can learn from this to reduce its impact in future and will build on those findings once they are shared.

From 1 April 2023 youth justice services will report on 10 new key performance indicators (KPIs) as part of improved monitoring by the Youth Justice Board (YJB). This data will be used by the YJB to monitor performance of youth justice services (YJSs) and by the Ministry of Justice to identify barriers to reducing reoffending.

The new indicators will be monitored in addition to Reducing First Time Entrants, Reducing Reoffending and Reducing Use of Custody, and are as follows:

KPI 1- Accomodation	<ul style="list-style-type: none"> <li>•The percentage of children in the community and being released from custody with suitable accommodation arrangements</li> </ul>
KPI 2- Education, Training and Employment	<ul style="list-style-type: none"> <li>•The percentage of children in the community and being released from custody attending a suitable ETE arrangement</li> </ul>
KPI 3- Special Educational Needs	<ul style="list-style-type: none"> <li>•The percentage of children who have an identified SEND need, are in suitable ETE and have a formal learning plan in place for the current academic year</li> </ul>
KPI 4- Mental Healthcare and Emotional Wellbeing	<ul style="list-style-type: none"> <li>•The percentage of children in the community and being released from custody with a screened, or, identified need for an intervention to improve mental health or emotional wellbeing; and of that the percentage of planned/offered interventions; of that percentage of children attending interventions</li> </ul>
KPI 5- Substance Misuse	<ul style="list-style-type: none"> <li>•The percentage of children with a screened or identified need for specialist treatment intervention to address substance misuse; and of that the percentage of children with planned or offered intervention/treatment; and of that the percentage number of children attending intervention/treatment</li> </ul>
KPI 6- Out of Court Disposals	<ul style="list-style-type: none"> <li>•The percentage of out-of-court disposal interventions that are completed/not completed</li> </ul>
KPI 7- Management Board Attendance	<ul style="list-style-type: none"> <li>•Monitoring senior partner representation at management boards, and monitoring if partners contribute data from their individual services that identify areas of racial and ethnic disproportionality.</li> </ul>
KPI 8- Wider Services	<ul style="list-style-type: none"> <li>•The percentage children who are currently on either an Early Help (EH) plan; on a child protection (CP) plan or classified as Child in need (CiN) or have looked-after status. For Wales only, children who are classified as Children in Need of Care and Support</li> </ul>
KPI 9- Serious Violence	<ul style="list-style-type: none"> <li>•The rates of children convicted for a serious violent offence on the YJS caseload</li> </ul>
KPI 10- Victims	<ul style="list-style-type: none"> <li>•The percentage of victims who consent to be contacted by the YJS, and of those, the percentage of victims who are engaged with about restorative justice opportunities, asked their view, provided information about the progress of the child’s case (when requested) and provided with information on appropriate services that support victims (when requested).</li> </ul>

We are currently working on our ability to report on these measures and do foresee some challenges around this linked to the use of our case management system. We have agreed to set up a new Steering Group to oversee the work required and will monitor progress via the Youth Justice Partnership Board Meetings.

## Priority Groups

### Children from groups which are over-represented

Children from a range of backgrounds are over-represented in the youth justice system.

In September 2022 we held a Board Workshop, supported by advisors from the Youth Justice Board, to reflect on what we needed to do to prevent this. We have subsequently explored the data we currently hold, and what we can do to progress our work in this area further.

In our Youth Justice Plan for 2023-25, we have identified 'Supporting Priority Groups' as one of our 5 key priorities to ensure we continue to make progress against our ambition to not only understand, but pro-actively monitor and reduce, potential disproportionality in our service.

Our Quarterly Performance Report already enables us to monitor gender, age, ethnicity and involvements with Social Care amongst the overall youth justice cohort. We want to analyse this more closely, so we can identify themes and trends, and take action where necessary. We are also keen to break the data down further to be able to monitor specific groups (Out of Court and Court respectively for example) to support our understanding and more closely target our work. We also want to draw on data available from partners, particularly the Police, to enhance this.

This year, 2023-24, we will enhance the data we hold and identify how we can develop this further. We will also explore how this work can be informed by any views or feedback our key stakeholders share with us. We will then refine the actions assigned under this priority for the remainder of our plan in 2024-25.

### Prevention

In 2021, the YJB published new guidance on the definition of prevention as follows:

*"Prevention is support and intervention with children (and their parents/carers) who may be displaying behaviours which may indicate underlying needs or vulnerability. In practice this involves a tiered approach of early and targeted prevention. The aim being to address unmet needs, safeguard, promote positive outcomes and stop children entering the formal youth justice system....."*

*Early Prevention is support for children (with no linked offence) to address unmet needs/welfare concerns, usually delivered by mainstream and voluntary sector services....."*

*Targeted Prevention is specialist support for children who have had some contact with criminal justice services but are not currently being supported through diversion, an out of court disposal or statutory order (this could include children who have had previous YJS intervention)."*

Source: [YJB interim style guide \(yjresourceshub.uk\)](https://www.yjresourceshub.uk/)

Early (youth crime) prevention, in its broadest sense, is carried out by a range of partner agencies and voluntary organisations across the City, many of whom are universal services and/or offer access via self-referral. This includes our schools, youth and play services and housing, for example.

Targetted prevention is delivered via PCC's Early Help and Prevention service (accessed via the Portsmouth Multi Agency Safeguarding Hub- MASH) rather than the YOT. It is supported by a Specialist Family Support Worker for Exploitation and Youth Offending, and an Early Help PCSO role operating across the City seconded from Hampshire Constabulary. Commissioning by the OPCC, through their Safer Communities Grants, also seeks to support this area of work.

Additionally, as of April 2023, we have been able to offer Turnaround Youth Justice (TYJ) interventions for children on the cusp of justice. With a Parenting Support Worker who is already based within the Youth Justice Service, and a Family Support Worker seconded from Early Help, we intend that this service will be able to offer support which has not previously been available to a number of young people and develop learning which will support future development of both Youth Justice and Early Help. TYJ will also help to support our diversion offer outlined in the next section.

As part of that work, we also want to ensure the services offered to children and families working with Youth Justice and Early Help services are well-aligned and consistent. We have therefore set out some actions within our Plan to achieve this over the coming year. Alongside that, we will ensure that youth justice services align with new Family Support Planning processes which have been rolled out in the City, and continue to support the Preventing Offending Champions Network through the PYJS Service Leader Chairing and co-ordinating those meetings.

### Diversions

In 2021, the YJB defined diversion as an option:

*"where children with a linked offence receive an alternative outcome that does not result in a criminal record, avoids escalation into the formal youth justice system and associated stigmatisation. This may involve the YJS delivering support / intervention that may or may not be voluntary and/or signposting children (and parent/carers) into relevant services. All support should be proportionate, aimed at addressing unmet needs and supporting prosocial life choices."*

Source: [YJB interim style guide \(yiresourcehub.uk\)](https://www.yjb.gov.uk/yjb-interim-style-guide)

In partnership with Hampshire Constabulary, PYJS have offered Youth Community Resolutions (YCRs) as a distinct option from formal Out of Court Disposals for a number of years. We also have processes in place to divert cases from Court where they have not been considered for Out of Court Disposal prior to being listed, or a change in circumstances means the initial decision to progress to Court can be reviewed.

As part of our plan to reduce First Time Entrants, we implemented a new Youth Diversion Programme in November 2021, under Outcome 22 of the National Outcomes Framework. To support this, PYJS also revised their joint decision making (aka Triage) and Pre-Triage Assessment approaches. Since then, over 50 children have received this new disposal as a direct alternative to other options, which may have resulted in First Time Entrant status.

In 2023-24 we are seeking to evaluate Youth Diversion Programme outcomes and impact in partnership with Police colleagues, who will lead on that work. Following the evaluation being completed, we will revise or enhance our delivery as required; including a review of the interventions we offer to children receiving YDPs to ensure they match their risk and need profiles. We have also created a new Community Engagement Co-Ordinator post within the team, following our Service Review, with a view to increasing the opportunities for diversion away from crime through community links, arts and sports initiatives.



## Education

Under our last Plan, we made revisions to our existing Education and Youth Justice Sub-Group to strengthen representation and increase focus as we know we need to do better in this area. We have also increased the data and case-level information submitted to that group to support their understanding of the issues faced by children, and the solutions needed to improve this.

The Sub-Group has continued to meet on a half-termly basis, and is currently seeking funding to support introduction of Skill Mill into the City. It's members are also looking at ways to develop an Employability Academy and maintain a Youth Hub initiative, as well as exploring additional alternative options for education, training and employment for children in the post-16 age group.

There has also been learning in relation to school-age children, and the barriers those known to youth justice services may face which were highlighted in the HMIP Thematic. This has been shared within the Sub-Group, and wider Youth Justice Board, to underpin objective setting and support improved performance which will be monitored closely under our new Plan objectives.

## Restorative Approaches and Victims

Youth Justice services are required to deliver services to victims in line with the Victim Code, alongside delivery of supervision and support to children who have offended (or are at risk of offending) under a combined process called restorative justice.

*"Restorative justice brings those harmed by crime or conflict and those responsible for the harm into communication, enabling everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward"*

<https://restorativejustice.org.uk/what-restorative-justice>

In Portsmouth, our Restorative Justice (Working with Victims) Policies and Procedures are well-established. Our performance, as reported to the Board, is also good in terms of initial victim contact and subsequent victim involvement in restorative justice options.

Our Quality Assurance processes and 2022 HMIP Inspection highlighted that we needed to be more robust in relation to victim safety/public protection and demonstrate stronger recognition of risk of harm in resulting intervention plans. Training has therefore been delivered to practitioners and managers during 2022-23, to enhance their focus, knowledge and skills in order to achieve a more effective balance between 'child first' and 'victim led' practice.

Following Service Review in 2022 our RJ Practitioner capacity was reduced to support other changes within the team. However, we are confident we can still deliver effectively in this area and are revising Policy and Procedures currently to re-focus our RJ activities on where we need them most and ensure core service delivery is not compromised in this area of work.

## Serious Violence and Exploitation

The YJB defines serious youth violence as: *"any drug, robbery or violence against the person offence that has a gravity score of five or more"*.

Specific forms of exploitation can be defined as (but are not limited to):

**Child sexual exploitation**- *is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a*

*child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

Source: *Child sexual exploitation: definition and guide for practitioners - GOV.UK (www.gov.uk)*

**Child Criminal Exploitation-** *is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child Criminal Exploitation does not always involve physical contact; it can also occur through the use of technology.*

**County lines-** *is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.*

Source: *Criminal Exploitation of children and vulnerable adults: County Lines guidance (publishing.service.gov.uk)*

In Portsmouth, our partnership approach to Serious Youth Violence is delivered in collaboration with the Hampshire Violence Reduction Unit. The Hampshire VRU Director and Portsmouth Violence Reduction Manager both attend our local Management Board meetings which supports good join up. We will work together over the course of the next 12 months to enhance our understanding of the issue and develop future plans based on our existing partnership.

In relation to exploitation, Portsmouth services and service delivery are also shaped by an overarching Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) Exploitation Action Plan, and more locally through the Missing Exploited Trafficked (MET) Strategy. A Portsmouth Prevent Board also meets quarterly with a focus on radicalisation and extremism.

In 2022-23, a new Head of Service for Adolescents and Young Adults post has been embedded to support focus on the key areas of exploitation and transitions in the City. With direct responsibility for PYJS, Edge of Care and Supporting Your Futures teams, this has supported closer working across those teams who are now also co-located.

An Integrated MET Pathway has been established, and a new multi-agency weekly MET meeting now takes place to discuss individual children, complementing the more over-arching place and space-led discussion at the monthly Operational MET meeting.

In 2023-24, this will move on to developing our work with older children and young adults in relation to Transitional Safeguarding.

#### Detention in Police Custody

Appropriate Adult (AA) services for children in custody are delivered by our commissioned service TAAS under a pan-Hampshire contract. During normal office hours, AA requests are

received via PYJS. Outside those times, calls are routed to the Out of Hours Service, which is provided under agreement with Hampshire County Council. The PYJS Service Leader is attends Quarterly Contract Review Meetings to maintain an overview of delivery for children.

They also attend a Concordat on Children in Custody meeting, led by Police, which meets quarterly to review arrangements for children who are arrested and brought in to custody. Whilst obtaining data has been a challenge, in the last 2 years, practice has been developed to ensure children who are received into police custody receive a more child-friendly service. Ensuring, for example, that the literature they receive is written in child-friendly language and the range of food and drink available is more in keeping with children's preferences.

In 2023-24, Portsmouth will roll out a new 'Child in Custody Notification' process to ensure Children's Social Care are notified when a child is received into police custody and can agree a response plan based on the individual circumstances of the child. We will also look to increase availability of PACE beds (for children who would otherwise be held overnight in police cells) to ensure children's experience of police custody is minimised.

### Remands

One Remand Into Local Authority was made in 2022-23 (a step-down from Youth Detention Accommodation). Six children were remanded to Youth Detention Accommodation (YDA) in the same period. This is an increase on the 3 YDA remands made in the previous year. The circumstances of each remand are reported to the local Management Board via our Quarterly Performance Report and an annualised analysis is currently under completion.

Overall, we will continue to strive to reduce the number of children who are remanded into custody, though also recognise that this option may need to be considered in the interest of public safety at times and therefore we will also continue to work with partners to reduce the incidence of exploitation and serious youth violence.

We have recently revised our Bail and Remand Protocol following changes made to legislation which came in to effect in 2022. Our Remand Reduction strategy is outlined in the PYJS Custody and Resettlement Policy which is due to be revised in 2023-24. Our over-arching plan includes a priority to reduce use of custody and remands will be incorporated into that work.

### Constructive Resettlement

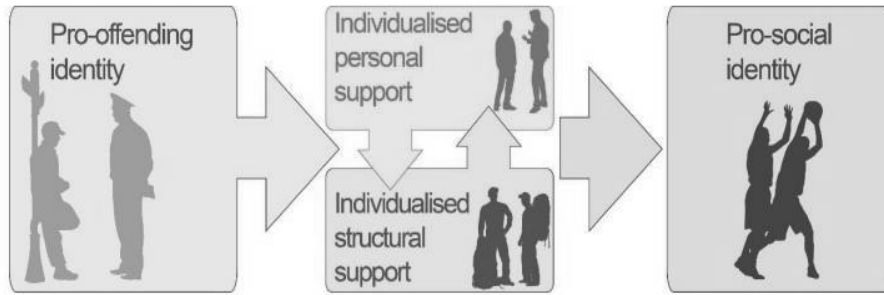
Our custody rates have remained low in the past 12 months but are starting to increase. Each instance is reported to the YOT Partnership Management Board via quarterly reporting for awareness and oversight. We recognise the need to ensure we offer 'constructive resettlement' to each and every individual child experiencing youth custody through either remand or sentence.

The YJB has defined constructive resettlement as:

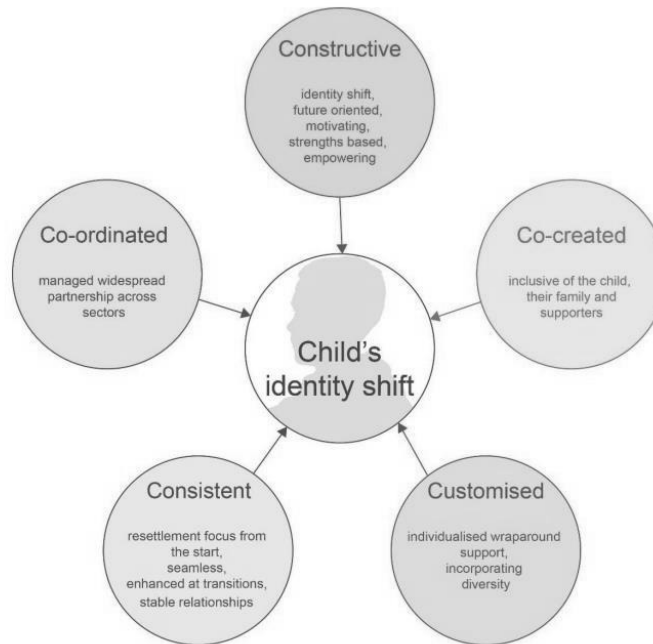
*"collaborative work with a child in custody and following release that builds upon his or her strengths and goals to help them shift their identity from pro-offending to pro-social. Consequently, within this approach, the clear overall role for all agencies (in policy and in practice) is to facilitate the child's identity shift."*

Source: [Microsoft Word - Constructive Resettlement for the Sector \(published\).docx \(vjresourcehub.uk\)](#)

This has also been visually depicted as follows:



And is underpinned by "the 5 C's"



Source: Microsoft Word - Constructive Resettlement for the Sector (published).docx (yjresourcehub.uk)

Under our last Plan, we sought to embed this principle through revised Custody and Resettlement Policy and Procedures. This included development of a Remand Reduction Strategy and Constructive Resettlement Checklist to support practitioners to navigate through required processes with a clear focus on the views, needs and wishes of the individual child (alongside the risks they may pose to others). We increased our understanding of both remanded and sentenced cohorts through our quarterly Performance Report. We also ensured that all children leaving custody returned, or were placed in, suitable accommodation; though we also recognised the challenges this has presented as part of a national picture of suitable accommodation shortage.

Over the next 2 years we will revise our Policy and Procedures based on learning to date, and seek to increase the level of data and stakeholder feedback we receive to inform us further. We intend to revise our remand reduction strategy and roll out multi-agency training to support this area of work. We also await the anticipated HMIP Thematic Report on remand and resettlement and will assess whether any additional actions are required once that has been published.

**Standards for Children in the Youth Justice System**




**Standards for Children in the Youth Justice System**

Our last full self-assessment against National Standards for Children in the Youth Justice System took place in May 2020. We included required actions from learning in relevant business plans (operational and strategic) to build required improvement work into business as usual.


We planned to repeat that self-assessment in 2021-22 but instead prioritised responding to the global pandemic, operational staffing needs, meeting the demands of a postponed Inspection and then re-establishing our internal QA Framework.


We then undertook some small scale National Standards auditing in 2022-23 as a learning exercise for a working group of practitioners and managers. Though the findings were not fully analysed (small sample sizes were not representative) this helped us maintain awareness of the standards and will inform our approach for the next full standards self-assessment due to take place at the end of 2023-24.

The Board and Service have also continued to work on areas of stretch identified in the original 2020 audits as follows:

<p>Standard 1 out of court</p> 	<ul style="list-style-type: none"> <li>✚ Exploring how to re-establish mechanisms to track offence to outcome timescales and what can be done to address delays.</li> <li>✚ Improving data and analysis to better understand our cohort.</li> <li>✚ Revising our resources and sharing relevant tools across the Preventing Offending Champions Network to support responses to the onset of youth crime.</li> <li>✚ Establishing a new local OOC Scrutiny Process focussing on Portsmouth Decision Making</li> <li>✚ Embedding Youth Diversion Programme (YDP) delivery.</li> <li>✚ Implementing Turnaround Youth Justice</li> </ul> <p>In 2023-24 we will also work with Police colleagues to evaluate YDP.</p>
<p>Standard 2 at court</p> 	<ul style="list-style-type: none"> <li>✚ Exploring how to re-establish mechanisms to track offence to outcome timescales and what can be done to address delays</li> <li>✚ Re-establishing links with the judiciary, via HMCTS representation on the YJ Board and attendance at renewed Court User Group Meetings.</li> <li>✚ Strengthening early identification of SLCN to support requests for advocates or intermediaries where these are required with support of our SaLT.</li> </ul> <p>In 2023-24 we will also work on</p> <ul style="list-style-type: none"> <li>✚ Revising literature available for bail, remands, custodial sentences and Pre-Sentence Reports.</li> <li>✚ Enhancing, through training, understanding of bail, remand and custodial sentencing processes.</li> </ul>
<p>Standard 3 in the community</p> 	<ul style="list-style-type: none"> <li>✚ Continuing to monitor, and enhance, assessment timeliness and quality through use of our workload tracker and implementation of our revised Quality Assurance Framework.</li> <li>✚ Strengthening, through training, our management of Court Orders including delivery of Induction Packs and enforcement (where required) alongside revisions to our Engagement, Enabling Compliance and Enforcement Policy and Procedures and accompanying training.</li> </ul>

	<ul style="list-style-type: none"> <li>✚ Developing, through training, our capacity to assess and reduce risks of Serious Harm to Others as well as Safety and Wellbeing.</li> <li>✚ Increasing the range of resources available to staff in YJS and TYJ</li> </ul> <p>In 2023-24 we will also work on</p> <ul style="list-style-type: none"> <li>✚ Establishing mechanisms to monitor successful completion and breach rates (respectively)</li> <li>✚ Extending the range of intervention programmes we deliver.</li> </ul>
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<p>Standard 4 in secure settings</p> 	<ul style="list-style-type: none"> <li>✚ Preparing to revise and embed the Constructive Resettlement Checklist within updated Custody and Resettlement Policy and Procedures</li> <li>✚ Strengthening escalation of the needs and concerns of children in custody, particularly in relation to the national shortage of suitable accommodation for Looked After Children and the need to secure appropriate bail packages.</li> </ul> <p>In 2023-24 we will also work on</p> <ul style="list-style-type: none"> <li>✚ Revising and embedding the Constructive Resettlement Checklist within updated Custody and Resettlement Policy and Procedures.</li> <li>✚ Delivering multi-agency training to support effective joint-working in remand and custodial cases.</li> <li>✚ Improve and embed information packs for children in custody.</li> <li>✚ Establish formal mechanisms to receive feedback from children with experience of the secure estate and ensure this is incorporated within service improvement.</li> </ul>
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<p>Standard 5 on transition and resettlement</p> 	<ul style="list-style-type: none"> <li>✚ Seeking to expand the range of education, employment and training options to support children whose access may be disrupted and/or change via the Education and Youth Justice Sub Group.</li> <li>✚ Working with regional colleagues to update the pan-Hampshire Youth to Adult Transitions Policy and Procedures and accompanying Y2A Programme</li> <li>✚ Supporting scoping for a new Transitional Safeguarding Panel</li> </ul> <p>In 2023-24 we will also work to</p> <ul style="list-style-type: none"> <li>✚ Develop a bespoke 'Risk to Resilience' resource, extending modules of our Girls Programme for managing transitions (i.e. Coping with Change) and exit planning (i.e. Getting Your Needs met).</li> <li>✚ Complete and cascade the new "Inside/Out" Custody Programme to support effective resettlement to and from the secure estate.</li> </ul>
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Alongside the above, we have continued to update our Policy and Procedures to ensure they remain current and fit for purpose, developing and delivering a range of training to support this.

We have also developed a number of 'Quick Guides' to cover key topics and processes so that practitioners can access a summary overview which will signpost them to relevant Policy and Procedures and/or gain insight to the over-arching aspects of our delivery that they are not ordinarily involved in, or have in-depth involvement with, but would benefit from having a greater awareness to understand where their role fits.

Moving forward, we are aware of the expectation that the full self-assessment will be completed at the end of 2023-24 and will put plans in place meet this once more detail has been shared.

## Workforce Development

In December 2021, we developed a Workforce Development Strategy which outlined the mechanisms available (and planned) to support our practitioners and managers develop and enhance the skills and knowledge they need to do their jobs. This was scheduled for review in April 2023, but has been postponed so that it can be overseen by our new Work Force Development Sub-Group which is due to meet for the first time in June 2023, and will link closely to the Quality Assurance Sub-Group which has been running for several months.

Those groups have been established to ensure there is a clear focus on youth justice related work force development in response to learning from our HMIP Inspection in 2022. We will continue to link in with PCC Work Force Development colleagues and Children's Social Care training plans, and access multi-agency training available via Portsmouth Safeguarding Children's Partnership. However, we will also now more specifically design training and other work force development options for staff and volunteers within youth justice services, building on any learning we draw from quality assurance activities and developments in youth justice practice more generally.

Over the last 12 months, building on previous work undertaken to enhance staff Induction processes, we have developed a range of 'Introduction to...' training packages to support staff in building skills and knowledge:

- Introduction to Youth Justice Outcomes
- Principles and Approaches Underpinning YOT Practice
- Introduction to Short Format Assessment
- Introduction to AssetPlus and AssetPlus for Specialist Workers
- Introduction to Risk Assessment
- Introduction to Risk Management
- Introduction to Engagement, Enabling Compliance and Enforcement
- Introduction to Out of Court Disposals
- Introduction to Court Work (including Bail and Remand)
- Introduction to Report Writing
- Introduction to Pre-Sentence Report Writing

We have also invited training from other specialists, for example in relation to Education Policies, Exploitation and Neurodiversity to support core areas of our work, under a new (and developing) Training Calendar, and shorter input to highlight resources and reference material available e.g. Safety Planning, Sexual Offences and MAPPA.

Moving forward, we intend to extend this further, by delivering training on Custody and Resettlement and Advanced Pre-Sentence Report Writing for example. We will also continue to develop targeted activity to focus in on the areas identified by HMIP Inspection as needing to be strengthened.

Alongside this, we hope to re-introduce our contributions to wider work force development by extending invites to colleagues in other agencies, and to re-establish our 'Introduction to Youth Justice' workshops for multi-agency professionals which were ceased during the COVID pandemic and have not yet been reinstated.

## Evidence Based Practice, Innovation and Evaluation

As part of our ongoing commitment to deliver evidence-based practice and innovation, we have continued to respond to new learning and developments as a partnership. Examples of how we have done this across the last 12 months are:

- ✦ Driving development of our responses to exploitation through the new **Head of Service for Adolescents and Young Adults**.
- ✦ Leading a **Service Review** of the Youth Offending Team to modernise our delivery, including relaunching as combined Youth Justice Services, amending the staff structure and revising roles within it to maximise the resources we are able to access.
- ✦ Contributing to revised **Missing, Exploited, Trafficked (MET)** processes and pathways, including regular attendance at the new weekly MET Meeting and introducing 'Safer Plans' into our work.
- ✦ **Co-locating Youth Justice, Edge of Care and Supporting Your Futures** teams to support cross-working and joined up approaches (which has also included joint training).
- ✦ Continuing to co-ordinate the **Preventing Offending Champions Network**- a multi-agency forum providing an opportunity to discuss child-related queries and share relevant resources with a focus on preventing and reducing youth crime.
- ✦ Developing our work in relation to **Pre-Triage Assessments and Youth Diversion Programmes**, working towards evaluation by partners to inform any future revisions required.
- ✦ Embedding **Reflective Practice Meetings** within PYJS- providing practitioners with a safe space to reflect on areas of their practice and develop knowledge and skills.
- ✦ Utilising the skills and knowledge of our **specialist mental health (CAMHS) Practitioner** to support our work in safety planning for children who are at risk of self-harm and suicide.
- ✦ Extending our knowledge of **specialist Speech and Language practice**, particularly in relation to advocacy and intermediaries at Court.
- ✦ Establishing a new **Education Working Group** within PYJS- to explore how our work with education, training and employment colleagues can be improved with a view to supporting or securing more positive outcomes for the children we work with.
- ✦ Designing the new **Turnaround Youth Justice programme**- to extend our work to children on the cusp of justice and build on practice already present within both Early Help and Youth Justice.

In 2023-25, we will continue to develop further, seeking to embed new Transitional Safeguarding pathways in partnership with adult services. We will also enhance our data set and develop scorecards to increase oversight. The Youth Justice Service will also continue to review the interventions it delivers in response to this and promote best practice through quality assurance and practice discussion.



## **Service Development (including Service Development Plan)**

Our youth justice services were inspected by HMIP in March 2022. The resulting report was published in June 2022 and confirmed our receipt of a 'good' rating overall: [An inspection of youth offending services in Portsmouth \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk)

Inspection recommendations focussed on 4 key areas:

- ✚ Ensuring comprehensive Quality Assurance arrangements are in place
- ✚ Making sure that disproportionality data is collected and analysed
- ✚ Improving the quality of assessment, planning and service delivery work to keep children safe and manage the risk of harm they present to others
- ✚ Ensure robust contingency plans are in place for all children.

We therefore included these within our strategic plan for 2022-23 to ensure progress was effectively monitored and tracked to completion. New additional areas of strategic priority also responded to (then) recent HMIP thematic reports on the experience of black and mixed heritage boys (within a wider priority of tackling disproportionality) and education, training and employment respectively. Updates on progress are outlined elsewhere in this report and summarised in Appendix 2.

On an operational level, in July 2022, a Team Away Day was held to discuss the findings of the Inspection Report and develop a new Operational Team Plan to guide and support frontline development. The team then followed this up in an October 2022 workshop specifically exploring areas for improvement and how this can be achieved. Since then:#

- The Quality Assurance Framework has been re-introduced.
- New Work Force Development options, including bespoke training, have been designed and delivered with the team.
- Sub Groups for both areas have been established to increase support and oversight for service development, reporting directly to the local Board.
- Data provision has been enhanced by the new Management Information Officer, with plans to develop this further in line with improvements to our current Case Management System.
- Policies and Procedures continue to be reviewed and updated as necessary.

Both our over-arching Plan and the Operational Team Plan are reviewed every 6 months.

Challenges, risks and issues are also monitored at Youth Justice Partnership Management Board meetings held quarterly, and are outlined on the next page.

**Challenges, Issues and Risks**

**Challenges, Issues and Risks**

Challenges, risks and issues are monitored via quarterly YOT Board meetings. For this plan, we have revised these into separate categories to better reflect the challenges and issues posed to us as a Board, and the risks we need to manage.

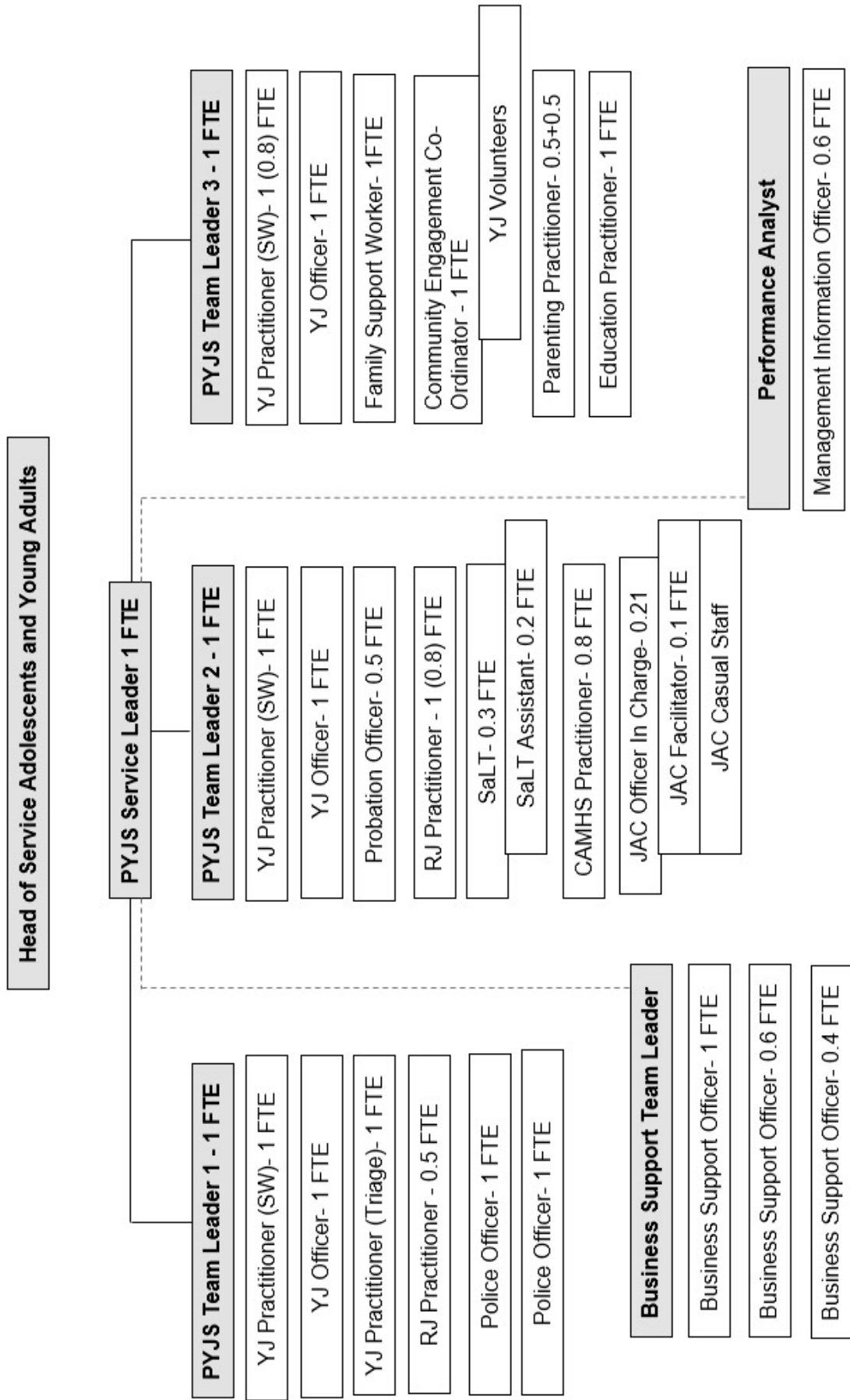
<b>Challenges/Issues</b>	<b>Intended Actions/Mitigations</b>
Securing required levels of data collation and analysis to inform service delivery.	<ul style="list-style-type: none"> <li>- Embed new YOT Management Information Officer</li> <li>- Align that post with similar data officers across the Directorate and pan-Hampshire YOTs to draw from sources outside PYOT.</li> <li>- Progress a local data sharing platform to inform City wide strategic planning and operational responses.</li> </ul>
Ensuring early identification of risk and need to ensure our prevention and diversion offers are effectively targeted and received.	<ul style="list-style-type: none"> <li>- Provide work force development options (formal and informal) to support confidence in this area outside the YOT</li> <li>- Support early identification through effective use of data and appropriate screening tools.</li> <li>- Develop early help offer in line with findings and research.</li> </ul>
Obtaining suitable accommodation for children who have offended and present with complex risk and need.	<ul style="list-style-type: none"> <li>- Continue close working with the Directorate Access 2 Resources team to identify accommodation when it is required.</li> <li>- Contribute to Directorate initiatives to seek and support alternative accommodation options as far as possible.</li> <li>- Monitor the outcomes of the Independent Review of Social Care</li> </ul>
Providing, or commissioning, a broader range of ETE options (both pre and post 16) to meet the needs of the YOT cohort.	<ul style="list-style-type: none"> <li>- Develop options via the Education and Youth Justice Sub Group</li> <li>- Ensure relevant 'threads' are included in Education-related Strategic Planning.</li> <li>- Include as new key priority area within our own Youth Justice Strategic Plan.</li> </ul>
Addressing levels of exploitation and serious youth violence across the City.	<ul style="list-style-type: none"> <li>- Support and contribute to the work of the local VRU</li> <li>- Meet the new Serious Violence Duty across the wider workforce</li> <li>- Develop an enhanced response to young people and adolescents, including transitions, through new Head of Service.</li> </ul>
Reducing duplication, and enhancing effectiveness, through strong partnership working.	<ul style="list-style-type: none"> <li>- Developing an Adolescents' Board to oversee SYV, MET and Youth Justice functions across the City.</li> <li>- Enhancing membership to include early/targeted prevention services and wider multi-agency partners.</li> <li>- Aligning Strategic Plans to support the same.</li> </ul>

<b>Risks</b>	<b>Mitigation/Intended Actions</b>
Increased demand on youth justice services due to the the rise in cost of living (i.e. increased need and/or poverty).	<ul style="list-style-type: none"> <li>- Monitor demand via data collection/analysis.</li> <li>- Develop multi-agency responses and plans through effective joint working, resource sharing and collaboration.</li> <li>- Align Strategic Plans to make best of use of resource across the wider partnership.</li> </ul>
Limitations posed by uncertain or short-term funding, and the impact on sustainable planning.	<ul style="list-style-type: none"> <li>- Continue to explore options for additional funding, grants and/or innovations scheme to support existing budgets.</li> <li>- Seek collaborative opportunities for applications, commissioning and delivery.</li> </ul>
Insufficient support for YOT Case Management System impacting on KPI reporting	<ul style="list-style-type: none"> <li>- System health check to be completed to inform remedial work</li> <li>- Working group with project manager to be assigned.</li> <li>- Steering Group to be established to oversee progress.</li> </ul>



## Appendices

**Appendix One: Youth Justice Service Structure**



**Appendix Two: Progress against Youth Justice Plan 2021-23 (revised at mid-point, and reviewed in April 2023)**

1. Reducing First Time Entrants					
Outcome	Actions	Impact	Owner	By when?	RAG Rating and Comments
1.1 Early Identification	1.1 i) Increase identification of SLCN amongst children, recognising this as a critical driver of vulnerability to offending.	Children with SLCN are identified, assessed and offered support at the earliest opportunity.	HOS Inclusion	April 2023	Support to be commissioned via Outreach Service. PECS Training also commissioned for some Yr R schools. Makaton Train the Trainer training also commissioned.
	1.1 ii) Establish FTE profile	FTE profile is better understood to inform responses; more children identified and considered for earlier help;	Strategic Intelligence Manager	July 2023	Draft profile completed in 2021-22. Brief analysis completed 2022-23 to support Board Workshop in April 2023.
	1.1 iii) Establish systems through MATs for identifying cohorts who may be at risk (e.g. via Childrens Insights Team)			July 2023	Childrens Insights Hub under development. Tools are available in EH to support identification. ND toolkit has also been launched. Further work to do in this area.
1.2 Preventative Pathways	1.2 i) Increase number of schools where Playful, Accepting, Curious and Empathetic (PACE) and restorative approaches are in place.	Better engagement by young people in schools; fewer exclusions	PEP and School Inclusion Manager	April 2023	50 / 61 schools have sent delegates to PACE or PACE+ training or are engaging with the relational schools programme, which is progressing well. The RP work is developing well in 11 Wave One schools. A further 20 schools have joined Wave Two. The project is working with leadership teams to make real changes to school culture and ethos. In Trafalgar School, where RP is well developed, we have seen a dramatic reduction in exclusions.
	1.2 ii) Work in partnership with SEMH Special School and Alternative Provision to reduce exclusions and increase family support.	Increased attendance and reduced exclusions in 'at risk' groups	Assistant Director, Children and Education Services	April 2023	The Harbour School has had an inadequate judgement by Ofsted. A plan is in place with the Delta Trust to support the school and part of a wider strategy to review AP in the city.
	1.2 iii) Develop coherent/clear youth crime prevention offer with VCS and	Pathway for access to activities is clear for young	HOS Adolescents and Young Adults	April 2023	C32 and Triage processes are well-established. Youth Diversion has

	confirm pathways for these to be accessed.	people at risk of offending, and easily accessible	and YOT Service Leader	been in place since November 2021. Youth Crime Mapping Workshop held February 2022, led by YOT Board Chair. Turnaround YJ available as of April 2023. CEC post has been created and will support.
	1.2 iv) Ensure violent crime prevention initiatives are offered within Schools and pathways are in place to secure additional support for children and families, when needed.	Actions are taken via schools to support prevention of serious youth violence in line with the work of the VRU	Portsmouth VRU Lead	Sept 2022
<b>1.3 Effective Diversion</b>	1.3 i) Establish Point Of Arrest (point of entry) Youth Diversion Scheme and arrangements for local delivery	Diversion scheme in place; fewer children entering the youth justice system	Hants Constabulary, with 4YOT Chairs	Sept 2022

**2. Reducing Reoffending**

<b>Outcome</b>	<b>Actions</b>	<b>Impact</b>	<b>Owner</b>	<b>Timescale</b>	<b>RAG Rating and Comments</b>
<b>2.1 Swift and appropriate responses</b>	2.1 i) Improve offence to outcome timeliness through partnership approach.	Interventions are more meaningful for young people and have greater impact.	Board Chair	April 2023	Elements have been monitored but need to be revisited and taken forward in 2023-24.
	2.2 Strong, coordinated whole family support and challenge.	2.2 i) Ensure clear Lead Professional allocation and whole family planning is in place, drawing on adult service expertise.	HOS Adolescents and Young Adults	April 2023	HoS for Adolescents and Young Adults in place since April 2022. Multi Agency Integrated MET Pathway is in place. YJS Team Leaders would like to explore integration with Family Support Plan to support Exit and Step-Down Planning in 2023-24.
	2.2 ii) Adopt 'Staying Close' Promoting Alternative Thinking Strategies (PATH) planning approach for children who have offended	Young people more engaged in their own plans; greater effectiveness and efficacy in outcome planning	YOT Service Leader	April 2023	This approach has been explored, but will not be pursued. It is similar to approaches already in place within the YJS and can be considered at a later date if helpful.
	2.2 iii) Enhance work with Parents/Carers/Families within YOT, through clear pathways and joint working	Parents and families are supported alongside their child	YOT Service Leader	Sept 2022	Temporary YOT Parenting Support Practitioner in post since November 2021. Provision will be developed further over 2023-24 now funding secured. As of April 2023 this is

<p><b>2.3 Maximise resourcing to support targeted planning.</b></p>					<p>0.5FTE YJS (permanent) and 0.5FTE Turnaround YJ (temporary) until March 2025.</p>
	<p>2.2 iv) Develop work on SLCN to support earlier identification and assessment of support needs at Court.</p>	<p>SLCN needs are understood, and approaches offered in YOT to support delivery of effective interventions</p>	<p>YOT Service Leader</p>	<p>April 2023</p>	<p>SaLT provision in YOT is now supporting better identification at Court, including requests for intermediaries where relevant.</p>
	<p>2.2 v) Identify options to support this outcome within the overall partnership resource through shared assessments, planning, interventions and workforce development.</p>	<p>Opportunities are identified for progression</p>	<p>All Board members</p>	<p>April 2023</p>	<p>New Family Support Plan in place in Early Help; Turnaround to be delivered alongside YJS; Vulnerability Tracker and developing approach to Severely Absent children; New MET Pathway.</p>
	<p>2.3 i) Develop Reoffending Profile through use of data from YOT and partnership services, including Reoffending Toolkit (e.g. +/-5 cohort)</p>	<p>Reoffending profile is better understood to inform responses, within a wider context</p>	<p>Strategic Intelligence Manager</p>	<p>July 2023</p>	<p>Work on this has not been started and will be prioritised after Core+ and new KPI development work has taken place.</p>
	<p>2.3 ii) Develop the YOT offer for children who re-offend, based on that profile and stakeholder feedback, and inform wider partnership approaches.</p>	<p>Future delivery is informed by an understanding of key trends and issues</p>	<p>HoS Adolescents and Young Adults and YOT Service Leader</p>	<p>Sept 2023</p>	<p>Profile not yet developed so unable to complete this action as yet. However, YOT resources have been reviewed and a working group is in place to progress this further.</p>
	<p>2.3 iii) Align cross-agency plans and ensure their effectiveness is regularly reviewed against shared aims.</p>	<p>Systems and processes ensure that plans for individual children are always aligned</p>	<p>Heads of Service for Prevention and Early Help, Assessment &amp; Intervention LAC and Adolescents and Young Adults</p>	<p>Sept 2022</p>	<p>EH supervisors provide information and participate at JDMP (Triage) which also links to MASH and Children's Social Care to seek and share updates. See notes above re: Family Support Plan. Links of YOT to/with School Nursing also to be strengthened when more capacity to do so to address broader health needs.</p>
	<p>2.3 iv) Align work with wider exploitation, safeguarding and 'at risk' approaches (e.g. PACE and transition planning)</p>	<p>Work with young people who offend reflects best practice in wider safeguarding including exploitation</p>	<p>HoS Adolescents and Young Adults and YOT Service Leader</p>	<p>April 2023</p>	<p>New HoS for Adolescents and Young Adults in place since April 2022. Plans in AYAS are developing including co-location of YOT with EoC/DASS. Wkly MET Meetings and Integrated MET Pathway now in place. Work planned for similar on Transitions.</p>

3. Reducing Custody					
<u>Outcome</u>	<u>Actions</u>	<u>Impact</u>	<u>Owner</u>	<u>Timescale</u>	<u>RAG Rating and Comments</u>
<b>3.1 Preventative targeting</b>	3.1 i) Develop Custody Cohort Profile through use of data from YOT and partnership services.	Custody Cohort is better understood to inform partnership responses	Strategic Intelligence Manager	July 2023	YOT Service Leader monitors and reports on custodial cohort via Quarterly Performance Reporting. Small numbers limit analysis, though common features are highlighted.
	3.1 ii) Utilise custody cohort profile to strengthen early identification and support targeted preventative interventions (link to VRU).	Key risk factors are understood, and responded to, prior to custodial remand or sentence being imposed	YOT Service Leader	Sept 2023	A meeting was held between YOT and Children's Social Care in 2022 to discuss this- no available additional pathways or provision were identified which were not already being accessed. Areas of stretch identified include ETE and accommodation, as well as links to exploitation- which are linked to other areas of this plan. This will be reviewed again when PYOT Custody and Resettlement Policy and Procedures are reviewed to ensure any new learning is utilised.
<b>3.2 Remand/Sentence Reduction</b>	3.1 iii) Enhance interventions available across the City to reduce the incidence of repeat and most serious offences.	Timely, early and preventative responses support reduction in repeat offending and SYV.	HOS Adolescents and Young Adults and VRU Lead	Apr 2023	Weekly MET now in place. Wider MET Strategy due for launch. VRU delivery has also been remodelled. Other options being explored.
	3.2 i) Establish Remand Reduction Strategy (specifically, PACE beds).	Options are understood, and readily applied	HoS for LAC and HOS Adolescents and Young Adults	Sept 2022	Remand Reduction Strategy embedded within the PYOT Custody and Resettlement Policy. PACE processes are being reviewed via the Portsmouth Reducing Offending by Children We Care For Sub Group and Pan-Hampshire Concordat on Children in Custody.
	3.2 ii) Develop partnership response strategies for those at	Proportionate, preventative responses support reduction in use of custody	All Board members	April 2023	Improvements noted in responses to and awareness of this group e.g. Edge of Care responses; work with



	risk of custodial remand and/or sentencing.					CAMHS STaRT team and support provided via team around the child. MET Pathway also in place.
<b>3.3 Early constructive Resettlement</b>	3.3 i) Embed Constructive Resettlement within YOT Practice (including use of Resettlement Checklist to inform work with partners in key areas e.g. accommodation, education and health, inc SEND) 3.3 ii) Develop understanding of Constructive Resettlement practice across key areas of the partnership workforce. 3.3 iii) Actively seek stakeholder feedback and reflect on 'lived experiences' to inform and improve practice in this area.	Resettlement support needs are identified at the earliest opportunity to support transitions, pro-social identity and successful sentence completion.	YOT Service Leader	April 2023	In progress and will be developed further within training to be delivered in 2023-24.	
		Resettlement support needs are understood across key partnership organisations.	YOT Service Leader	April 2023	This will be developed further within training to be delivered in 2023-24.	
		Stakeholder's views are sought, responded to and support ongoing work in this area	YOT Service Leader	April 2023	Feedback has been received on a case-by-case basis but is not systematically or systematically reviewed.	

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<b>4. Engaging, accessing and participating in education and training</b>						
<b>Outcome</b>	<b>Actions</b>	<b>Impact</b>	<b>Owner</b>	<b>Timescale</b>	<b>RAG Rating and Comments</b>	
<b>4.1 Strengthened responses to Individual need</b>	4.1 i) Offer regular and specialist information, advice and guidance to the YOT Education Practitioner. 4.1 ii) Deliver training to YOT practitioners to enhance their knowledge of local (PCC) education-related strategic plans and policies/procedures 4.1 iii) Convene half termly Education and Youth Justice Sub Group meetings	YOT Education Practitioner is supported to enhance effectiveness of their role. YOT case managers understand local education policies and how to escalate to support better outcomes for children open to YOT. Cohort needs and areas of strength/stretch are understood; escalation and problem solving is effectively supported for individual children.	Virtual School Head  Inclusion Managers, with YOT Service/Team Leaders  Deputy Director, Education	Sept 2022  Sept 2022  Sept 2022	One to one case work 'supervision and discussion' meetings began in June 2022 and are scheduled monthly in Term time with Virtual School Head. Education Policy Briefing took place March 2023. Identified need for further work to be done within the team which will be done in 2023-24. Meetings are now well-established, and receive a report from the YOT Education Practitioner for pre and post 16 cohort. Options to provide more data to each meeting are being explored.	
<b>4.2 Improved pre-16 internal alternative</b>	4.2 i) Complete city wide review of secondary school in-house alternative provision	Future developments can be informed through SWOT analysis and cohort profiling	Deputy Director, Education	Sept 2022	City-wide review of secondary school in-house AP completed.	

<p><b>provision offer from schools</b></p>	<p>4.2 ii) Implement and embed a city wide approach in schools to relational practice (RP).</p>	<p>RP approaches in schools support improved attendance, reduction in suspensions/exclusions and improved achievement and progression</p>	<p>Deputy Director, Education</p>	<p>Sept 2022</p>	<p>Summary and individual reports shared with secondary schools. Wave 1 (13 of 17 schools completed the first year); Wave 2 commenced in Jan 2023.</p>
<p><b>4.3 Improved post-16 education, training and employment options including more opportunities for paid work experience and traineeships</b></p>	<p>4.3 i) Liaise with other LA departments and neighbouring Local Authorities to explore a partnership approach</p>	<p>Opportunities to co-develop and co-commission are explored and progressed where possible.</p>	<p>Deputy Director, Education and Post 16 Commissioning Manager</p>	<p>Sept 2022</p>	<p>Meetings have been held with local providers to look at options within current funding and provision. Skill Mill model is being considered and a new project to progress the Employability Academy which could be extended to include children known to YOT.</p>
<p>4.3 ii) Working with local post-16 providers, improve access to and engagement of post-16 level 1 and level 2 provision including more bespoke roll on roll off provision</p>	<p>4.3 iii) Improve access to CSCS cards and associated employment opportunities</p>	<p>A broader and more flexible offer, linked directly to employment, will support a reduction in the number of young people who are a NEET and lead to more positive education and employment destinations</p>	<p>Deputy Director - Education and Post 16 Commissioning Manager</p>	<p>April 2023</p>	<p>Work is ongoing in this area and reported on via the Education and Youth Justice sub-group.</p>
<p>4.3 iv) Explore Skill Mill and identify other opportunities for paid work experience and employment in a variety of fields.</p>	<p>4.4 i) Complete half termly analysis of the education, training and employment circumstances of children open to YOT - including areas of strength and stretch.</p>	<p>Needs of open YOT caseload are better understood though snapshot analysis and feedback whilst other analysis takes place and reporting is developed.</p>	<p>Deputy Director, Education, Post 16 Commissioning Manager and YOT Service Leader</p>	<p>April 2023</p>	<p>YOT have been able to purchase resources to support this via VRU Underspend. These will continue to be available throughout 2023-24. Skill Mill is under active consideration via proposal paper submitted to DMT. Funding options needs to be identified before this can be progressed.</p>
<p><b>4.4 Strategic Responses are better informed, and more targeted, to meet the needs of the YOT cohort</b></p>	<p>4.4 i) Complete half termly analysis of the education, training and employment circumstances of children open to YOT - including areas of strength and stretch.</p>	<p>Needs of open YOT caseload are better understood though snapshot analysis and feedback whilst other analysis takes place and reporting is developed.</p>	<p>YOT Service Leader</p>	<p>Sept 2022</p>	<p>Regular report prepared by the YOT Education Practitioner for pre and post 16 cohort for half termly meetings. Snapshots and Case Studies have also been completed.</p>

	4.4 ii) Develop ETE/YOT Cohort Profile through use of data from YOT and partnership services.	Broader YOT cohort is better understood to inform wider partnership responses.	Strategic Intelligence Manager	Sept 2022	Completed and submitted to YOT Partnership Board in Jan 2023 and will now be an annual item on the Board agenda. Additional data sources also under active consideration.
	4.4 iii) Ensure Education strategic plans and commissioning are revised as needed to meet the needs of this cohort	Strategic Planning recognises the needs of all children and is supported by commissioning of opportunities for this specific cohort.	Deputy Director, Education	April 2023	Work by Ed and YJ Sub Group is supporting development of this area.
<b>5. Understanding, analysing and addressing disproportionality</b>					
<b>Outcome</b>	<b>Actions</b>	<b>Impact</b>	<b>Owner</b>	<b>Timescale</b>	<b>RAG Rating and Comments</b>
<b>5.1 Responses to individual need are strengthened</b>	5.1 i) Review YOT Policies and Procedures to ensure diversity is more clearly recognised and disproportionality addressed.	YOT documentation and guidance is strengthened to support a more individualised approach and reduce or counter disproportionality.	HoS Adolescents and Young Adults and YOT Service Leader	April 2023	New 'Introduction to Principles and Approaches Underpinning YJ Practice' Guidance established to underpin all areas of policy and practice in October 2022. All other policy/procedure will be updated to refer to this as review dates progress.
	5.1 ii) Devise/commission and deliver training to YOT practitioners around unconscious bias and cultural competence.	YOT service delivery is enhanced through increased awareness.	HoS Adolescents and Young Adults and YOT Service Leader	April 2023	'Introduction to Principles and Approaches Underpinning YJ Practice' training delivered in January 2023. Additional training available via PCC.
	5.1 iii) Revise and develop YOT interventions and resources to ensure they cater to a range of need, risk and lived experience.	Interventions delivered by YOT are more accessible, and/or specifically targeted, to support children who have experienced disadvantage or discrimination.	YOT Service Leader	April 2023	This has commenced and will be ongoing e.g purchase of tablets to support digital access to apps; resources more specifically targeted towards girls; development of new container unit at Hillside.
<b>5.2</b> <b>*Disproportionality data is collected and analysed, and learning is used to develop services</b>	5.2 i) Continue snapshot analysis via Caseload Profile, Education and Youth Justice Sub-Group and Preventing Offending by Looked After Children Sub-Group whilst other data analysis is developed.	Current monitoring is maintained until new Management Information Officer post is embedded.	Strategic Intelligence Manager and YOT Service Leader	In place.	This is in place and will be ongoing.



<p>arrangements are in place to understand performance and respond to the profile and needs of all children supervised by YOT</p>	<p>6.1 ii) Identify additional resource required to support extended delivery of QA and training/development in YOT in relation to Risk of Harm, and Safety and Wellbeing specifically.</p>	<p>place to support defensible practice.</p> <p>Existing YOT Management Team are supported to improve the quality of assessment, planning and service delivery to keep children, and others, safe.</p>	<p>All Board members</p>	<p>Sept 2022</p>	<p>and reporting will be refined in 2023-24.</p> <p>Additional Sub-Groups have been established for QA and WFD respectively which will be embedded in 2023-24.</p> <p>PYOT Service Review has been completed and increased TL establishment from 2FTE to 3 FTE which commences as of 03.04.23.</p> <p>This will be developed via the new QA Sub Group</p>
	<p>6.1 iii) Develop targetted QA activities in response to QA reporting and/or data analysis, in addition to the over-arching QA Framework</p>	<p>Key areas of focus, risk and/or need are effectively explored to support understanding and inform strategic responses.</p>	<p>All Board members</p>	<p>April 2023</p>	<p>Completed at workshop on 05.10.23</p>
	<p>6.2 i) Review Inspection findings with the team to confirm strength/stretch.</p>	<p>Improvement planning (individual and team) is informed by shared discussion.</p>	<p>YOT Service Leader</p>	<p>Sept 2022</p>	<p>Training delivered as follows: Intro to Risk Assessment and Management (19.10.23); Case Management and Enforcement (02.11.23); Principles and Approaches Underpinning YJ Practice (24.01.23). Short Format Assessment (09.02.23). Education Police Briefing (28.03.23). ND Toolkit (17 and 24.05.23). MET training (dates in May/June 23). Other training also revised for Induction of new staff. Further training to be developed and delivered re: contingency planning, gatekeeping and MAPPA in 2023-24.</p>
	<p>6.2 ii) Identify training for practitioners and Team Leaders on: risk assessment, keeping children safe, managing the risk of harm they present to others, contingency planning and gatekeeping of same.</p>	<p>Practitioners are supported to deliver safe, defensible and effective practice through dedicated training.</p> <p>Management oversight is strengthened to support practice improvement.</p>	<p>YOT Service Leader</p>	<p>Sept 2022</p>	<p>Not completed. Other training delivered as outlined above. Can reconsider pending completion of other training and return of TL</p>
<p>6.2 iii) Deliver or commission delivery of HMIP's 'Effective Case Supervision- Youth' to embed awareness of ASPIRE model and best practice</p>	<p>Learning is consolidated through advanced training using HMIP resources and effective practice guidance.</p>	<p>YOT Service Leader</p>	<p>March 2023</p>		

						seconded to HMIP at end Oct 2023.
	6.2 iv) Embed learning from training in Team Meetings, Reflective Practice Meetings and 1:1 Supervision	Good practice is embedded through discussion, reflection and individualised support.	YOT Service Leader	April 2023		Ongoing. Meetings are in place.
	6.2 v) Extend and enhance QA in YOT to include stronger focus on ROSH and Safety and Wellbeing.	Practice is subject to required levels of scrutiny and assurance is provided to the Board.	YOT Service Leader	April 2023		Options to do this being explored via QA Sub Group now that training has been completed.
<b>6.3 Strategic oversight and planning is strengthened to reduce duplication and increase effectiveness</b>	6.3 i) Align commissioning approaches (e.g. OPCC, PCC and VRU) where possible	Resource allocation and distribution maximises coverage and impact.	All Board Members	April 2023		Progress being made to work towards this aim and align where possible.
	6.3 ii) Expand YOT Partnership Board Membership to include early intervention and prevention partners e.g. Youth and Play, Housing and Voluntary Sector.	Board memberships better reflects the range of services and organisations who can contribute to partnership aims.	Board Chair	Sept 2022		Expanded to include EH&P but not other partners. Needs to be progressed under Plan for 2023-25.
	6.3 iii) Develop an Adolescents Board to oversee strategic planning and operational delivery for youth justice, exploitation and transitions.	Strategic oversight recognises overlap in these key areas and supports them both individually and as a whole; duplication is reduced to improve effectiveness.	All Board Members	April 2023		Discussion has taken place to explore options but this has not yet been progressed to completion.

Outcomes marked with \* link directly to recommendations made by HMIP following Inspection of Portsmouth Youth Offending Team in March 2022

**Appendix Three: Youth Justice Plan 2023-25**

1. Reducing First Time Entrants						
Outcome	Actions	Impact	Lead Owner	By when?	How we will know this has been achieved	
1.1 Early Identification	i) Enhance links between YJS and LA Education Link Co-Ordinators and School Nursing/Family Nurse Partnership (respectively) to align systems and support effective information sharing.	Early indicators are flagged and result in additional support and/or monitoring to prevent offending.	YOT Service Leader/Supporting Families Manager/Service & Quality Manager Public Health Nursing	Oct 2023	Clear processes will be in place for information sharing; systems will be aligned to support this and evidence of impact (practice examples) will be provided to the Board.	
	ii) Update and share FTE profile to support wider partnership awareness and inform future development of services and systems.	FTE profile is understood and used to inform partnership responses.	YJS Service Leader/ YJS MIO	Apr 2024	We will know the profile of our First Time Entrants and be able to give examples of how partnership approaches respond to this in their early prevention work.	
	iii) Establish systems through MATs for identifying cohorts who may be at risk (e.g. via Childrens Insights Team, Violence Reduction Unit)	More children are (appropriately) identified and considered for earlier help.	Strategic Intelligence Manager/VRU Director	Apr 2024	We will understand 'risk indicators', be able to identify cohorts 'at risk' and share examples of how we develop our services to respond.	
	iv) Ensure Turnaround Youth Justice processes are aligned with new Family Support Plan and Parenting Offer.	YJS processes will align more effectively with wider City approaches.	Head of Service for Prevention and Early Help/ YOT Service Leader	Apr 2024	TYJ will be 'joined up' with the wider City offer, and examples of how this has helped families will be provided to the Board.	

	v) Ensure responses to Anti-Social Behaviour identify need and are supported by partnership working.	Early onset and indicators are recognised and appropriately responded to.	Head of Community Safety/Police Superintendent	Apr 2024	Examples will be provided where ASB has been identified and children successfully supported. CTCG delivery/mechanisms will support this.
<b>1.2 Preventative Pathways</b>	i) Work in partnership with SEMH Special School and Alternative Provision to increase attendance, particularly for 'at risk' cohort.	Reduced absence and exclusions lead to greater attainment and achievement.	Deputy Director, Education	Apr 2025 (ongoing)	Wider strategies will evidence focus on this area. Persistent/severe absence rates in YOT cohort will reduce.
	ii) Increase identification of SLCN amongst children, recognising this as a critical driver of vulnerability to offending.	Children with SLCN are identified, assessed and offered support at the earliest opportunity.	Heads Of Service Inclusion/Integrated Children's Commissioning	Apr 2024	More children will receive SLCN assessment prior to entry into YJS. Practice examples will outline how this has been achieved.
	iii) Ensure systems are in place to identify siblings or other children in the family at risk of offending and offer early intervention to prevent this.	Siblings and other children in the family are effectively prevented from entering into YJS	Deputy Director Childrens Services/ Head of Housing Community Services	Oct 2023	RASBO will be evidenced in Early Help and Social Care practice. Youth and Play Offer will be informed by, and respond to, risk/need profile.
	iv) Maintain Early Help PCSO role and links to Preventing Offending Network.	Early Help Pathway maintained and supports wider prevention work.	Head of Service for Prevention and Early Help/Police Superintendent	Apr 2024	Examples will be provided to Board of work done by EH PCSO and how they have contributed to Network meetings.
	v) Confirm the wider offer to children in need of support and protection, and that this meets the risk/need profile.	Youth crime prevention work in Children's Services is effective.	Deputy Director Childrens Services	Apr 2024	The offer will be clear and matched to known risk/need profiles. Practice examples will evidence approaches in use.
	v) Deliver Turnaround Youth Justice (TYJ) to provide support and intervention for children on the cusp of justice and embed alongside existing services.	Children at risk of entering the youth justice system are offered 'early help style' support.	HoS Adolescents and Young Adults/ YJS Service Leader	Apr 2025 (ongoing)	TYJ will meet its MoJ targets. Its position within the wider prevention system will be clear and well understood by partners.
<b>1.3 Effective Diversion</b>	i) Evaluate Youth Diversion Scheme and arrangements for local delivery.	Outcomes of YDP are assessed and learning is used to develop delivery.	Hants Constabulary YOT Police Team, with 4YOT Managers	Oct 2023	Evaluation findings will be shared with Board.
	ii) Review interventions and resources for YDP following that evaluation.	Resources and interventions match the needs and offending profile of the Diversion cohort.	YJS Service Leader	Apr 2024	Report or summary will be provided to confirm review has taken place, and any actions to be taken as a result.



2. Reducing Reoffending					
Outcome	Actions	Impact	Lead Owner	Timescale	How we will know this has been achieved
	iii) Ensure local practice builds on best practice/evidence-base.	Research and identify models of effective practice in other areas.	Hants Constabulary YOT Police Team, with 4YJS Managers	Apr 2025 (ongoing)	Best practice examples will be shared with the Board. Processes will be reviewed if/when necessary to apply learning.
<b>2.1 Swift and appropriate responses</b>	i) Improve offence to outcome timeliness through partnership approach.	Interventions are more timely and more meaningful for young people so have greater impact.	Portsmouth Superintendent	Apr 2024	Data for C32, Triage and Court will show more timely responses and prioritisation. Exception reporting will confirm any identified delays were necessary for due process.
<b>2.2 Strong, coordinated whole family support and challenge.</b>	i) Ensure clear Lead Professional allocation and whole family planning is in place, drawing on adult service expertise, and effectiveness is regularly reviewed against shared aims (Links also to 1.1 iv) ii) Align support for Parents, Carers and wider Families within YJS and TYJ with that offered by wider partners, through clear pathways and joint working. iii) Identify how existing parenting offer can be enhanced through bespoke and/or accredited parenting programmes specifically targeting offending and/or exploitation risks.	Systems and processes ensure that plans for individual children are joined up and regularly reviewed. Parents and families are supported alongside their child to access relevant services. Parents of children known to YJS can access bespoke support in relation to the experiences and presenting behaviours of their children.	Heads of Service Safeguarding and Quality  YJS/ Early Help Service Leaders	Apr 2024  April 2024	Auditing of Lead Agency Plans will demonstrate integration of YJS involvement and interventions with regular review. Good practice examples will be shared to support development. Pathways and links will be mapped. Joint working will support access and delivery. Examples will be provided of where this has helped families. Options will be identified for decision making or development.
<b>2.3 Resources maximised to support targeted planning.</b>	iv) Establish clearer step-down process from YJS, aligned with Family Support Planning and other systems (e.g. Vulnerable Pupil Tracking), to promote long-term desistance. i) Develop Reoffending Profile through use of data from YJS Reoffending Toolkit and enhance that profile through data contributions from partner organisations, particularly in relation to priority groups.	YJS step-down processes is embedded within, or aligned to, wider City-wide systems. Reoffending profile is better understood to inform responses	Head of Service Adolescents and Young Adults and YJS Service Leader  Strategic Intelligence Manager	Apr 2024  Apr 2024	YJS Step-down process will include Family Support Plan, where appropriate. Pathways for notification/information sharing will be clear and examples shared of how this has been applied. Reoffending toolkit will be in use, reported to the Board and supplemented by submissions from partners.

	<p>ii) Develop the YJS offer for children who re-offend, based on that profile and stakeholder feedback, and inform wider partnership approaches.</p> <p>iii) Align TYJ/YJS work with wider exploitation, safeguarding and 'at risk' approaches (e.g. PACE and transition planning)</p>	<p>Future delivery is informed by an understanding of key trends and issues</p> <p>Work with young people who offend reflects best practice in wider safeguarding including exploitation.</p>	<p>HoS Adolescents and Young Adults and YJS Service Leader</p> <p>HoS Adolescents and Young Adults and YJS Service Leader</p>	<p>Oct 2024</p> <p>Apr 2024</p>	<p>Interventions will be in place which match risk/need profile. Stakeholder feedback will confirm they are relevant and engaging.</p> <p>YJS will implement local tools (e.g. Safer Plan), ensure regular representation at MET forums and support development of further strategies (e.g. Transitional Safeguarding)</p>
<b>3. Reducing Custody</b>					
<b>Outcome</b>	<b>Actions</b>	<b>Impact</b>	<b>Owner</b>	<b>By When</b>	<b>How we will know this has been achieved</b>
<b>3.1 Preventative targeting</b>	<p>i) Enhance interventions available across the City to reduce the incidence of repeat and most serious offences.</p> <p>ii) Develop partnership response strategies specifically for individual children at risk of custodial remand/sentencing.</p> <p>iii) Explore how to strengthen bail offer and increase availability of direct alternatives to custodial sentencing (ISS and IF).</p> <p>iv) Implement steps required to strengthen bail offer, and availability of direct alternatives to custodial sentences.</p>	<p>Timely, early and preventative responses support reduction in repeat offending and SYV.</p> <p>Proportionate, preventative responses support reduction in use of custody</p> <p>Steps needed to increase use of direct alternatives to custody are identified.</p> <p>Steps needed to increase use of direct alternatives to custody are implemented.</p>	<p>HOS Adolescents and Young Adults and Hampshire VRU Director</p> <p>Heads of Service for Family Safeguarding, Children We Care For and Adolescents and Young Adults</p> <p>HoS Adolescents and Young Adults and YJS Service Leader</p> <p>TBC</p>	<p>Apr 2024</p> <p>Oct 2023</p> <p>Oct 2023</p> <p>Apr 2024</p> <p>Oct 2023</p>	<p>Data will inform wider partnership planning. VRU will support and help us to strengthen the City response to SYV. Updates will be shared with the Board.</p> <p>Casework will demonstrate individualised response strategies.</p> <p>Practice examples or reports will share best practice and evidence positive outcomes for the child.</p> <p>Options will be explored and outlined to Board. Support required from partners will be identified and actions agreed as a result.</p> <p>Use of bail packages and direct alternatives will increase. Key partners will be able to identify how these have been supported.</p>
<b>3.2 Remand Reduction</b>	<p>i) Review Remand Reduction Strategy (including PACE bed provision and reducing use of Youth Detention Accommodation- YDA-Remands).</p>	<p>Options are understood, available and readily applied.</p>	<p>Heads of Service for Children We Care For/ Family Safeguarding/ Adolescents and Young Adults</p>	<p>Oct 2023</p>	<p>PACE processes will be consistently applied. Custodial remands will reduce.</p>

	ii) Ensure recommendations from HMIP Thematic Inspection on Remands are actioned. i) Embed Constructive Resettlement within YOT Practice (including use of Resettlement Checklist to inform work in key areas e.g. accommodation, education and health, inc SEND) ii) Develop understanding of Constructive Resettlement practice across key areas of the partnership workforce. iii) Actively seek stakeholder feedback from children who have experienced custodial settings.	Learning from thematic inspection improves practice. YJS Practice effectively supports transitions, pro-social identity and successful sentence completion. Resettlement support needs are understood across key partnership organisations. Stakeholder's views are sought, responded to and support ongoing development	Board Chair YJS Service Leader HOS Adolescents and Young Adults/ YJS Service Leader YJS Service Leader/Participation Officer	Oct 2023 Apr 2024 Oct 2024 Oct 2023	The Board will review this once HMIP findings are shared. Case examples and practitioner testimony will confirm YJS staff will understand and apply required processes. Stakeholder feedback will evidence good outcomes. Training will be in place. Evaluations will confirm impact on understanding. Auditing or practice examples will demonstrate effective application. Feedback will be routinely sought from children in custodial settings. Findings will inform future practice.
<b>Outcome</b>	<b>Actions</b>	<b>Impact</b>	<b>Owner</b>	<b>By when</b>	<b>How we will know this has been achieved</b>
<b>4.1 Disproportionality data is collected and analysed, and learning is used to develop services.</b>	i) Strengthen data collation and analysis through the Management Information Officer. ii) Enhance data collation and analysis through partnership sources, and collaborative working iii) Ensure future partnership planning is informed by HMIP Thematics, data collation and analysis of YJS cohort.	Local understanding is based on local need profile. Local understanding is enhanced by partnership data which can be used to inform wider strategic planning. All future plans are informed by local profile and best practice learning. Additional method in place to support feedback collection and collation.	YJS Service Leader/Management Information Officer Strategic Intelligence Manager Board Chair	Apr 2024 Apr 2024 Apr 2025 (ongoing)	Required data reporting will be in place and we will understand where we need to focus to address disparity. YJS data provided to the Board will be supplemented by partnership data and analysis to inform our understanding. Our next youth justice plan will incorporate this.
<b>4.2 Increased Stake Holder Feedback, Participation and Co-Production.</b>	i) Implement online feedback surveys for key stakeholders ii) Re-establish Feedback Forums and develop Stakeholder Feedback Groups or mechanisms iii) Ensure future partnership planning is informed by stakeholder feedback, participation and co-production.	In person forums are re-established and strengthened. All future plans are informed by stake holder views, voice of the child and full consultation with staff and volunteers.	Principal Social Worker / YJS Service Leader HOS Adolescents and Young Adults/ YJS Service Leader YJ Board Chair	Oct 2023 Apr 2024 Apr 2025 (ongoing)	The Community Engagement Co-Ordinator post will be embedded to support this work. Levels of stake holder feedback will increase. Clear links will be demonstrated between 'what we hear' and 'what we do'.

<p><b>4.3 Responses to individual need are strengthened.</b></p>	<p>i) Revise and develop YOT interventions and resources to ensure they cater to a range of need, risk and lived experience, and include specific resources for priority groups (e.g. care experienced children, girls)</p>	<p>Interventions delivered by YOT are more accessible, and/or specifically targeted, to support children who have experienced disadvantage or discrimination.</p>	<p>YJS Management Team</p>	<p>April 2025 (ongoing)</p>	<p>Interventions will be updated and modernised, based on re-evaluation of their use and stakeholder feedback. A range of resources, methods and approaches will be in use.</p>
<p><b>4.4 Education, Training and Employment</b></p>	<p>i) Develop required knowledge and good practice in YJS through a new in-house Education Working Group.</p>	<p>YJS practitioner skills and knowledge support effective collaboration with ETE colleagues.</p>	<p>YJS Management Team.</p>	<p>April 2024</p>	<p>The YJS Education Working Group will support reflection and development of approaches to improve YJS work in this area. Team Leaders will identify impact.</p>
<p><b>a) Improved pre-16 internal alternative provision offer from schools</b></p>	<p>ii) Implement and embed a city wide approach in schools to relational practice (RP).</p>	<p>RP approaches in schools support improved attendance, reduction in suspensions/exclusions and improved achievement and progression</p>	<p>Deputy Director, Education</p>	<p>Apr 2025 (ongoing)</p>	<p>Updates will be provided to the Board on this delivery and its impact via Education and Youth Justice Sub Group updates.</p>
<p><b>b) Improved post-16 education, training and employment options including more opportunities for paid work experience and traineeships</b></p>	<p>iii) Working with local post-16 providers, improve access to and engagement of post-16 level 1 and level 2 provision including more bespoke roll on roll off provision</p> <p>iv) Explore Skill Mill and increase other opportunities to support access to paid work experience and employment in a variety of fields.</p>	<p>A broader and more flexible offer, linked directly to employment, will support reduction in the number of children who are a NEET.</p> <p>Opportunities for paid work experience and/or employment are increased; and developed specifically in line with children's aspirations.</p>	<p>Deputy Director - Education and Post 16 Commissioning Manager</p>	<p>Apr 2025 (ongoing)</p>	<p>Availability of, and access to, suitable post-16 provision will increase. NEET figures will reduce.</p>
<p><b>4.6 Victim Contact and Restorative Approaches in PYJS are strengthened</b></p>	<p>v) Maximise opportunities for vulnerable adolescents through cross-team/directorate joint working (e.g. shared training, delivery and access to resources).</p> <p>i) Revise RJ delivery to direct victims following Service Review.</p> <p>ii) Support delivery of community-based reparation via Community Engagement Co-Ordinator and Volunteer roles</p>	<p>Wider post-16 delivery is supported by a range of practitioners to make best use of resource for those who need it most.</p> <p>Services for victims will be maintained and prioritised within revised RJ delivery.</p> <p>Capacity to deliver community-based reparation will be supported.</p>	<p>Deputy Director, Education and Post 16 Commissioning Manager/ Head of Service Adolescents and Young Adults</p> <p>YJS Service Leader</p> <p>YJS Service Leader</p>	<p>Apr 2025 (ongoing)</p> <p>Apr 2025 (ongoing)</p> <p>Oct 2023</p> <p>Apr 2024</p>	<p>The range of options accessible to the YJS cohort will increase. Feedback will be sought as to their value and impact from those who access them and be reported to the Board.</p> <p>New opportunities or initiatives will be developed. Updates will be provided to the Board via Education and Youth Justice Sub Group updates.</p> <p>Policy and Procedures will be revised. Compliance with Victim Code will be maintained.</p> <p>Volunteer numbers will increase. New CEC role will support this and YJS Service Leader will update Board on progression.</p>

	iii) Review Victim Satisfaction feedback methods to increase volume of responses.	Victim satisfaction rates will be better understood and able to inform service development.	YJS Service Leader	Oct 2023	Revised processes will be in place and response rates more closely monitored.
Please refer to other areas in Priorities 1-3 for what we will do in relation to delivery of Prevention, Diversion, Serious Violence and Exploitation, Detention in Police Custody, Remands and Constructive Resettlement.					
<b>5. Supporting Best Practice and Service Development</b>					
<b>Outcome</b>	<b>Actions</b>	<b>Impact</b>	<b>Owner</b>	<b>Timescale</b>	<b>How we will know this has been achieved</b>
<b>5.1 Comprehensive quality assurance arrangements are in place to understand performance and respond to the profile and needs of all children supervised by YOT</b>	<ul style="list-style-type: none"> <li>i) Embed YJS QA reporting and analysis and align with wider Directorate and partnership frameworks.</li> <li>ii) Develop targeted QA activities in response to HMIP feedback and QA reporting/analysis.</li> <li>iii) QA outcomes and impact inform wider workforce development planning to support targeted service development.</li> </ul>	<p>YJS QA outcomes are analysed, inform service/staff development and contribute to wider scrutiny of practice.</p> <p>Work in relation to ROSH and Safety and Wellbeing is strengthened further.</p> <p>QA informs work force development, and strengthens 'learn, review, do' cycle.</p>	<p>HoS</p> <p>Safeguarding and Quality/ HOS</p> <p>Adolescents and Young Adults/ YJS Service Leader</p>	<p>Oct 2023</p> <p>Oct 2023</p> <p>Apr 2024</p>	<p>PYJA QA outcomes will be recorded, reported and shared via QA Sub Group to demonstrably impact on practice.</p> <p>QA activities will focus in those areas, and reporting will evidence outcomes and impact.</p> <p>QA Sub Group will link to WFD Sub Group and they will review impact and outcomes based on feedback from staff and stakeholders.</p>
<b>5.2 Workforce Development Options are embedded within the Service and supported via wider planning.</b>	<ul style="list-style-type: none"> <li>i) Continue to develop and deliver training offer for practitioners and managers, ensuring this includes input on contingency planning, MAPPA and gatekeeping.</li> <li>ii) Deliver or commission delivery of HMIP's 'Effective Case Supervision- Youth'</li> </ul>	<p>Staff are supported to deliver safe, defensible and effective practice (including robust management oversight) through dedicated training.</p> <p>Learning is consolidated through HMIP resources and effective practice guidance.</p>	<p>Principal Social Worker / HoS</p> <p>Safeguarding and Quality</p> <p>Principal Social Worker / YJS Service Leader</p>	<p>Apr 2025</p> <p>Apr 2025</p>	<p>The YJS training calendar will continue to be developed via new WFD Sub Group. QA activities will test and evidence impact via reports to the Board.</p> <p>We will receive confirmation via WFD Sub Group updates.</p>
<b>5.3 Strategic oversight and planning is strengthened to reduce duplication and increase effectiveness</b>	<ul style="list-style-type: none"> <li>i) Expand YJ Partnership Board Membership to include early intervention/ prevention partners.</li> <li>ii) Establish an Adolescents Partnership to support strategic planning and operational delivery for vulnerable adolescents.</li> <li>iii) Establish closer links between YJS Partnership Board and Health and Wellbeing Board.</li> <li>i) Commission Health Check to confirm work required.</li> </ul>	<p>Board memberships can better reflect and contribute to partnership aims.</p> <p>Key initiatives are understood and aligned, and duplication is reduced, to improve effectiveness.</p> <p>Strategic awareness and understanding is strengthened.</p> <p>Project plan is confirmed.</p>	<p>YJ Board Chair</p> <p>YJ Board Chair/ HOS Adolescents and Young Adults</p> <p>YJ Board Chair/ / HOS Adolescents and Young Adults</p> <p>Deputy Director Childrens</p>	<p>Oct 2023</p> <p>Oct 2023</p> <p>Oct 2023</p> <p>Jul 2023</p>	<p>Community Safety, Youth and Play, Housing and Voluntary Sector will be represented.</p> <p>Regular meetings will be in place to share updates and progress reports. Practice and planning will align where possible.</p> <p>YJ updates will be shared at Health and Wellbeing Board annually.</p> <p>Health Check Report will confirm project plan.</p>
<b>5.4 YJS Case Management System</b>					

<p><b>supports effective data recording and reporting.</b></p>	<p>ii) Establish Steering Group and Project team to progress actions needed.</p>	<p>Work required is completed to support KPI reporting and enhance BAU functions.</p>	<p>Services/ HOS Adolescents and Young Adults</p>	<p>Jul 2023</p>	<p>Steering Group will report to the Board and ensure key milestones met.</p>
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End.

# Agenda Item 9



**Title of meeting:** Health and Wellbeing Board

**Date of meeting:** 27<sup>th</sup> September 2023

**Subject:** Health and Wellbeing Strategy Update - Positive relationships

**Report by:** Helen Atkinson, Director of Public Health, Portsmouth City Council

**Wards affected:** All

**Key decision:** NO

**Full Council decision:** NO

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**1. Purpose of report**

1.1 The purpose of the report is to highlight work that is taking place to support positive relationships in the city as a key part of the Health and Wellbeing Strategy 2022-30.

**2. Recommendations**

2.1 The Board is recommended to:

- i. Note the activity underway across partners in the city to support positive relationships and developing relational capital
- ii. Consider whether there are other case studies that could usefully be shared across partners to build knowledge and effectiveness of interventions
- iii. Consider if there are areas where further development or acceleration of work could be beneficial

**3. Background**

3.1 In developing the Health and Wellbeing Strategy for 2022-2030, the Health and Wellbeing Board identified positive relationships as one of the five "causes of the causes" in Portsmouth, and as a critical factor to tackle if health and wellbeing outcomes in the city are to improve.

3.2 In the strategy, the Board noted:

"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."

3.3 The Board identified that relational capital – the positive relationships we have with those around us – underpins social capital, and so the Strategy identified as

a priority the need to enable people to develop their own relational capital to help address many of the biggest challenges we face. 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 including listening to people’s stories about how the way services are run affect them, are a key part of addressing this, and the Board agreed that restorative skills need to be embedded across the board, in our services and our communities.

- 3.4 Particular groups identified as potentially lacking relational capital, and where work would therefore be targeted included:
- an estimated 400 adults experiencing multiple disadvantage (insecure housing, mental ill health, violence and substance misuse), and likely to be among the 'high intensity' users of acute hospital services
  - the city's over 300 care leavers, many of whom experience long-term impacts from family separation, including isolation.
  - The approximately 100 children and young people who are criminally exploited and/or involved in serious violence and repeat offending.
  - Those experiencing or known to be at risk of domestic abuse
  - Very isolated older people.
- 3.5 A range of actions was identified in relation to these groups, and progress on these actions is identified later in the report.
- 3.6 The Board also noted that as well as specific responses with particular target groups, there was a need to look at the particular approaches that are taken to commission and deliver services, to ensure that these also support relational capital. These included empowering front-line staff and equipping them with the skills to meet clients’ needs in ways that respect their needs, responsibilities and relationships.
- 3.7 Finally, the Board agreed on the need to engage residents in community-based work to build social and relational capital in all areas of the city.
- 3.8 Significant work has happened in all of the areas originally identified, and this report highlights some of the work undertaken, and acknowledges the outcomes being achieved. It also highlights that a range of different approaches are being used which will vary to suit the nature of the activity and the individuals that are being supported. However, there are also areas highlighted where some reflection could be helpful around whether we are channelling the commitment to positive relationships in the city as effectively as we could to support outcomes.

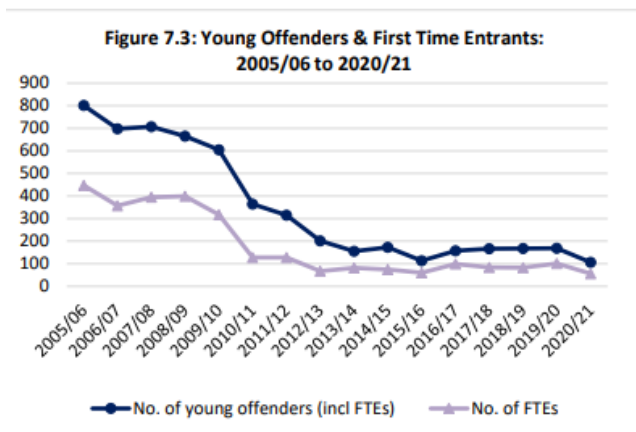


**4. What does the data tell us?**

- 4.1 At the point of developing the strategy, it was identified that Portsmouth was an outlier relative to expectation in a number of areas related to the theme of positive relationships. This priority covers a wide range of cohorts so there is not one single measure. The points below provide a snapshot of where Portsmouth currently sits in relation to some of the issues that informed the development of this priority.
- 4.2 The latest data for the ONS Health Index is for 2021, so predates the activity in the HWS. However, it continues to support the need for this priority. For example, Portsmouth's score has continued to worsen from the 2015 baseline for children's social, emotional and mental health and for adult mental health conditions. While the position for self-harm has improved, Portsmouth remains well below the national score.
- 4.3 Domestic abuse incidents and offences reported to police seem to be stabilising after a decade of increases. There is still work to be done to challenge, support and hold perpetrators to account, with only a small proportion of people who are using abusive or unhealthy behaviours are accessing and completing interventions. As reported previously to the HWB, the National Violence Against Women and Girls (VAWG) Strategy published in 2021 recognises that VAWG is a complex societal issue which requires a whole-system approach. Locally, a VAWG strategy is being produced which includes a focus on early intervention & messaging (raising awareness, communications, healthy conversations, and education) and organisational/cultural change. Further work is needed to analyse the data to support this, but the H&IOW Police Strategic Assessment found a 5% increase in reported VAWG compared with the previous year.
- 4.4 The rate of first time entrants (FTEs) in Portsmouth has been consistently higher than the national average and our YOT comparator areas. However, fewer young people have been in the youth justice system in the last decade compared to pre-2011/12 levels. This is due to the focus on trying to keep young people out of the system and the increased use of community resolutions (and previously youth restorative disposals) since December 2010) and is consistent with reductions in young offenders and first time entrants (FTEs) nationally over the last 12 years. National data indicates that over 60% of young people in justice settings have speech, language and communication needs.<sup>1</sup>

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<sup>1</sup>[Speech and language therapy in the justice system | RCSLT](#)



4.5 The 2021 ONS Census showed that there are 10,660 one-person households in Portsmouth where that person was aged 66 or older. This highlights the likely increase in demand for support, with the numbers of these residents who have multiple long-term conditions forecast to grow over the next twenty years.

4.6 While anti-social behaviour is notoriously difficult to measure, in part because of its subjective nature, the fact that it encompasses a wide range of behaviours that cause harm and nuisance to other others makes it a useful barometer for relationships within communities. In Portsmouth there has been a substantial and sustained reduction in ASB reported to the police, but survey data suggests that levels of ASB have remained fairly stable overall.

## 5. Progress report

5.1 In terms of work with targeted groups, a number of pieces of work have taken place:

### **i. Changing Futures**

In July 2021, the Health and Wellbeing Board approved a piece of development work to improve the way systems and services work to support individuals experiencing multiple disadvantage - including a combination of homelessness, substance misuse, poor mental health, domestic abuse, and contact with the criminal justice system. This followed an unsuccessful bid to a national funding programme looking at similar issues, where it was felt that a number of areas could be taken forward outside of the programme, particularly around the holistic design of services.

Work has been undertaken to look at the experiences of service users in navigating the system for care and support, and areas for improvement have been identified. Unfortunately, there is a temporary pause on the work due to resource challenges but the expectation is that when these are resolved, the work will resume again and return to the HWB for consideration.

## **ii. Care Leaver offer**

The numbers of Care Leavers (now referred to as Care Experienced young people) has increased in Portsmouth year on year due mainly to the legacy of high numbers of children in care as a result of Portsmouth taking on a significant number of Unaccompanied Asylum Seeking Children.

Under the Corporate Parenting Strategy (part of the wider Children's Trust Plan), there has been continuous improvement work to ensure the council and its partners are able to offer the right accommodation, education, employment opportunities, health services, leisure activities and financial support to care experienced young people.

The current offer is reasonably strong, but there continues to be work to do, especially by the council and all public sector partners with regard to apprenticeship and employment opportunities. A key message from our care experienced young people over the years has been around relationships, loneliness and isolation. The more we can do together to give young people education and employment pathways, the more opportunities young people will have to form relationships beyond the care system.

## **iii. Domestic abuse**

In June, the board approved the development of an overarching, city-wide Violence Against Women and Girls Strategy. Everyday normalised behaviours including gender inequality, sexism, objectification, micro aggressions, promotion of unhealthy relationships and victim blaming, both online and in the real world, when left unchecked, create a platform for more serious violence to occur. A city-wide strategy to address VAWG will seek to support the development of positive relationships and address negative behaviours wherever they occur within educational settings, workplaces, business, public spaces, and on-line.

The national VAWG strategy and associated statement of expectations make it clear that VAWG cannot be addressed by any single agency. Statutory services, voluntary organisations and communities need to work collaboratively to increase opportunities for victims, survivors, and perpetrators to seek and access support, and that effort needs to be sustained. Whilst the national domestic abuse plan focuses on pursuing perpetrators to enforce the law, the local strategy will continue to develop work to support those who acknowledge their behaviour and want to change alongside the enforcement approach. This will require a step change in many aspects of organisational and societal culture and additional data analysis to understand the long-term effectiveness of interventions to reduce the risk of domestic violence and abuse.

A new domestic abuse strategy will be developed in the coming months, building on the outcomes of the previous strategy, on the findings from the quarterly domestic abuse monitoring framework, and based on wide ranging

consultation. Domestic abuse will be one of five 'pillars' alongside organisational change, early intervention, messaging, designing out crime and sexual crime. Meanwhile, the monitoring framework continues to track progress locally and shows that while numbers of perpetrators receiving supportive interventions are still fairly low, there has been a slight increase since 2020/21.

#### **iv Isolated older people**

Social connectedness is a HIOW Integrated Care Partnership priority which aims to improve social connectedness and decrease social isolation by working with communities to understand their needs and to support the sustainability of community assets. This priority recognises the contribution of social connectedness in improving mental and physical health for all ages as well as increasing independence in older adults, reducing the need for health and care services as well as reducing unemployment and increasing productivity.

Over the coming months a Portsmouth approach will be developed to build social connectedness among our communities, recognising we have vibrant and thriving communities but with the intention of growing what is working well and considering how we can better support residents be connected. As this work progresses, it is hoped there will be opportunities to consider the contribution of anchor institutions.

The local authority delivers, through the Adult Social Care independence and wellbeing team, a community connectors project. The aim of the project is to reduce loneliness and social isolation amongst vulnerable adults by connecting individual to existing community-based resources appropriate to their needs and interests, and by identifying and addressing access issues. This in turn will reduce or delay the need for health and social care services. People who engage with the service are asked to rate their feelings of loneliness and confidence before and after the community connector intervention, and in the last quarter, 82% of clients reported they felt less lonely, and 91% felt more confident to go out and about.

5.2 The city is also exploring a range of approaches that consider how we can empower teams to work with people in such a way that we build relational capital:

#### **i. Strengths-based approaches in adult social care**

Strengths Based Practice work was kicked off by an all ASC staff live event with Alder Advice on 19th April to explain to colleagues that we wanted to explore how strengths-based our approaches were, identify our good practice and areas where we could improve. We explained that this needed to be co-produced with ASC colleagues in the same way as we want to model co-production with our residents. We will see a final report in October from the strengths-based work but an update was shared across the service

in September to outline how the exploratory work was going and explain next steps.

So far, we have:

- Initiated a peer review of professional practice. This is based on a peer review of case files by staff trained by Alder Advice. This work is progressing well and is due to complete at the end of August. This involved volunteer peer reviewers in the service.
- Arranged a series of five 'discovery' and three 'dream' workshops with staff, experts by experience, and other stakeholders. These have 'discovered' how strength-based we feel our current approaches are, and 'dreamed' how things could be if they were fully strengths-based. These had good participation and involved openness and honesty from all involved, which was helpful.

We have produced summary outputs from the workshops below:

- Keys to success
- Current strengths
- Opportunities to improve

Alder Advice will provide a written report towards the end of September with their findings and recommendations. We will share this with colleagues at an ASC staff live event.

## **ii. Relational practice in schools**

In 2016, the wider children's system adopted restorative practice as its underpinning philosophy and approach - described as 'how we work with children and families in Portsmouth'. This created a lot of work over the subsequent years to make changes to how services are delivered, the offer to children and families and some of our practice models.

Whilst there is a tendency for the language and ethos of restorative practice to be on 'harm repair' (e.g. in the criminal justice system), what we have seen over time in children's services is a focus on building 'relational capital' as a preventative approach to tackling poor outcomes. It is based on the premise that it is far easier for social workers, teachers, health workers, volunteers to engender change in children and families if that support is built from a strong relational foundation.

We now increasingly use the language of '*relational and restorative practice*'. One aspect of this is the work we have been doing in schools as part of the wider strategies to reduce exclusion, raise attendance, raise attainment and improve child wellbeing in schools. In a partnership between the council and Salterns Academy Trust, we have been building on the innovative and inspiring work in Trafalgar Secondary school to build a school culture that is based on building close relationships between children and between children and adults in the school. So, for example, in Trafalgar school - every child

and every staff member is part of a weekly 'circle-time' process to share their learning, life experiences and welfare.

The results in terms of exclusion from school are outstanding. For example, in 21/22, Trafalgar had 2 children receiving fixed term exclusion compared to a city average of over 100 per school.

We now have a £500,000 project to spread the learning to more schools and as of September 2023, 24 of our 61 schools are part of the programme. Results will take time - it's a 3-5-year journey to change an organisational culture - but early signs continue to be promising.

### **iii. Relational and Restorative Practice in children's safeguarding**

The work within the council on *relational and restorative practice* since 2016 has led to a number of changes in the approaches to both early help and statutory safeguarding process and practice. In partnership with other agencies, the council has outlined the 'Portsmouth Model of Family Practice'. This model includes a set of Principles of Practice, outlined below.

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

The council's Children's Services have embedded a number of pieces of work in line with the commitment to relational and restorative practice:



- a) Regular use of the 'Five Questions' to better understand safeguarding concerns, ensuring the focus is on 'what is happening' rather than who is to blame.
- b) Use of Family Circles [not the biscuits] to address relationship challenges impacting on child welfare
- c) Employing dedicated 'restorative Practitioners' - especially in our adolescents and Youth Justice teams
- d) A shift away from 'escalation' where there are concerns about multi-agency working in connection with a particular child - to a model of 'rethink' - a no-blame relational approach to unsticking complex safeguarding cases
- e) Leadership training and coaching on relational practice

#### **iv. Homelessness healthcare team**

Progress has been made in the provision and future development of homeless healthcare. A small specialist primary care team as been providing an ongoing service, however has recently had a business case approved by the ICB for a further 18 months funding and to expand their service with additional staff.

The Rough sleeping drug and alcohol team continues to provide holistic support to homeless people with complex needs and accessing them into drug and alcohol treatment. They also provide access to limited but very valuable psychological interventions, provided within the team by a part time clinical psychologist and two assistant psychologists.

A business case is currently under development to provide a Mental Health Outreach Team, supporting homeless people with specialist mental health support and also people with co-occurring substance misuse. An important next step will be to co-locate and integrate these services, alongside housing and other support services, in line with NICE guidance.

5.3 Finally, there is interesting community-based work underway to encourage relational capital:

#### **i. Community of Enquiry**

The Relational and Restorative Practice Community of Inquiry (RRP CoI), a group of practitioners and academics, are being supported by the University of Portsmouth (UoP), Portsmouth Mediation Service (PMS) and Portsmouth City Council (PCC). The group have a vision to support understanding and growth in Restorative Practice in the city. To this end the group have been running well-attended seminar workshops at the Oasis Centre during 2023, involving people from across the city. These include a talk and then the opportunity to discuss the themes in groups with a plenary discussion at the end. Talks have included:

1. Discovering forgiveness: co-creation of a definition of forgiveness with people addicted to alcohol and drugs - Dr Aaron Pycroft / Pushing Change.

2. A Relational and Restorative Practice approach in Portsmouth Schools (Bec Mason, from PCC's Children, Families and Education, Clare Copeland, Executive Head at Trafalgar school and pupils)
3. Restorative Leadership and Teams: An introduction to leadership skills and team working that benefits from a culture of social compliance, and adoption of restorative skills and values rather than formal control systems (presented by John Swindell).
4. Co-production practices and examples (forthcoming in October 2023)

The RRP Col operate on relational principles, are self-managing and are growing their community of inquiry, inviting in people who already work in this area to share skills and resources, and seeking out opportunities to work with others. Key development projects/opportunities include working with NHS colleagues at Portsmouth Hospitals Trust, working with courses at UoP, and generating/sharing research activity. There is potential for the work of this group to be the basis for collaborative applications for research funding to examine the value of working in this way, and to examine by what means and mechanisms is this work is effective.

#### ***ii. Portsmouth Mediation Service***

In April 2022, Portsmouth City Council commissioned the Portsmouth Mediation Service to develop a long-term restorative plan for the Old Portsmouth area. Despite the ongoing frustration with anti-social behaviour by large groups of children and young adults in the area, there is a lot of goodwill towards the young people themselves and concern for their safety.

The 'Hotwalls and Camber Dock Restorative Support Group' (HCDRSG) has developed over the past 18 months. Members include at least 10 regular residents, the International Port, Portsmouth Cathedral, Hotwalls Artist Studios, Fish Market, BAR building management, and Local councillors. Terms of Reference include engagement and positive relationship building with the local community, businesses; foster new partnerships that facilitate communication and understanding between the various opinions and agendas; identifying the institutions that some of the young people attend and working directly with schools, colleges and youth services to help build understanding and trust. In addition:

- Funding was secured from the OPCC's ASB Task Force to extend youth outreach work over the summer, with local youth organisations providing a co-ordinated and flexible response to need. I
- Information about the summer programme was delivered to all households in Old Portsmouth and several positive solutions are being taken forward by the group.
- A face-to-face survey with young people and residents carried out on mobile phones, and a baseline data set has been developed to support an evaluation.
- Youth organisations have agreed to facilitate restorative conversations between the young jumpers and residents towards the end of September.



The group will continue to meet monthly through the winter to assess the impact of the work, agree new signage with the Port, and explore the top 5-10 positive solutions that have been put forward in the past few weeks. This will include the following:

- Links to coastal works
- Sustainability - community interest organisation
- Community fundraising
- Water Safety Programme in schools and colleges
- Information leaflet for residents
- End of year event - using photos that show how the area and the seafront as a whole has changed since the 1950s and continues change..

**iii. Portsmouth Deal with Parents**

The Portsmouth Deal with Parents was co-produced between the parent and carer Board (made up of parents from across the city) and the Children's Trust. The document is attached as Appendix 2.

The communication and engagement around the 'Deal' has slightly subsided in the past year or so and is something we will be picking up again in 2023/24.

**iv. Community campaigns**

Key campaigns in the city have been based on the principles of promoting positive healthy relationships and relational approaches. The Is This Love? yearly campaigns have been delivered since 2014 to raise awareness of the signs of domestic abuse, signpost to a single point of contact (Stop Domestic Abuse) and educate people around healthy and unhealthy relationships, in line with priorities identified in the Community Safety Plan and Domestic Abuse Strategy 2020-23.

In summer 2022, the Health and Care Portsmouth marketing, communications and engagement team co-produced a mental health campaign for and with 16-to-25-year-olds called 'You Are Not Alone'. The campaign aims to educate young people and their families about what mental health support is available locally - specifically in response to the impact of COVID-19 pandemic on people's mental health - and was first delivered for 12 weeks from September to December 2022.

Both campaigns have been hugely successful and there is significant learning. A more detailed report on the campaign aims, outputs, learning and plans is attached at Appendix 1.

v. **Implementing the PACE model of relational practice with traumatised children**

The Children's Trust (Partnership) has been developing its thinking around the causal factors behind poor child outcomes. In partnership with other LAs and the Anna Freud centre, there is an emerging model that places three key factors at the heart of what we need to do to get to the 'causes of the causes' or child ill-health and poor wellbeing. Those factors are:

1. Speech and Language Delay
2. Unidentified neurodiversity
3. Trauma and related disrupted attachment to caregivers.

In the city, a significant amount of work has been underway to address trauma - defined broadly but including safeguarding, bereavement, exposure to domestic abuse, exposure to verbal and physical threat.

The OPCC has done some really strong work around Trauma-Informed organisations including the Hampshire Concordat and training around the impact of trauma.

In Portsmouth, we have rolled out training on PACE (Playfulness, Acceptance, Curiosity and Empathy) to over 500 professionals, giving them a framework and language to speak with traumatised children and adolescents - based on developing strong positive and safe relationships from which children can recover and grow.

vi. **Making Every Contact Count**

Since 2020 Public Health have consistently offered and delivered Healthy Conversation Skills training for PCC staff and partners to help them 'Make Every Contact Count'(MECC) in the many interactions they have with our residents and each other. Building on the response to Covid-19 where people were given 'permission' to help or support other more vulnerable members of society, the team continued the roll out of these important skills to increasing numbers of individuals who were asked to help during the ongoing cost of living crisis. The training in its most simple form encourages and empowers people to be more curious and proactive when someone shares a concern or problem with them - including how to be a more effective 'helper' across a wide range of subjects.

In the last year over 100 staff have been trained in Royal Society of Public Health (RSPH) accredited MECC lite, as well as 200 more PCC staff and partners in a one hour cost of living crisis focused session designed to support participants in getting the best out of the conversations they have with the people they meet in their roles or lives. This training was featured at the 2023 Southeast Public Health Conference in Eastbourne and adopted by multiple local authorities across the region. Public Health also deliver the evidenced based, behavioural science training and skills to medical professionals working across Hampshire, including: 60 Foundation Year

Doctors, 100 Trainee Pharmacists and 60 Medical Students to ensure that the person-centred approach taught by MECC is embedded across the health and care system as well as PCC.

**6. Next steps**

- 6.1 The activities highlighted above do not necessarily represent all the practice that is taking place around the promotion and development of positive relationships in the city, but do highlight the breadth of activity and the different ways in which the issue is being approached. As a system, we are developing services to support positive relationships, but also thinking about how we work in ways that foster those too.
  
- 6.2 As next steps, it would be useful for all members of the Board to identify whether there are other case studies that could usefully be shared across partners to build knowledge and effectiveness of interventions. It would also be useful to consider if there are areas where further development or acceleration of work could be beneficial.

**7. Reasons for recommendations**

- 7.1 The Health and Wellbeing Board is working through each of the themes in the Health and Wellbeing Strategy to ensure progress is being made and to identify opportunities. The recommendations support this process.

**8. Integrated impact assessment**

- 8.1 No integrated impact assessment has been undertaken because the individual projects and key activities that might arise from an audit of activity will be subject to their own assessments.

**9. Legal implications**

There are no legal implications specifically associated with this report. Any projects undertaken will be subject to their own assessments.

**10. Director of Finance's comments**

There are no direct financial implications associated with approval of this report. Any projects that flow from this will be subject to their own individual financial assessments.

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Signed by:

Helen Atkinson

Director of Public Health, Portsmouth City Council

**Appendices:**

Appendix 1 - Community Campaigns

Appendix 2 - Portsmouth Deal with parents

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

None

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

.....

Signed by:

## **Appendix 1 - Community campaigns**

- 1. Is This Love?:** Since 2014, the Safer Portsmouth Partnership has delivered a yearly campaign called 'Is This Love?' to raise awareness of the signs of domestic abuse, signpost to a single point of contact (Stop Domestic Abuse) and educate people around healthy and unhealthy relationships, in line with priorities identified in the Community Safety Plan and Domestic Abuse Strategy 2020-23.
2. Campaign outputs include billboard advertising, posters, radio and Spotify advertising, social media content, including Snapchat ads for younger audiences, back of bus advertising, promotion on the Guildhall Square Big Screen, internal and external newsletters and magazines, and merchandise for phase 2, specifically scratch cards and pens.
3. The results for the campaign are as follows:

<b>Measure</b>	<b>Result</b>
Number of adults (18+) reached on social media (phase 1)	101,687
Number of young people (13-24) reached on social media (phase 2)	69,751
Total number of visits to Is This Love campaign page on Safer Portsmouth Partnership website (over both phases)	5,124
Number of adults taking part in the 'Is your relationships healthy?' online quiz (phase 1)	1,455
Number of young people taking part in the 'Is your relationships healthy?' online quiz (phase 2)	317
Number of secondary schools engaged to deliver lessons or assemblies to year groups 9, 10 and 11 (out of 11)	11
Number of further education colleges engaged (out of 2)	1

4. What worked well?

- Campaign advertised across the city - including large billboards and posters in a variety of locations, back of bus advertising, social media, Snapchat and Spotify for younger audiences
- Messaging shared throughout World Cup and Christmas/New Year - reminding people where to get support in a time where domestic abuse typically rises
- Good working relationship between Portsmouth City Council and partners including Stop Domestic Abuse, Hampshire Constabulary and schools - including engagement at campaign planning stage, support with case studies, sharing messages on social media, displaying posters, giving feedback and generating new ideas
- Case study videos created and promoted on social media and to partners as part of phase 2

- The number of sessions completed in all secondary schools – 62 sessions delivered in total with an updated presentation to ensure it is current and engaging for young people
- Focus on healthy relationships messaging, not just domestic abuse

5. What could be improved?

- More real-life stories, case studies and video content across the campaign, especially during phase 1 targeted at adults
- More diversity in campaign assets
- Delivery of sessions in Portsmouth colleges, as well as distributing scratch-cards and materials (like this year)
- Development of website to include more images and interaction
- Consider a refresh of the campaign branding, a different call to action and/or refresh the online quiz questions - this is the third year we've used this look and feel now
- Further engagement with public figures, influencers and media to share campaign and to act as champions for the campaign
- Explore opportunities to deliver campaign materials face-to-face at events during campaign periods
- Continue using channels that worked i.e. Snapchat for young people (80% of website visits were from Snapchat in phase 2) and consider Google Ads which have been successful for other marketing campaigns

6. The campaign will run again in 2023/24, in December 2023/January 2024 targeted at adults and February/March 2024 targeted at young people.

7. **You Are Not Alone:** In summer 2022, the Health and Care Portsmouth marketing, communications and engagement team co-produced a mental health campaign for and with 16-to-25-year-olds called 'You Are Not Alone'. The campaign aims to educate young people and their families about what mental health support is available locally - specifically in response to the impact of COVID-19 pandemic on people's mental health - and was first delivered for 12 weeks from September to December 2022.

8. Campaign outputs include targeted social media content, digital website, Spotify, radio and podcast advertising, billboard advertising, A1 poster campaign, Google Adwords, email marketing, printed materials including A4 posters, leaflets and business cards, including in newsletters and magazines, and engagement at events.

9. The results from the initial campaign are as follows:

<b>Objective</b>	<b>Result</b>
Generate 5,000 visits to the campaign landing page	3,781
Engage with 250 people face-to-face	300+
Reach 50,000 people on social media	163,933

10. Overall, the campaign performed well - it was successfully co-produced with our target audience, collaboratively delivered through Health and Care Portsmouth, and achieved two out of three SMART objectives.
11. While we didn't reach the target for landing page views during the campaign, part of the aim was to ensure people knew where to get support if and when they needed it - and webpage visits have increased, with 6,201 visits to the website as of 11 May 2023.
12. Google Ads accounted for the highest percentage of visits to the website (40.5%). Additional digital channels also contributed to this such as email marketing, digital ads and local press coverage.
13. People locally said they heard or saw the campaign through their devices on radio stations such as Heart and Capital, or when they were out in the city. The out of home advertising, printed materials, and attendance at events helped to strengthen awareness of the campaign as people were beginning to see the campaign both on and offline. The team attended 12 events and engaged with more than 300 young people, families, adults and professionals - including Freshers' fairs, council events, and parents and carers events.
14. 13 paid social media posts and Snapchat advertising enabled us to share the campaign with 83,948 people, specifically including young people, residents living in areas of high socio-economic deprivation, and young parents/carers. Organic content had a similar reach (79,985); however, we know the majority of these audiences are outside of the primary target age range.
15. This phase of the campaign has been shortlisted for a Chartered Institute of Public Relations Pride Award in the Healthcare and/or Wellbeing Campaign category.
16. Following on from the success of You Are Not Alone in autumn 2022, we further developed the campaign to reach a wider target audience and to promote the newly established Portsmouth Mental Health Hub - a phonenumber to support anyone aged 16+ in getting support for their mental health.
17. The campaign aimed to increase phone calls to the Hub phonenumber and encourage people to visit the campaign landing page to learn more about mental health and



the support available. The campaign ran for 6-weeks from Monday 15 May to Friday 30 June 2023.

18. Campaign outputs focused on successful channels from phase 1 such as Google Adwords, social media advertising, printed materials including posters, leaflets and business cards, digital screen and billboard advertising, Spotify and radio ads.

19. Results from the campaign were as follows:

<b>Objective</b>	<b>Result</b>
Reach 100,000 people on social media	205,286
Generate 2,000 visits to campaign landing page	1,564
Generate 150 calls to Hub phonenumber	349
Reach 500,000 people total	1,136,219

20. Similarly to phase 1, the campaign performed exceptionally well. Our social media result was double our target with almost 7,000 engagements across all posts. We achieved a large Twitter reach thanks to a retweet from a former professional footballer Paul Merton and received excellent engagement with a photograph of the Hub team on Facebook.
21. 36.1% of website traffic came from Google Ads and 21% was direct traffic, which including people typing in the URL ([www.mentalhealthinportsmouth.co.uk](http://www.mentalhealthinportsmouth.co.uk)), scanning a QR code from the printed materials and clicking an online link through digital advertising such as Spotify. The most clicked QR code was on the business cards.
22. Facebook was the most popular social media channel for directing traffic to the website and a new 'Mental Health in Portsmouth' Facebook page has now been established as a result.
23. Anecdotally, people are now recognising You Are Not Alone a campaign associated with mental health, with people asking to take home posters and recognising the materials from school, in supermarkets etc.
24. Future plans
- To work with the University of Portsmouth and run a 6-week student-focused You Are Not Alone campaign in October/November to promote the Portsmouth Mental Health Hub - this is likely to include distributed materials along Guildhall Walk as well as in student-focused locations such as the gym, halls of residence, library, students' union etc.



- Encourage more people to talk more openly about mental health generally through a social media campaign in October called #MyMentalHealth. This will be predominantly shared through our new Mental Health in Portsmouth Facebook page and will encourage individuals across the city to share their own mental health journeys, utilising the You Are Not Alone branding
- To develop a new Portsmouth Mental Health Hub website (currently hosted on Health and Care Portsmouth website) in partnership with HIVE Portsmouth's Lived Experience Network
- To work with partners to increase access to mental health services for ethnic minority communities e.g. translated assets, video case studies featuring individuals from different backgrounds, social media posts in different languages.

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# A Portsmouth deal with parents and families

## A Portsmouth vision:

In Portsmouth we believe that parents are key partners in helping children and young people to achieve their very best. We think that in order to make real changes, which has an impact for generations to come, we all need to take responsibility for how we play our own role. Our role may be as a parent, it may be to deliver important services or to make decision which affect the way residents live in Portsmouth.

The Portsmouth Deal with Parents is an agreement between parents, the wider community, public services (the council, health and the Police), the voluntary and community sector (including HomeStart, Motivate, xxx) and others who are important to the city (businesses and employers).



**In Portsmouth we will work together to make sure that our children have every opportunity to grow up knowing how to:**

- Be Healthy
- Stay Safe
- Respect and support each other
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being



### Parents will:

- Consult with parents - how do they think they will achieve this?
- *Support their children to fully engage with their education*
- *Know what helps children to grow and develop*
- *Provide a nutritious diet and opportunities to be physically active*
- *Be a good role model (good social conduct)*
- *Help their children understand what they can do to create a kinder community*
- *Share problems we notice with the council and other agencies*



### Public services will:

- Deliver high-quality services, including; education, community policing, health provision, community workshops and space for families to play and grow
- Value, respect and support parents throughout their journey
- Listening with fascination to your stories, needs and ideas
- Help to build your ability to tackle challenges and bounce back from disappointment
- Make opportunities available to meaningfully engage with families across the full range of services we deliver



### Our community sector will:

- Understand the needs of children, parents and the wider community in Portsmouth
- Deliver highly-valued activities and support, which meet the needs of the whole city
- Support parents and their children to become involved in community activities and advocacy



### Employers will:

- Understand the importance of parents in the workforce, being flexible and supportive in how they employ them
- Work with the system to ensure decisions they take support parents and children
- Develop and understanding of and work closely with key strategies in Portsmouth, for example the maternity, children and young people's physical health

**Making sure we do what we have committed to**

This deal will be overseen and monitored through xxx. They will support us to celebrate our successes and hold each other to account when things are not going well. They will do this through regular meetings and managing the following action plan:

Activity area 1 - Healthy children	
Strategic Lead	
Objective	
Activity outline	I. II. III.
What will success look like?	
When will we do this?	

Activity area 2 - Safe children	
Strategic Lead	
Objective	
Activity outline	I. II. III.
What will success look like?	
When will we do this?	

Activity area 3 - Children who enjoy and achieve	
Strategic Lead	
Objective	
Activity outline	I. II. III.
What will success look like?	
When will we do this?	

# Agenda Item 10



**Title of meeting:** Health and Wellbeing Board

**Date of meeting:** 27<sup>th</sup> September 2023

**Subject:** Portsmouth as an age-friendly city

**Report by:** Andy Biddle, Director of Adult Social Care, Portsmouth City Council

**Wards affected:** All

**Key decision:** NO

**Full Council decision:** NO

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**1. Purpose of report**

1.1 To invite a discussion with Health and Wellbeing Board partners about the approach the city takes to being Age Friendly.

**2. Recommendations**

**2.1 The Board is recommended:**

a) To consider the information in the paper, and agree next steps as set out in paragraph 6.1.

**3. Background**

3.1 On 9<sup>th</sup> November 2021, Council supported a Notice of Motion on Adult Social Care which committed the authority to a number of actions:

1. Use the Local Government Association and other available channels to bring pressure on central government to agree cross-party plans to:

- a. Increase funding for Adult Social Care
- b. Improve morale among care workers by increasing resources to alleviate problems of staff shortages and enable them to provide the quality and level of care needed
- c. Ring-fence social care funding and ensure there are no further cuts to council social care budgets.

2. To request that Cabinet review the implementation of the Ethical Care and Residential Care Charter agreed by the Council in 2019.

3. To request that the Cabinet Member responsible for Adult Social Care, namely Health, Wellbeing and Social Care, be tasked with a mandate to send a strong signal of support to older people and those working in the care sector by initiating an update of the Portsmouth Ageing Population Strategy 2010-2021,

and further the Council agrees to ask Cabinet to work towards Portsmouth being recognised as an Age-Friendly city

4. Request that the Cabinet Member for Health, Wellbeing and Social Care takes all practical steps to improve the communication exchange between the council and care providers and further investigate ways of delivering social care in a more collaborative way by involving care service user representatives, carer support and interest groups, voluntary and community organisations, care providers, trade unions and care workers.

5. Request officers provide a bi-annual report to councillors on the scope and outcomes from the above or the relevant Director takes steps to include within any statutory reports to Full Council comment upon the above directives.

- 3.2 An update report, setting out progress on the actions is intended to be presented to the Cabinet Member for Health, Wellbeing and Social Care in 2023.
- 3.3 The preferred recommendation of the report is to note that in respect of point 3, partners in the city have recently completed a refresh of the Health and Wellbeing Strategy that cover a number of the domains of an age-friendly city, as identified by the World Health Organisation in their Age Friendly Communities Framework.
- 3.4 In particular, the document addresses the domains around housing, transport, respect and social inclusion. The document also includes a focus on tackling poverty and the economic wellbeing of the population, through which we are exploring how we can support people, including older people, with lower incomes, particularly as the cost of living crisis makes its impact felt.
- 3.5 The local authority works closely in partnership with local health organisations, including the Integrated Care Board (ICB), community health provider (NHS Solent), Portsmouth Hospitals University Trust and primary care colleagues to look at the services and responses that we are providing to support health and care in the population, including for our older residents.
- 3.6 On this basis, the suggestion from the local authority is that it is not necessary or helpful to design a separate strategy for the Ageing Population, which would represent duplication in many instances. However, there are clear opportunities to look at some issues around the Age Friendly city where the local city response could be developed further.

#### 4. Portsmouth as an age-friendly city

4.1 An age-friendly city or community is health promoting and designed for diversity, inclusion, and cohesion, including across all ages and capacities. Age-friendly cities or communities might have, for example: accessible and safe road and transport infrastructure, barrier-free access to buildings and houses, and public seating and sanitary facilities, among others. Age-friendly cities and communities also enable people to stay active; keep connected; and contribute to their community's economic, social, and cultural life. An age-friendly city can foster solidarity among generations, facilitating social relationships between residents of all ages. Age-friendly cities and communities also have mechanisms to reach out to older people at risk of social isolation, falls or violence through personalized and tailored efforts.

4.2 The World Health Organisation Age-friendly Cities framework proposes eight interconnected domains that can help to identify and address barriers to the well-being and participation of older people. These domains overlap and interact with each other. For example, respect is reflected in the accessibility of public buildings and spaces and in the range of opportunities that the city offers to older people for social participation, entertainment, volunteering or employment.

4.3 The domains are:

- 1) **Community and health care:** Accessible and affordable community and health services are crucial in keeping seniors healthy, independent and active. This involves an appropriate supply of aged care services conveniently located close to where older people live and trained health and social workers to provide these services
- 2) **Transportation:** Accessible and affordable public transport is key to ensuring a city's elderly population is able to age actively and remain engaged with their community, with access to health and social facilities. Driving conditions and parking facilities in a city should also keep older drivers in mind.
- 3) **Housing:** The housing conditions of older people are often linked to their quality of life and whether they are able to age independently and actively in their community. Appropriate housing design and its proximity to community and social services allow older residents to live comfortably and safely, while housing affordability gives them peace of mind.
- 4) **Social participation:** Participating in leisure, social, cultural and spiritual activities in the community fosters seniors' continued integration with society and helps them stay engaged and informed. Seniors' participation in such activities, however, is affected by access to transport and facilities, their awareness of such activities and their affordability.

- 5) **Outdoor spaces and buildings:** The external environment has a major impact on the mobility, independence and quality of life of older people as they go about their daily lives beyond the comfort of their homes. A clean city with well-maintained recreational areas, ample rest areas, well-developed and safe pedestrian and building infrastructure, and a secure environment provides an ideal living environment for seniors to age-in-place in.
- 6) **Respect and social inclusion:** An inclusive society encourages older people to participate more in their city's social, civic and economic life. This, in turn, promotes active ageing.
- 7) **Civic participation and employment:** Older people are an asset to the community, and they continue contributing to their communities after retirement. An age-friendly city and community provides ample opportunities for older people to do so, be it through voluntary or paid employment, and keeps them engaged in the political process.
- 8) **Communication and information:** Staying connected with events, news and activities with timely, accessible and practical information is a key part of active ageing, especially with the trend of information overload in urbanised cities. Technology can be tapped on to spread information quickly, but also plays a role in social exclusion. Cities must provide access to information to seniors in an accessible format, and bear in mind the wide range of needs and resources older people have.

4.4 In the UK, the framework is promoted through the Centre for Ageing Better, which has established a network of Age Friendly Communities and a series of resources.

4.5 Age UK has adapted the framework to take a pragmatic approach to age-friendly communities, expressed in their Age-Friendly Communities guide, where it is explained:  
*"In practice, an 'age friendly' community is one where local people have decide their priorities to better support people as they age. These can include physical design, promoting better access and mobility, promoting people's social engagement and developing support and relationships between the generations. The most important aspect in creating an age friendly community is taking an integrated approach to thinking about the places where people live and how best to promote older people's wellbeing and engagement with their physical and social environments."*

4.6 The guide describes age-friendly communities as places where age is not a barrier to living well and where the environment, activities and services support and enable older people to:



- have opportunities to enjoy life and feel well
- participate in society and be valued for their contribution
- have enough money to live well
- feel safe, comfortable and secure at home
- access quality health and care.

4.7 The full Age UK guide is attached as Appendix 1.

## **5. Ensuring Portsmouth is applying an age-friendly lens**

5.1 Many of the areas highlighted in the WHO framework, and prioritised in the Age UK documents are being addressed through the Health and Wellbeing Strategy and associated documents and forums. For example:

- The range of services and responses to support the health and community care for older people are set out in the developing Health and Care Portsmouth plan, and associated schemes such as the Better Care Fund.
- The Local Transport Plan is in development, with a number of sub-documents to be developed looking at issues including parking and active travel. This will be a key document in terms of addressing areas of concern including safe and easy access to local amenities.
- The Health and Wellbeing Strategy theme around housing provides the opportunity to examine wider issues around housing, and an accommodation strategy for older and vulnerable people is in development. Work has taken place to look at developing new models for housing, supported by the LGA Housing Advisers programme. Under the auspices of the Market Sustainability Plan, the local authority is also working with the market to look at the quality and range of nursing and residential accommodation in the city.
- The Cost of Living Response recognised that many of the issues around fuel and food poverty would be of particular relevance to some of our older residents, and the inclusion of a support worker function recognised the need to think about different ways of communicating and navigating services where online self-serve options might not be suitable.
- As part of developing a citywide strategy around physical health and preventative measures, the opportunities to help people preserve good health and wellbeing for as long as possible, and to support people to enjoy the best quality of life are being considered.

5.2 It is also the case that for some areas, we could collectively seek to work together to strengthen the city offer. One example is around the civic participation and employment, where we can challenge ourselves further around what we are doing in the city to encourage age-friendly employers, and developing participation opportunities. The work that has been undertaken to



develop an approach to social value, previously discussed at the Health and Wellbeing Board, is a helpful enabler to this work. It is likely that there are some other areas that could be developed more fully too, and it would be helpful to gather information to get a full picture of activity underway and where there might be some gaps in the citywide age-friendly response.

**6. Next steps**

6.1 It would be helpful to audit activity in the city to ensure an age-friendly approach is being taken and to identify areas for development and future collaboration. It is recommended that the Health and Wellbeing Board members agree to contribute to this information gathering exercise to contribute to a discussion about Portsmouth as an Age Friendly City at a future meeting.

**7. Reasons for recommendations**

7.1 The Health and Wellbeing Board is asked to agree to an information gathering exercise to enable Portsmouth to identify areas of strength and for development to ensure it is an age-friendly city.

**8. Integrated impact assessment**

8.1 No integrated impact assessment has been undertaken because the individual projects and key activities that might arise from an audit of activity will be subject to their own assessments.

**9. Legal implications**

There are no legal implications specifically associated with this report. Any projects undertaken will be subject to their own assessments.

**10. Director of Finance's comments**

There are no direct financial implications associated with approval of this report. Any projects that flow from this will be subject to their own individual financial assessments.

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Signed by:

Andy Biddle

Director, Adult Social Care, Portsmouth City Council

**Appendices:**

Appendix 1 - Age UK age-friendly places guide



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

None

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

.....

Signed by:

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## Age Friendly Places

Making our community a great place to grow older

Page 181

# Our vision is that everyone can live well in later life.

Living longer is a huge opportunity if we adapt our neighbourhoods and communities to work for us as we age. As we grow older, we often spend more time in our homes and communities, so our immediate environment has a significant impact on our health, wellbeing and the quality of our lives. **Age Friendly Places are essential for our ageing population.**

Page 1 of 2  
As we all live longer, more of us will need to get out and about as consumers, to volunteer, to work and as care givers. We will need to ensure that those who are less mobile or not online are not left behind. There is a growing recognition that too many of our communities are significantly underprepared to manage the challenges and unlock the potential of our ageing population. In a significantly challenging financial context for local government, service providers and the communities they serve, there is a real need to work together to remove the barriers older people face to participating in their communities.

By **2040**, nearly **1 in 4 people** in the UK will be **over 65**.

The number of people **over 85 – the fastest growing age group** – is predicted to more than double in the next 23 years to **over 3.4 million**.

**Healthy life expectancy** is not keeping pace with longevity – this means many of us **will need to manage multiple long-term conditions**.

By **2025**, just over **1 million** of us will be **living with dementia** and over **2 million by 2051**.

As well as ensuring an accessible environment, local councils and communities need to consider the wider context in which we age:

**1.6 million** older people in the UK are **living in poverty**.

**1 million** older people haven't spoken to anyone in a month and **4 million** say the **television** is their **main form of company**.

**870,000** older people who need care and support **miss out each year**.

**25,000** older people **die needlessly of cold** each winter.

**3 in 10 people aged 54–74** and two-thirds of the over 75s are **not online**.

This means that too many older people and their families are struggling, finding themselves unable to access the essential elements to live a good life.

## What is an 'Age Friendly Place'?

Living longer presents huge opportunities to create vibrant and resilient communities where older people can develop their interests and aspirations. Whether at city, region, local authority, ward, or neighbourhood level, 'Age Friendly Places' are communities where age is not a barrier to living well and where the environment, activities and services support and enable older people to:



Have opportunities to enjoy life and feel well.



Participate in society and be valued for their contribution.



Have enough money to live well.



Feel safe, comfortable and secure at home.



Access quality health and care.

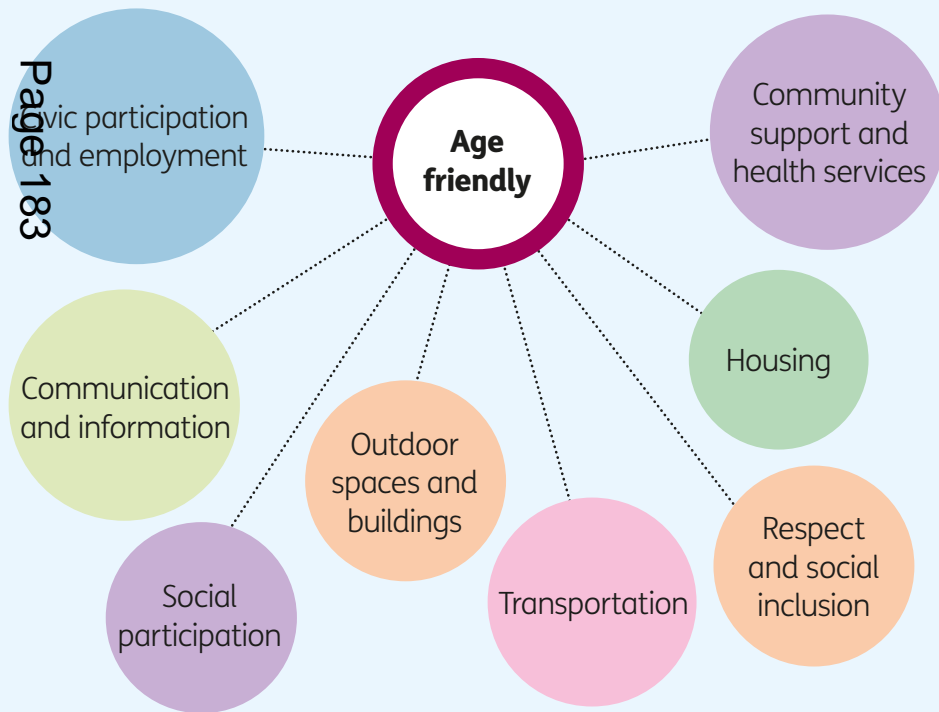


By taking an age friendly approach, local areas can maximise the huge social and economic contribution older people can make to their communities.

Age friendly communities also support families and promote

intergenerational cooperation. More fit and independent older people means more people to support younger and older people to connect with each other, learn from each other and live well.

The World Health Organization (WHO)'s Age-friendly Cities model provides a useful framework for urban and rural place shaping that supports health, wellbeing and active living:



Source: Global Age Friendly Cities Guide, WHO, 2007.

The World Health Organisation's Global Network of Age-friendly Cities and Communities programme is the farthest reaching of its type in scope and geography. Launched in 2006, it now encompasses close to 300 communities in 33 countries and a growing number in the UK.

In practice, an 'age friendly' community is one where local people have decided their priorities to better support people as they age. These can include physical design, promoting better access and mobility, promoting people's social engagement and developing support and relationships between the generations. The most important aspect in creating an age friendly community is taking an integrated approach to thinking about the places where people live and how best to promote older people's wellbeing and engagement with their physical and social environments.

Local authorities have an important 'place shaping' role – knowing their communities and ensuring that everyone can participate in economic, cultural and social activity contributing to community wellbeing and prosperity.

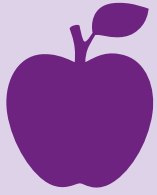
## About this guide

This guide is a tool to support local dialogue in communities – with older people, decision makers and other key stakeholders – about the importance of 'Age Friendly Places', acting as a catalyst to prompt communities to live and age well.

Age UK's national ambition is for the UK to be 'A great place to grow older', and this guide suggests five themes which local communities will need to address to unlock the potential of their ageing population.

*'Older people are net contributors to the economy and places which take an age friendly approach can benefit from the contribution of older people locally.'*

**Bristol Ageing Better, Big Lottery funded programme to combat loneliness**



## Feeling well

We want everyone in later life to be able to enjoy life and feel well.

### Why does this matter?

Life expectancy continues to rise but, for many, their quality of life in these extra years is not as good as it could be. More of us are likely to live with long-term conditions and may experience loneliness if our community does not support us to maintain meaningful social connections as we age. Councils have a key role to play in enabling communities to find new ways to maintain and manage health and wellbeing to ensure that everyone can feel well and has opportunities to stay socially connected throughout later life.

### Age Friendly Places will:

- Commit to ensuring that all aspects of planning, policy and practice consider the social inclusion of people in later life.
- Support neighbourhood networks which promote social connections and ageing well for a growing diversity of older people, including those otherwise unable to get out and about.
- Enable collaborative solutions and 'community networks' which enable social contact, easy access to information, advice, advocacy, activities and opportunities for participation, health and wellbeing.
- Have respectful and inclusive attitudes towards later life, treating older people as full citizens, creating opportunities for intergenerational contact and mutual support, and fostering positive attitudes to ageing.



### Success story: Leeds Neighbourhood Networks

As well as its broader ageing-well initiative 'The Time of Our Lives', and Leeds Older People's Forum led 'Time to Shine' funded projects, Leeds City Council has developed 37 neighbourhood networks across the city. These are community based, locally led initiatives that enable older people to live independently and proactively participate within their own communities.

Each network operates from a community hub and provides a wide range of services that reduce social isolation, offers opportunities for volunteering, acts as a gateway to information, advice, advocacy and services, promotes health and wellbeing and improves older people's quality of life. Many of the services are largely delivered by volunteers, carers or those managing long-term conditions themselves.





## Active communities

Everyone should be able to be active and participate in their community whatever their age.

### Why does this matter?

Age should not be a barrier to participation in our communities. Older people contribute a massive £61 billion to the economy each year through work, caring and volunteering. However, significant barriers – including ageism, poor transport links, 50+ unemployment, and digital exclusion – prevent many from having a full and independent later life. Access to free and accessible meeting spaces is increasingly limited which threatens opportunities to connect and support others, across the generations, and hinders the growth of initiatives that enable communities to better help themselves.

### Age Friendly Places will:

- Enable people to participate in economic, social and civic activities, ensuring older people are involved in decision making which affects their lives. This supports the wider community by making services easier to access.
- Offer a choice of employment, volunteering and life-long learning opportunities for older people, flexible enough to address disability or caring responsibilities, and enable those who want to work in later life to have an income.
- Have accessible, affordable and integrated transport options, including forms of community transport, to ensure older people can get where they want and need to go.

- Ensure public places and green spaces are accessible for older people, including access to public seating and toilets, and street safety is improved by level pavements, adequate crossing times and street lighting.
- Allow communities places and spaces where diverse people of all ages can meet.
- Ensure easy access to essential services such as post offices, bank branches and community pharmacies, especially for those not able to access these services online.

### Success story: Age Friendly Coventry

Coventry City Council, Age UK Coventry and Coventry University have formed a partnership to create an 'Age Friendly Coventry'. The partnership works closely with Coventry Older Voices (COV), an umbrella of older people's groups and individuals passionate about their city and being heard.

COV has helped to identify three initial priorities to improve later life: 'social participation', 'transport' and 'communication and information'. By co-creating action plans for each area and supporting the partnership, older people in Coventry have been able to put their voices into action for the benefit of everyone in the city, helping the Council improve health and wellbeing outcomes.

Key benefits of this collaborative approach include the opportunity to pool resources and align strands of work across the different organisations for a more strategic and powerful approach.



Older people contribute **£61 billion** to the economy each year.



## Enough money

Everyone should be able to have enough money to live well in later life.

### Why does this matter?

There are 1.6 million older people living in poverty in the UK – 900,000 in severe poverty – and an extra 1 million just above the poverty line. Poverty in later life can lead to increased isolation in our communities, poor health and wellbeing, and can compound a range of inequalities which contribute to reduced life expectancy. Many people face barriers to working longer, with over 50s finding it harder to access employment, training and skills. Planning for later life and accessing support and entitlements at the right stage can help to improve health and wellbeing and ease future growing demand for public services.

### Age Friendly Places will:

- Ensure older people are able to access joined-up information, advice and advocacy, across all sectors and the community.
- Work in partnership across statutory and voluntary sectors and with communities to ensure that everyone who is entitled to extra support actually receives it.
- Work in partnership with banks and other services to provide face-to-face facilities in the community, promote digital inclusion and ensure older people can benefit from online savings.
- Encourage leaders in local businesses and other organisations to employ older workers, making the most of their skills and knowledge.



### Success story: Age UK Camden, Information & Advice

Age UK Camden received an email referral from Camden Council for Mrs P who was living on her own in Council accommodation with several health conditions. Mrs P was unable to travel to Age UK Camden's office, so an advisor met her at one of eight 'Outreach Advice' locations across the borough and carried out an assessment to check what benefits and support she might be entitled to. Mrs P was supported to apply for Attendance Allowance and a severe disability premium.

As a result of the referral from Camden Council and Age UK Camden's intervention, Mrs P was awarded an extra £144.15 per week. The advisor also took the opportunity to discuss and signpost Mrs P to various local activities of interest to her. Mrs P's wellbeing has greatly improved, she can now get help with her shopping and cleaning and has opportunities to socialise with others more frequently. Mrs P says that her dignity has been restored.

This case study illustrates the positive impact on an individual when the local authority and local voluntary sector join up their work.



## Safe at home

Everyone in later life should feel comfortable, safe and secure at home.

### Why does this matter?

Older people should be able to live safely and with dignity in good quality, warm, comfortable housing in a setting of their choice. At the moment, only 5 per cent of housing in England is accessible to people with restricted mobility. There is a very limited choice of options available for older people who would like to move to more accessible housing.

### Age Friendly Places will:

- Include ageing in their housing and planning strategies, building to lifetime home standards.
- Provide a wide range of accessible and affordable quality housing options for older people to remain independent and connected to their communities.
- Provide ready access to aids, adaptations and assistive technology to help people maintain their independence at home as their needs change.
- Tackle fuel poverty, cold homes and the resulting health impacts by addressing damp, poor housing conditions and energy inefficiency in existing housing stock.
- Consider how housing and neighbourhood strategies can help discharge duties under the *Care Act*, *Equality Act* and *Human Rights Act*.
- Enable partnership working between social services, public health, trading standards, the police, banks, Royal Mail, the voluntary sector and Neighbourhood Watch schemes to prevent older people being scammed and to support people who are victims of scams.



### Success story: Springboard – Cheshire

Springboard is a partnership between Age UK Cheshire and Cheshire Fire and Rescue Services (CFRS) that uses advanced data sharing to target home visits to older people by CFRS staff. These act as a gateway to a range of early intervention and support activity.

Springboard delivers around 30,000 ‘smart’ home visits per year. They have a 98 per cent success rate in being invited into homes, due to the trusted brands of partners CFRS and Age UK. At each visit a ‘contact assessment form’ is used, which outlines a range of support options including help with improving home safety, building or improving social networks, healthy lifestyles, advice and information, maximising income and reducing unnecessary expenditure.

Springboard’s work has led to more people receiving help and support at home – using community networks and developing community capacity – and an increase in the number of older people who are involved with their communities.





## Quality health and care

All of us should be able to access quality health and care support as we age.

### Why does this matter?

Everyone should be able to expect high quality health and care services that are tailored to their needs and aspirations. Age should not be a barrier to this. Integrated services which start with the person and treat them holistically, rather than as a set of symptoms or conditions, will not only increase quality of life but can also lighten the pressure on public health and social care services. There is an opportunity to prevent, delay and reduce future demand for health and care services by taking a joined-up, 'person-based' approach.

### Age Friendly Places will:

- Enable integrated care and effective collaboration between different statutory and voluntary agencies, developing 'Home from Hospital' schemes and supporting services from the voluntary sector to prevent re-admission.
- Enable people to manage their long-term conditions and to live independently as long as possible, accessing community and voluntary activities and services, including practical help at home and cultural activities to enhance wellbeing.
- Promote full age equality across Public Health, NHS and care services, ensuring that everyone is cared for according to their health needs and not their age.
- Co-produce Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies with the community and involve the voluntary sector in addressing the health and wellbeing needs of later life, including reducing inequalities.



### Success story: Cornwall's 'Living Well' Integrated Care Programme

Developed out of the award-winning Newquay Pathfinder, Cornwall's Living Well Programme supports older people living with long-term conditions and at risk of recurring hospital admissions to build self-confidence and self-reliance.

Using a 'guided conversation', an Age UK worker draws out the goals that the older person identifies as most important to them and creates a care plan bringing together services from across the health, social care and voluntary sectors. Early results demonstrate that wellbeing increases significantly for people participating in the programme and their unplanned admissions into hospital are reduced.

Age UK's model works with older people, their families and carers, Clinical Commissioning Groups, GPs, Acute Trusts, Community Trusts, Local Authorities and Voluntary Organisations.

Working with Age UK, nationally and locally, can help you understand more about the issues impacting older people today and tomorrow, and how Age Friendly Places can help create the inclusive and resilient communities in which we all want to grow older.

For more information, visit [www.ageuk.org.uk/agefriendlyplaces](http://www.ageuk.org.uk/agefriendlyplaces) or contact Age UK's national Helpline (England) on **0800 169 8787**.

### Further reading

- *'Ageing: the silver lining. The opportunities and challenges of an ageing society for local government'*, Local Government Association, 2015.
- *'Global Age-friendly Cities: A Guide'*, World Health Organization, 2007.
- *'Ready for Ageing? Report'*, Select Committee on Public Service and Demographic Change, House of Lords, 2013.

### Age UK

Tavis House  
1-6 Tavistock Square  
London WC1H 9NA  
**0800 169 80 80**  
[www.ageuk.org.uk](http://www.ageuk.org.uk)

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# Agenda Item 11

Official



Portsmouth  
CITY COUNCIL

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

<b>Title of meeting:</b>	Health and Wellbeing Board
<b>Subject:</b>	Superzone Pilot
<b>Date of meeting:</b>	27 <sup>th</sup> Septemer 2023
<b>Report by:</b>	Andrea Wright, Public Health Dominique Le Touze, Public Health
<b>Wards affected:</b>	Charles Dickens

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## 1. Requested by

Councillor Matthew Winnington, Cabinet Member for Community Wellbeing, Health & Care

## 2. Purpose

To update the Health and Wellbeing Board on the progress of the pilot Superzone in the Charles Dickens ward.

## 3. Information requested

### 3.1 Background

3.1.1 Fostering Portsmouth as a 'healthy place' is at the heart of the Portsmouth Health and Wellbeing Strategy, the City Vision, and the Local Plan. The Marmot Review (2010, 2020) set out a number of evidence-based strategies for reducing health inequalities. One of the six recommended policy objectives was to 'create and develop healthy and sustainable places and communities', enabled by 'social justice, health and sustainability at the heart of policies' in order to reduce health inequalities and improve health and wellbeing for all.

3.1.2 Taking this 'Health in All Policies' approach, the Portsmouth Superzone is a small-scale place-based approach to improving the urban environment for health. The initiative brings together policy and community practice to improve health and wellbeing in a hyper-local area. The project was originally established to tackle the drivers of childhood obesity - the causes of poor diet and physical inactivity. These so-called 'causes of the causes' or wider determinants of health are substantially influenced by the environment in which we live, for example by how easy it is to walk and cycle, or the availability of fresh, healthy food.



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- 3.1.3 As the Superzone has developed, the co-benefits of this focused place-based approach have become apparent. Potential benefits for other health issues such as mental wellbeing and respiratory health, as well as the benefits for education, poverty alleviation and climate action have emerged.
- 3.1.4 Superzones were first established in London, and Portsmouth is the first Superzone outside the capital. Arundel Court Primary Academy (ACPA) in the Charles Dickens ward is the central point of the Superzone, which extends 400m from this point. The road boundaries of Fratton Road, Lake Road, Commercial Road and Canal Walk are approximately 200m from the school (Appendix 1). The rationale for choosing ACPA was based on its high levels of childhood obesity, its location in the ward with the highest deprivation and in an Air Quality Management Area.
- 3.1.5 Early research was carried out with school pupils to determine their perceived barriers and enablers to being healthy. A thematic analysis of their insights uncovered four 'causes' or themes: healthy food environment, active places, cleaner air and community safety.
- 3.1.6 These themes informed workshops with a range of professionals linked to health, education, housing and community. The aims, objectives and output indicators agreed between delivery stakeholders informed a series of multi-faceted interventions to generate short term improvements in healthy eating, physical activity, community safety and air quality. Additional benefits accrued as a result of collaborating and pooling resources across agencies and the community on shared agendas.
- 3.1.7 The first Superzone pilot in Portsmouth was approved by the Health and Wellbeing Board in Sept 2019 with delivery on course to start in March 2020 just as the Covid-19 pandemic began, which resulted in an unforeseen 18-month delay.
- 3.1.8 The Superzone pilot restarted in September 2021. The ongoing disruptive impact of the pandemic on the school community led to communication and engagement going through ACPA's school network rather than directly with pupils and parents. This has had the unforeseen benefit of using a trusted partner to gain deeper and more honest feedback and insight from children and their families.
- 3.1.9 Delivery during the 21/22 academic year continued to be hampered by the impact of the Covid-19 pandemic in schools. In the summer term, it was agreed to extend the pilot into the 22/23 academic year, and it has been further extended into the 23/24 academic year. The additional time has been extremely valuable, allowing for a deeper understanding regarding the issues raised by the children and local community, and allowing time to work collectively on solutions to tackle them. On





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more than one occasion, original plans were altered based on the increased knowledge and insight gained in 21/22 and refined in 22/23.

3.1.10 As the first Superzone outside London, we are working closely with the London Superzone network, benefiting from guidance and information sharing with peer Local Authorities in London, supported by the Greater London Authority.

### **3.2 Delivery in the 2021/22 academic year**

3.2.1 Rather than the planned simultaneous launch of actions, a staggered approach was required due to the increased pressures within the school linked to the pandemic response. In hindsight this worked well and is worth considering if future Superzones are rolled out.

3.2.2 Appendix 2 gives a summary of the actions in 2021/22.

### **3.3 Delivery in the 22/23 academic year**

3.3.1 The focus for the most recent academic year was to build on existing insights and to progress actions already underway, deliver interventions, and implement new actions delayed by the pandemic.

3.3.2 Appendix 3 gives a summary of the actions in 2022/23.

### **3.4 Athletic Skills Garden**

3.4.1 In addition to the original action plan, we have been working with the University of Portsmouth to establish an Athletic Skills Garden, or PLAYCE - the first in the UK<sup>1</sup> - , at Lords Court, an underused Multi Use Games Area (MUGA) in the Superzone area. The Skills Garden is a dedicated community space, designed to enable good quality physical activity using the Athletic Skill Model (ASM). The ASM is an evidence-based approach that promotes the 10 fundamental physical movement skills our bodies need for optimum health and vitality (for example, running, jumping and so on).

3.4.2 Each Athletic Skills Garden, is uniquely designed based on local needs. Three consultations events with the residents in the area, led by the University, have informed the design, with a provisional launch planned for early October 2023. In addition to the Skills Garden, the surrounding area will also be landscaped, and green coverage increased, thus making the whole area a more inviting space for all.

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<sup>1</sup> [UK's first "PLAYCE" to be built in Portsmouth to encourage people to get moving | University of Portsmouth](#)



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It aims to be an intergenerational, modern space for both socialising and being active.

3.4.3 In April 2022, we were the first UK city to train local staff in the ASM fundamental 10 principles. A one hour taster session was delivered in the autumn of 2022 to Play and Youth staff and a second full course was delivered in July 2023. Seventeen local professionals were trained, including 10 Play and Youth staff (adventure playground/youth clubs), 1 local school staff member, 4 Holiday, Activities and Fun (HAF) providers and 2 University staff. Training will support users to get maximum use from the new community facility. The knowledge and skills staff have gained can also be applied within their own settings, bringing more benefits over the longer-term.

**3.5 Evaluation**

3.6 A detailed evaluation of each of the workstreams is currently underway. When the Superzone pilot concludes in July 2024, we will start to explore ways that the model could be adapted to other schools around the city, using learning from Arundel Court and the London Superzones.

.....  
Signed by (Director)

**Appendix**

Appendix 1 - Map describing Superzone location

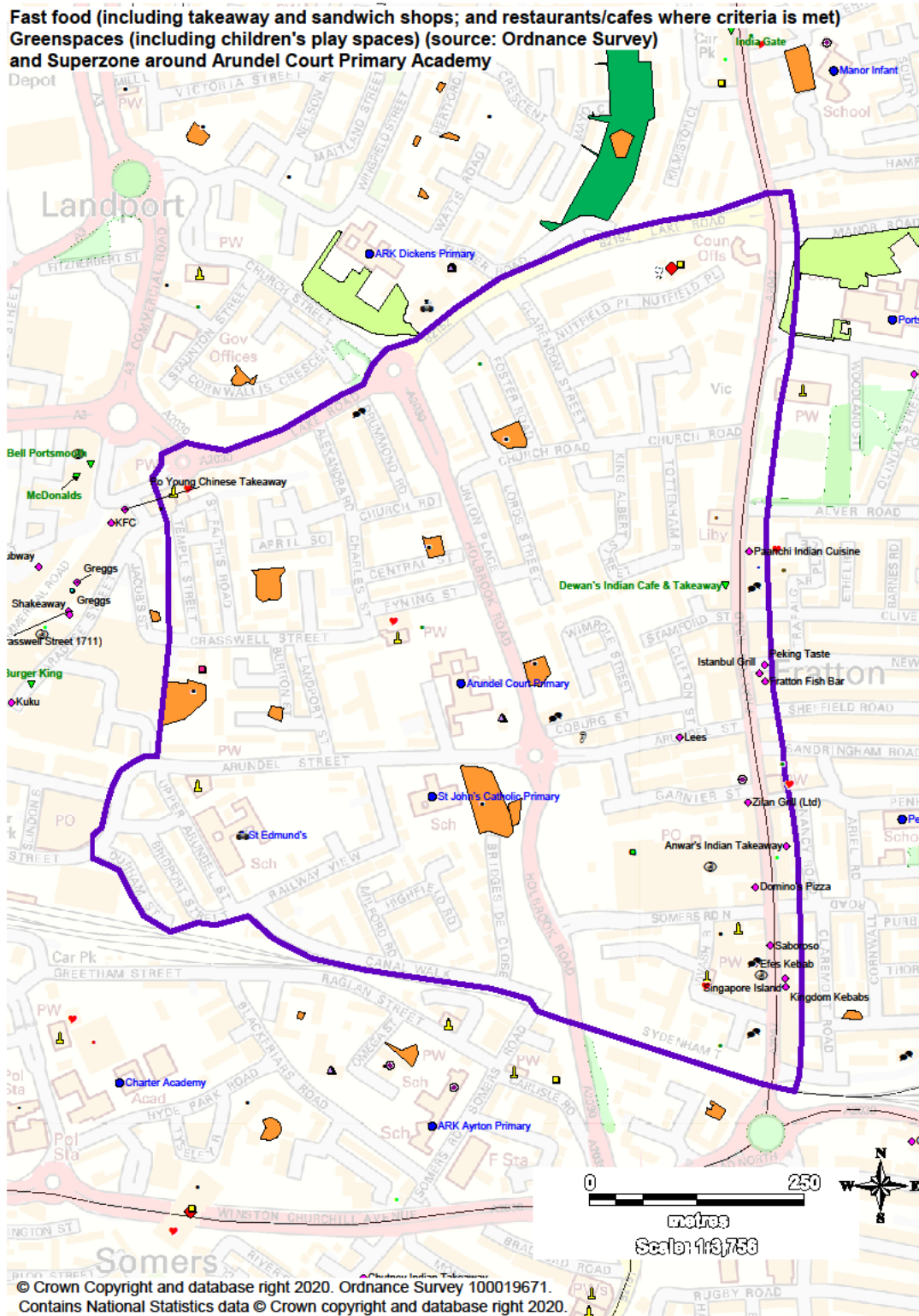
**Background list of documents: Section 100D of the Local Government Act 1972**

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
Proposal for a pilot Superzone to tackle childhood obesity and create a healthier environment	<a href="#">HWB 25 Sep 19 superzone.pdf</a> <a href="http://portsmouth.gov.uk">portsmouth.gov.uk</a>

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### Appendix 1 - Map highlighting the Superzone location





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**Appendix 2: Actions in 2021/22**

Theme	Progress	Insight gained and delivered actions
<b>Healthy Food Environment</b>	<u>Lunchboxes</u> Two lunch box audits completed (7 <sup>th</sup> and 14 <sup>th</sup> March).	<p><b>Insight</b> - Around 200 out of 543 pupils take a packed lunch to school. Lunchbox audits found around 80% of lunchboxes contain sandwiches, crisps, fruit, yoghurt or chocolate bar. Replacements for sandwiches included Dairylea Dunkers, Fridge Raiders, cooked cold food e.g. pasta. Around 70% of Year 5 and 6 children had a piece of fruit in their lunchbox.</p> <p>The audits highlighted a lack of food in some lunchboxes, with some children potentially still hungry after lunch. This was most notable in Year R and 1, despite all KS1 children being all entitled to a universal Free School Meal (FSM).</p> <p>As a result of this audit, the focus of intervention shifted to focusing on the quality and quantity of KS1 lunchboxes, and also increasing FSM up-take.</p> <p>This insight was from last academic year, prior to the cost-of-living crisis, so we can hypothesise that this may be an even bigger issue this academic year. We endeavour to support the school and families to ensure children are getting enough food at lunchtime.</p>
	<u>Food waste</u> Two food waste audits completed, covering both kitchen and children's waste. Discussion with the children around dinners to explore themes arising linked to food waste on specific days.	<p><b>Insight</b> - Around 19 bags of food waste were produced each week. Certain days created more waste than others depending on the menu, with Wednesday (roast dinner day) creating the most waste, despite the popularity of roast dinners with children.</p> <p>Kitchen waste was also deemed to be high in the initial audits, but a change in kitchen manager specifically tasked to reduce food waste occurred during this audit period, so this will be reviewed again in 2023/24.</p>
<b>Active Places</b>	Daily Mile - delivered regularly across all year groups.	<p><b>Insight</b> - The school already participated in the Daily mile and is popular with children and teachers alike, with both groups seeing the benefits of regular participation. Children value it for their health and fitness and teachers for both the health and behaviour and concentration benefits in the classroom.</p> <p><b>Delivery</b> - The Daily Mile was reinstated in September 2021 and is run most days amongst all year groups (R-6), so every child in school regularly takes part in either walking, jogging or running one mile around the outside of their playing field in a marked-out track at some point throughout the school day.</p>
	Mode of travel to school was assessed via 3 x hands-up surveys and observation of two school drops offs (wet and dry comparison)	<p><b>Insight</b> - Around 25% of pupils travel by car each day, with seven regular drop-off points identified. Cycling and scooting to school was low, despite access to a bike, scooter, or both, being relatively high though out the school (83%). Congestion, illegal parking (on yellow lines, middle of the road, blocking footpaths/residents' bays/other cars) and car idling were issues observed at both observation points (Northam Street and Fyning Street) during the observation exercises. It was also observed that many parents enjoy the social opportunity to chat at drop off/pick up.</p> <p>Car journeys to and from school were higher than expected for an inner-city school with a relatively small catchment area, located in the ward with lowest car ownership in Portsmouth. Up to 78% households do not have access to a car in Charles Dickens ward<sup>1</sup>.</p>
<b>Cleaner Air</b>	Smoking at school gate audit completed and	<p><b>Insight</b> - Only 4 parents/guardians were smoking outside school gate at drop-off and a further four were vaping on the day of the audit (of a pupil</p>



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	observation of cigarette butts on ground around roads leading to school gate	population of 600 children that day). Very few cigarette butts were visible on the ground around the school gate. This insight suggested that smoking at the school gate was less of a concern than originally anticipated.
<b>Community and Safety</b>	Re-design of Arundel Park via Safer Streets and greening funding	<p><b>Insight</b> - A parental survey and community consultation highlighted that residents did not feel safe using the park due to recreational drug use (daytime) and anti-social behaviour (evenings). The park layout and landscaping meant that there were lots of areas outside line of sight, which made parents wary of letting children play freely in the area. Dog fouling was also reported as an issue. A Healthy Street Audits highlighted areas for improvement which were fed back into the respective working groups.</p> <p><b>Delivery</b> - The park was redesigned in Spring 2022 to improve the landscaping and design, and to encourage better residential use. Low bushes were removed, visibility improved within the main area of the park and to paths outside, trees were planted, and dog waste bins installed.</p>





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**Appendix 3: Actions in 2022/23**

Theme	Action	Insight gained and delivered actions
Healthy Food Environment	Improve Healthy Lunchboxes and increase Free School Meal (FSM) up-take	<p><b>Delivery</b> - We worked with the school meals provider (Caterlink) to discuss the issues identified both in terms of school meals quality and food waste and poor-quality lunchbox content for some children. We are exploring ways Caterlink, the school and other partners could support an increase in up-take of school meals and improvement in lunchboxes, especially for those children entitled to FSM.</p> <p>Two University of Portsmouth masters' students undertook a desktop research project into better understanding school meal up-take, including FSM, with the research being finalised over the summer. The plan is to test the emerging theories, with parents, via a workshop in the new autumn term.</p> <p>A practical lunchbox workshop targeted at KS1 parents is scheduled for early in the new academic year, capturing the new Year R parents as they start their lunchbox journey, plus offering it to the other year groups of where lunchboxes is of the greatest concern (Yr 1 and 2). There will also be opportunities to discuss ideas with parents other interventions that they would find useful linked to diet/nutrition/lunchboxes/school meals etc.</p>
	Reduce food waste	
Active Places	Continue the Daily Mile	Ensure children continue to regularly participate in the daily mile, capture data to use in the classroom as part of projects and highlight the benefits for their health and learning.
	Increase active travel to school	<p><b>Insight</b> - Further discussions took place in the Autumn term between stakeholders and a parent's survey was issued around how and why they chose the method (active or driving) they do to get to school. The idea was to unpick some of barriers to active travel and ask for potential solutions from the parents themselves. Findings are currently being considered, with relevant and appropriate ideas being feed into the range of active initiatives already underway.</p> <p>Following last year's observations of drop-offs and major safety concerns raised at Northam Street in particular, a road safety audit at school pick-up took place. A road safety officer examined both road layout/markings, aids/barriers to walking and cycling around school gate, and parental driving behaviour at a pick-up on 7<sup>th</sup> November. The findings were shared and discussed with the key partners involved in active travel action, and feed into next steps around active travel.</p> <p><b>Delivery</b> - A range of interventions are currently underway with the school based on the 21/22 insight, including classroom work, homework and trialling of innovative initiatives such as a scooter library, Wheelie (scoot/cycle) Wednesdays and inter-schools competition around active travel, launching in autumn term.</p> <p>A 4-day road closure pilot as part of Sustrans national Big Walk and Wheel took place the last week of term before Easter holidays. Anecdotal feedback from children, parents, staff and residents was very supportive. Surveys were completed both during (paper copies) and after (online/paper), which showed overwhelming support for full time road closure at Northam Street, with approx. 90% supportive. The main comment coming through was the desire to also close Fyning Street. The Active Travel team and Sustrans are currently working with the school on the next steps.</p>
Cleaner Air	Reduce smoking at school gate	Following the smoking drop-off observation and cigarette butt audit around the school gate identifying a relatively small number of smokers, the school decided to focus on active travel this past few terms due to the road safety concerns. It is hoped the piloting of a smoke-free school gate will start sometime during the new academic year 23/24.
Community and Safety	Improve Arundel Park	<b>Insight</b> - A follow-up survey was administered to parents, to gain feedback on the park improvements, with parents still not using the park for a number of reasons,



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	and increase usage	mainly linked to perceived safety concerns. The findings will be reviewed in detail and future feedback sought, in a bid to unpick the issues and increase usage as an on-going piece of work. Changing people's perceptions of an area takes time. Ensuring greater usage by residents, would by default increase perceptions of safety. However, there are genuine health and safety concerns (needles, drug taking, anti-social behaviour) that all partners are aware of and unless these are addressed (outside scope of this project) then park usage will ultimately still be affected.
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In addition to the above actions, campaigns on anti-idling, reducing litter and dog fouling in the area and promoting cycling are all planned within the next 6 months:

- The anti-idling campaign will be linked to city-wide work on this issue.
- A campaign targeting litter and dog fouling issues will focus on promoting the My Portsmouth App and encouraging anonymous tip offs, which have been successful in increasing reporting in the past.
- Work on increasing family cycling will take place in the summer, promoting active travel, plus Bikeability training via the school.

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<sup>i</sup> [Portsmouth Transport Strategy 2021-2038](#)

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