Portsmouth
CITY COUNCIL

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NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 25 JANUARY 2024 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Lisa Gallacher, Local Democracy Officer 02392 834056
Email: lisa.gallacher@portsmouthcc.gov.uk

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

Membership

Councillor Mark Jeffery (Chair)
Councillor Leonie Oliver (Vice-Chair)
Councillor Matthew Atkins
Councillor Stuart Brown
Councillor Graham Heaney
Councillor Judith Smyth
Councillor David Evans
Councillor Ann Briggs
Councillor Martin Pepper
Councillor Julie Richardson
Councillor Vivian Achwal
vacancy

Standing Deputies

Councillor Charlotte Gerada
Councillor Jonathan Williams

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

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

A G E N D A

1 **Welcome and Apologies for Absence**

2 **Declarations of Members' Interests**

3 **Minutes of the Previous Meeting** (Pages 3 - 10)

4 **South Central Ambulance Service update** (Pages 11 - 16)

Tracy Redman, Assistant Director of Operations, will answer questions on the attached report.

5 Portsmouth Hospitals University Trust update (Pages 17 - 26)

Penny Emerit, Chief Executive and Ann Thomas, Deputy Chief Nurse, will answer question on the attached report.

Note that the slides containing data mentioned in the report are to follow and will be circulated as soon as they have been received.

6 Access to Primary Care (Pages 27 - 32)

Bernie Allen, Deputy Place Director, will answer questions on the attached report.

7 Adult Social Care Update (Pages 33 - 48)

Andy Biddle, Director of Adult Social Care, will answer questions on the attached report, which answers the points raised by the panel at their last meeting.

8 Public Health update (Pages 49 - 76)

Matt Gummerson, Head of Strategic Intelligence and Research will answer question on the attached report.

9 Dates of future meetings

The Panel are asked to agree the proposed dates of future meetings:

20 June
19 September
21 November
23 January
13 March

A revised start time of 10am is being considered for meetings in the new municipal year and members are invited to give their views on this and also whether to move to holding meetings in person.

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 23 November 2023 at 1.30 pm at the Virtual Remote Meeting

Present

Councillor Mark Jeffery (Chair)
Councillor Graham Heaney
Councillor Judith Smyth
Councillor David Evans, East Hampshire District Council
Councillor Julie Richardson, Havant Borough Council
Councillor Vivian Achwal, Winchester City Council

18. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Brown, Oliver, Briggs and Pepper.

Councillor Heaney apologised for being late to the meeting, joining at the start of the second substantive agenda item. Councillor Jeffery had to leave the meeting for a period due to being unwell. It was proposed and seconded that Councillor Smyth chair the meeting in his absence, as the Vice Chair was not present.

19. Declarations of Members' Interests (AI 2)

Councillor Smyth declared a personal interest in that she is a patient at the Trafalgar medical practice.

20. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 21 September 2023 be agreed as a correct record.

21. Stroke Recovery Service update (AI 4)

Andy Biddle, Director of Adult Social Care presented the report and explained that this was an update from the report given at the September meeting. He met with the Stroke Association in October along with the Leader and the Cabinet Member for Community Wellbeing, Health & Care about whether it would be realistic for the Stroke Recovery Service to be implemented by Hampshire and the Isle of Wight by December 2024. The Stroke Association felt that this was a reasonable timeframe to work with the ICB if requested to.

It was agreed that the Stroke Association would investigate and bring back some analysis of work that they are doing in other parts of the country, directly for other ICBs. This will be the next phase and the Leader and Cabinet Member resolved that once they had that information they would write to the Hampshire and IoW ICB to make the case for the Stroke Association to be

part of the post stroke recovery service implemented across Hampshire and the IoW.

Members noted the update report.

22. Adult Social Care update (AI 5)

(Councillor Heaney joined the meeting at before the start of this item)

Andy Biddle, Director of Adult Social Care, introduced the report. With regard to the CQC inspection Mr Biddle said that the council's self-assessment document will come to a future scrutiny panel in readiness for inspection.

In response to questions, Mr Biddle clarified the following:

With regard to the CQC inspection, they know so far that they will be judged on those areas where ASC has no direct control such as delayed transfer of care and transition for younger residents who turn 18 and need adult care support. The CQC will also be looking for how we work in partnership, so if a problem has been identified how do we work in partnership with other organisations to make those transitions as smooth as possible. In terms of transition, it will be about how early we get involved in that journey and how they ensure all the younger residents that may need support are identified and how they use that intelligence and planning to ensure the young person and their family understands the journey in ASC.

Due to the integrated nature of the Learning Disability Service there is a support team made up of NHS colleagues so they can do some work to ensure they are still meeting needs but helping people be in a more appropriate environment when they turn 18. ASC are also in the early stages of looking at commissioning services, within a Children's Social Care environment but with an ASC on and thinking about the journey much earlier. There are still challenges but improvements are being made and more resources and thought is being put in at an earlier stage.

With regard to recruiting to 2 new posts in the Directorate, Mr Biddle said they are to make better use of the data that they have got and there are always improvements that can be made in the data collected and ensuring the data is meaningful.

Concern was raised about the table on page 23 of the report detailing the age of service users and 22.3% of people being in the unspecified category and it was requested that this table be more accurate for the future. Mr Biddle said he was unsure if it was because they were not specified because those people chose not to specify and that was a choice they made, or for another reason. He would investigate that and come back to the Panel - ACTION.

Concern was also raised about the low numbers of service users who are Black African, Caribbean or Other as these people may be forgotten. Mr Biddle said this could be investigated and he said that the table shows that the Directorate are reaching out to diverse communities in Portsmouth. He

would like to take a considered a view and have a discussion with the service to understand what is behind the low figures for this group. The Panel requested that a report on this be brought back - ACTION.

Councillor Jeffery had to leave the meeting at this point due to feeling unwell. The Panel proposed and seconded that Councillor Smyth be elected as Chair of the meeting in his absence.

The ASC team are seeing more people coming through transition; those younger residents who become adults and need service support from adult social care. The Directorate are also seeing a significant growth in residents who are eligible for continuing healthcare and funding has been agreed through the ICB to recruit learning disability nursing staff for that. They have not seen a significant number of people moving into the city who then become eligible for Portsmouth support.

ASC have issues with completing mental health act assessments in a timely way, due to transport and having a bed secure hospital to apply for. This is something that they keep under continual review. There is also a national and local issue in being able to recruit sufficient staff to be able to full all those duties. There are very good partnership relationships with the police, Solent, ICB colleagues but there is strain in that system currently. The Panel requested that a report come back to a future meeting on this. - ACTION.

With regard to Russets and the inspection, there is an internal governance procedure where regular informal inspections carried out by a team from a separate area of the business. The CQC are pursuing an intelligence led inspection regime which will prioritise those services that they are most concerned about. The fact that there has been no further inspection from the CQC could be seen as a positive as it implies that the intelligence is not there to suggest there is an issue.

A question was raised about the AMHP team receiving no referrals for the Treasury's 'Mental Health Crisis Breathing Space' programme. Mr Biddle said he thought it was just as people were not being referred so it was probably a settling in period as it is a recent development. The cost-of-living response from PCC has been strong the last few years so there will be different places that people come into contact if they need debt support. Mr Biddle said he would come back with more information on this - ACTION.

With regard to residential care and nursing the key is the long-term planning to ensure there are the right number of extra care units in the city. One of the challenges in the short term is they have seen several providers leave the city in the past 12 months so there is a reduced residential care market. There is more restriction around the number of places. The best way to do that is the longer-term planning and creating extra care to create more environments which are not necessarily care homes. The Directorate will be refreshing the Accommodation Strategy. They try never to place anyone leaving hospital directly into 24-hour residential care.

The Panel thanked Andy for his full report which they noted.

23. Solent NHS Trust update (AI 6)

Andrew Strevens, Chief Executive, Solent NHS Trust.

In response to questions, Mr Strevens clarified the following:

It is the responsibility of Portsmouth City Council to complete the Mental Health Act assessments and two Section 12 doctors are needed which has been an issue. He said that his team needed to work with the PCC ASC Team to see how this could be improved and he would report back in due course.

With regard to podiatry services and satellite clinics, Mr Strevens said Solent have searched for alternative locations and they are not available but satellite clinics could be something to consider. Solent are linking very closely with Healthwatch on this. Catherine Morrow, Communications and PR Manager, added via the chat that Solent does run a podiatry service for housebound patients going out into the communities.

The Panel thanked Mr Strevens and noted the report.

24. Access to Primary Care (AI 7)

Jo York, Managing Director Health and Care Portsmouth, introduced the report. She advised that the Acute Infection Hub went live this week so was slightly ahead of schedule.

In response to questions, Jo clarified the following:

She felt that the lack of community pharmacies was due to some contractual issues and cost of living crisis. The Public Health teams in local authorities produce the Pharmacy Needs Assessment which can give an opportunity to think about where those pharmacies need to be.

With regard to the flu incentive scheme ending due to financial constraints, Jo said that there are other ways that flu vaccinations can be provided such as through the enhanced care home scheme and through the community nursing team. It was about managing money and getting best value for the money put into primary care into care homes.

In terms of primary care access, the deficit is significant in Hampshire and the Isle of Wight, and all organisations are in financial recovery support. However, the funding for primary care is all subject to national contracts, so the core funding for those services is to 'pass through' money to the ICB. Money would not be taken out of primary care services. The work done to review the local commissioned services was to ensure there is a consistent and standardised approach. The ICB are doing a lot of work with partners

and the ICB finance team on understanding the position for 2024/25. Nationally ICBs have to reduce their running costs by 30-40%.

Concern was raised that the savings needed would be recurring and this would have an impact on services. Members noted that as a HOSP they have a responsibility to look at service changes, particularly if it will affect patients. As this is Hampshire wide it might be worth looking at working with other HASC/HOSPs on these issues when more is known on this next year. Jo added that the financial position will also affect the services in Southampton and the Isle of Wight. Where there have been reductions in this financial year, they have not had an impact on Portsmouth residents. It was ensuring that they get best value for money or perhaps reducing the scale of the service and some things have gone through the Hampshire HOSC. There have been no closures, but a joint HOSP may be a sensible way for the ICB to present this to everyone.

The Panel noted the report.

25. Health and Care Portsmouth and Hampshire and Isle of Wight Integrated Care Board (AI 8)

(Councillor Jeffery rejoined the meeting during this item)

Jo York, Managing Director Health and Care Portsmouth introduced the report.

In response to questions, Jo clarified that:

They are doing a lot of work with PHUT and system partners around improving ambulance handover delays. Improvements had been made over the summer however there were a number of challenges, in part to the industrial action, some changes in approach around discharges however there is a commitment to improve this. She felt it would be a difficult winter due to the pressures in the NHS and increasing demand across the system.

There are some great examples of integrated working in the city; learning disability services, mental health services and children's services.

As this was Jo's last meeting, the Panel wished to thank her for her tremendous service and her role in improving the outcomes for Portsmouth residents.

The Panel noted the report.

26. Portsmouth Hospitals' University NHS Trust (AI 9)

Penny Emerit, Chief Executive and Dr John Knighton, Medical Director, introduced the report.

There are some particular specialties where waiting list times are longer than the target; ENT and Trauma and Orthopaedics are two of the areas. The

Trust have just gone through an administrative validation exercise where they have been in contact with every patient who has been on the waiting list for longer than 12 weeks, to check that they still require that appointment. They found a significant number of patients who did not need to be on the waiting list, which means that they are now better able to get to those patients who really need the care. Running alongside that is the clinical validation process to make sure that the extended waits are not contributing to increasing risk to patients and checking that the patient still wants and needs the procedure. There are several drivers that have contributed to the volume of the waiting list which are all unacceptable. In addition to covid more recently there have been the industrial action days which has not helped the delays. The Trust are also looking at the outpatient follow ups and whether these can be reduced.

In response to questions the following points were clarified:

Across Hampshire and the Isle of Wight (IoW) PHUT are looking collaboratively at how to use every bit of the NHS resource to the full capability including making sure the operating theatres are used as productively as possible and getting patients to have their procedure done wherever there is capacity.

With regard to the number of critical incident days, members said it would be useful to have a comparison over the previous 5 years would be useful. Dr Knighton agreed that this would be useful and could be added for next time. He added that the criteria for declaring a critical incident shifts from one year to the next, depending on the circumstances. He felt that it might be useful for the panel to understand what is driving those pressures and they could provide data on occupancy and associated delays. It was felt a graph may be useful to show this information to show trends and a report at a future meeting on waiting times - ACTION.

The performance of PHUT and IoW NHS Trust will continue to be reported separately as it is a partnership in a group rather than a merger of the two organisations. They remain as two separate statutory organisations. The baseline against they are reporting is fixed and that is the measure to ensure they continue to improve performance. This is the national performance standard and it reported monthly in their integrated performance report to the Trust Board and this is publicly available. Jo York added that if the Panel wanted to see more comparative data, this could be provided through the ICB report - ACTION.

With regard to the unique challenges of the IoW Trust, the most significant challenge would be the workforce and the availability of workforce on an island and the costs of attracting people to work on the island.

The Panel noted the report.

The formal meeting ended at 3.20 pm.

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Councillor Mark Jeffery
Chair

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South Central Ambulance Service NHS
NHS Foundation Trust

Title	Health Overview and Scrutiny Panel
Author	Tracy Redman – Assistant Director of Operations South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	January 2024

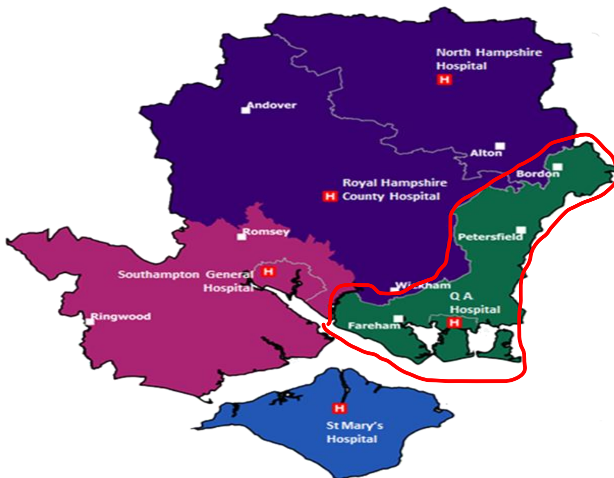
Contents

- Introduction / SCAS South East Hampshire (SCAS SE)
- Developments
  - Integrated Care
- Demand / Performance
- Challenges / Opportunities
  - Operational Pressures
  - Transformation Review – fit for the future
  - Patient Care
  - Hospital/System resilience and capacity - impact on Hospital Handover delays
- Summary

Introduction / SCAS 999 South East

South Central Ambulance Service NHS Trust provides emergency, urgent and non-emergency healthcare services, along with commercial logistics services. The Trust delivers most of these services to the populations of the South Central region - Berkshire, Buckinghamshire, Oxfordshire and Hampshire - as well non-emergency Patient Transport Services in Surrey and Sussex. In Hampshire SCAS 999 operate in 3 'nodes'.

SCAS 999 - South East Hampshire



Over 100k - 999 calls a year

Approx. 50k ambulance conveyances a year

Approx. 50k patients treated at home / signposted to other services

Circa 300 frontline operational team members

Up to 35 ambulances on duty at the busy times of day

One main hub site with satellites

Developments

Integrated Care

SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

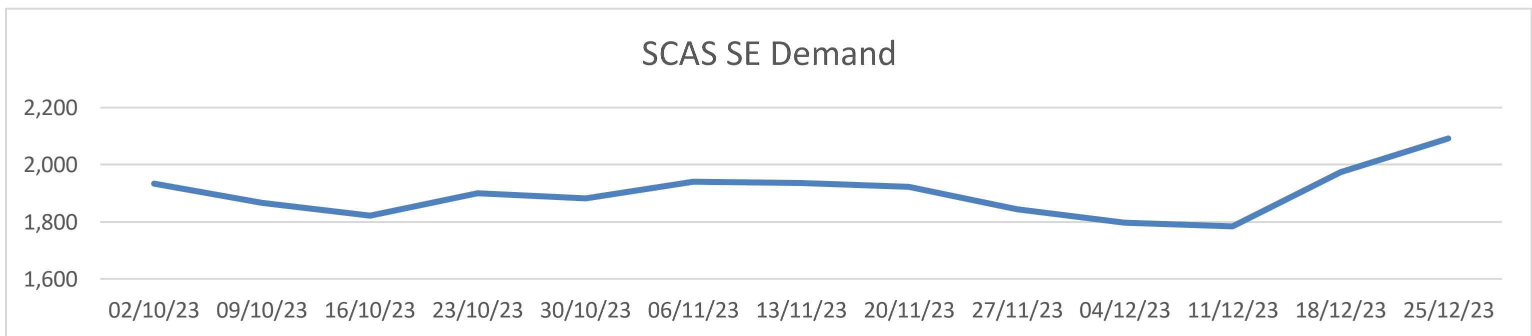
In addition, wider health and social care colleagues from Social Services, Mental Health and Maternity services are directly supporting SCAS and patients by being embedded in the SCAS Clinical Co-ordination Centre. There is also a SCAS Clinical Pathways Lead embedded with the team at QA hospital and a dedicated SCAS role working at the ED to support handovers.

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. This has been enhanced with the development and ongoing improvements to 'SCAS connect', which is a digital platform to support clinical decision making and patient signposting. There are now well embedded processes for SCAS clinicians to discuss the patients' needs with other clinicians, both in and out of hospital, to determine the best course of action / ongoing care needs for the patient.

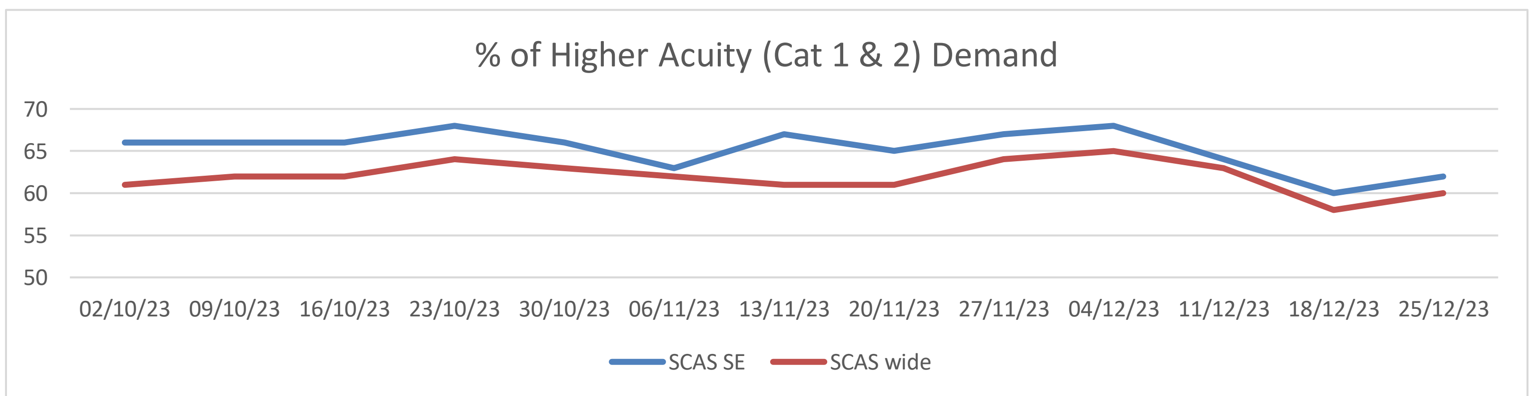
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.
SCAS SE continue to consistently convey approx. 2% less patients to hospital than the rest of the SCAS geography.

999 Demand / Performance

Demand in the South East has been fluctuating in recent months, which has been reflected across the SCAS region, with an expected rise through the Christmas period.

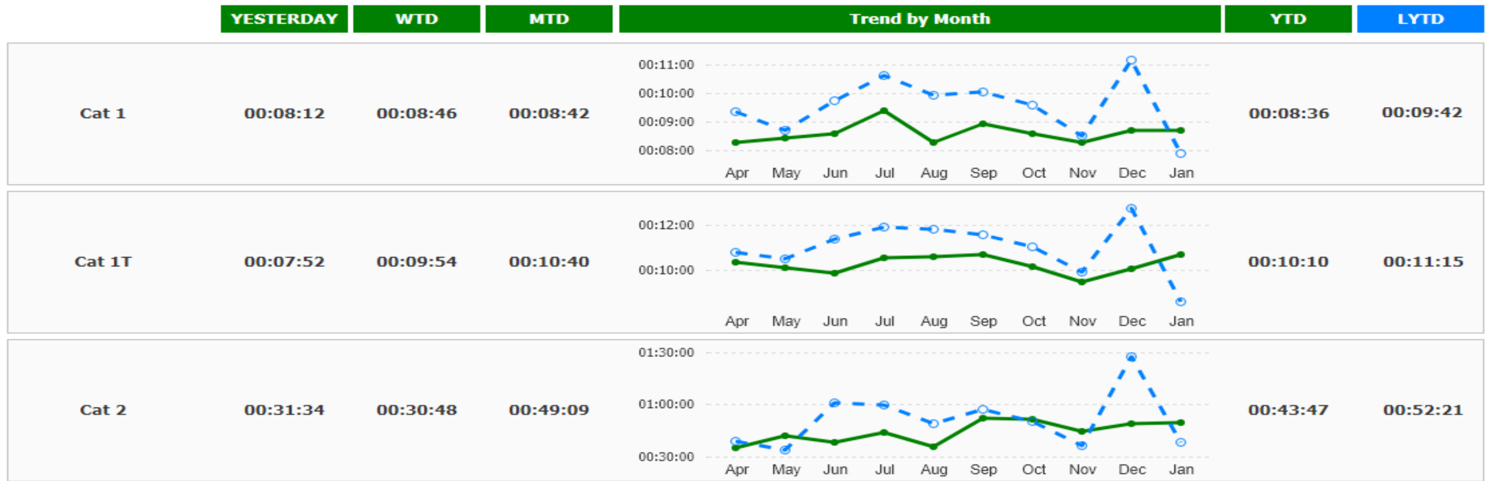


Within that demand, the South East area of SCAS does see a higher demand of more poorly patients that the wider SCAS demand profile.



Performance South East SCAS (data produced 12.01.24)

Current performance continues to be difficult, impacted by workforce challenges and significant hospital delays. However, SCAS SE continues to make progress on a timely response to the most poorly patients (Cat1 & 2), however there remains a challenge in responding to the less poorly patients.



	YESTERDAY	WTD	MTD	Trend by Month	YTD	LYTD
Cat 1	00:08:12	00:08:46	00:08:42		00:08:36	00:09:42
Cat 1T	00:07:52	00:09:54	00:10:40		00:10:10	00:11:15
Cat 2	00:31:34	00:30:48	00:49:09		00:43:47	00:52:21

Compared to the national performance (10 English Ambulance Trusts), the below table highlights the SCAS wide position (the green boxes indicate in the top 5). Cat 2 patients are the highest cohort in terms of numbers and SCAS have significant focus on this group of patients in line with the national direction. SCAS are also very focussed on ensuring the patients pathway is the most appropriate for their needs and good progress can be seen in terms of maintaining a positive position regarding patients not being conveyed to hospital where it is not required.

	W/C	2nd Oct	9th Oct	16th Oct	23rd Oct	30th Oct	6th Nov	13th Nov	20th Nov	4th Dec	11th Dec	18th Dec	25th Dec
Mean Response	C1	5th	7th	7th	7th	7th	7th	7th	5th	8th	7th	6th	5th
	C2	6th	5th	6th	6th	3rd	3rd	5th	4th	4th	2nd	2nd	1st
	C3	6th	8th	8th	8th	6th	9th	9th	8th	9th	7th	2nd	3rd
Patient Outcomes	H&T	7th	6th	5th	6th	7th	7th	5th	5th	6th	7th	4th	4th
	S&T	2nd	4th	2nd	4th	2nd	2nd	3rd	3rd	4th	4th	3rd	3rd
	ST&C	4th	4th	4th	4th	4th	4th	3rd	3rd	3rd	4th	4th	4th
	Non ED	5th	5th	7th	7th	6th	5th	6th	6th	6th	3rd	7th	4th

A review of the previous 5 years data does show a general decline in performance. However, this is impacted by the evident increase in acuity. That said, the reduction in lower acuity calls indicates positive system partnership working and ongoing signposting of appropriate care.

SCAS South East	Category 1		Category 2		Category 3		Category 4	
	% of Demand	Mean Response	% of Demand	Mean Response	% of Demand	90 Centile Response	% of Demand	90 Centile Response
2019-2020	6.60%	06:25	48.40%	17:21	31.40%	02:10:01	1.90%	02:58:27
2020-2021	7.60%	05:46	44.50%	15:13	32.30%	43.32	2.60%	02:25:37
2021-2022	7.60%	08:07	48.80%	38:13	25.40%	05:24:39	1.90%	06:10:44
2022-2023	7.20%	09:24	54.30%	48:12	22.40%	07:22:13	1.20%	08:26:17
2023-2024	8.20%	08:36	58.20%	43:46	21.20%	02:43:30	1.00%	08:12:14

Challenges / Opportunities

Operational pressure

All ambulance services across the UK work to a national framework - Resource Escalation Action Plan (REAP). This framework has four levels with associated actions, designed to maintain an effective and safe operational and clinical response for patients.

REAP level one	Steady state
REAP level two	Moderate state
REAP level three	Severe
REAP level four	Extreme pressure

SCAS have been operating at REAP 4 since early December.

Transformation Review

The transformation review continues, with work ongoing to determine how improvements and efficiencies can be made. A team has been established with an Executive lead to focus on ensuring SCAS is 'fit for the future'. National support is also in place to ensure SCAS can develop and grow to meet the needs of our patients, staff and partnerships.

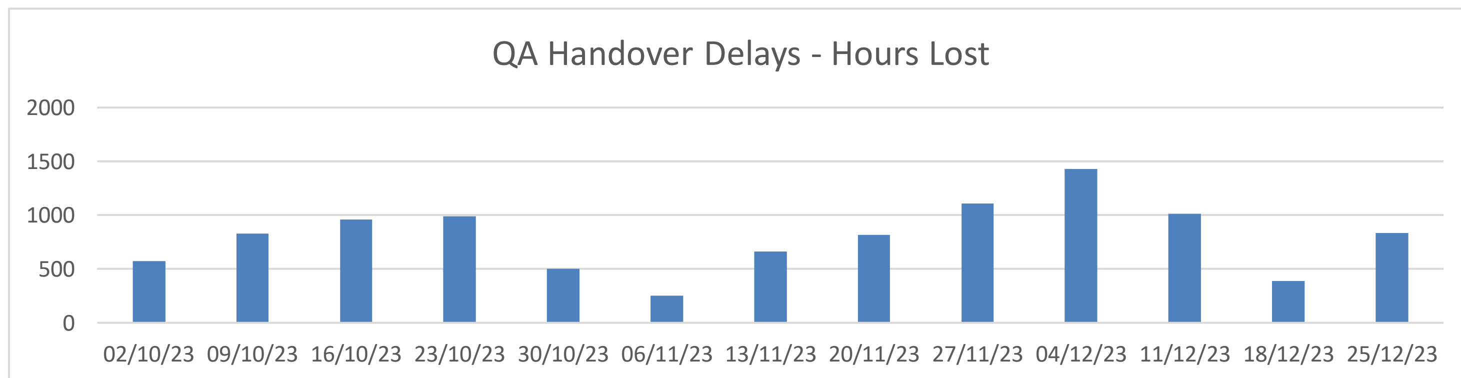
Patient care

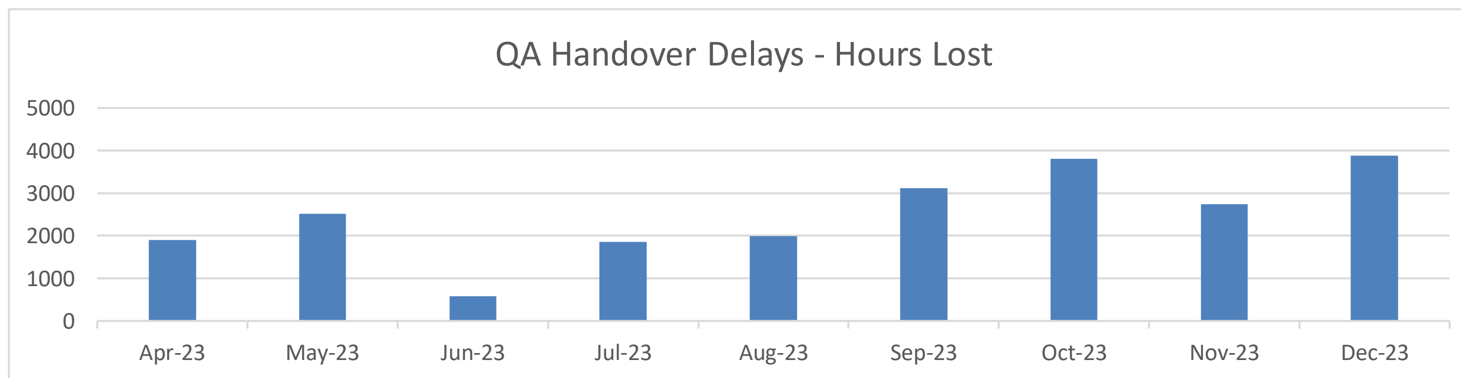
SCAS continues to work hard to ensure patients received the right care, in the right place, at the right time. This includes ongoing collaboration with system and ICS partners to develop and enhance pathways / information sharing and clinician connectivity.
Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like.

Hospital/System resilience and capacity - Impact of Hospital Handover delays

Hospital handover delays remain a significant challenge to the SCAS service delivery.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes. The result is that SCAS resources are tied up and unable to respond to other patients in the community during this time.





SCAS continue to work closely with NHSI/E, HIOW ICS and the Local Delivery System (LDS) to mitigate the effects of these delays on patient care, and the impact on staff. There are a number of actions in train to support the reduction of handover delays to include actions from all system partners.

SCAS Improvement Plan

SCAS recognise the ongoing challenges and the need to make improvements. The 4 Executive led workstreams continue to provide focussed leadership, to ensure effective policies and procedures in place and working, with an active learning loop in place.

1 Patient Safety and Experience:

- Safeguarding issues are well managed, with all staff trained to the appropriate level.
- Timely incident reporting, investigation and action to avoid repeat incidents.
- All vehicles and sites have the equipment and medicines staff need, with faults quickly reported and fixed.
- All vehicles and sites are clean, with proactive infection prevention and control measures.

2 Culture and wellbeing:

- Speaking up, listening up and following up is happening across the Trust, with insights triangulated to drive Trust-wide improvement.
- All staff feel safe at work, with a zero tolerance approach to all types of inappropriate behaviour.
- All staff have access to learning and support that allows them to do their current role to the highest standard and progress their career.

3 Governance and well-led:

- Governance systems enable strategic oversight and planning by the Trust Board.
- Risk management systems support frontline teams deliver safe, high quality care and enable the Trust Board to actively manage strategic risks.
- Improved relationships and communication between senior leaders and staff, with leaders accessible and in-touch with teams across the Trust.

4 Performance and recovery:

- Improved performance for 999 and 111 call handling and ambulance response times.
- Reductions in hospital handover times through internal improvements and joint working with health and care system partners.
- The Trust builds sustainable capacity through recruitment, retention and improved ways of working, with all staff able to access the training and support to needed to provide safe, high-quality care.

Summary

The NHS, including the Ambulance sector continues to face significant challenge and pressures.

Demand, workforce and hospital delays remain the key issues across the country.

That said, there is clearly a huge amount of work to be done to ensure SCAS are able to provide the excellent service that it continues to strive for. This can only be achieved by working together with our partners across the whole health and social care system.

We will continue to focus on the needs of our patients and the health and wellbeing of our staff.

There are exciting changes and developments in train and SCAS remain an integral part of this going forward.

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Portsmouth Hospitals University NHS Trust

Health Overview and Scrutiny

Briefing paper

<table>
<tr><td colspan="3">Title: Portsmouth Hospitals University NHS Trust update</td></tr>
<tr><td>Presenter: Penny Emerit, Chief Executive
Liz Rix, Chief Nurse</td><td>Contact details:
communications@porthosp.nhs.uk</td><td>Date: January 2024</td></tr>
<tr><td colspan="3">Purpose of the paper:
To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU). It covers an update on our winter plan amidst winter pressures, recent critical incidents, planned industrial action and general updates.

Additional context on winter pressures:
Our Integrated Performance Report (IPR) is published on our public website and provides data on how the Trust is performing against our strategic aims.
NHS Providers' Winter Watch tracks key activity and demand figures across the NHS. They analyse the data, highlighting key trends to understand the pressure Trusts are under throughout the winter.
We were asked to provide data on which is detailed further in the paper:
Critical Incidents in the last 5 years, why they were called and how long they lasted.
Ambulance handover times for the last 12 months
4 hour waiting targets for the last 12 months – (we were required to begin reporting in May 2023, so have provided data for all months since then.)
Occupancy levels for the last 12 months
Supporting information:
An attached slide deck gives further context to our Trust's performance over time with a focus on:
Total General and Acute (G&A) beds which have increased over time.
How the use of escalation and surge beds have increased
Total occupancy across the hospital which has increased consistently through the year.</td></tr>
<tr><td colspan="3">Winter Plan

The PHU winter plan builds on the Trust operating plan and sets out the Trust response to the delivery of five key priority areas, the first of which is ensuring the safety of all patients requiring acute care – including both non-elective and elective priorities.</td></tr>
</table>

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It also includes the Trust's plan to deliver the 10 High Impact Actions and acknowledges that delivery over winter will require all parts of the PSEH system to work collectively to deliver the system objectives.

The plan sets out an unmitigated bed gap of 130 beds at the peak of winter with a residual bed gap of 34 after all mitigating actions. Those mitigating actions include maintaining SDEC capacity for its intended purpose (rather than using for inpatient overnight stays which restricts flow and increases length of stay) and the use of 60 escalation beds including seven 'Your Next Patient' spaces overnight.

System Winter Plan

The system winter plan was developed with colleagues across the PSEH system and ICS to triangulate the collective impact of all providers and ICB winter plans, ensuring alignment with the national 10 High Impact Interventions. It describes clear governance structures and specific actions from each provider to navigate the challenges posed by winter demand. The
plan emphasises a risk-based approach, identifying and addressing potential threats to the system. Notably, the modelling reveals a persisting bed gap underscoring the need for strategic planning and resource allocation.

The plan is overseen weekly through the PSEH UEC Exec Review meeting (chaired by ICB Chief Delivery Officer and attended by CEOs and Executives from NHS provider organisations), fortnightly through the PSEH Clinical and Operational leaders (chaired by PHU CMO) with escalations to the monthly PSEH Chief Executives meeting (chaired by PHU CEO).

PSEH System Improvement Plan
This plan has been developed with all system partners during December, following an invited GIRFT visit on 16 November, and in response to the escalating risk in the system and the need for a whole system response.

It includes the additional actions that will be taken this winter through the allocation of additional funding to support:

- a GP in the ED waiting room following a successful 6-day pilot
- support for a digital system to further develop 'call to convey' through a clinical contact centre, starting in four specialties: AMU, SAU, OPM and gynae
- Virtual ward capability expansion beyond acute respiratory infections

Our winter plan is underway and describes the steps our hospital is taking to keep patients safe and well as we navigate through a challenging Winter period.

These plans are supported by a system wide approach as we work closely with our partners to focus on getting patients to the right place of care first time, reducing the length of stay and progressing patient's care once they are ready to leave acute services.

Winter communication campaign and support from communities
We continue to run a number of campaigns over the winter months to support our

winter plan. These share important health messaging to encourage people to stay healthy and well, knowing where to go to access the appropriate the care in the right setting and to support their loved one getting home when they are ready to be discharged. The campaigns have been performing well, with input from our system partners running paid advertising to reach our wider community and we are seeing increased engagement as the campaigns progress.

Critical incidents

A critical incident is any localised incident where the level of disruption results in a Trust temporarily or permanently losing its ability to deliver critical services, protect patient safety, or operate within a safe environment. This means to restore normal operating functions; we need to take special measures and additional support from other services and organisations.

A critical incident can last hours, days or even weeks in some circumstances.

In December and January, the Queen Alexandra hospital ran two critical incidents which were called due to sustained high demand for our service leading to a significantly full hospital and Emergency Department. This led to increased risks to patient safety and delays in patients being able to access care.

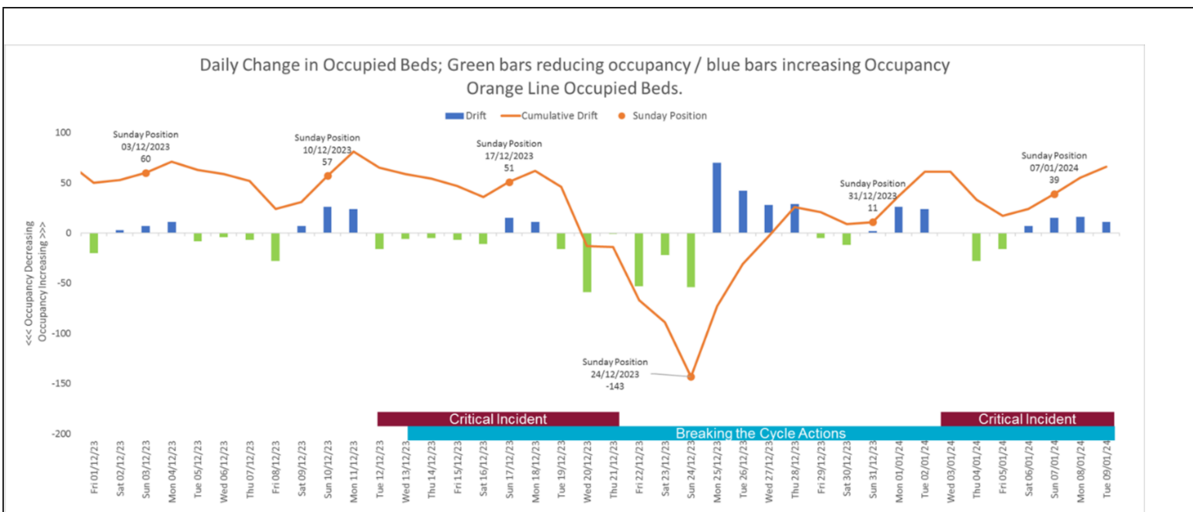
The decision to declare an incident is in response to a live situation of risk to patients. It means we can introduce a series of actions that will provide immediate benefit to patients such as surge response and linking with partners to discharge patients no longer requiring acute hospital care quicker.

We know from previous incidents that these actions can help the Trust improve bed occupancy levels and therefore flow within the hospital.

Across PHU we record data on everything from bed occupancy to ambulance handover times and discharge rates. It helps us see over a set period how our occupancy changes dependent on actions we are taking. These improvements aren't always obvious to see day to day.

This graph tracks admissions against discharge rates and the orange line shows if we are full or have capacity.

It helps us see over a set period how our occupancy changes dependent on actions we are taking. These improvements aren't always obvious to see day to day. On this type of graph we ideally want to see more green bars and less blue to show where we are reducing occupancy rather than increasing it.



We worked closely with our partners across Hampshire and the Isle of Wight who also took all actions necessary to respond to the demand for our services. We ran consistent public messaging to ask for support from our community to only use the Emergency Department when vital and to help in getting their relatives home quickly once they were ready to be discharged.

During the critical incidents Gold command was established to co-ordinate the actions needed to ensure patient safety and patient flow. We also ran a second 'Breaking the Cycle' week to embed learning from the previous incident and maintain focus in three key areas:

1. Early discharge: Using multidisciplinary teams to identify earlier in the day when patients will be ready to leave hospital and ensuring everything they need is prepared as soon as possible. By doing this earlier, we improve capacity within the hospital for patients requiring admission and identify any potential issues before they become more significant.
2. Early decisions by senior clinicians: Consultants from high-volume receiving specialities will continue to identify patients that can go directly to wards rather than wait in ED or AMU. This helps free up capacity within the Emergency Department and enable ED staff to support patients most in need of their care.
3. Effective use of the discharge lounge: By identifying and moving patients ready for discharge into the lounge from when it opens in the morning, space within wards will be freed up to speed up admissions. This helps by reducing handover times within the ED.

We'd like to recognise the immense effort from our teams who worked tirelessly in difficult circumstances to deliver the best service possible to our community.

The following data was requested which we have provided and are happy to discuss:

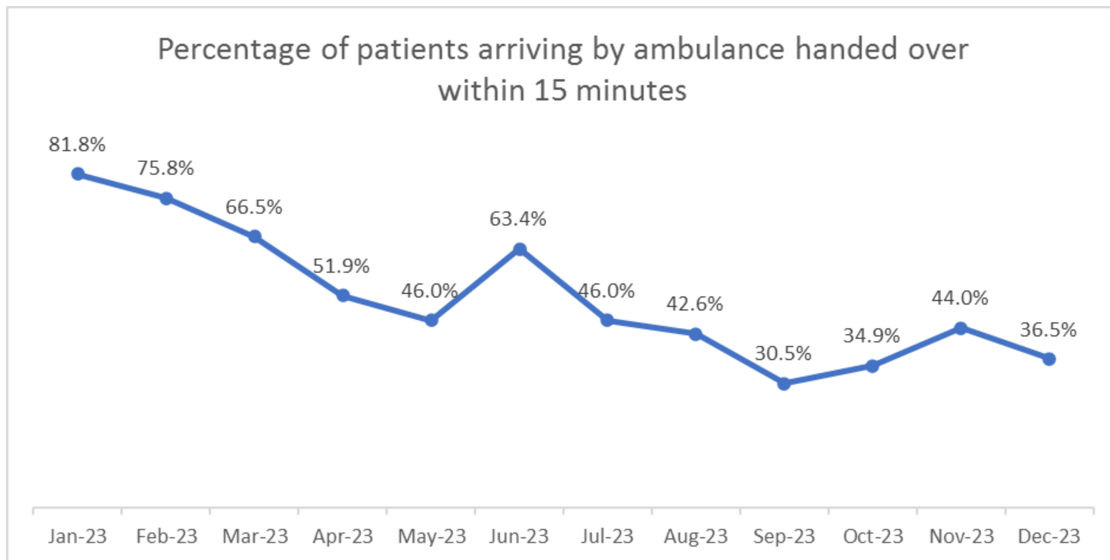
-

1. **Critical Incidents in the last 5 years, how long they lasted and why they were called.**

Year	Length of incident	Reason
2019	• 4 to 13 December	• High levels of patients who present at the ED from self-presenting to being conveyed via Ambulance which caused long delays for those patients to be seen and to be treated. This isn't an isolated issue just for PHU as other hospitals around the country have the same difficulties however if this can be addressed, patient care for those arriving at ED can be improved and would support a better patient experience.
2020	• None recorded due to pandemic	• N/A
2021	• 30 October to 2 November • 9 to 19 December	• Ongoing pressures of high numbers of patients arriving in the Emergency Department, lack of patient flow within the hospital to support timely movements of those patients being admitted into wards, which led to Ambulances being held.
2022	• 6 to 8 April • July (no debrief report for exact dates) • 11 to 14 October • 20 December to 6 Jan 2023	• The first three incidents in 2022 where called due to the demand on emergency services outstripping hospital capacity • System wide incident with extremely high demand for services in the HIOW area
2023	• 1 to 10 November • 13 to 21 December	• Both incidents in 2022 were called due to the demand on emergency services outstripping hospital capacity.
2024	• 3 January to TBC. Trust was still operating a critical incident when this paper was submitted on 12 January.	• Emergency care demand following a known busy bank holiday period and high bed occupancy.

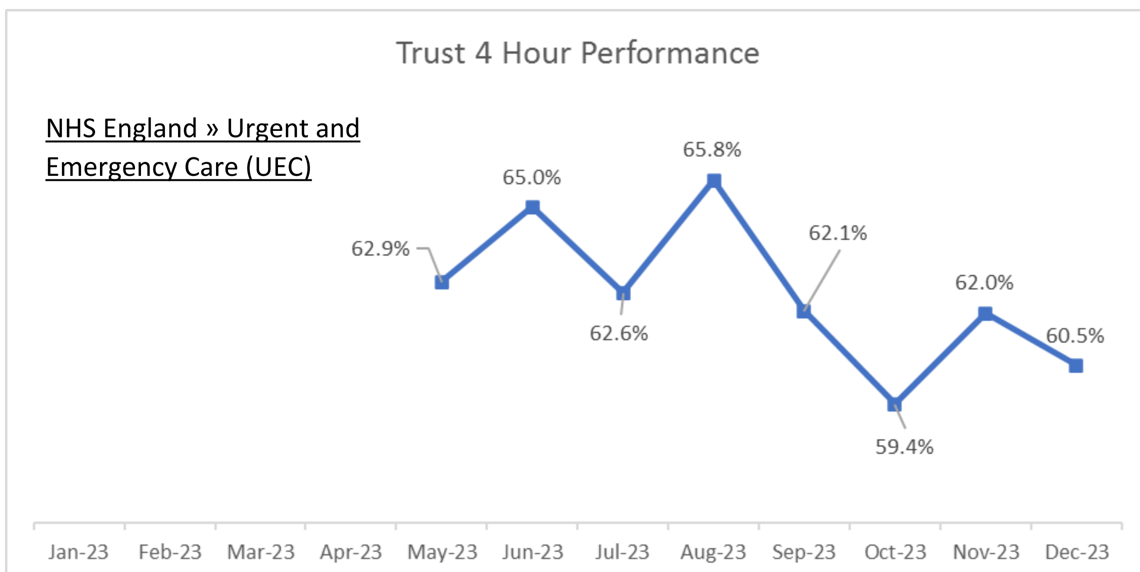
2. **Ambulance handover times for the last 12 months**

Nationally we are measured against the percentage of handovers completed within 15 minutes, this graph shows our performance over the last 12 months.

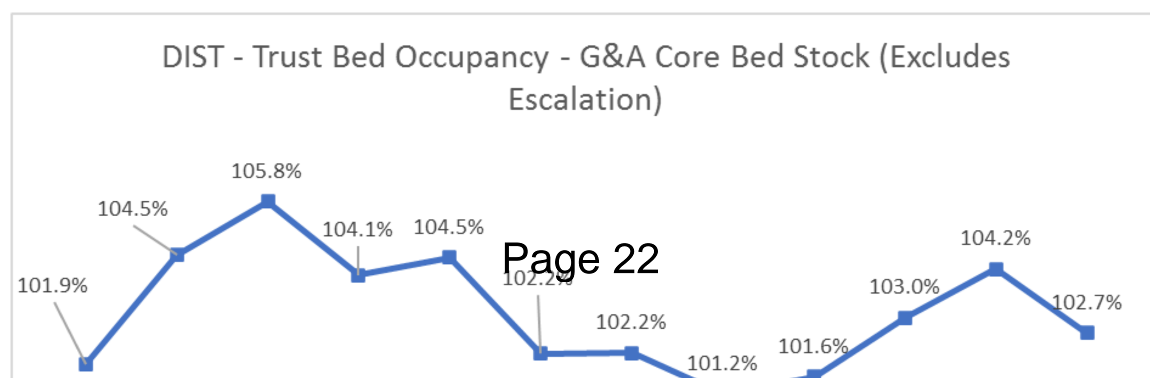


3. 4 hour waiting targets for the last 12 months

The Trust was part of the Urgent and emergency care clinical review of standards until mid-May this year. As such we were not subject to the four-hour standard. Therefore, we only have the data to report on the 4-hour performance from May 2023:



4. Occupancy levels for the last 12 months:



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Summary of data:

Period	Percentage of patients arriving by ambulance handed over within 15 minutes	Trust 4 Hour Performance	DIST - Trust Bed Occupancy (G&A Core Bed Stock)
Jan-23	81.8%		101.9%
Feb-23	75.8%		104.5%
Mar-23	66.5%		105.8%
Apr-23	51.9%		104.1%
May-23	46.0%	62.9%	104.5%
Jun-23	63.4%	65.0%	102.2%
Jul-23	46.0%	62.6%	102.2%
Aug-23	42.6%	65.8%	101.2%
Sep-23	30.5%	62.1%	101.6%
Oct-23	34.9%	59.4%	103.0%
Nov-23	44.0%	62.0%	104.2%
Dec-23	36.5%	60.5%	102.7%

Industrial Action: Junior Doctor Strikes

Industrial action in the form of Junior Doctor strikes took place in the first week of January, between 7am Wednesday 3 January and 7am Tuesday 9 January. This week of the New Year is always a busy one in which we anticipated additional pressure which meant that it unfortunately coincided with the second critical incident.

It was necessary to declare critical incident due to the combination of delays across our system which occur after any bank holiday period, constricting capacity with an increase in demand for services causing intolerable delays for our patients and increasing the risk for patients requiring an emergency response.

While pay is a matter for Government and the trade unions, we value our staff and want to see a resolution as soon as possible to ensure we can continue to focus on providing high quality patient care. We worked hard to keep as many services open as possible and all critical services running.

For further context, NHS England has published data on the impact of industrial action across the country.

General updates:

Building Better Emergency Care progress – In December we held a 'topping out' ceremony as the external structure of the new Emergency Department was completed. We were joined by key members of the construction company, local MPs and the urgent care team for a tour of the site and to see the progress of the build. We are excited that the construction is on track, and we hope to have the department open in time for Winter 2024.

New Complaints Process

Our new complaints process launches earlier this month. The new process was developed after a Rapid Process Improvement Workshop (RPIW) last year, which identified that the amount of time taken to respond to patient complaints was too long with a number of breaches and a backlog to the process.

The new complaints process will focus on three phases to ensure all complaints are investigated and responded to in a timely manner:

1. **Acknowledge and triage** - Once a complaint has been received, it will be assigned to a lead care group and a senior member of the team.
2. **Investigate -** The senior lead will call the complainant to understand the complaint. A SWARM meeting will be organised, inviting all relevant parties to discuss and draft a response to the complaint.
3. **Sign off** - The complaint lead will finalise the response and share with the complaints manager who will send to the Chief Executive for final sign off.

We have been piloting this process across three care groups at PHU. One member of staff said: "The SWARM for the complaint meeting was a really useful and productive experience. It allowed all the relevant parties to be in the room together to look at the concerns in a constructive way, saving time for the people involved and for those writing the response."

Wait List Validation:

The Trust is using Waiting List Validation to check in with patients on our waiting lists. As waiting lists for appointments and procedures across the NHS continue to grow, the Trust is taking action to help reduce waiting times by enabling a process that allows patients to confirm whether they still require their appointment, ensuring those that have been referred to us for an appointment or procedure still wish to remain on our waiting list.

The first cohort of this was a success seeing 75% of the cohort responding so far, with 9% of responders requesting discharge (approximately 1,500 patients). Due

to the success, we have decided to repeat this process on a rolling basis, the next cohort is planned for the end of January.

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NHS
Hampshire and Isle of Wight

Portsmouth Health Overview Scrutiny Panel

NHS Hampshire and Isle of Wight Integrated Care Board report January 2024

Accessing primary care

This NHS Hampshire and Isle of Wight Integrated Care Board report provides an overview of the work being undertaken in Portsmouth - through the Health and Care Portsmouth partnership - to improve access to primary care, incorporating general practice, community pharmacy, and dentistry.

1. GP practices

1.1. Introduction

1.1.1. General Practice Appointment Data (GPAD) is published nationally on a monthly basis and provides detailed data on appointment levels in General Practice, by mode, clinician category and timeframe. There are a number of caveats with GPAD which need to be considered.

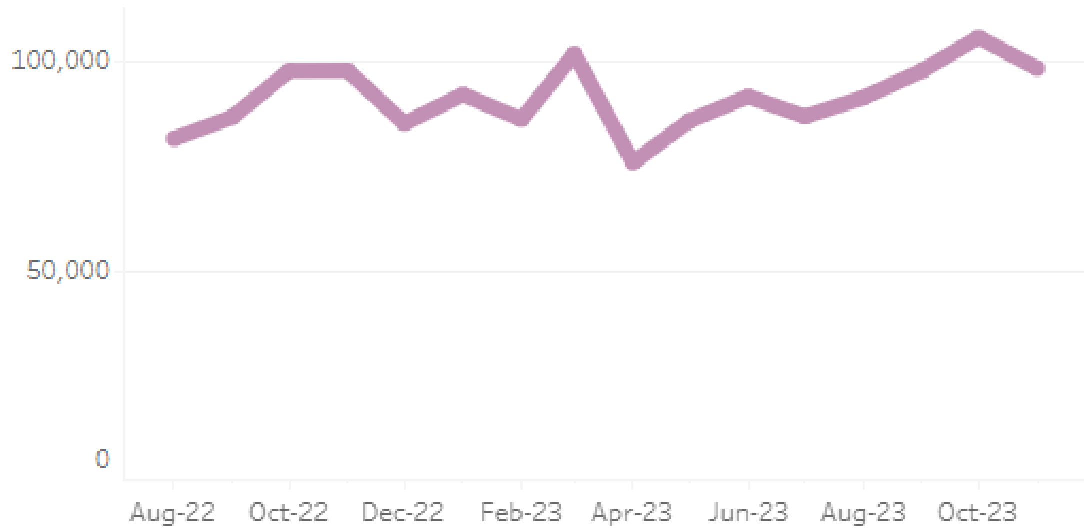
1.1.2. Appointments with patients are one part of the workload of a GP, which will typically also include many other tasks such as paperwork, meetings and liaising with other health care professionals.

1.1.3. The number of appointments required can vary based on the needs of patients driven by a number of uncaptured factors. For example, the age distribution in an area or the prevalence of long-term illnesses.

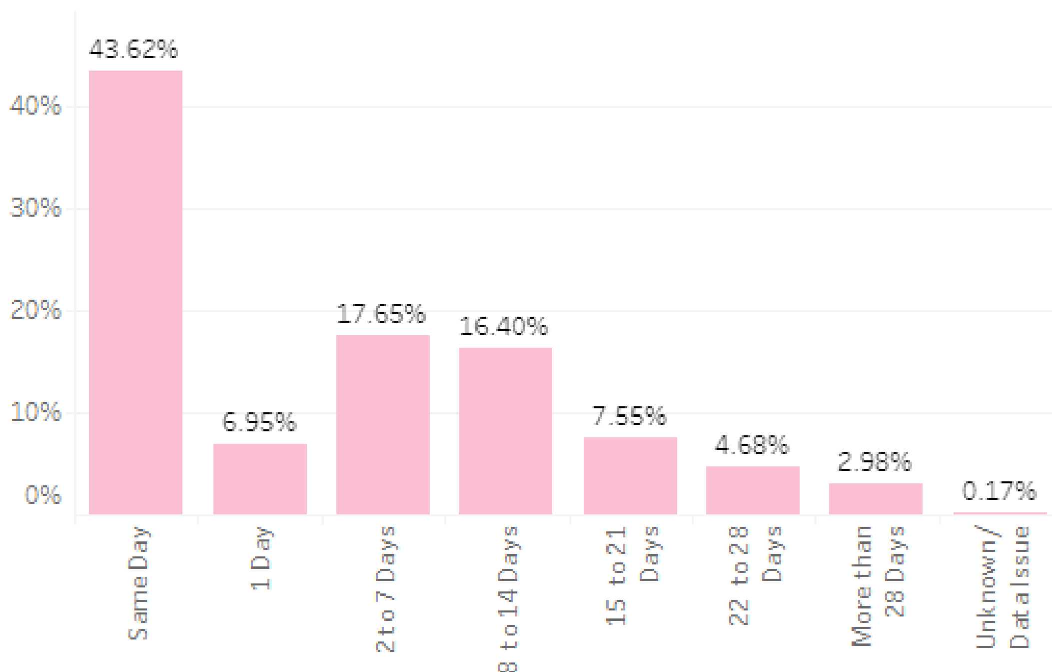
1.1.4. Variations in working methods and recording between practices must be considered alongside the data quality issues below when interpreting practice level data.

1.1.5. The latest data (from November 2023), shows 98,237 appointments took place across Portsmouth practices, down from a record high of 105,675 in August 2023. Activity remains consistently above 2022 rates (97,728 in November

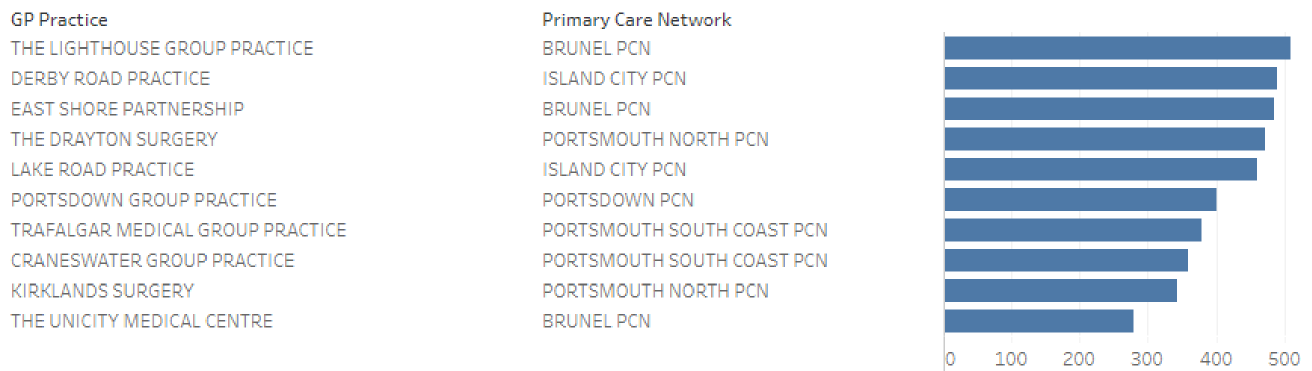
2022):



1.1.6. Of the 98,237 appointments, 43.62% were same day appointments, with a total of 84.62% taking place within two weeks of booking. National comparisons are difficult for November 2023 as there are data issues for practices using the EMIS patient record system which will be resolved retrospectively in February 2024. These issues do not affect Portsmouth data as all practices use SystmOne.



1.1.7. The rate of appointments per 1,000 population ranged from 508 to 279 across the 10 practices. The National and ICB average rates per 1,000 population for July 2023 were 500 and 515 respectively. However, across the ICB, there was significant variation with rates ranging from 100 to 923.



1.2. Acute Infection Hub for Winter 23/24

1.2.1. It was reported in the last update that Hampshire and Isle of Wight ICB has approved funding for an *Acute Infection Hub* for this winter. The Portsmouth hub at Lake Road went live on 20 November 2023 (two weeks earlier than planned to support system pressures) and has delivered an average of 40 additional urgent primary care appointments each working day since that date. Utilisation of appointments has been very good with low DNA rates. The vast majority of bookings are coming from general practice although the appointments may also be accessed through NHS 111 and redirection from other urgent and emergency care services if appropriate.

1.2.2. Due to some slippage in the amount of appointments delivered vs the budget available, there is the opportunity to extend provision beyond the initial 12 week period for at least a further 3 weeks with further extension opportunities being considered to ensure funding is fully utilised and support improved access to services over winter.

1.3. Prescribing of Gluten Free products

1.3.1. The Hampshire and Isle of Wight Integrated Care Board (ICB) executive group met in November 2023 and approved a proposal to remove gluten-free food prescribing through the National Health Service (NHS) in Hampshire, Portsmouth, and Southampton.

1.3.2. Since the formation of the Hampshire and the Isle of Wight into an ICB in July 2022, there has been a ‘postcode lottery’ in terms of prescribing gluten free products. This decision to stop all gluten free prescribing brings the wider ICB prescribing into alignment across Hampshire and the Isle of Wight. The decision was not taken lightly. The ICB considered a range of both clinical and social factors, including the wide availability of gluten-free products in supermarkets and the need to ensure we deliver best value for money in what is a challenging time financially for the NHS, both locally and nationally.

1.3.3. Arrangements for people with exceptional medical circumstances are to be put in place through the use of an individual funding request (IFR), where a patient with the support of their GP and a dietitian asks to receive gluten-free foods on prescription because of their particular circumstances, the decision will then be made on a case-by-case basis.

1.3.4. For those on low income who feel they may be unable to afford gluten-free food without prescription, Food Bank services in Portsmouth are usually able to support a range of dietary needs, including gluten-free.

2. Dentistry

2.1. Access

2.1.1. HIOW ICB have agreed to fund additional temporary Units of Dental Activity (UDAs) across Hampshire and Isle of Wight. Providers were invited to express an interest; applications have been reviewed and one Portsmouth provider has agreed to undertake an additional 5,000 UDAs.

2.1.2. The immediate dental access addressing health inequalities via mobile and static clinics (Mobile Dental bus) is due to start in spring 2024. Portsmouth will be one of the first locations the service will visit once. The number of location and clinics within Portsmouth will be confirmed shortly.

2.1.3. The below table shows the number of unique patients with a Portsmouth postcode seen in the previous 12 months as percentage of the Portsmouth population.

Patient LA Name	Population Adults (Mid-Year 2019)	Population Child (Mid-Year 2019)	Population All (Mid-Year 2019)	Distinct Patient Count Adult	Distinct Patient Count Child	Distinct Patient Count	% 12 month access Adults	% 12 month access Child	% 12 month access All
Portsmouth	171,149	43,756	214,905	34,238	16,260	50,498	20.0	37.2	23.5

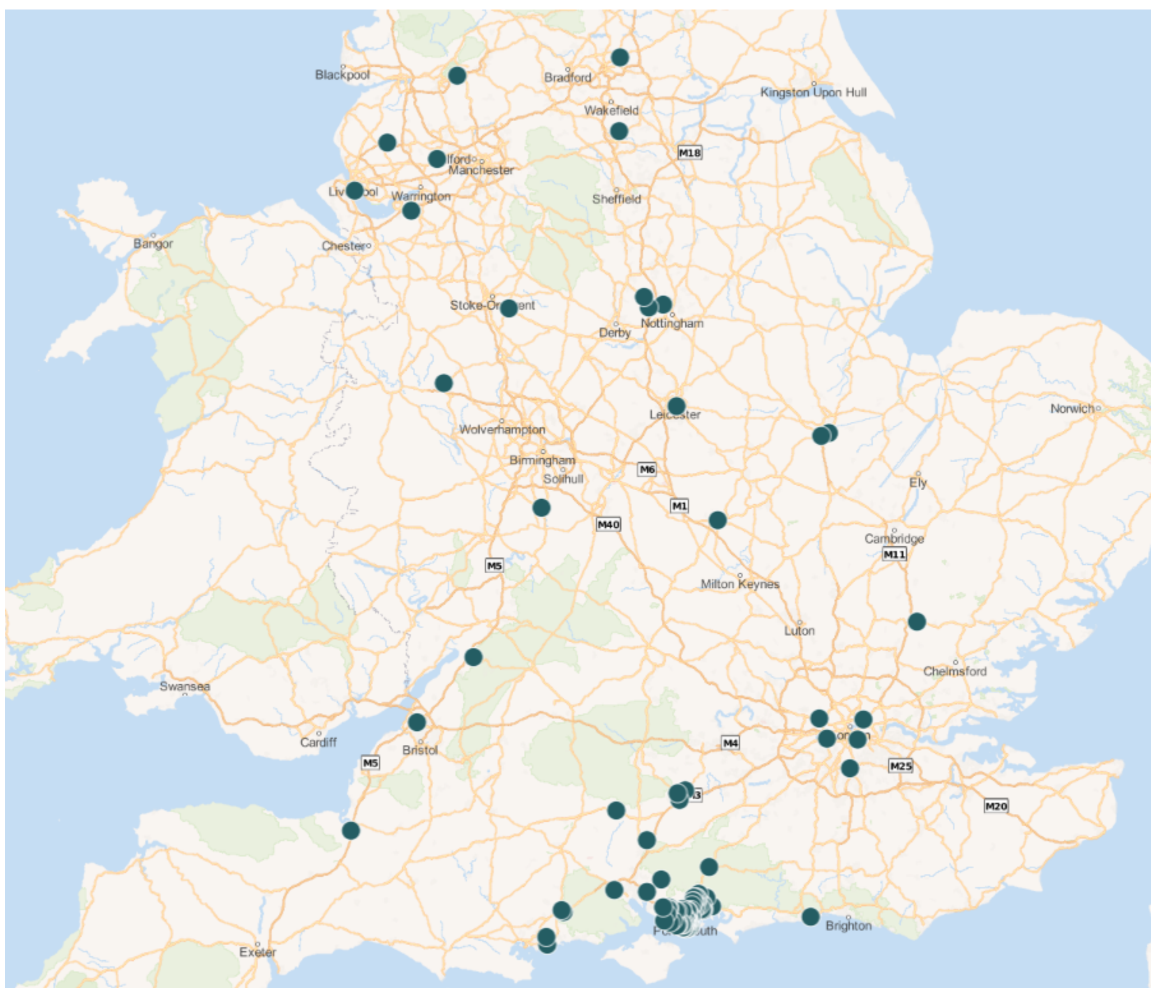
3. Community pharmacy

3.1. Pharmacy First

3.1.1. The new Pharmacy First service was announced November 2023 as part of the delivery plan for recovering access to primary care. Under the agreement the new Pharmacy First service which includes providing advice and NHS funded treatment were appropriate for seven common conditions will be launched on 31 January 2024. Consultation can be provided to patients presenting to the pharmacy as well as those referred by NHS 111, GPs and others. The service will also incorporate the existing Pharmacy Consultation service.

3.2. Access

3.2.1. The below map shows the number of dispensaries who have issued more than 25 items from a Portsmouth clinician prescription in October 2023.

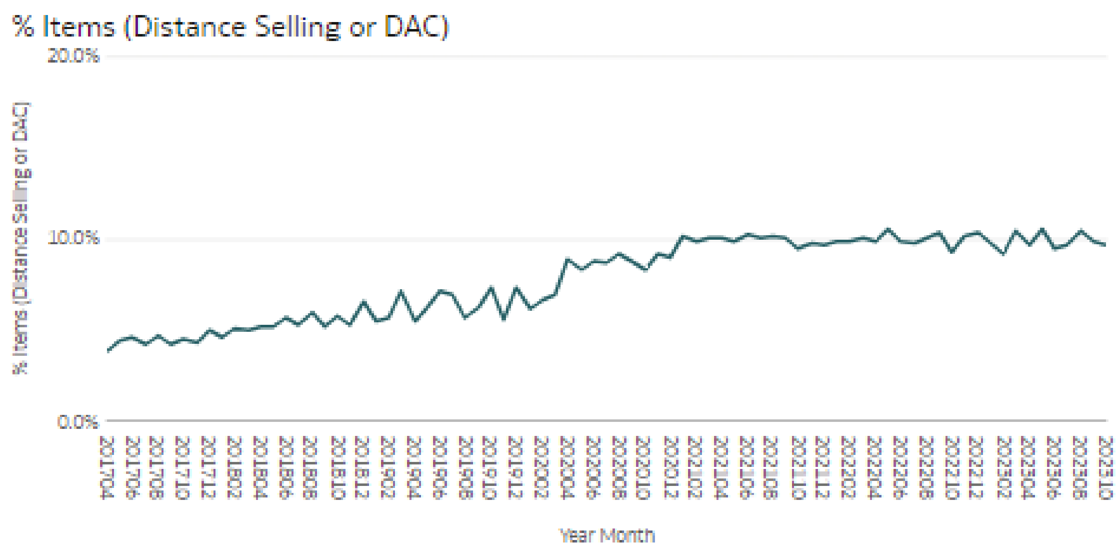


3.2.2. The below table shows the total number of dispensed items by Portsmouth Pharmacies. These scripts are from all over the county and wider, but the vast majority are from Hampshire clinicians.

Year Month	Items Total	Items (HIOW Clinicians)
2023-01	275,529	270,982
2023-02	260,898	257,274
2023-03	297,902	293,857
2023-04	267,661	263,934
2023-05	286,215	282,320
2023-06	299,844	295,945
2023-07	288,025	284,663
2023-08	289,811	285,777
2023-09	291,739	287,701
2023-10	297,480	293,442

3.2.3. The average items prescribed per month from Portsmouth clinicians is 306,709 items between November 22 and October 2023.

3.2.4. The graph shows Portsmouth Clinician Prescriptions Dispensing data and highlights an increasing trend for items being dispensed at a distance so either online pharmacies or distance appliance contractors (DAC).



Title of Meeting: Health Overview and Scrutiny Panel

Date of Meeting: January 2024

Subject: Adult Social Care Update

Report By: Andy Biddle, Director of Adult Social Care

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1. Purpose of Report

To update the Health Overview and Scrutiny Panel on issues arising from the scrutiny of the Adult Social Care, (ASC) report presented to HOSP in November 2023.

2. Recommendations

The Health Overview and Scrutiny Panel note the content of this report.

3. Overview

Portsmouth City Council Adult Social Care, (ASC) reports on the activity undertaken by the service and outcomes for the residents of Portsmouth every six months. When the last report was presented in November 2023, panel members raised a number of issues and the Chair requested that a report be brought back to the next panel to answer these points.

4. Tables of characteristics/identity of residents who access services, (p 23/24 of the November report pack)

4.1 Issue: There is not a category for people of Jewish origin, they should be considered an ethnic minority.

The ethnicity categories used are the same as currently used by the Office of National Statistics (ONS) and this is standard practice within public organisations. There is no separate category for Jewish Origin, rather respondents can use the category they feel best matches their ethnicity e.g. they can tick "Other" and specify further or they can tick White British. The ONS categories are as follows:
Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

- Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African
- Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or multiple ethnic background

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background

Other ethnic group

- Arab
- Any other ethnic group

4.2 Issue: A large number of residents do not have their age category identified, can the table be more accurate in the future?

The Independence & Wellbeing Team, (IWT) undertake regular data cleansing and will endeavour to have more robust data in the future. Not all our residents accessing services agree to share personal information such as age, sex, ethnicity etc. Under Article 7.4 of the General Data Protection Regulation , consent must be freely given and not be a requirement to access our projects[1]. Therefore, the data may continue to have a large number of 'unspecified' entries in future reporting.

4.3 Issue: On the ethnicity table, there is a low level of respondents classing themselves as black African, black Caribbean and black other, this could indicate we are not reaching out/ignoring that community.

As set out, some residents do not wish to divulge personal data like ethnicity. The IWT are in the process of updating the directory of community-based groups and are planning to increase community outreach especially in marginalised communities[2].

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[1] *" When assessing whether consent is freely given, utmost account shall be taken of whether,* inter alia*, the performance of a contract, including the provision of a service, is conditional on consent to the processing of personal data that is not necessary for the performance of that contract.".* GDPR

[2] Further information is contained in Appendix 1

Portsmouth has several very active black African/Caribbean community groups and Portsmouth residents from these communities may engage with these groups directly rather than IWT groups. The IWT therefore take a strength-based, collaborative approach and work with existing community groups whereby they are the lead provider and IWT are a professional partner. IWT are developing a reporting mechanism to reflect the community outreach undertaken by the service to evidence engagement and outcomes with Portsmouth residents from an ethnic minority[3]. Part of the report due to Hosp later in 2024 will evidence the work the service has undertaken.

More detailed information around the work of the IWT within Adult Social Care and the breadth of activity and Portsmouth communities involved is attached as Appendix 2.

5. Portsmouth residents with a mental health need, (p 20/21 of the November report pack).

5.1 Issue: Concern over the challenge with obtaining a Psychiatric assessment.

Consultants are not required to undertake Mental Health Act Assessments, (MHAA) as part of their working contracts with the Trust. Doctors' roles and responsibilities have changed over time leading many to choose not to undertake MHAA at all while some may undertake them for the residents they know. Those working alongside the consultants such as Specialist Registrars will take assessments if they are on call for the area as part of their work. This can create the situation where a person subject to an assessment who is a patient of Solent NHS Trust may not have a doctor from the trust present for their assessment. The Approved Mental Health Professional, (AMHP) will always seek to locate a Doctor from the Trust but if all doctors contacted decline we then locate 2 section 12 approved doctors who can be either independent or work for a different trust.

The AMHP team also utilise a system called Section 12 solutions that holds a data base of Doctors that can be called on subject to their availability and speciality. Good practice guides the team to seek Doctors who have knowledge in areas of practice that are relevant for the person being assessed, for example; older persons, residents with a learning disability, children & young people and substance misuse and where possible previous acquaintance with the person being assessed.

[3] Writing about ethnicity - GOV.UK (ethnicity-facts-figures.service.gov.uk)

Where there are time restrictions due to the Section of the Mental Health Act relevant to a person, it is not always possible to identify a Doctor with previous acquaintance or with specialist knowledge so the assessment will proceed with a different Doctor.

5.2 Issue: Concern over the AMHP team receiving low numbers of referrals from the breathing space programme, is this because of the eligibility criteria?

Eligibility for this programme is outlined by the Treasury and states the person must be subject to the Mental Health Act and in crisis at the time of the referral. Of the referrals received by the team, many do not meet this eligibility at the time of the referral and so are rejected. This does not prevent any resident them accessing support for the 30 day programme as that is available to anyone in need.

6. Graphs relating to domiciliary and care homes, (p 28/29 of the November report pack).

6.1 Issue: The report references an increase in need, more than 12 months' data would be needed it would need to show more than a year to show an increase.

Tracking trends over a longer time period and being able to compare changes in demand across years and seasons allows the service to better understand fluctuations in demand, what is driving that demand and whether the increased is temporary or sustained. In Q3 of 2023/24 two new recruits started in data and business analyst posts in ASC, these roles are critical in providing the capacity and expertise to build business insights. This capacity will support data analysis over a longer period and inform action.

For domiciliary care demand, the provided data covers a period of 14 months, although this cannot evidence a trend per se, a direct comparison of Sept/Oct 2023 to Sept/Oct 2022 does show an increase, with a marked increase across the period from June 2023. Future reports will include data over a longer timeframe, similar to that for residential and nursing care homes[4].

Appendices

[4] NB - demand data for services across 2020/21 2021/22 would have been skewed due to the impact of Covid, so even when provided should be regarded with caution in comparative analysis.

Appendix 1 Community Outreach Plan 2024/25

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WT%20Equalities%20

Appendix 2 IWT Groups and reach

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Equalities improvement work proforma

This form is designed to give an overview of projects being undertaken by services that will improve equalities, diversity and inclusion (EDI).

It can be a distinct project or business as usual.
It does not have to be solely focused on improvements relating to EDI, it could be a wider development of provision that also benefits EDI outcomes.
We want to capture any positive work happening that relates to EDI.

The information you provide will be used to compile an overview of activity across the council, showing how all areas are contributing to EDI improvements. We will ask you for quarterly updates on activity which will be used to report to G&A&S.

Please complete the below table for each piece of work:

Project:	Independence & Wellbeing Team: Community Connector Service Community Development Team
Brief description:	The aim of the service is to reduce dependence and demand on health and social care statutory services by developing early intervention support and activities to help individuals, from a wide demographic, to learn and/or retain their skills and confidence, thus preventing and reducing need or delaying deterioration wherever possible.
Expected EDI outcomes:	• 25% Increase in the number of residents with a protected characteristic, accessing projects and activities delivered by IWT as evidenced in participant EDI data. • Improved community cohesion as evidenced in IWT evaluation data. • Increase in community outreach to engage with marginalised communities as evidenced in Outreach Contact data. • All activities have been equality impact assessed with IIAs attached to project proposals. • Activities are accessible and do not discriminate or disadvantage (either directly or indirectly) any protected group. • Better community cohesion with increased contact between marginalised and non-marginalised communities.
Planned activity by end of Q4 23/24	• Quarterly review of service user EDI data to identify low engagement of individuals from marginalised communities.

- Review existing activities to ensure they meet the needs of all residents, which are welcoming and accessible.
- Targeted outreach work in marginalised communities and/or with professional partners working with marginalised communities, to promote and encourage participation in existing activities:
    - Weekly attendance at the Refugee Hub to engage with individuals and offer community connector support either through direct referral or community signposting.
    - Set up of Community Connector Information Stations at
        Refugee Hub/Royal Beach
        Support for all protected characteristics, with a focus on refugees and asylum seekers.
        - Portsmouth Job Centre
          Support for all protected characteristics.
        - Southsea Library
          Support for all protected characteristics.
        - Room 1
          Support for all protected characteristic, with a focus on people with autism or who are neurodivergent.

IWT Promotion & Awareness Raising

- Attendance at the Health and Wellbeing Fayre organised by Kirklands GP surgery - target audience - older people, people with disabilities (mental/physical), people who are unemployed.
- Attendance at the Students Union Volunteering Fair. Target audience is students who could participate in community volunteering.
- Attendance at the Mental Wealth Festival showcasing work in Portsmouth to build resilience, tackle social isolation and contribute to reducing health inequalities.
- Regular attendance at the Veterans Outreach drop-in.
- Professional partner outreach with The Orchards and Kestrel Centre to engage with people with learning disabilities and/or

	mental health issues to increase participation in community gardening projects. **Partnership Meetings** o Attendance at the Learning Disability Partnership meetings o Attendance at the Portsmouth Autism Forum meetings. o Community Mental Health • **Ongoing delivery of activity sessions:** o Learning Disability Gardening Group o Autism & Neurodivergence Gardening Group o Mental Wellbeing Gardening Group o Healthy Walks / Yoga o Reading Friends o Chop Cook Chat - older men's cookery o Carers' Breaks o Cross Cultural Women's Group (same sex only) o Diversity Lounge o Ethnic Grow Project o Paulsgrove Men's Group o Extra Care - seated exercise, arts & craft and social groups. **Training & Awareness Raising** • Delivery of MECC • Delivery and review of Cultural Competency Course.
Actions for Q4 2023/4	• Improve outreach and engagement with LGBTQI+ communities. • Ethnicity mapping in Extra Care to check if there are gaps in ethnic minority resident engagement. • Consider need for promoting activities translated into different languages and/or pictorial communication.
Planned activity by end of Q1 24/25	• Plan EDI work for 2024/25 • Targeted outreach and/or co-production work with LGBTQI+ communities including: o Portsmouth Pride Trust. o 4Me o Kooth • Attendance at the HIVE volunteer fair in Jan 2024. Target audience, older people, unemployed, ethnic minority groups, all genders/sex and

	people with disabilities to participate in community volunteering.
	• Community development of existing and potential projects - using the principles of co-production with Portsmouth residents (especially those with protected characteristics) and partner professionals to understand unmet health and wellbeing needs in the city.
	• Review of the IWT Ethnic Minority Networking Directory).
	• IIAs will be completed for new projects to ensure there is:
	  ○ no direct or indirect discrimination
	  ○ to identify and remove barriers to participation.
	  ○ to not directly or indirectly disadvantage any protected groups from participation.
	
	Training & Awareness Raising
	• Delivery of MECC
	• Delivery of Cultural Competency Course

Actions for Q1 2024/254	TBA
Planned activity by end of Q2 24/25	TBA
Planned activity by end of Q3 24/25	TBA
Planned activity by end of Q4 24/25	TBA
Planned activity during 25/26	TBA

Independence and Wellbeing Team

The work of Independence and Wellbeing Team (IWT) remains core to our strategic approach in terms of co-producing solutions with a focus on strength-based practice to arrive at personalised, local and sustainable solutions.

The Independence and Wellbeing team work to support the people of Portsmouth to

- retain their independence and quality of life.
- keep well.
- avoid social isolation and loneliness.
- have a sense of purpose.
- build and promote community.

Data Report for Community Development Service

Actions from November 2023 HOSP report.

- ***The service continues to monitor its EDI data and there is ongoing work to cleanse and improve recordings to reduce the number of unspecified responses. In addition, Community Development Officers will be undertaking focused community outreach work to address low take up of residents with a protected characteristic.***
  Following on from then report submitted for the November 2023 HOSP meeting, further data cleansing and updating has been undertaken to enable more accurate reporting. This is an ongoing piece of work and further action is planned, with support from ASC analysts to improve the existing recording and evaluation tools.

- ***The above figures do not include all post engagement evaluations as the service has agreed post engagement reviews will be carried out at 6 months. Project leads are in the process of being completed and we will be able provide a more complete data set at the end of Q4 2023/24.***
  IWT continues to seek post engagement evaluations from service users who accessed IWT projects.

For the period April - December 2023 Portsmouth residents participated in 16 different projects facilitated by the Independence & Wellbeing Team.

April - December 2023 (Q1-Q3)	No. Individuals	No Sessions	Attendance
Total	824	1463	8160

Chop Cook Chat x 7 groups.
Carers Breaks x 3 groups (2 weekly and 1 monthly)
Yoga in the Park *(in collaboration with Victoria Park Heritage Project)*
Healthy Walks x 19 routes *(in collaboration with Ramblers Walking for Health)*
Refugee Badminton *(in collaboration with City of Sanctuary)*
Reading Friends *(in collaboration with PCC Libraries Services)*
Diversi-Tea Lounge *(in collaboration with Personal Choice)*
Cross Cultural Women's Group
Paulsgrove Men's Group
Community Allotment x 3 groups (*with the Mental Wellbeing Group delivered in collaboration with the Hawthorn Ward, St James' Hospital)*
Autism & Neurodivergence Group
Ethnic Grown Project *(in collaboration with the Landport Grow Zone)*
Treadgolds Garden Group *(in collaboration with Treadgolds)*
Naturewatch x 3 groups
Extra Care Housing x 6 groups

Explanatory Note: *Previous report did not include participation figures for Healthy Walks as this data is processed by Ramblers Walking for Health and had not previously been available.*

EDI Data

Disability of service users

Disability Type	Number	%
Learning Disability	8	2%
Physical Disability	75	17%
Neurodivergence	2	0.45%
Hearing Impairment	4	0.89%
Sight Impairment	2	0.45%
Cognitive Impairment	2	0.45%
Mental Health	14	3.12%
Multiple Disabilities	33	7.34%
No Disability	214	47.56%
Not Specified	96	21.34%
Total	**450**	

Age of services users

Age	No.	%
18+	6	1.34%
20+	27	6.00%
30+	35	7.78%
40+	62	13.78%
50+	67	14.89%
60+	65	14.45%
70+	47	10.45%
80+	31	6.89%
90+	9	2.00%
Not Specified	101	22.45%
Total	**450**	

Gender of service users

Gender	Female	Male	Transgender	Non-Binary	Not Specified	Total
No.	261	118	0	1	70	**450**
%	58%	26.23%	0%	0.23%	15.56%	

Ethnicity of service users

Ethnicity	Number	%
Arab	2	0.45%
Asian - Chinese	7	1.56%
Asian - Bangladeshi	53	11.78
Asian - Indian	5	1.12%
Asian - Pakistani	2	0.45%
Asian - Other	29	6.45%
Black - African	7	1.56%
Black - Caribbean	0	0%
Black - Other	1	0.23%
Mixed or Multiple Ethnicities	2	0.45%
White - British	219	48.67%
White - Irish	0	0%
White - Gypsy or Irish Traveller	0	0%
White - Roma	0	0%
White - Other	22	4.89%
Any Other Ethnic Group	12	2.67%
Not Specified	89	19.78
Total	**450**	

Explanatory Note: *Where we work with a partner organisation, EDI data is not either not collected or shared with IWT. Therefore data for 374 individuals accessing Healthy Walks, Mental Wellbeing and Carers' Breaks is not included in the EDI tables.*

Wellbeing Evaluations - Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS)

		Before intervention	After intervention	Change	Positive change?	
Total no. of responses		220	52	9.63%	Yes	
% Low wellbeing		35%	13%		Yes	
% Moderate wellbeing		46%	50%			
% High wellbeing		18%	37%			
Mean score		24.2	28	4.90	Yes	
Standard deviation		6.3	5.3	6.0		
By age	16-24	15.4	19.0	3.60	Yes	
	25-39	24.5	28.0	3.49	Yes	
	40-54	23.5	28.5	4.96	Yes	
	55-64	24.0	28.6	4.58	Yes	
	65+	25.1	27.8	2.64	Yes	
					Yes	
By gender	Male	24.6	25.0	0.43	Yes	
	Female	24.1	28.5	4.40	Yes	
Number of people with a meaningful positive change (%)				29	53.7	%
Number of people with a meaningful negative change (%)				4	7.4	%

Outreach

Moriah Group
Bangladeshi Welfare Association
Refugee Hub
Royal Beach Hotel - Refugee Centre
City of Sanctuary
Pompey in the Community
Masjid Al Noor
Jami Mosque
Urbond
Abilities for Life
Room One
Carers' Centre
Veterans Outreach Service
Chat over Chai
Veterans Outreach
Victoria Park Heritage Project
Personal Choice
Wessex Jamaat
Good Mental Health Co-operative

Partnership Working

Radis
Bus Service Improvement Planning
Landport Grow Zone
Milton Piece Allotment Association

Mary Rose School
ASC Teams
The Hive
Carers' Centre
Portsmouth Library Service
Household Support Fund
Positive Minds
City Rangers
Hampshire Wildlife Trust
Green Prescribing Working Group
Community Kettle
You Trust
Aspex Gallery
John Pounds Surgery - Social Prescribers
Kestrel Centre
Sheltered Housing Schemes
Portsmouth Disability Forum
Places in Portsmouth Working Group
Portsmouth Learning Disability Partnership

HOSP – Delivering the Public Health Business Plan 2023/24

Matt Gummerson, Assistant Director of Intelligence and Research, Public Health

Thursday 25th January 2024

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8. Children's Public Health Strategy
9. Healthy Weight
10. Physical Inactivity
11. Suicide prevention and Public Mental Health
12. Community Champions and Live Well Events
13. Health Protection, Healthy Places, Green and Healthy City
14. Joint Working – Planning, Transport and Housing

Public Health Business Plan 2023/24: Priorities

There are 7 priorities for Public Health for 2023/24:

- Reduce the harm caused by substance misuse including alcohol misuse
- Reduce the prevalence of smoking, including smoking in pregnancy, across the city working with partners to ensure sustained system wide action
- Reduce unwanted pregnancies by increasing access to Long-Acting Reversible Contraception (LARC) in general practice, maternity and abortion pathways, and strengthening LARC pathways with vulnerable groups
- Promote positive mental wellbeing across Portsmouth and reduce suicide and self-harm in the city by delivering the actions within Portsmouth's Suicide Prevention Plan (2022-25) and the ICB Suicide Prevention partnership programme.
- Promote healthy weight, reducing the harms from physical inactivity and poor diet.
- Work with Council partners to address the health impacts of the built and natural environment.
- Enable an intelligence-led approach to addressing key health and care priorities for the city

Service	Provider/s	Contract terms	Update
Locally commissioned services (smoking cessation, alcohol awareness, supervised consumption, needle exchange, emergency hormonal contraception, Long Acting Reversible Contraception, NHS Health Checks)	GP practices and community pharmacy	Term: rolling year on year	These services have been recommissioned from 1st April 2021. These services are paid for by activity on patient led basis, however NHS Health Checks is invitation only and is a local authority mandated service. Long Acting Reversable Contraception review will take place across Hampshire, Isle of Wight, Portsmouth and Southampton to explore opportunities for alignment.
Integrated Drug and Alcohol treatment and support service. Including: assessment and case management, medical interventions, psychological and social support interventions, specialist substance misuse housing support	Society of St James (SSJ)	Commenced 1st June 2022 initially until 31st March 2026, but flexibility to extend up to 31st March 2032.	This service has recently been re-commissioned. The new contract was awarded to the incumbent lead provider, SSJ. SSJ are working in partnership with an NHS provider called Inclusion, who provide drug and alcohol services across the country. Additional elements within the new contract include: expanded opening hours to 7 days per week, expand women only provision, expanded support for carers/families, provide some alcohol only provision and deliver abstinence based supported housing.
Sexual Health (contraception, testing and treating sexually transmitted infections, HIV prevention and testing, sexual health promotion, Psychosexual Counselling, Networks and training)	Solent NHS Trust	Current contract extended to end of March 2024. Recommissioning processes has initiated.	Includes mandated services. This joint contract with commissioners across Hampshire, Portsmouth, Southampton and Isle of Wight Local Authorities and ICB offers face to face and remote provision, including home self-sampling STI/HIV testing, treatments and condoms by post where appropriate. The clinical front door has been introduced using the Systems Thinking approach. NHS England has introduced opportunistic cervical screening within the service.
Health Visiting & School Nursing and National Childhood Measurement Programme (in conjunction with Children's and Families Directorate)	Solent NHS Trust	Section 75 agreement - ongoing	Solent NHS Trust are commissioned by Children's Services to deliver Health Visiting and School Nursing
Healthwatch	The Advocacy People	Term; 4 years with options to extend up to 7 years	Mandated service - and new contract which commenced April 2021 with The Advocacy People

Joint Working – Portsmouth through HCP

- Aligning commissioned functions where appropriate with ICB Portsmouth and PCC Adults/Children's through Health and Care Portsmouth S75s
  - Aligned funding on programme areas
  - Main benefits from PH services perspective to improve outcomes for residents
    - Better join up of sexual health commissioning (remove false barriers between funding / provision)
    - Opportunity to improve join between mental health and substance misuse services
    - Strong links with the Inclusion Healthcare Team
    - Link into primary care commissioning functions
    - Collabortion in Local Care planning – creating shared vision e.g. cardiovascular disease prevention with application of Population Health Management
- Strengthened Intelligence links including:
  - Supporting intelligence-led Population Health Management approaches across Health and Care Portsmouth (H&CP) 'Place'
  - Providing maps and analysis e.g. using SHAPE to support H&CP planning and decision-making
  - Engaging ICB Portsmouth in joint approaches to key city challenges through the HWB priorities, Knowledge Network, and ongoing surveillance work around Covid-19 and other viruses etc

Public Health Intelligence

In the last six months, we have produced and published the following key outputs:

- Public Health Annual Report: Poverty and the Cost of Living
  - Statutory report from the Director of Public Health which this year provides an updated needs assessment to support the work of the HWB around its priority on Poverty and recommendations for action
  - Includes data on the impact of the Cost of Living crisis in Portsmouth that is available at Poverty and cost of living - JSNA report - Portsmouth City Council
- Joint Strategic Needs Assessment: Demography
  - Key data on demographics of Portsmouth, including detailed analysis of equalities strands based on the ONS 2021 Census
- Joint Strategic Needs Assessment: Children and Young People
  - Key data on children's health, social care and education in Portsmouth
- Strategic Assessment of Crime, Anti-social Behaviour, Re-offending and Substance Misuse: Update for 2022/23
  - Annual update on crime trends, identifies any emerging issues, and reviews the community safety priorities

In addition, we have been awarded five years of funding from January 2025 for the National Institute for Health Research (NIHR) Health Determinants Research Collaboration (HDRC) Portsmouth. 'HDRC Portsmouth' is a collaboration with the University of Portsmouth and HIVE Portsmouth. It will enable more research which aims to tackle health inequalities and improve health outcomes for residents. Portsmouth will be one of 30 local authorities nationally taking forward this initiative.

- Official -

Portsmouth Wellbeing Service Q1-Q2 23/24

Overview:

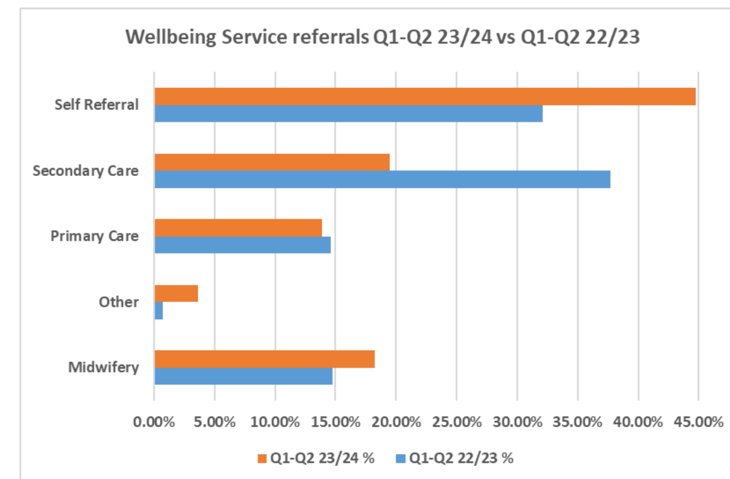
- Wellbeing Service screen all clients for Smoking status, BMI (weight and height), physical activity levels, alcohol consumption – as well as using the Edinburgh Warwick scale to support with mental wellbeing.
- Recent expression of interest to bid for e-cigarette kits as part of the Swap to Stop government initiate. This will enhance our e-cig treatment offer.
- Working in partnership with Health and Care Portsmouth colleagues with the new launch of the Weight Management Hub pilot.

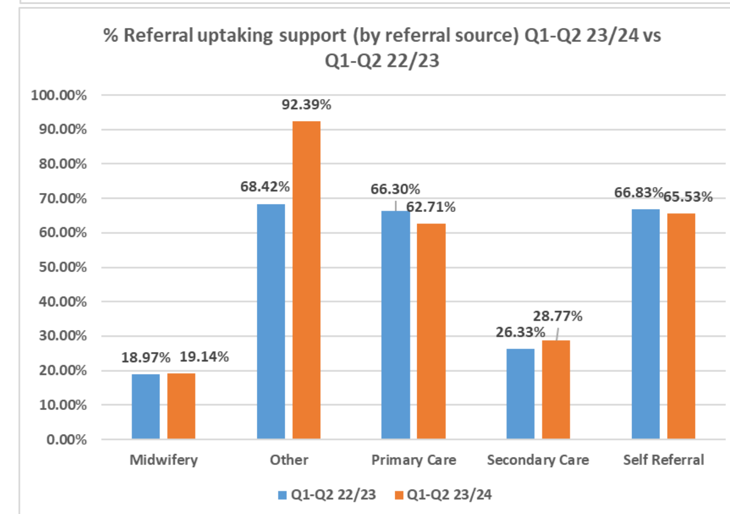
Referrals:

- Overall (n.2,548) up 2% compared to Q1-Q2 22/23 – Midwifery referrals had increased by 26%, Self-Referral increased by 42%. Secondary Care referrals had dropped by 47%.
- Contributing factors in reduction in Secondary Care referrals, 71% (n.94) drop in Targeted Lung Health Check referrals compared to last Q1/Q2 (n. 319) and multiple other QA departments decrease in referrals.
- 69 referrals were received via unemployment advisor funded pathway which increased 'Other referrals'.

Support Provided:

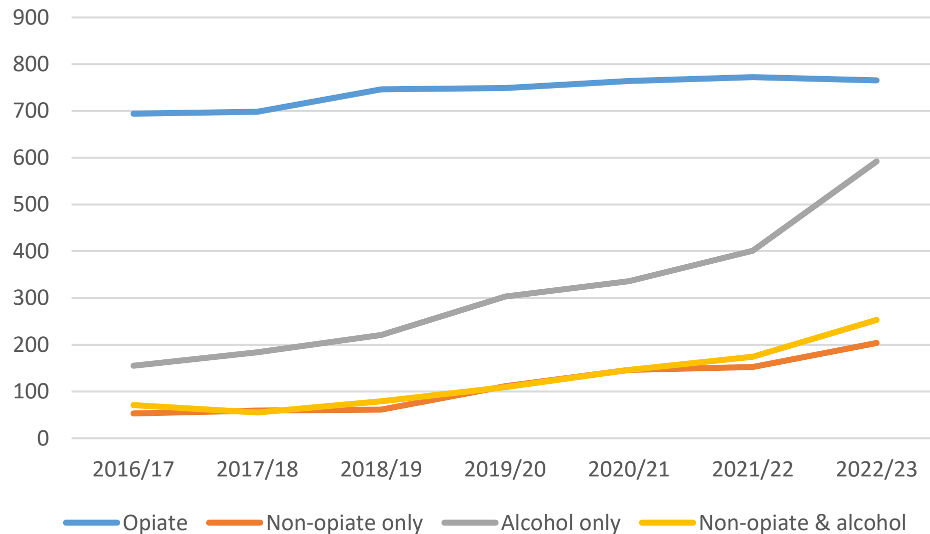
- Number of clients setting a Quit Date for smoking has decreased 15% (n.524) compared to previous Q1-Q2 financial period (n.618). However, 54% successfully quit at 4-weeks (n.282) compared to 46% (n.283) in the previous Q1-Q2 period.
- Referrals from TLHC, 42% (n.42) had accepted support, 71% (n.30) set a quit date and 73% (n.22) had successfully quit at 4 weeks.
- 172 new clients engaged in the three healthy weight group cohorts (5 venues) and 88 clients received 1-1 support for healthy weight compared to 97 last Q1/Q2 likely drop due to more groups running due to changing to 8 weeks from 12.
- A total of 18 Interventions for alcohol were provided and 20% of clients taking up service (n.252) received brief advice due to drinking at risky levels (AUDIT C 5+) compared to 15 interventions and 8% given brief advice (n.94) in previous Q1-Q2 period. This highlights improvement in holistic assessment.
- Overall uptake of Service was 50% (n. 1286) an increase from last year's Q1-Q2 of 44% (n. 1109). Currently there are 531 clients actively engaging. 34 currently waiting for next healthy weight groups.
- Client uptake demography overview: 63% female, highest age groups were 25-34 and 55-64, 85% White British (n,1086), other highest; White other (n,31) Black/Black British African (n,26) and Asian/Asian British Bangladeshi (n,20). Charles Dickens (16%), Nelson (10%) and Paulsgrove (9%) Wards being highest. 32% from long term unemployed or sick/disabled and 25% being from routine and manual occupation.

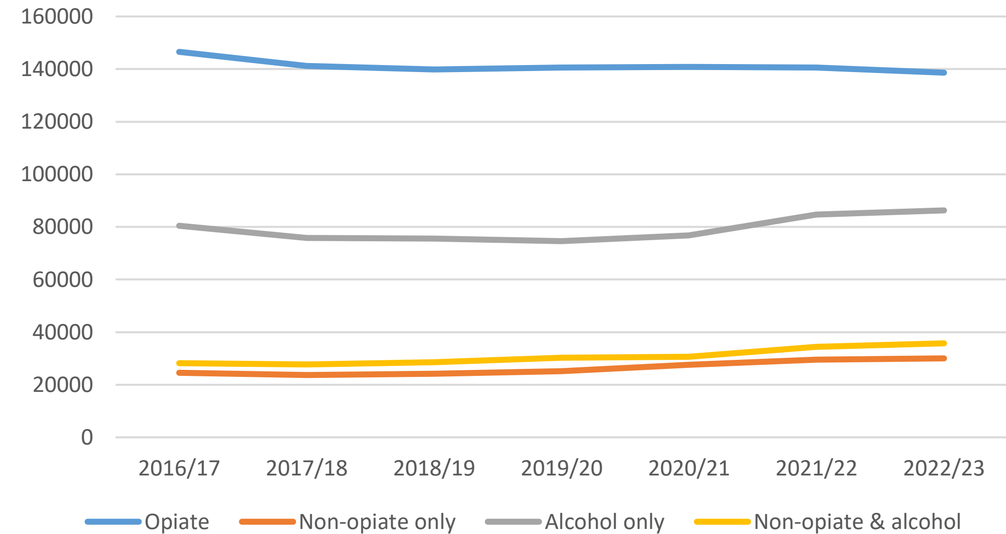




Reduce the harm caused by substance misuse

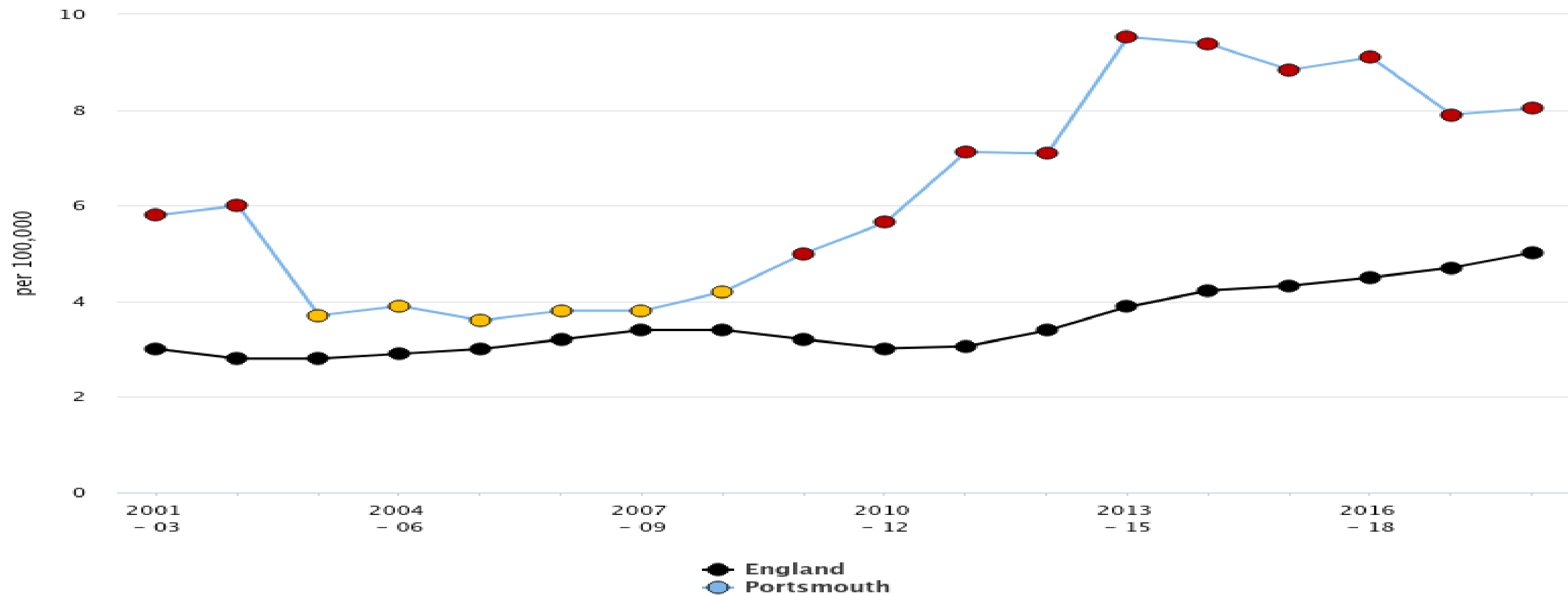
After very significant increases in the numbers receiving treatment last year (from 1,436 in 2021/22 to 1,742 in 2022/23), we have continued to see modest increases in numbers accessing during this year and will achieve our target for 2023/24 of 1,785.





Drug related deaths

Portsmouth has a significantly higher rate of drug related deaths than the England average. There is a significant delay in the reporting of this data. Drug related deaths are higher in areas with higher deprivation. The most common causes of drug related deaths are due to long term health conditions (COPD, liver disease, CVD etc.) and secondly overdose. Suspected suicide has featured as a factor also in recent years.

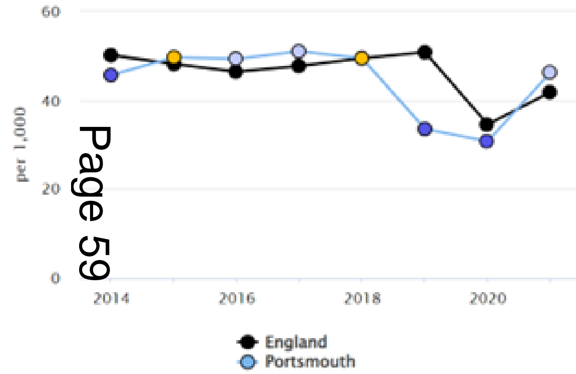
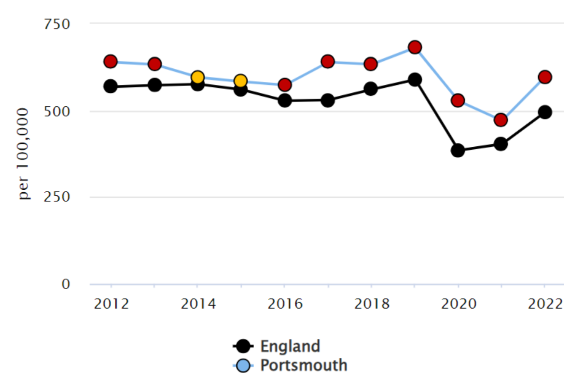
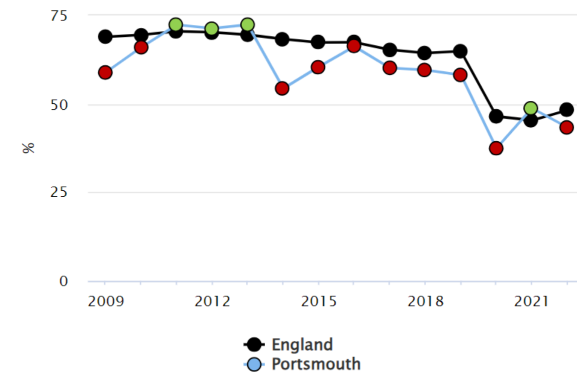
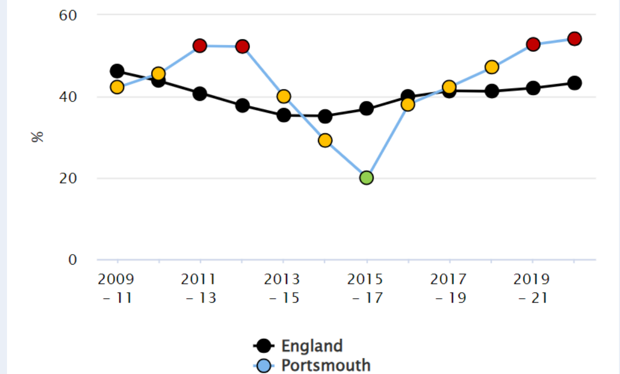


Reduce the harm caused by substance misuse

Over the past 3 years there has been significant increased investment in drug and alcohol treatment services nationally. In addition to the increased service provision reported in our previous report, for 2024/25 we plan to invest in the following initiatives:

- Drug specialist nurses at QA for Portsmouth patients
- 2 new FTE social workers and 3 new FTE mental health nurses to work within our Recovery Hub
- Additional bereavement support/counselling for families impacted by drug/alcohol related deaths
- An additional 1 FTE under 18s substance misuse specialist
- 4 additional workers within our Recovery Hub to further increase capacity
- Funding to develop dedicated women only provision
- Additional capacity in our peer-led service, with people with a lived experience of addiction supporting others to overcome addiction.

Sexual & Reproductive Health

LARC	STI	HIV	
Total prescribed LARC excluding injections rate / 1,000	New STI diagnoses (excluding chlamydia aged under 25) per 100,000	HIV testing coverage, total	HIV late diagnosis in people first diagnosed with HIV in the UK
			
Health & Care Portsmouth Partnership strengthened resilience and recovery related to the pandemic and continues to benefit providers and the public through increasing provision	High testing coverage has a positive correlation with high new STI diagnosis. Suggests we are reaching the right young people and are able to get treatment in place as early as possible.	Uptake of HIV testing requires improvement to work towards Zero HIV transmissions by 2030	Late diagnosis of HIV is associated with poorer health outcomes. Lack of engagement with health provision; missed opportunities in general practice and acute settings are associated with late diagnosis. Small numbers lead to big variations

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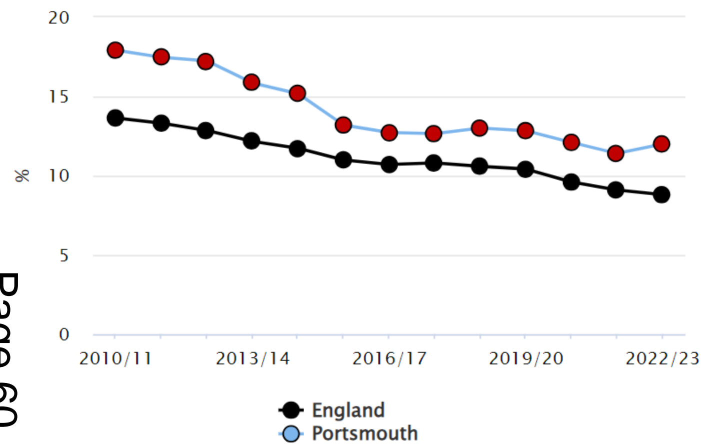
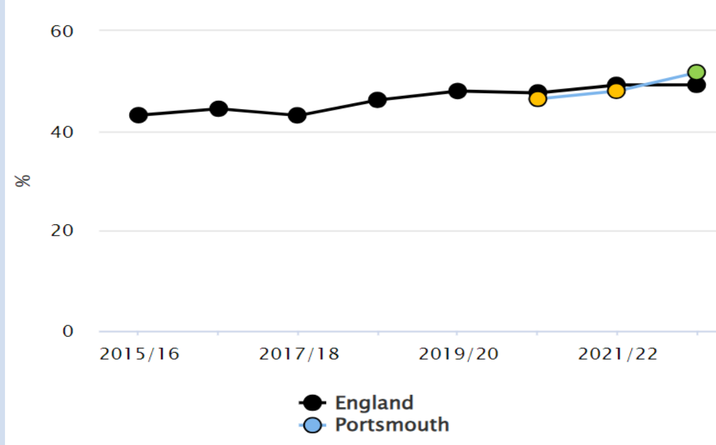
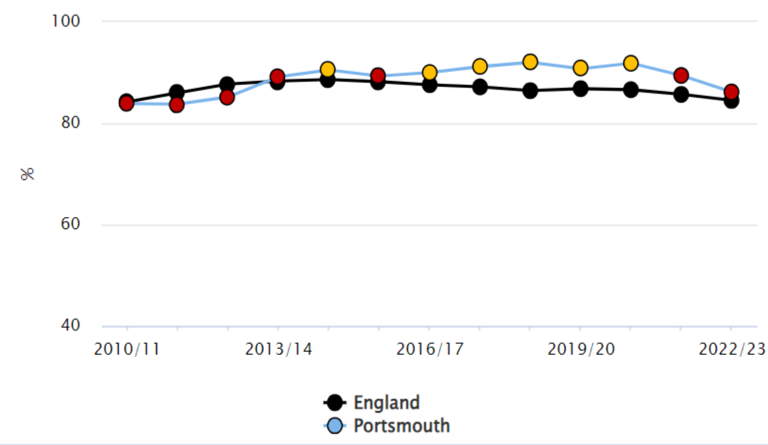
Childrens Public Health

Smoking status at the time of delivery	Breastfeeding prevalence at 6-8 weeks after birth - current method	Population vaccination coverage: MMR for two doses (5 years old)
		
-Preconception health is included within the Women's Health Hub Board priorities, which includes conversations about becoming smokefree -ongoing partnership approach to support smoking cessation during pregnancy continues	- Rapid review of infant feeding data completed -Refresh of the Portsmouth infant feeding strategy underway, with HIPS wide strategy to support also in development	-Review and promotion of children's immunisations and vaccinations taken place -Refresh of HIPS preschool immunisations action plan imminent

- Portsmouth Family Hubs have launched, including a digital strategy
- The Childrens Public Health Strategy (for 2024) is in development
- The First 1001 Days Needs Assessment is in development

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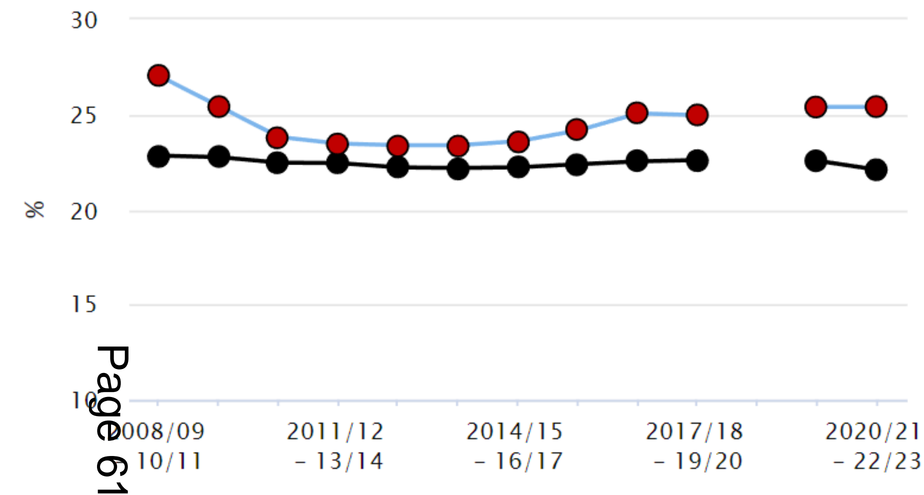
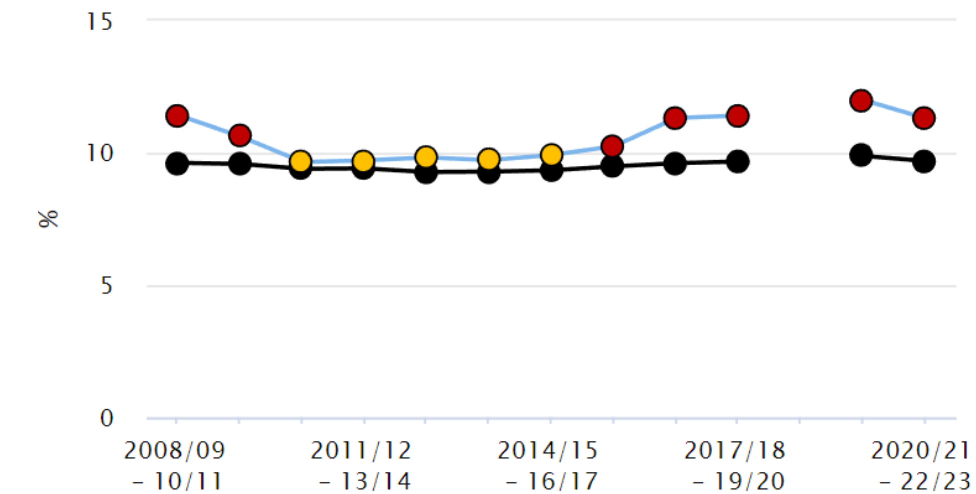
Children's Healthy weight

Trend data:

Reception prevalence of overweight (including obesity) 3year combined data



Reception prevalence of obesity (including severe obesity) 3year combined data



Key:

England
Portsmouth
(coloured dots)

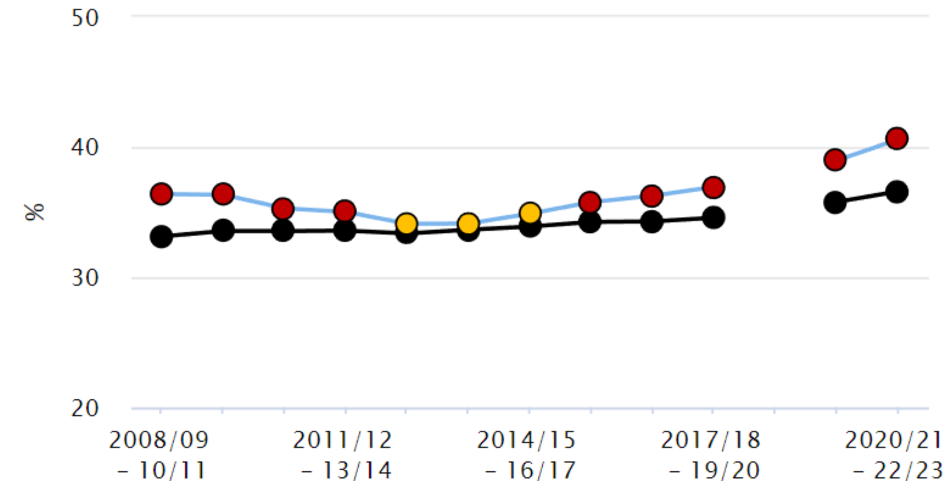
Red significantly worse than England average.

Yellow not significantly different to England average.

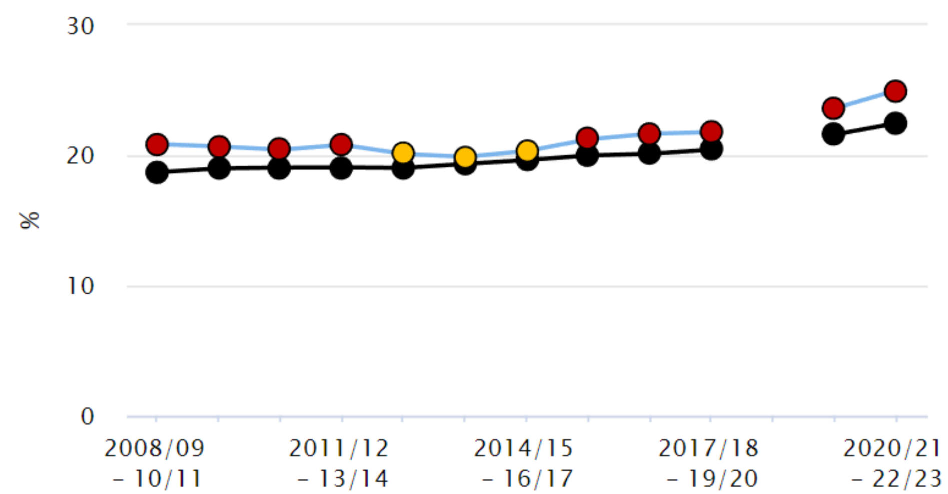
Data gap in charts around 2020 is due to covid and limited data collection in schools.

Source:
[Public health profiles - OHID (phe.org.uk)]

Year 6 prevalence of overweight (including obesity) 3year combined data



Year 6 prevalence of obesity (including severe obesity) 3year combined data



Children’s Healthy weight

Trend analysis headlines:

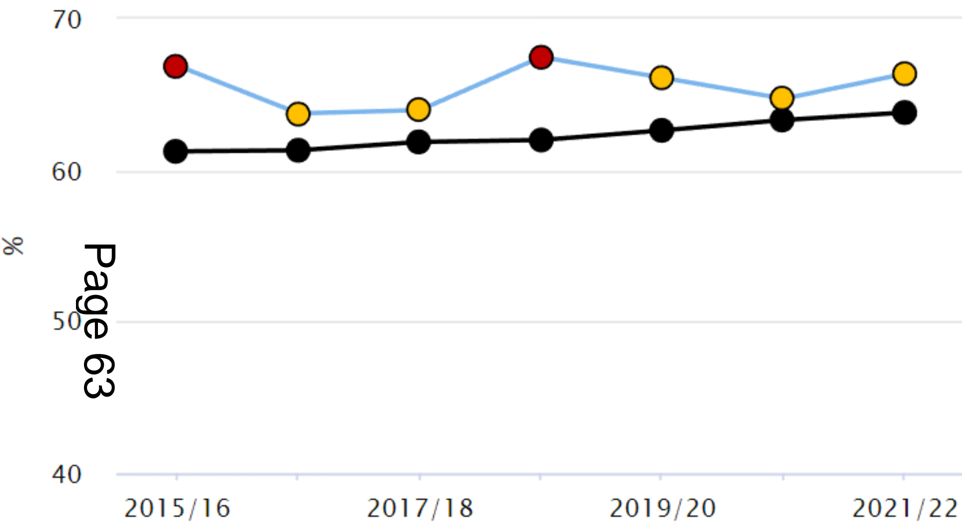
- The England data follows an almost linear line in Year R, with slight decrease, whereas Year 6 lines progressively increase. Portsmouth data follows a similar overall pattern, with a little variation in the middle.
- Our rates of overweight and obesity in Year R have decreased slightly since first started measuring children, however in Year 6, both have increased. That trend is also observed nationally.
- Given our deprivation status and the evidence between poverty and obesity, the positive is our trend lines remain fairly consistent and track in line with England average, albeit at around 2-3% higher.
- High levels of excess weight in children continue in adulthood which means tackling it remains a key priority, with commitment across the health system, supported by education and community sectors.

Some examples of activity around children’s healthy weight:

- Continue to deliver the National Child Measurement Programme (NCMP) and use the insight to utilise the limited resources effectively both in relation to prevention and treatment.
- Deliver our Superzone pilot, a place-based approach to tackle childhood obesity, with Arundel Court Primary Academy. Focusing on active travel, school food and improving environment/access to recreational play.
- Children’s obesity pathway refreshed, infant feeding and healthy weight strategies due this coming year.
- Established a multi-agency working group, exploring role of schools in supporting tackling childhood obesity, where new guidance/initiative will offer practical ideas for implementation.
- Healthy eating/nutrition advice/guidance as part of other initiatives e.g. Holiday Activity and Fun, Youth and Play settings, Health visiting, Healthy Start Vouchers etc.

Adult Healthy weight

Trend data:



Source:
Local Authority Health Profiles - Data - OHID (phe.org.uk)

Key:

England
Portsmouth
coloured dots

Red significantly worse than England average.

Yellow not significantly different to England average.

Caveat:
Unlike children, adults are not routinely weighed and measured, therefore the data is self-reported and small scale. It is not necessarily representative, but is the best data set we have.

Trend analysis headlines:

- The England average has steadily progressed upwards, year on year.
- Portsmouth was significantly worse (over 5%) than the national average back in 2015/16 (first data point) with the gap closing (2.6% difference) in most current figures. That is not down to a significant improvement in overweight/obesity in Portsmouth, but rather the England average increasing.
- Overall, our rates of excess weight remain steady, a few yearly variations, but since 2015/16 to 2021/22 saw a decrease by 0.5%.
- We would expect levels of excess weight to be higher than national average due to our deprivation status. However, that isn't an excuse not to try and tackle it.

Adult Healthy weight

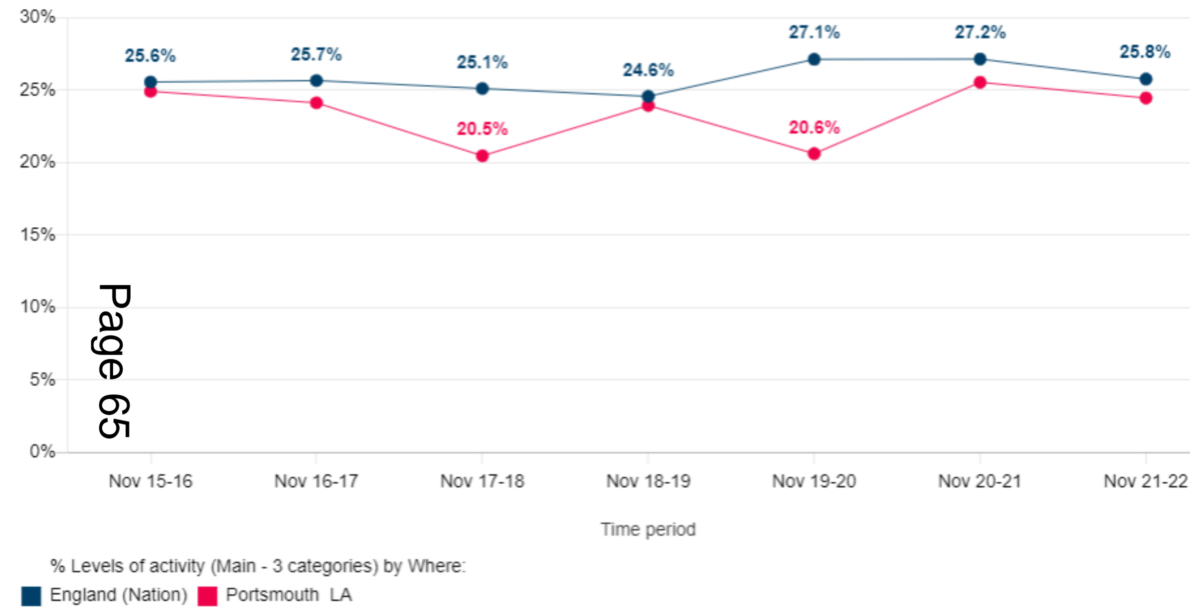
Some examples of activity around weight management:

- Provision on Tier 2 Adult Weight Management Services via in-house Wellbeing Service and Get Active Pompey (delivered by Pompey in the Community). Referrals via professionals or self-referrals accepted.
- Family weight management provision, picked up through children's weight pathway, but aimed at whole family eating better and moving more.
- Pilot of the weight management hub, where all Tier 2 GP referrals go into centralised hub, for triage and distribution to the most appropriate service, ensuing the clients journey into weight management is simple and seamless. With commitment of services to work together and participate in a Multi-Disciplinary Team to ensure more complex patients are supported appropriately.
- Community events/support around healthy eating e.g. Cost of Living events, wellbeing events etc.

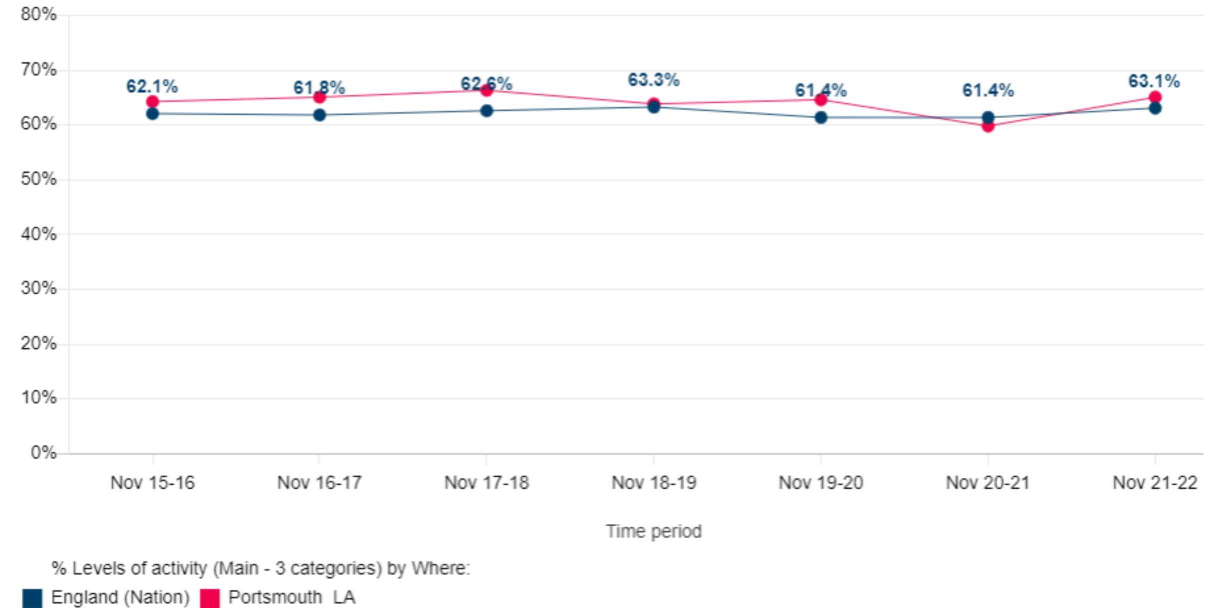
Adult's Physical Activity (16+ year olds)

Trend data:

Inactivity – less than 30 minutes per week



Active – At least 150 minutes per week



Source: [Active Lives | Results (sportengland.org)]

Trend analysis headlines:

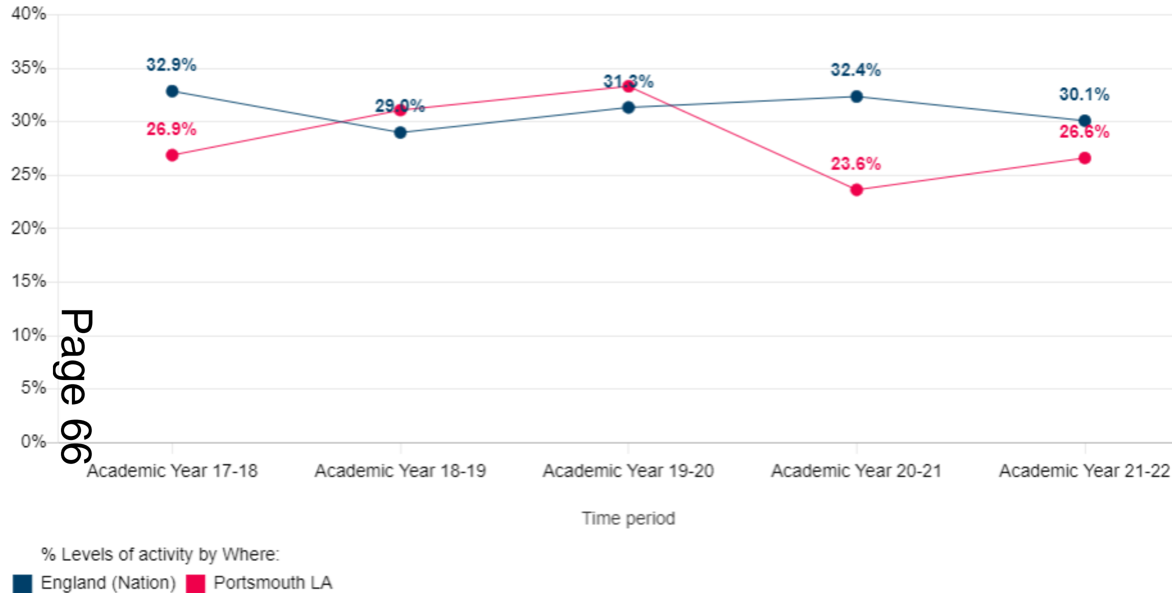
- Portsmouth inactivity levels has remained consistency below the national average and activity above, with yearly variations (particularly in inactivity). However, overall activity and inactivity levels remain fairly stable, with approx. 3 in 5 adults active and around 1 in 4 adults doing less than 30minutes activity a week, (42,000 adults).

Caveat – Data is small scale (500 per year) hence yearly variations, it is also self-reported and not generalisable.

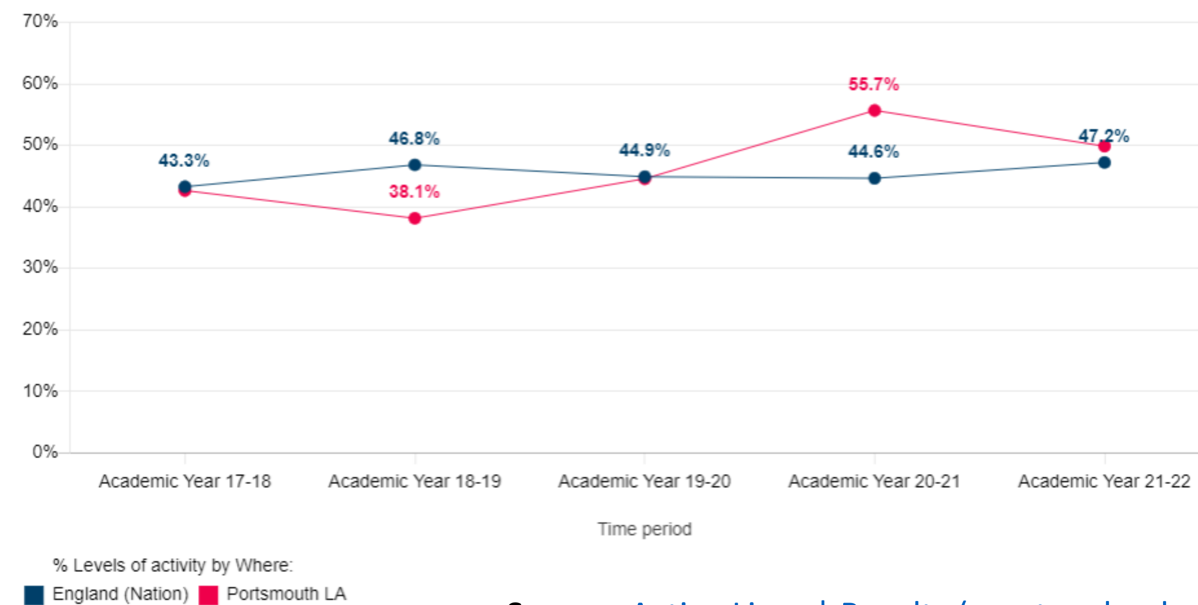
Children's Physical Activity (5-16 year olds)

Trend data:

Inactivity – Averaging less than 30 minutes per day



Active – Averaging 60 minute plus per day



Source: Active Lives | Results (sportengland.org)

Trend analysis headlines:

- Less than ½ the children in Portsmouth are meeting the chief medical officer's recommendation of 60 minutes (or more) of activity a day. That figure has increased over the past 5 years after an initial dip, but is now lower than 20/21.
- The inactivity level (less than 30 minutes per day) have fluctuated, with our current level similar to where we were 5 years ago.

Physical activity and utilising outdoor spaces

Some examples of activity around physical activity (addressing inactivity):

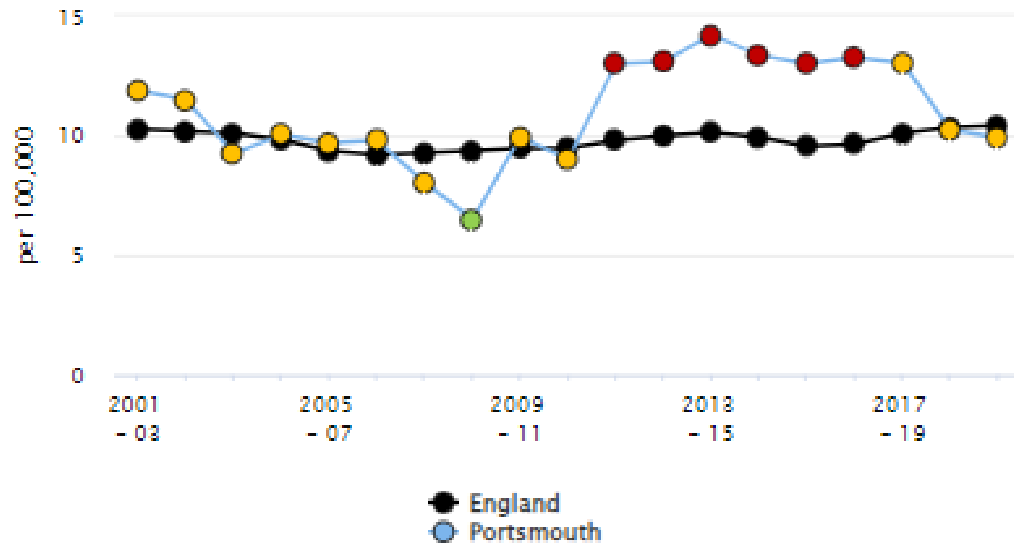
- Continuing to lead the Active Portsmouth Alliance, a multi-agency partnership, working collaboratively to deliver the physical activity action plan for the city. Organising quarterly meetings and leading/supporting specific actions, to encourage and enable our most inactive communities to be more active.
- Work with key partners including (but not limited to) the Integrated Care Board, Primary Care, Sustrans, Active Travel and Transport teams to develop and pilot new initiatives and support established programmes e.g. the in-patient and supported gym programme for people suffering with poor mental health, School Streets etc.
- Provide on-going leadership and support to the Sport England Place Expansion initiative. A 5-year commitment to work in Portsmouth, supporting our most vulnerable residents to be active.

Utilising outdoor spaces to make being active easier

- PLAYCE Pompey, the first multi-generational, multi-functional (10 basic movements) space in the UK, created using the Athletic Skills Model (ASM) principles and expertise, from founders in the Netherlands, is on course to launch in Spring 24, at Lords Court (Charles Dickens Ward). Local, play; youth and sport/recreation staff were trained in April 22 and July 23, to ensure utilisation of the new community asset once it's opened, whilst also incorporating the learning and model principles into their everyday practice/settings.
- Supporting various partners to increase casual recreational and/or active travel via projects, for example, re-vamp of Arundel Park as part of the Superzone, cycle events, community pop-ups etc.

Suicide prevention and public mental health

Trend in suicide rate for Portsmouth and England up to 2019-21 (latest published):



In interpreting these data it should be noted that:
- Every death by suicide is one too many
- Relatively small changes in absolute numbers can influence the position for Portsmouth v England
- Societal circumstances such as cost of living may influence the future trend

- **A suicide prevention campaign** aimed at young adults (ages 19-35) launched w/c 11 December 23 until 19 January 24.
- Primarily a digital campaign plus using poster sites across Portsmouth and printed posters.
- The materials signposted to Samaritans, Shout and had a QR code for the Portsmouth City Council mental health webpage:
  - There have been over 300 visits to the webpage in the few weeks of the campaign (approximately double the visits in the few weeks prior).
  - Targeted social media posts have had 221,341 impressions in (the number of times they've been seen on screen) up til early January.

Suicide prevention and public mental health

- The **Portsmouth Suicide Prevention Action Plan 2022-25** overseen by Portsmouth Suicide Prevention Group describes our local priorities informed by auditing Coroner's records. Much of our work is undertaken collaboratively across HIOW, as part of the HIOW suicide prevention programme.
- The **HIOW real time surveillance system** (working with police to understand local deaths by suspected suicide to identify and inform preventative action), is working well, and led from Public Health in Portsmouth. A system to enable closer vigilance to trends is being implemented and links with partners being developed to enhance data completeness and postvention strategies. This includes overseeing delivery of **suicide bereavement support commissioned from Amparo** and a workplace postvention service commissioned from **Havant and South East Mind.**
- Current areas of work include **raising awareness of suicide prevention with primary care,** and, continuing to be **proactive in offering a range of training** to reduce the stigma associated with mental health conditions and develop the skills and confidence of non-mental health practitioners in supporting others.
- Public Health Co-Chairs the **Portsmouth Mental Health Network** alongside Solent Mind and in collaboration with HIVE Portsmouth and ICB Portsmouth. The Network which comprises community and voluntary sector and statutory organisations met in September with a focus on co-occurring substance misuse and mental illness.
- **HIOW Integrated Care Partnership Strategy priorities on social connectedness and mental wellbeing** are being actively supported with local work developing.

Community Champions

The Community Champions Programme’s **priority areas** include,

- Mental health and wellbeing
- Access to healthcare
- Cost of Living
- Immunisations and safer behaviours

There are approximately 10 individuals who are actively engaged with a further 90 receiving the bi weekly messages, including the family hub champions, community group leaders, internal and external staff.

Highlights from 2023

- Information drafted for people new to living in Portsmouth
- Attendance at awareness sessions including Making Every Contact Count, Cost of Living and Access to healthcare
- Direct support and information given by community champions to communities on subjects like cost of living, housing, accessing healthcare.

In 2024, work will commence with those actively involved to develop a work plan and to look at aspirations and career opportunities.

Live Well Delivery

The Live Well concept has been to provide community outreach into food pantries/ larders or food banks.

During 2023 sessions were delivered in four areas of the city including Landport, Paulsgrove, Somerstown and Portsea. In addition, bespoke sessions were delivered with two school settings, one library and one Holiday, Activity and Food provider.

Highlights - from the 17 sessions where data was recorded (between March 23 and November 23)

- Over 1000 occurrences were recorded where people engaged with services (approximately 1012)
- On most occasions, services reported that they felt they made a difference to at least one person. There were only two services reported that they had not made a difference at the session they attended (these were different sessions).
- Positive relationships have developed as a result the Live Well work, between the services attending the sessions, hosting organisations and from those accessing support.

In 2024, further work will be undertaken to determine ongoing delivery. For example, learning from the two community projects (Portsea and Paulsgrove) will help to define what support/information is needed within the two areas. In addition, support will be provided to delivery partner to implement their own community offer. There is also the potential to work alongside probation services, current scoping underway.

Health protection

- **Air Quality**
  - Multi-agency Air Quality Board chaired by PH to deliver the Health and Wellbeing Board priority on Air Quality and Active Travel.
  - After one year of action, an evidence review is underway to refresh the Delivery Plan.
- **Health Protection Forum** – continues as a multi-agency quarterly meeting, taking an 'all hazards approach' to share health protection issues and plans between partners in the city
- **Health Protection enquiries** to Portsmouth public health are answered by a team of experts on a rota basis, who offer advice normally within one working day.
- **Infectious disease and environmental hazards** – we continue to support partners, including UKHSA, with managing the consequences of incidents and outbreaks of infectious disease. We support mosquito surveillance at the Port, and various emergency planning plans on hazards such as extreme heat, cold, flooding and drought.

Healthy Places

Climate Change and Sustainability

- Cross-agency **Portsmouth Climate Action Board** created 2019 in response to Climate Emergency, Chaired by University, Public Health and Portsmouth Hospital Trust included on membership
- Public Health Portsmouth represent HIOW public health on the **Hampshire and Isle of Wight ICS Energy and Sustainability Board**, responsible for delivering the HIOW ICB Greener NHS Strategy. Recent projects include instigating the

Poverty and the Cost of Living

- Public Health continues to support the PCC-wide project to tackle the Cost of Living (CoL) through managing the **CoL Support Officer,** offering intensive one-to-one support to those most in need, and engaging in outreach work in the city through regular attendance at Live Well events, job centres, foodbanks, and other agencies and discussion with the managers of those services.
- We have contributed to aligning the corporate response to CoL with our BAU approach to poverty through the **Tackling Poverty Steering Group**, which has been adopted as a formal sub-group of the Health & Wellbeing Board, so allowing our partner organisations greater input into how we respond to the ongoing challenge of poverty in the city, and to the likely discontinuation of the Household Support Fund.
- A pilot **Warmth on Prescription project** to mitigate the effects of cold homes for the most vulnerable, based at the Portsdown Group Practice has concluded. Findings will be used to apply for funding to support roll-out of the programme to other practices.

Green and Healthy City

- The **Greening Strategy and Development Plan** was adopted by Cabinet in October 2023, recognising that the greening agenda is broad, with significant activities being undertaken across Council directorates and in collaboration with partner organisations.
- The **Greening Development Group** - a sub-group of the Climate Programme Board – works across council directorates to ensure the approach to greening in city is targeted at those areas most in need. Following a successful multi-agency workshop in September 2023 – a refreshed work programme and delivery plan has been developed.

- There are three strategic priorities: **Resilient biodiversity; Effective deployment of nature-based solutions: and Equitable access to nature and the benefits from nature**. All of these areas are being looked at through the lens of climate resilience. Five programmes to realise these priorites have been developed:
  1. Resilient treescapes - Developing and delivering a climate-resilient treescape that provides benefits for nature and people
  2. Naturally wilder Portsmouth - Making more space for nature across the city and in doing so develop resilience against emerging climate threats
  3. Grey / brown to green - Increasingly incorporating GI features that deliver nature-based solutions where they are needed
  4. Health assets in action - Optimising the health and wellbeing benefits from nature
  5. An enabling environment - Creating the space for action and learning
- Following consultation with relevant colleagues across the council, the Green & Healthy City Co-Ordinator has also drawn together a report setting out our first consideration of the **Biodiversity Duty**, under which all LAs must conserve and enhance biodiversity. The report will be taken to the Cabinet Member for Climate Change and Greening The City's briefing and decision meetings shortly.

Joint Working – Planning, Transport and Housing

- Portsmouth Local Plan has a clearly articulated policies on air quality, greening, health and wellbeing and Health Impact Assessment (HIA) for major development applications.
- Public Health routinely consults on development applications and has designed a Health Impact Assessment framework.
- Providing health intelligence to support programmes and policies, including development of a local Design Guide.
- Providing health intelligence to support flagship transport programmes and policies inlcuded in the Local Transport Plan 4, including:
    - South East Hampshire Rapid Transit scheme (rapid bus travel)
    - Refreshed Air Quality Strategy
    - Future Transport Zone to promote active travel
    - Parking Strategy
    - Support for funding bids

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