



# NOTICE OF MEETING

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**CABINET MEMBER FOR COMMUNITY WELLBEING, HEALTH & CARE**

**TUESDAY, 7 NOVEMBER 2023 AT 4.00 PM**

**COUNCIL CHAMBER - THE GUILDHALL, PORTSMOUTH**

Telephone enquiries to Anna Martyn, Local Democracy Officer - Tel: 023 9283 4870  
Email: [democratic@portsmouthcc.gov.uk](mailto:democratic@portsmouthcc.gov.uk)

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

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## **Membership**

Councillor Matthew Winnington (Cabinet Member)

Councillor Lewis Gosling  
Councillor Graham Heaney

Councillor Brian Madgwick

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(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](http://www.portsmouth.gov.uk)

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

## **AGENDA**

- 1 Apologies for absence**
- 2 Declarations of interest**
- 3 Public Health Strategy 2023-2026 (Pages 3 - 30)**

To provide an overview of the new Public Health Strategy 2023-2026.

**4 Public Health Annual Report 2023 (Pages 31 - 78)**

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

**5 Liberty Protection Safeguards and Deprivation of Liberty Safeguards (Pages 79 - 84)**

Purpose

To set out the implications for Deprivation of Liberty Safeguards (DoLS) service now that there is no clear pathway for the introduction of the Liberty Protection Safeguards, (LPS).

**RECOMMENDED that the Cabinet Member**

- 1. Write to the Secretary of State raising concerns that the LPS have not been implemented and there is no timetable to do so.**
- 2. Write to the Members of Parliament for Portsmouth and invite them to contact the Secretary of State and express their concerns.**

**6 Adult Social Care Complaints - Annual Report (Pages 85 - 92)**

To update the Cabinet Member and spokespeople on the complaints received in Adult Social Care in 2022/23.

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# Agenda Item 3



## **THIS ITEM IS FOR INFORMATION ONLY**

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

<b>Title of meeting:</b>	Community Wellbeing, Health & Care
<b>Subject:</b>	Public Health Strategy 2023-2026
<b>Date of meeting:</b>	Tuesday 7 November 2023
<b>Report by:</b>	Claire Currie, Assistant Director of Public Health and Helen Atkinson, Director of Public Health
<b>Wards affected:</b>	All

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### **1. Requested by**

Councillor Matthew Winnington, Cabinet Member, Community Wellbeing, Health and Care

### **2. Purpose**

To provide an overview of the new Public Health Strategy 2023-2026.

### **3. Information Requested**

The Public Health Strategy 2023-2026 describes our vision, principles of how we work and ambitions for improving a wide range of health and wellbeing outcomes for Portsmouth residents of all ages. It aims to articulate how we work in partnership as part of Health and Care Portsmouth and contribute to the Hampshire Isle of Wight Integrated Care System, giving long term as well as shorter term aims.

The strategy sets out our commitment to:

- Understand the health and wellbeing of our local population through strategic intelligence and analytics
- Protect health and wellbeing of our local population
- Prevent ill-health by mitigating impacts of root causes and helping local residents live in good health
- Improve health and wellbeing for all our communities fairly through addressing slowing or preventing progression of disease and supporting all population groups

.....  
Signed by (Director)



**THIS ITEM IS FOR INFORMATION ONLY**

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

**Appendix 1: Public Health Strategy 2023-2026**

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

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

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

2023 —  
2026

# Portsmouth Public Health Strategy



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# Vision

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

# Our principles

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## Our Public Health approach in delivering our programme of work aims to:

- Be informed by best practice, evidence and a sound understanding of local needs.
- Advocate for our local population based on a needs-led approach and provide system leadership on population health, prevention, inequalities and health protection.
- Develop and sustain strong partnerships with colleagues in statutory and voluntary sector organisations as well as with communities and individuals, including through co-production.
- Take a holistic preventative approach (including supporting the no wrong door approach) which is informed by behavioural science.
- Take a life course approach to consider health and wellbeing needs at each life stage including through whole family approaches.
- Recognise needs of groups and individuals within our population and taking targeted action to meet needs of inclusion health groups as well as to mitigate and address potential inequalities in health and wellbeing outcomes.
- Be accessible, open, transparent and seek to continually learn.
- Play our role in keeping local residents safe through safeguarding.
- Achieve best value for money and seek to optimise social value.

# Thematic approach

## Our thematic approach is that we commit to:

- **Understand** the health and wellbeing of our local population through strategic intelligence and analytics.
- **Protect** the health and wellbeing of our local population.
- **Prevent** ill-health by mitigating impacts of root causes and helping local residents live in good health.
- **Improve** health and wellbeing for all our communities fairly through addressing slowing or preventing progression of disease and supporting all population groups.



# Summary of themes and long-term actions

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## Understand the health and wellbeing of our local population through strategic intelligence and analytics

### Long-term aims:

- Foster a shared understanding of the health and wellbeing needs of local residents.
- Enhance curiosity for how data, evidence, evaluation and research can underpin our approach to addressing local health and wellbeing needs.

## Protect health and wellbeing of our local population

### Long-term aims:

- Lead health protection planning and response for the local population.
- Embed physical and mental health and wellbeing considerations into place shaping.

## Prevent ill-health by mitigating impacts of root causes and helping local residents live in good health

### Long-term aims:

- Mitigate impacts of root causes on ill-health.
- Recognise the power that communities have in understanding their own health and wellbeing needs and work with communities respectfully in addressing these areas.
- Promote the best start for life for children and families.
- Prevent illness before individuals get unwell as part of a healthy ageing approach, starting in mid-life and continuing into older age.
- Promote health and wellbeing taking specific action for defined population groups.

**Improve health and wellbeing for all our communities fairly through addressing slowing or preventing progression of disease and supporting all population groups**

**Long-term aims:**

- Address specific causes of early deaths and associated harms.
- Develop models of care to tackle inequalities working alongside NHS colleagues.

# Introduction and context

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Portsmouth is a great waterfront city, home to over 200,000 people. The Public Health directorate, Portsmouth City Council makes a major contribution to the City Vision and council's Corporate Plan in working to improve the health and wellbeing for all local residents. For 2022/23 the mission of the council is to work together with partners and communities to stand up for Portsmouth, take action to improve the city and the lives of our residents, and tackle the climate crisis. Key strands are to help people live independent, healthy lives and support people during the cost-of-living crisis which are directly supported by the work of Public Health.

This Portsmouth Public Health Strategy aims to articulate our priorities for improving the health of local residents. The role of Public Health is to improve and protect population level health and wellbeing in line with our statutory responsibilities and with due regard to local need. In delivering this, we value the Portsmouth way of working which is collaborative and integrated in tackling shared challenges, and we are also keen to play our role in the Hampshire Isle of Wight (HIOW) Integrated Care System (ICS).

This strategy describes our vision, principles of how we work and ambitions for improving a wide range of health and wellbeing outcomes for Portsmouth residents of all ages.

For Public Health in Portsmouth, we view a life course approach as essential – from advocating for the best start in life and taking action at each life stage to promote healthy ageing. This Portsmouth Public Health Strategy seeks to highlight the golden thread of how our work delivers against the strategic priorities of Portsmouth as a place, reflecting our established integrated ways of working alongside the Children and Families and Adult Social Care directorates as part of Health and Care Portsmouth, as well as the strategic priorities of Hampshire and the Isle of Wight as an Integrated Care Partnership (ICP).

## Some of these key strategies are listed here:

- [Health and Care Portsmouth Blueprint 2020 – 2023<sup>1</sup>](https://healthandcare.portsmouth.gov.uk/wp-content/uploads/2022/06/A_blueprint_for_health_and_care_in_Portsmouth_PDF.pdf)
- [Portsmouth City Council Vision<sup>2</sup>](https://imagineportsmouth.co.uk/the-vision/)
- [Portsmouth Joint Health and Wellbeing Strategy 2022 – 30<sup>3</sup>](https://www.portsmouth.gov.uk/services/council-and-democracy/transparency/health-and-wellbeing-strategy/)
- HIOW Prevention and Inequalities Board – Operating Plan

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1 [https://healthandcare.portsmouth.gov.uk/wp-content/uploads/2022/06/A\\_blueprint\\_for\\_health\\_and\\_care\\_in\\_Portsmouth\\_PDF.pdf](https://healthandcare.portsmouth.gov.uk/wp-content/uploads/2022/06/A_blueprint_for_health_and_care_in_Portsmouth_PDF.pdf)

2 <https://imagineportsmouth.co.uk/the-vision/>

3 <https://www.portsmouth.gov.uk/services/council-and-democracy/transparency/health-and-wellbeing-strategy/>



- [HIOW Integrated Care Partnership Strategy 2023<sup>4</sup>](#)
- [Children’s Trust Plan<sup>5</sup>](#)
- [Adult Safeguarding Strategy Action Plan 2022 – 23<sup>6</sup>](#)
- [Portsmouth City Council Adult Social Care Strategy<sup>7</sup>](#)
- [Local Plan<sup>8</sup>](#)
- [Green Infrastructure Plan and Greening Delivery Plan](#)
- [Local Transport Plan and Local Cycling and Walking Infrastructure Plan<sup>9</sup>](#)
- [Air Quality Strategy and Air Quality Action Plan<sup>10</sup>](#)
- [Greener NHS Plans<sup>11</sup>](#)

We also recognise our work in Public Health is a contribution to efforts across the local area. It is no doubt a challenging time for achieving all our ambitions for our local residents in light of financial security declining, the number of years living in good health declining, and changing social structures leading to less support for older adults and inequalities in how older age is experienced, as highlighted by the [2022 State of the Ageing Report<sup>12</sup>](#). For children and young people too, the State of the Nation report 2022 suggests an inconsistent recovery in mental and physical health towards pre-pandemic levels.

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4 [https://www.hantsiowhealthandcare.org.uk/application/files/4516/7473/3225/Hampshire\\_and\\_Isle\\_of\\_Wight\\_Integrated\\_Care\\_Strategy\\_.pdf](https://www.hantsiowhealthandcare.org.uk/application/files/4516/7473/3225/Hampshire_and_Isle_of_Wight_Integrated_Care_Strategy_.pdf)

5 [https://democracy.portsmouth.gov.uk/documents/s28048/Childrens\\_Trust\\_Plan\\_2020\\_-\\_23\\_-\\_Consultation\\_Version.pdf](https://democracy.portsmouth.gov.uk/documents/s28048/Childrens_Trust_Plan_2020_-_23_-_Consultation_Version.pdf)

6 [https://democracy.portsmouth.gov.uk/documents/s35326/Portsmouth\\_Adult\\_Safeguarding\\_Review\\_-\\_Strategy\\_Action\\_Plan.pdf](https://democracy.portsmouth.gov.uk/documents/s35326/Portsmouth_Adult_Safeguarding_Review_-_Strategy_Action_Plan.pdf)

7 <https://www.portsmouth.gov.uk/wp-content/uploads/2023/01/78.271-ASC-strategy-2021-digital-and-accessible.pdf>

8 <https://www.portsmouth.gov.uk/services/development-and-planning/planning-policy/portsmouth-local-plan/>

9 [https://travel.portsmouth.gov.uk/wp-content/uploads/2021/11/74.463\\_LCWIP\\_Plan\\_Accessible.pdf](https://travel.portsmouth.gov.uk/wp-content/uploads/2021/11/74.463_LCWIP_Plan_Accessible.pdf)

10 <https://www.portsmouth.gov.uk/wp-content/uploads/2020/04/env-air-quality-strategy.pdf>

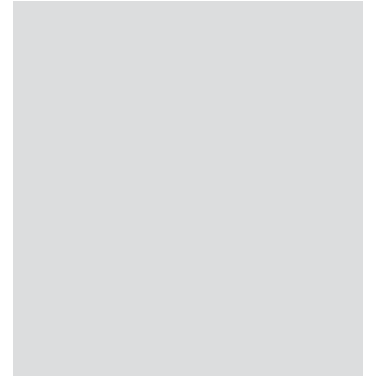
11 <https://www.england.nhs.uk/greenernhs/>

12 [https://ageing-better.org.uk/sites/default/files/2022-04/The\\_State\\_of\\_Ageing-2022-online.pdf](https://ageing-better.org.uk/sites/default/files/2022-04/The_State_of_Ageing-2022-online.pdf)

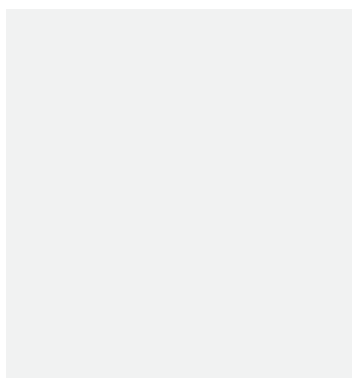
# Portsmouth in numbers





**208,100**  
residents.



**57<sup>th</sup>**  
most deprived local  
authority in England  
(out of 317).



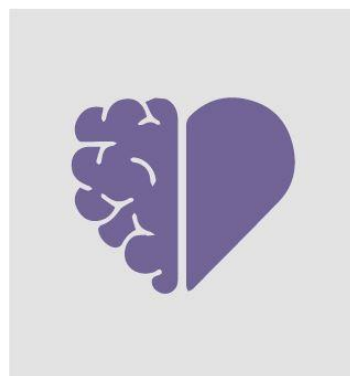
**LIFE EXPECTANCY**

 Men <b>78.5</b> compared with <b>79.4</b> nationally.	 Women <b>82.4</b> compared with <b>83.1</b> nationally.
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**DEATH RATES**

People in Portsmouth experience **higher rates of death before 75 years compared to England**. For males, these high rates are observed in cardiovascular disease, stroke, cancer and respiratory disease, and for females on cardiovascular disease, heart disease, cancer (particularly breast cancer), liver disease and respiratory disease.



**MENTAL HEALTH**

**12.9%**  
of residents report  
having a long-  
term mental health  
problem.

## SMOKING

14% of Portsmouth adults are estimated to be current smokers (APS). This rises to...

27% in routine and manual jobs. Smoking remains the biggest preventable cause of ill-health, disability and early death.



## OBESITY



**2 in 3**  
**adults**

are obese or overweight which leads to preventable heart disease and cancer.

**28% of**  
**children**

are classified as obese at the end of primary school.



## SMOKING IN PREGNANCY

12% of mothers in Portsmouth were smokers at time of delivery. This can cause serious pregnancy-related health problems.

- Increased risk of miscarriage
- Premature birth
- Stillbirth
- Low birth-weight

## ALCOHOL

**1 in 5 people**

(22%) are drinking to unhealthy levels, with up to 4,400 adults estimated to be alcohol dependent.



## SEXUAL HEALTH

Under 18 pregnancies are consistently similar or above the national rate.

# Portsmouth population

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The 2021 Census estimate of the population of Portsmouth was 208,100. Overall, the number of births has been gradually decreasing annually since 2012 (2,254 births in 2020). Compared to the rest of England, Portsmouth has a high proportion of young adults aged 20 – 24 years old, largely due to the city's university and colleges (11.3% of Portsmouth's total population compared with 6.1% nationally). This population group is also expected to increase in the years up to 2030. Like the national picture, the older adult (65 years +) population is expected to grow over the next decade. Between 2021 and 2030, the 65 years+ population is expected to increase by 19% (projected population of 37,200 in 2030) and aged 80+ years is expected to increase by 28% (projected population of 11,000 in 2030). For a more detailed analysis of the Portsmouth population, please refer to the [Portsmouth Joint Strategic Needs Assessment webpage](#)<sup>13</sup>.

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

Healthy life expectancy at birth in Portsmouth is also slightly shorter than England for both males and females (males: 61.5 years v 63.1 years; and females: 61.4 years v 63.9 years respectively), 2018 – 20. There has been a small downward trend in healthy life expectancy in recent years in Portsmouth (from 62.9 years for males in 2016 – 18, and 63.3 years for females in 2015 – 17) which has also been observed nationally and has been met with concern.

People in Portsmouth experience higher rates of death before 75 years compared to England (a widely accepted measure in considering the overall health status of a population), 2017 – 19 data. For males, these high rates are observed in cardiovascular disease, stroke, cancer and respiratory disease, and for females on cardiovascular disease, heart disease, cancer (particularly breast cancer), liver disease and respiratory disease. In some areas within Portsmouth (Buckland, City Centre and Somerstown) the likelihood of dying is twice as high as in England. In considering the picture of all deaths, the leading cause of death for Portsmouth residents in 2020 was Dementia and Alzheimer's disease.

The health conditions which are the greatest contributor to years lived with disability (a measure of individuals living with illness) in Portsmouth

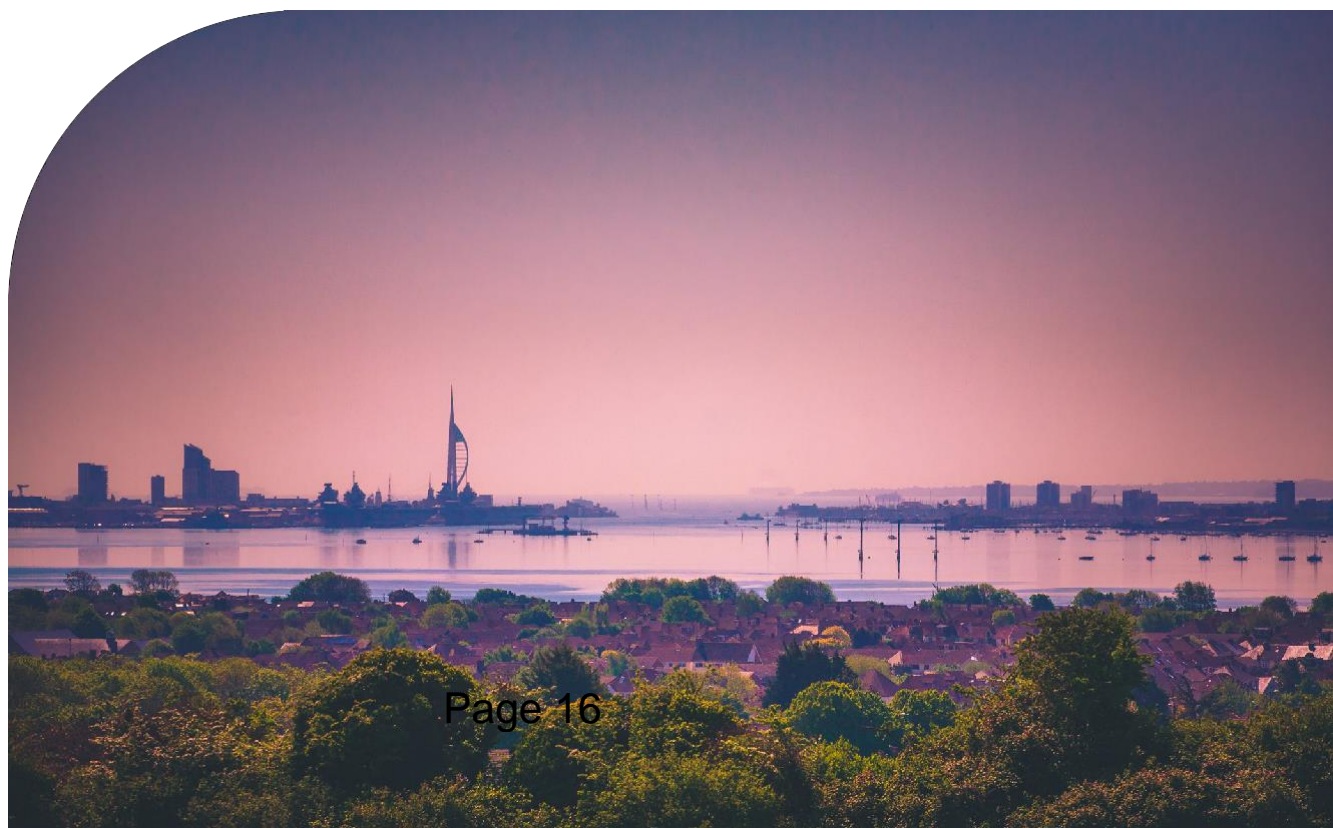
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<sup>13</sup> <https://www.portsmouth.gov.uk/services/health-and-care/health/joint-strategic-needs-assessment/>

are musculoskeletal conditions and mental disorders and therefore highlight the importance to our local population of preventing ill-health in these areas too (local Global Burden of Disease data).

With regards to risk factors which contribute to years lived with disability for Portsmouth, behavioural risk factors, namely, tobacco, dietary risks, low physical activity, alcohol and drug use feature heavily as well as air quality and other factors playing a role. Many of these risk factors are common to cardiovascular disease, cancers, respiratory disease and dementia which makes the cases for focusing on these as key opportunities for preventative action. These conditions are also often the underlying contributors to functional decline leading to a need for social care in later life.

The Office of Health Improvement and Disparities provides data summaries comparing health and wellbeing outcomes for the Portsmouth population to other areas and to the national picture. While these indicators need to be interpreted with appreciation of the wider context to shed light on underlying reasons for what these data show, they do provide opportunity to steer local attention both for local Public Health work and that of wider colleagues. As a comparison to England values, in relation to health and wellbeing of children and young people, the level of need is clear, ranging from a high proportion of children in low income families or with housing needs, a high percentage of women smoking at time of delivery, low proportion of babies who are breastfed, low proportion who achieve school readiness, high prevalence of obesity in childhood, high rate of children in care, high rate of self-harm, youth offending and under 18 conception rate. In relation to healthy ageing, there are also widespread opportunities for improvement, including on indicators relating to a higher proportion of adults who feel lonely, a low percentage of physically active adults, low coverage of cancer screening, and low uptake following an offer of an NHS Health Check.





# Strategic commitments and actions

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## Understand the health and wellbeing of our local population through strategic intelligence and analytics

### Why is this important?

Effective use of information and data drives a Public Health approach, which grounds all the work of the Public Health directorate. Expert knowledge of high quality data sources and analytical methods applied to local demographic and socioeconomic characteristics enables appraisal and development of population strategies for protecting, preventing and improving health and wellbeing.

### Where are we now?

In Portsmouth, the skilled work of the Public Health intelligence team is highly regarded. It was particularly evident in driving a common understanding during the Covid-19 pandemic and is has also been applied to addressing the council's response to the rising cost of living. An intelligence led approach is the acknowledged way of working between Public Health and colleagues across the system rooted from the established programme of Public Health intelligence work published in the Joint Strategic Needs Assessment (JSNA) and associated outputs. Public Health is also working to steer local direction of how population health management tools are applied with the aim of being able to effectively target population groups with appropriate interventions.

The Public Health intelligence team leads the Portsmouth Knowledge Network which brings together analysts across the local system as well as working collaboratively with HIOW colleagues and sharing good practice with the South East region. The team undertake analysis of a range of data including population health and wellbeing data as well as community safety data and reaches across Portsmouth City Council in identifying opportunities to contribute their skills. Opportunities for proactive involvement in local research are actively pursued as well as work being done with the aim of developing curiosity for greater research within Portsmouth City Council.

## What we will do

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### Long-term aim:

**Foster a shared understanding of the health and wellbeing needs of local residents to inform health and care planning and strategy development.**

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### Shorter-term aims:

- **Further develop our JSNA programme of work** to ensure outputs are up to date, accessible and utilised by colleagues within and beyond Portsmouth City Council through developing JSNA webpages on children's and adult's health and wellbeing.
  - **Support and, in some cases, lead the production of topic-specific needs assessments and reports** including the Community Safety Strategic Needs Assessment, Serious Violence Needs Assessment, Family Hub Needs Assessment, Director of Public Health Annual Report and others in line with organisational priorities.
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### Long-term aim:

**Enhance curiosity for how data, evidence, evaluation and research can underpin our approach to addressing local health and wellbeing needs.**

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### Shorter-term aims:

- **Provide strategic leadership to population health management** for Portsmouth as part of the HLOW PHM programme, including generating culture of curiosity about what this approach could offer amongst colleagues as it develops.
- **Enable development of a more research-active council** and build the strategic relationship with the University of Portsmouth to support evidence-informed decision-making including through submitting a bid to NIHR Health Determinants Research Collaborations round two.

# Protect health and wellbeing of our local population

## Why is this important?

The Director of Public Health has a statutory duty for health protection of the local population. This leadership role was evident during the Covid-19 pandemic though the work is longstanding with the remit spanning planning for and responding to health protection incidents, outbreaks and emergencies in collaboration with the UK Health Security Agency (UKHSA) and other partners. Health protection practice aims to prevent, assess and mitigate risks and threats to human health arising from infectious diseases, exposure to environmental hazards and natural events. This ongoing work remains critically important to continually limit deaths as well as associated sequelae from these causes. For Public Health in Portsmouth, health protection encompasses climate change and associated workstreams, recognising that increasingly, climate change poses potential threats to the health of the population from direct impacts of flooding, drought, extreme heat and extreme cold, and indirect impacts such as increased spread of mosquitoes (the vector for some infectious diseases e.g. malaria and zika).

## Where are we now?

The Portsmouth Health Protection Forum is a partnership board which seeks to build on the strength of the Covid-19 partnership response. It aims to offer a local platform for information sharing and provides opportunity for coordinated action if necessary in response to health threats, taking an 'all hazards approach' to address communicable disease and environmental hazards, including those relevant to climate change. Mosquito surveillance takes place in the Port over the summer months by Portsmouth City Council Regulatory Services working with the UK Health Security Agency. The Forum has received a Portsmouth Health Protection Needs Assessment to guide its development. The HIOW Prevention and Inequalities Board also has immunisation as an area for preventative action in its 2022/23 operating plan which is a key health protection control measure.

Public Health offers specialist input into the Air Quality and Active Travel Board, which delivers this workstream on behalf of the Health and Wellbeing Board. It also leads the Greening Development Group and action plan, a sub-group of the Climate Programme Board.

## What we will do

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### Long-term aim:

**Lead health protection planning and response for the local population.**

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### Shorter-term aims:

- **Lead the Health Protection Forum for Portsmouth** within which Public Health will support mosquito and other climate risk related infection surveillance programmes.
  - **Provide specialist Public Health advice to care, education and other settings via the Public Health rota as appropriate.**
  - **Provide specialist Public Health Protection advice to the climate and sustainability agendas** (including air quality, flood and heat mitigation) informing policy and practice.
  - **Support local arrangements for NHS delivery of all age immunisation programmes** (a key control measure in preventing and controlling spread of infectious diseases), specifically in addressing inequalities in uptake, following delegation of commissioning expected by April 2024.
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### Long-term aim:

**Embed physical and mental health and wellbeing considerations into place shaping decision making, specifically in relation to local transport options, built environment and greening, for all ages.**

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### Shorter-term aims:

- **Ensure health is considered at all stages of engagement with built environment policies and proposals** as reflected in the Local Plan and Children's Public Health Strategy action plan.
- **Use the agreed framework for Health Impact Assessment for major development proposals.**
- **Adopt a 'Healthy Streets' approach** to plan for and monitor the success of built and natural environment schemes.
- **Use the Greening Development Plan** to coordinate prioritised implementation of green infrastructure in the city to maximise benefits to health, the environment and the economy.



## **Prevent ill-health by mitigating impacts of root causes and helping local residents live in good health.**

### **Why is this important?**

Tackling risk factors before leading to ill-health is the essence of a public health approach. The Portsmouth Health and Wellbeing Strategy 2022 – 2030 identified five issues which are described as the ‘causes of the causes’ – the underlying factors that contribute to emergence of risk factors which in turn influence health and wellbeing. The next step upstream, is in taking action to address these risk factors before they lead to ill-health including in promoting a healthy childhood. This is a mainstay of our approach to reducing cardiovascular disease, some cancers, respiratory disease, mental ill-health, musculoskeletal disease and dementia.

### **Where are we now?**

Our work in Public Health plays a significant role in delivering the Portsmouth Health and Wellbeing Strategy in how we create the conditions for good health and wellbeing, an example being having jointly led Portsmouth City Council plans to address the cost of living – a current crisis with substantial implications for health and wellbeing of local residents.

In promoting a healthy childhood, we have worked closely with children’s and families services over many years to establish integrated service provision, as well as working with the local maternity system. Additionally, we have

progressed initiatives with schools such as in establishing a smokefree play park with signage designed by children, encouraged participation in the Daily Mile and are running a Superzone pilot – seeking to address drivers of obesity (active travel, clean air, community safety, healthy eating). Public Health priorities in this area are clearly defined in the Children’s Public Health Strategy and action plan.

In addressing risk factors to prevent long-term conditions, examples of our work include local campaign work which often using local voices has helped messages reach local communities, delivery of the Wellbeing Service (an integrated service which supports individuals to stop smoking, drink less alcohol and get to a healthy weight), NHS Health Checks, as well as the more recently developed Community Champions programme, including community outreach ‘Live Well’ events. We value our collaborative working with HIVE Portsmouth notably in supporting a range of local communities to access testing and vaccination as part of the Covid-19 response, as well as in supporting their role in connecting local communities which has particular benefits to mental health and wellbeing. Leading the Physical Activity Alliance, supporting delivery of the ‘Let’s Get Active’ regional physical activity and establishing the first local incentive scheme with General Practice in the country on physical activity has promoted the importance of being active, while delivery of Making Every Contact Count (MECC) training to a range of frontline workers has also been a mainstay of our approach to prevention. All of this work aligns with the promoting good health and providing proactive care theme of the Integrated Care Partnership strategy and connects with the Portsmouth City Council Adult Social Care Strategy which promotes health and wellbeing for all.

## What we will do

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### Long-term aim:

**Mitigate impacts of root causes of ill-health.**

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### Shorter-term aims:

**Continue to actively participate in Portsmouth City Council efforts to address cost of living for local resident:**

- **Provide data, intelligence and other evidence to inform collaborative action.**
- **Continue to deliver personalised support to local residents in crisis,** connecting individuals referred from the Cost of Living helpline and other services and external agencies to a range of appropriate services using a no wrong door approach.
- **Deliver actions in the Children’s Public Health Strategy** to support families in raising their aspirations and maximise their uptake of entitlements and financial support.

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### Long-term aim:

**Recognise the power that communities have in understanding their own health and wellbeing needs and work with communities respectfully in addressing these areas.**

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### Shorter-term aims:

**Deliver Live Well events and lead the Portsmouth Community Champions network, alongside partners to:**

- Provide help and support to local residents in community settings, thereby improving accessibility and availability of support in more deprived communities.

**Lead the Portsmouth Mental Health Network alongside HIVE Portsmouth to:**

- Develop opportunities for networking, collaboration and co-production with the community and voluntary sector in promoting good mental health and wellbeing.

**Develop a plan to improve social connectedness, alongside HIVE Portsmouth through:**

- Co-facilitated community conversations to understand local priorities, delivering against an ICP priority and connected with Adult Social Care ambitions.

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### Long-term aim:

**Promote the best start for life for children and families.**

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### Shorter-term aims:

**Deliver the Children's Public Health Strategy to:**

- **Encourage, as far as possible, that all women and their partners make an informed decision about becoming pregnant** through optimising contraception offers and pathways, and, supporting looked after children and care leavers.
- **Support Family Hub development work** through undertaking a Family Hubs needs assessment and through ongoing efforts to promote breastfeeding.
- **Promote a mentally and physically healthy childhood as the foundations for transition into adulthood.**

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## Long-term aim:

Prevent illness before individuals get unwell as part of a healthy ageing approach, starting in mid-life and continuing into older age.

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## Shorter-term aims:

Addressing risk factors for long-term conditions and dementia supporting individuals with a holistic approach based on behaviour change principles in supporting and working in tandem with other services.

- **Develop the Wellbeing Service to take a ‘no wrong door’ approach** in how it supports individuals holistically working collaboratively with colleagues in other services such as social prescribers, health champions and the Adult Social Care Independence and Wellbeing Service.

**Leading strategic direction for partners across the city in addressing these risk factors, specifically:**

- **Support residents to stop smoking tobacco** with an emphasis on population groups experiencing the highest health inequalities.
- **Improve physical activity levels**, especially within our least active communities and target groups and deliver local actions supporting the regional ‘We Can Be Active’ strategy, utilising the multi-agency Active Portsmouth Alliance.
- **Reduce excess weight**, through addressing the system wide barriers to a healthy diet including providing an educational element for individuals and families around the importance of a healthy weight.
- **Reduce excess alcohol consumption.**
- **Promote mental wellbeing** delivering against an ICP priority.







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### **Long-term aim:**

**Promote health and wellbeing taking specific action for defined population groups.**

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### **Shorter-term aims:**

**Connect with local system colleagues in supporting aims of the Adult Social Care strategy including to:**

- Explore opportunities to develop preventative approaches which help optimise independence and avoid the need for social care.
- Deliver a warmth on prescription initiative within Health and Care Portsmouth.
- Deliver an oral health in care homes initiative alongside the UoP Dental Academy.
- **Work towards ambitions of the national Women’s Health Strategy including:**
- Improving access to long-acting reversible contraception in General Practice for contraceptive and non-contraceptive use, supporting the wider women’s reproductive health care pathways and contributing to development of women’s health hubs alongside NHS colleagues.

**Work towards Zero HIV transmissions by 2030 with Towards Zero: the HIV Action Plan for England 2022 – 2025, including through:**

- Working with the military to improve access to HIV testing and treatment.
- Supporting implementation of opt-out HIV testing within acute settings.

# **Improve** health and wellbeing for all our communities fairly through addressing slowing or preventing progression of disease and supporting all population groups.

## **Why is this important?**

As Professor Sir Chris Whitty, the Chief Medical Officer for England recently reminded us in the British Medical Journal, "evidence that secondary prevention can substantially reduce disease incidence and progression is some of the strongest in medicine." He went on to describe a suggested approach where people already making contact with the NHS get the secondary prevention that they need and that prevention efforts should reach population groups with historically low uptake. This reinforces our Public Health approach and which is woven into Portsmouth and HIOW strategies.

Health inclusion groups are known to experience poor health and therefore requires specific attention to ensure healthcare is appropriately designed. Furthermore, The Marmot Review 10 Years On report (published 2020) described widening health inequalities or systematic differences in health and wellbeing across England by geography, gender, socioeconomic characteristics of an area, and wider societal factors. Our Public Health approach aims to improve the health of the poorest fastest in order to improve health and wellbeing for all.

## **Where are we now?**

Public Health have worked alongside NHS colleagues in delivering Long-term Plan commitments, for instance in a stop smoking offer for hospital inpatients and in reducing harms from alcohol and more recently in linking a stop smoking offer from Public Health with targeted lung health checks from the NHS. Working as Health and Care Portsmouth and with Primary Care Networks, there has been a step change in delivery of healthcare provision for people who are homeless. There has also been measurable progress on suicide prevention. Our work in this area contributes to the health improvement and vulnerable adults strands of the Plan for Health and Care Portsmouth 2020 – 2023 and will also apply the Core20Plus5 approach to tackling inequalities aligned with the Hampshire and Isle of Wight Integrated Care System priority groups.

## What we will do

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### Long-term aim:

**Address specific causes of early deaths and associated harms**

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### Shorter-term aims:

**Deliver the Portsmouth Combatting Drugs Strategy and Substance Misuse Plan 2023 – 2026, which includes to:**

- Reduce the misuse and harm caused to young people by drugs and alcohol including through reviewing the PSHE toolkit and delivering drugs education and training to the children's workforce.
- Improve the quality, capacity and outcomes of our drug and alcohol prevention and treatment services.
- Offer everyone who is rough sleeping, or within the rough sleeping accommodation pathway, access to enhanced treatment and support.
- Reduce drug related deaths.
- Improve support for people with co-occurring substance misuse and mental health conditions.

**Deliver the Portsmouth Suicide Prevention Plan and the HIOW Suicide Prevention Programme, including:**

- Leading the real time surveillance process for HIOW to identify trends and hotspots in suspected suicide deaths to inform and take preventative action including provision of HIOW suicide bereavement support.
- Apply national guidance on assessment, management and preventing recurrence of self-harm, working with NHS colleagues and local health, care and education providers.
- A national Suicide Prevention Strategy is expected to be published later in 2023 which will provide opportunity for further review.



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### Long-term aim:

**Develop models of care to tackle inequalities working alongside NHS colleagues, including through utilising learning from reaching communities with Covid-19 vaccinations as a blueprint.**

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### Shorter-term aims:

**Develop a Portsmouth cardiovascular disease prevention plan based on a comprehensive approach of detect, improve, fair, prevent, working with NHS colleagues and delivering against an ICP priority, including to:**

- Develop innovative pathways to reach into communities with blood pressure checks and wider cardiovascular disease management as (i) part of the InHIP programme and (ii) utilising undergraduate pharmacy students and expertise of an independent prescribing pharmacist to initiate and manage treatment where appropriate, tackle inequalities and avoid additional pressure in General Practice.
- A national Major Conditions Strategy is expected to be published later in 2023 which will provide opportunity for further review.

## Measuring impact and outcomes

We will measure our impact and outcomes by:

- Monitoring this plan through an Adults Public Health Strategy implementation group.
- Reporting against key measures in our business plan through our corporate reporting arrangements within the City Council.
- Measuring and benchmarking our Public Health outcomes in Portsmouth against the national Public Health outcomes and similar area comparators.
- Monitoring our commissioned and inhouse services against agreed performance frameworks.
- Evaluating how we contribute to the Portsmouth Health and Wellbeing Strategy, ICS Prevention and Inequalities Plan and Integrated Care Partnership Strategy.
- Taking part in sector-led improvement and peer review activities.

We recognise we will also need to be flexible and adapt our approach during the lifespan of this strategy to the Public Health challenges that may present.

    [publichealth@portsmouthcc.gov.uk](mailto:publichealth@portsmouthcc.gov.uk)

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# Agenda Item 4



## **THIS ITEM IS FOR INFORMATION ONLY**

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

**Title of meeting:** Community Wellbeing, Health and Care portfolio

**Subject:** Public Health Annual Report 2023

**Date of meeting:** 7<sup>th</sup> November 2023

**Report by:** Helen Atkinson, Director of Public Health

**Wards affected:** All

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**1. Requested by** Helen Atkinson, Director of Public Health

### **2. Purpose**

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

### **3. Information Requested**

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

3.2 An accessible summary of the report will be published on the city council website for use by the council and its partners. This includes statutory and voluntary sector groups that make up the city's Tackling Poverty Steering Group, which reports in to the Health and Wellbeing Board and where this report was presented in September 2023.

3.3 The first priority in PCC's Corporate Plan 2023/24 is that "we will work to support individuals and families struggling to make ends meet", while tackling poverty is one of the priorities in the Health and Wellbeing Strategy 2022-30. The PHAR will inform the work to address this vital work.



**THIS ITEM IS FOR INFORMATION ONLY**

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

.....  
Signed by (Director)

**Appendices:**

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

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

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

Title of document	Location



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

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## Introduction – poverty is a public health issue

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

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

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

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

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

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

## 1. Why poverty is a problem

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

### 1.1. How is poverty measured?

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

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

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

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

### 1.2. Poverty levels in Portsmouth

#### 1.2.1. Children and young people

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

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

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

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

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

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

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

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

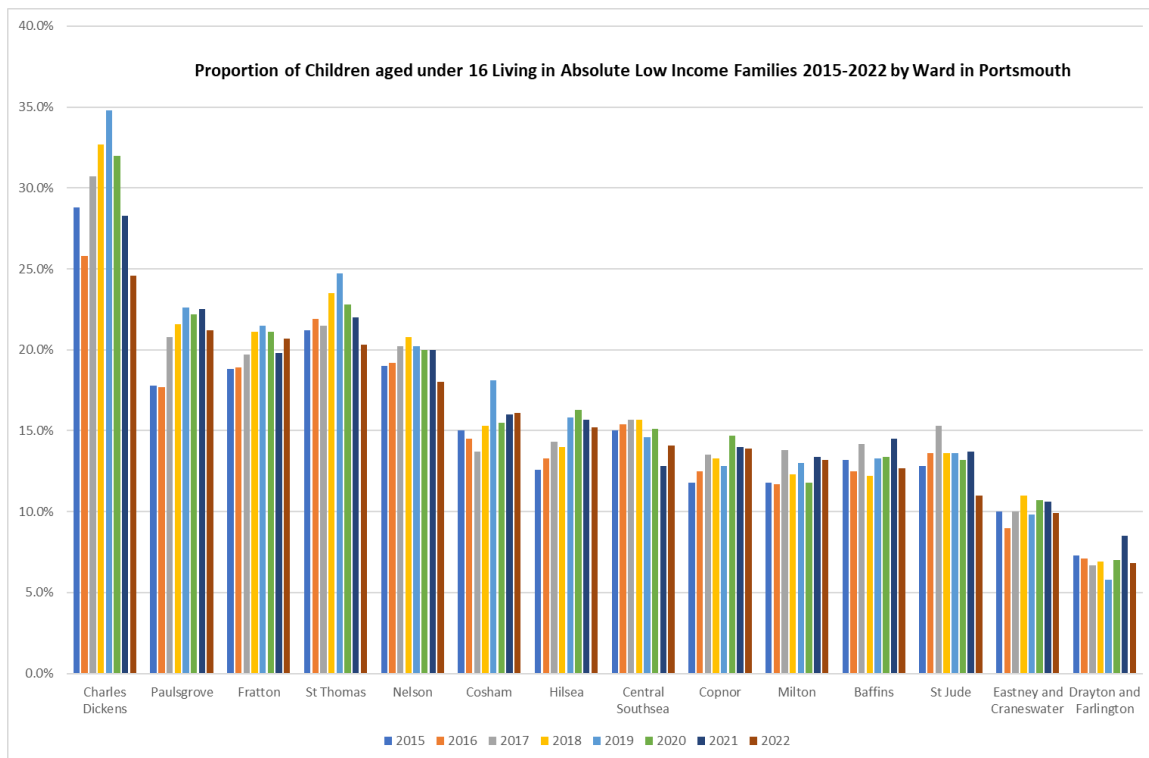


Figure 2 Children in Low Income Families by ward in Portsmouth 2015-2022 (Source: DWP, 2023, local area statistics, United Kingdom, financial years ending (FYE) 2015 to 2022)

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

### 1.2.2 Adults

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

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

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

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

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

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

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

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

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

### 1.2.3 Older people

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

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

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

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

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

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

### 1.3. The health impact of poverty

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

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

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

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

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

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

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



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

### 1.3.1 Child and young people

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

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

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

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

### 1.3.2 Adults

#### *Long term conditions and mortality*

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

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

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

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

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

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

#### *Inclusion health groups*

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

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

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

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

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

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

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

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

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

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

#### *Mental health*

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

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

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

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

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

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

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

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

### Sexual health

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

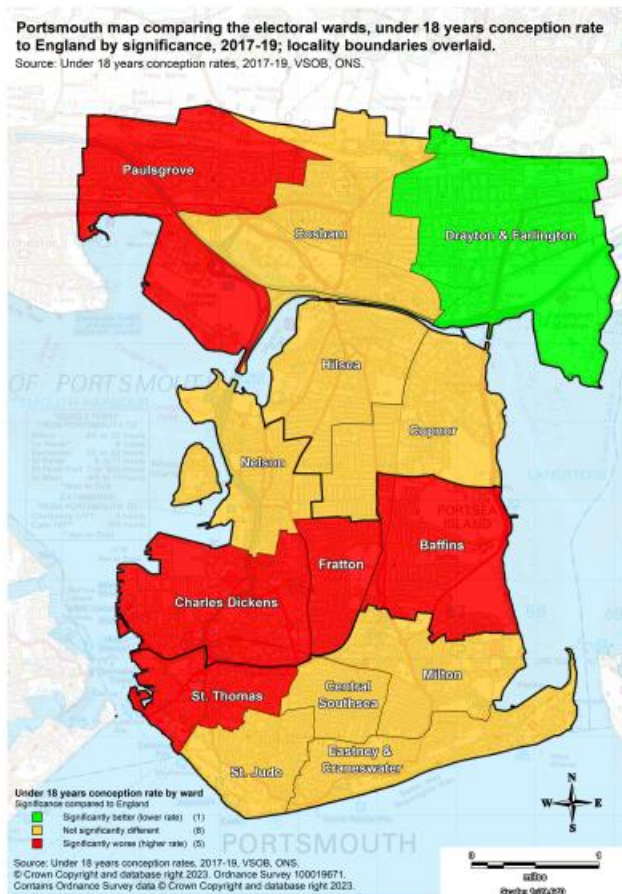


Figure 3 Map of teenage conception rates by Middle Super Output Area, 2017-2019

### Older people

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

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

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

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

##### 1.4.1 Education

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

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

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

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

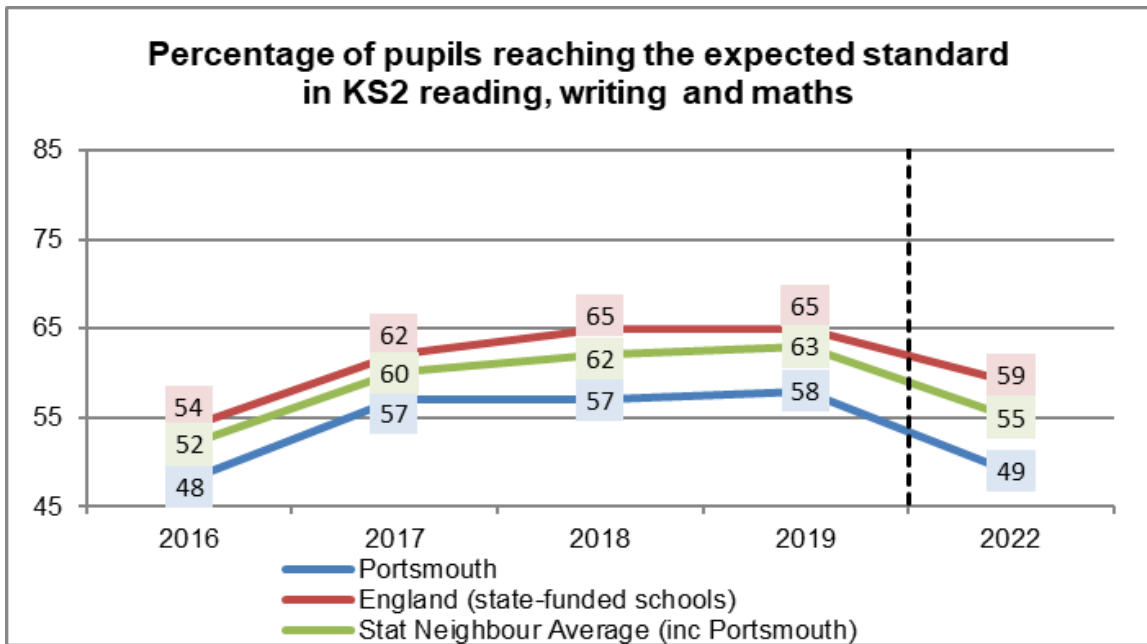


Figure 4 % pupils in Portsmouth reaching expected standard in Key Stage 2 reading, writing and maths

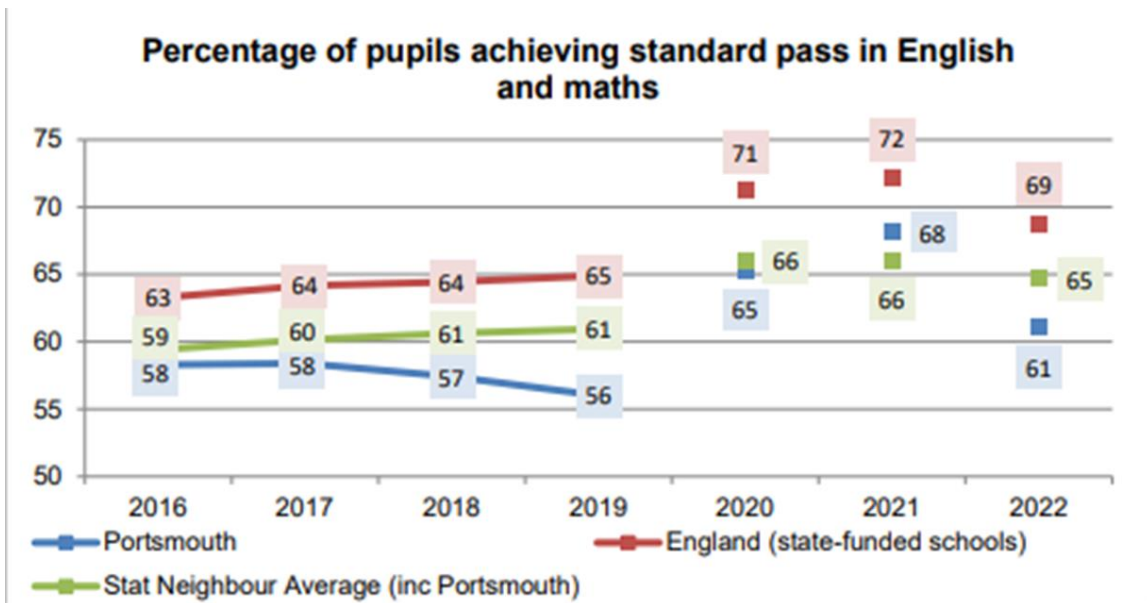


Figure 5 % pupils in Portsmouth achieving standard GCSE pass in English and Maths

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

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

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

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

#### 1.4.2 Employment and worklessness

##### *Employment*

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

##### *Income*

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

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

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

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

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

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

### Worklessness

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

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

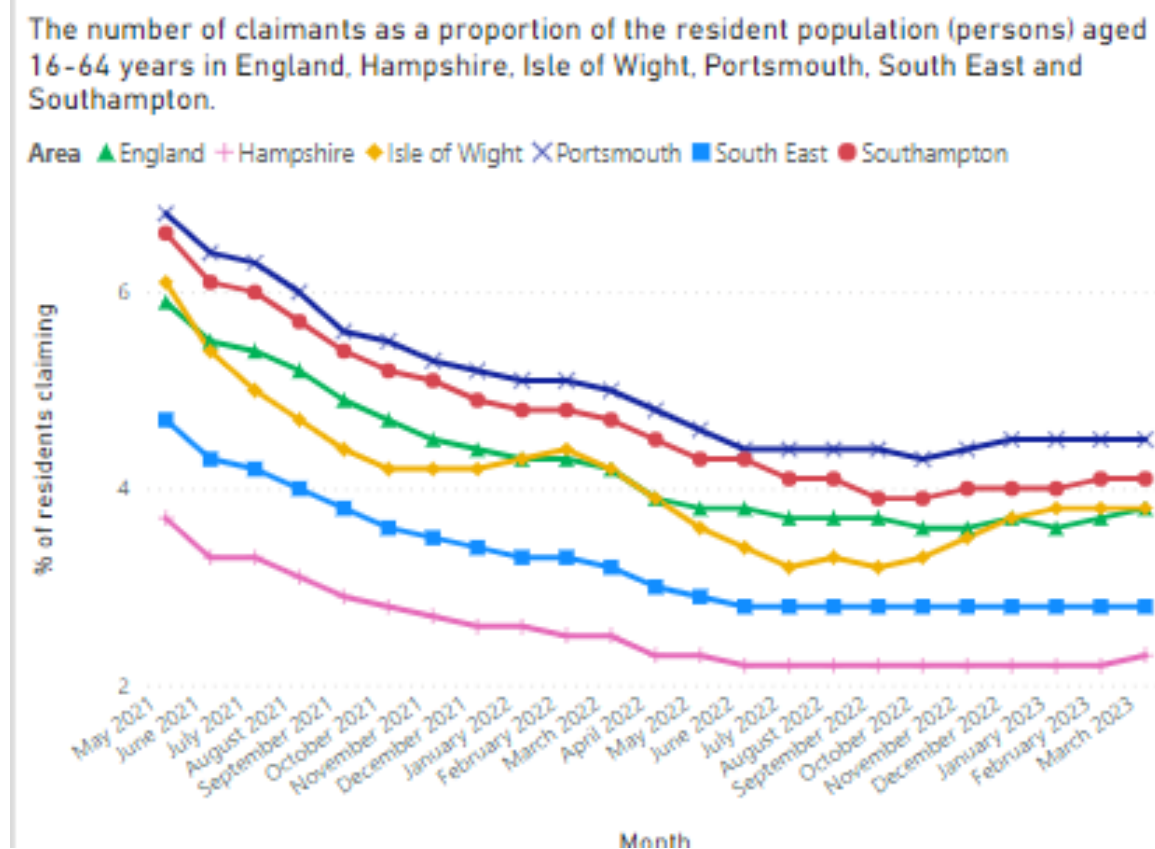


Figure 6 Claim count in Portsmouth and neighbours, May 2021 to March 2023

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

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



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

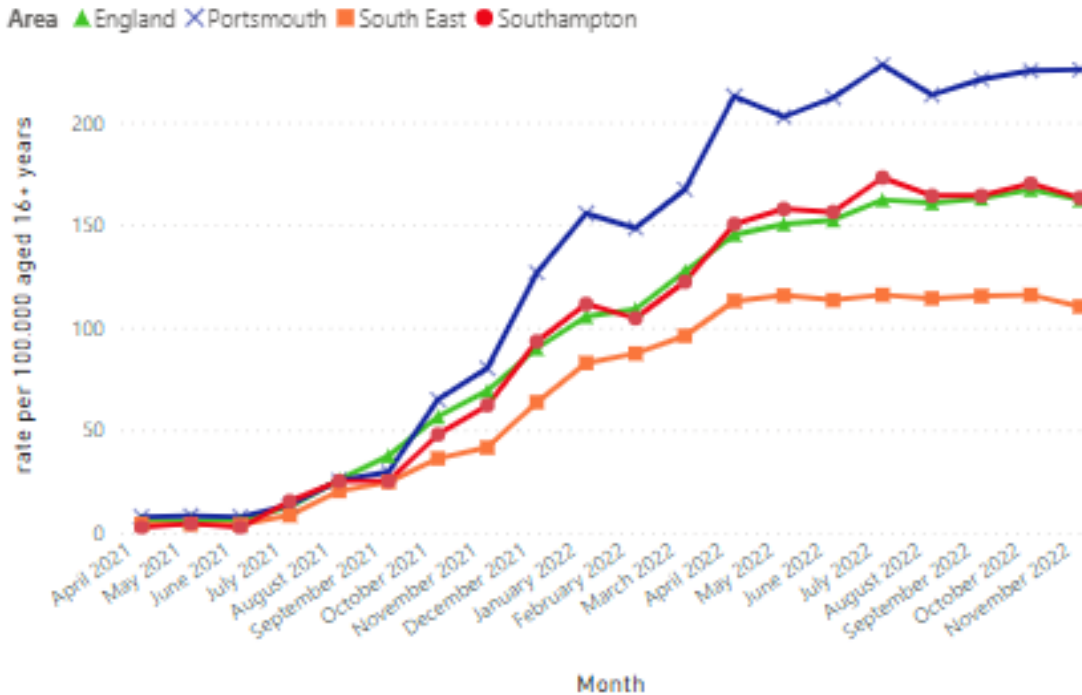


Figure 7 Rate of Universal Credit sanctions in Portsmouth and comparators, April 21 to November 22

### 1.4.3 Housing and communities

#### Housing

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

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

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

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

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

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

#### *Community Safety*

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

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

#### *Social isolation*

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

### 1.5 Indices of Multiple Deprivation

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

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

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

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

<sup>30</sup> Reducing social isolation across the lifecourse, PHE, 2015 [3a Social isolation-Full-revised.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/421113/3a_Social_isolation-Full-revised.pdf) accessed 22.08.2023

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

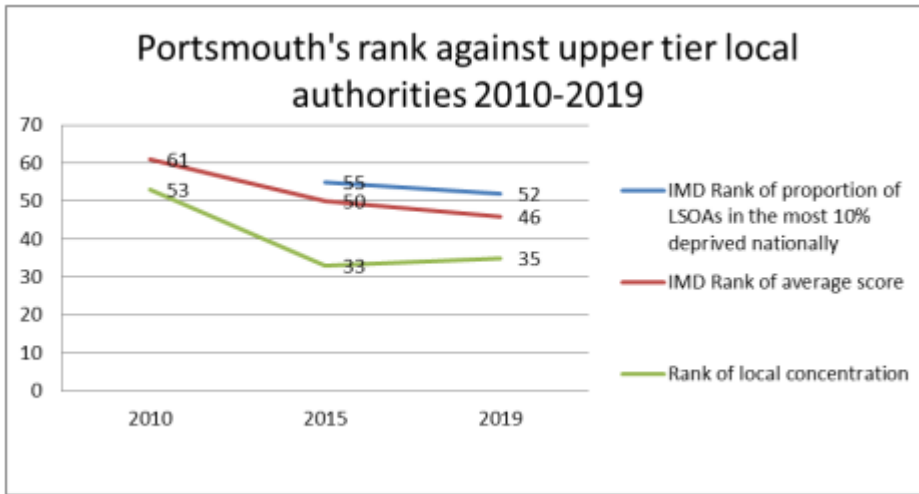


Figure 8 Portsmouth's rank on key IMD scores by UTLA, 2010 - 2019

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

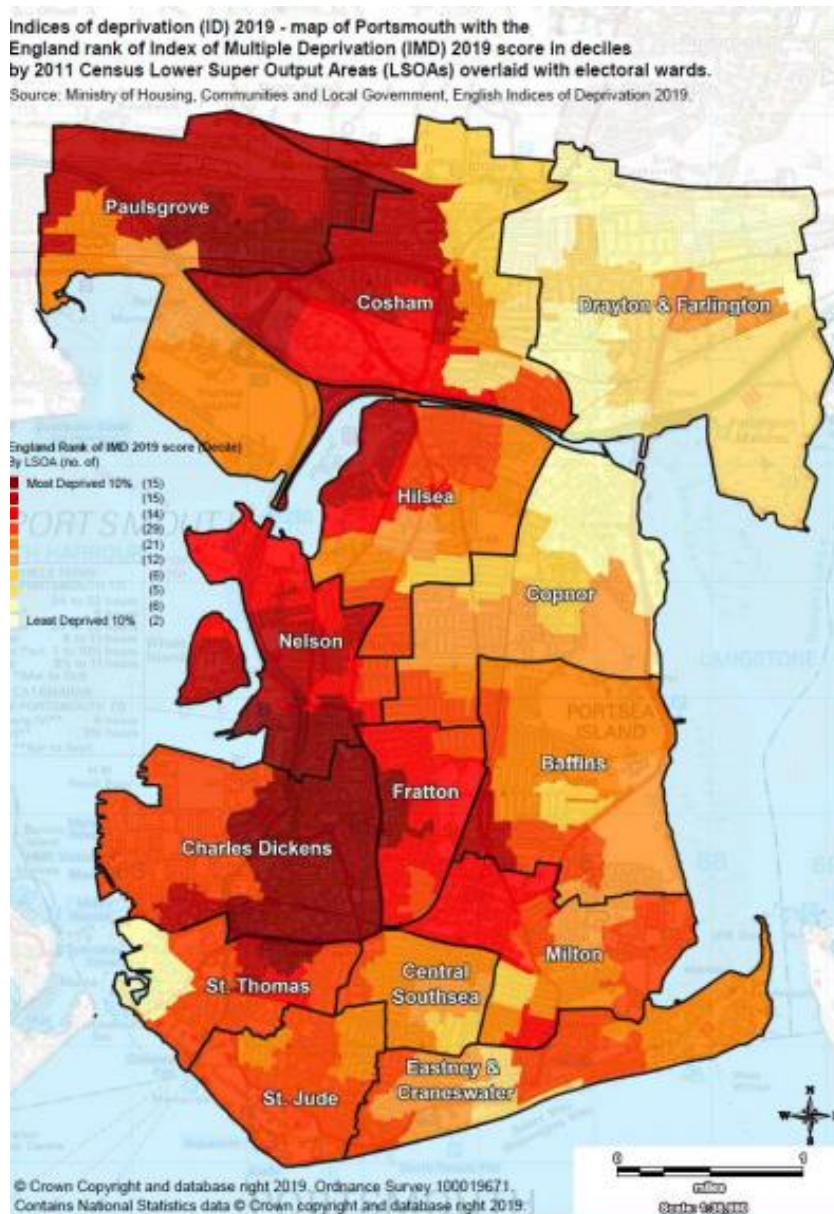


Figure 9 Map of Portsmouth showing IMD scores by decile for LSOAs

## 1.6 Conclusions

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

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

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

### 2.1 A national cost of living crisis

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

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

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

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

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



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

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

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

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

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

#### *Income*

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

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

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

#### *Daily costs of living*

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

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

#### *Energy costs*

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

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

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

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

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

#### *Financial vulnerability*

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

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

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

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

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

Cost of living pressures are expected to continue:

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

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

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

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

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

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

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

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

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

### 2.2.1 Food Insecurity and Poverty

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

### 2.2.2 Fuel and Energy

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

### 2.2.3 Housing

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

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



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

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

#### 2.2.4 Skills, Employment and Benefits

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

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

#### 2.2.5 Money, Debt and Advice

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

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

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

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

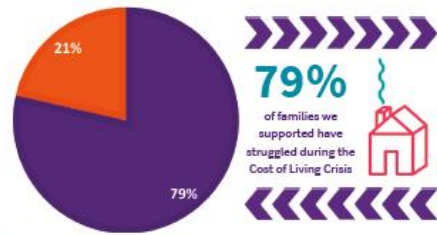
<sup>42</sup> ONS Subnational Estimated of dwellings by tenure, 2023 [Subnational estimates of dwellings by tenure, England - Office for National Statistics \(ons.gov.uk\)](#), accessed 22.08.2023

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

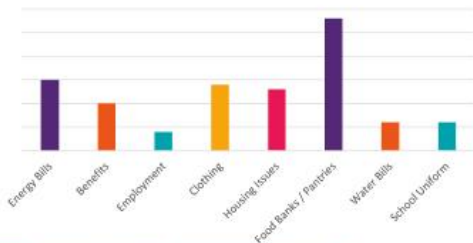


## COST OF LIVING CRISIS FAMILY FEEDBACK

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



Where Families Need Support



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



### What Families Are Saying

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

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

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

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

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

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

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

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

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

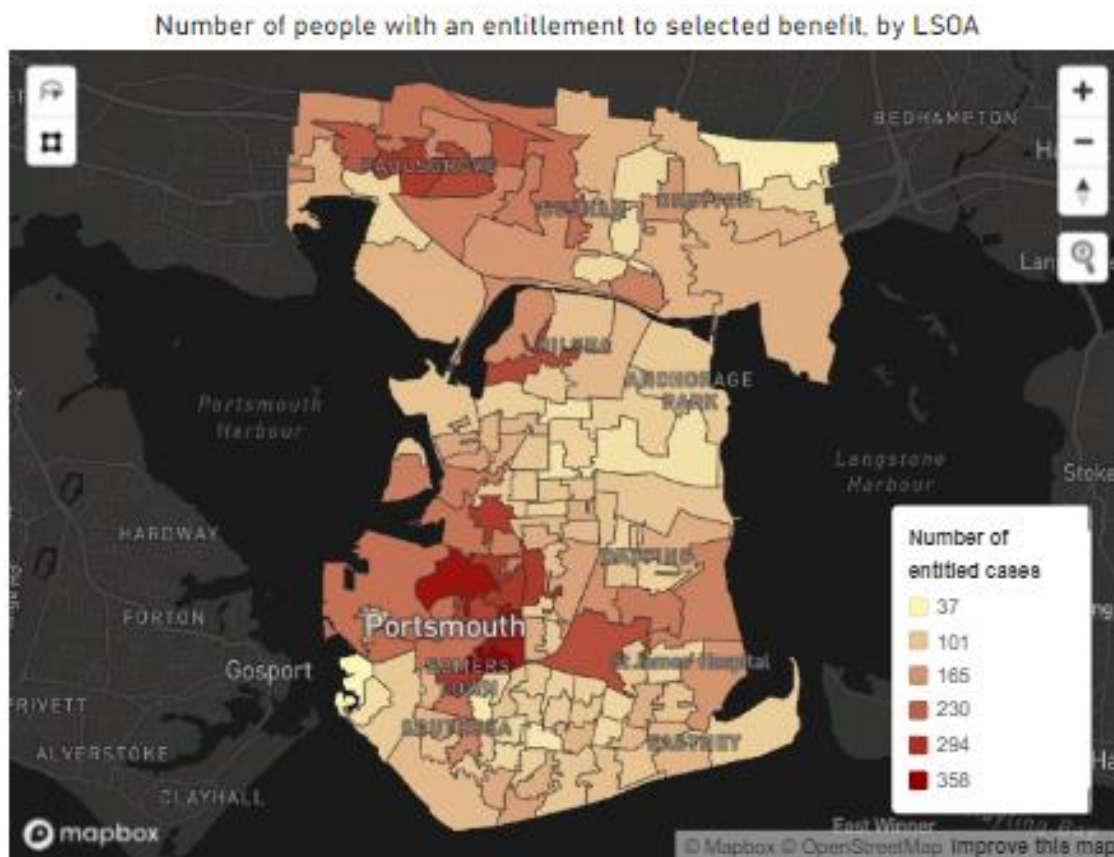


Figure 11 map of numbers eligible for disability related benefits by LSOA in Portsmouth in August 2022

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

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

## 3 Approaches to tackling poverty

### 3.1 Tackling poverty in Portsmouth

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

### 3.3 Lessons from other places

#### 3.3.1 Approaches to tackling poverty

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

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

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

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

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

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

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

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

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

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

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

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

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

### Food insecurity and poverty

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

### Fuel and energy

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

### Health and Wellbeing

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

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

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

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

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

#### Money, debt and advice

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

#### Skills and employment

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

## 4. Stakeholder views

### 4.1 Tackling Poverty Steering Group (TPSG)

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

### 4.2 Health and Wellbeing Board

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

### 4.3 Member priorities

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

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

*In 2023/24, we will also:*

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

### 4.3 Local communities' perspectives

#### 4.3.1 Big Portsmouth Survey

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

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

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

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

#### 4.3.2 Cost of Living conferences in Portsmouth

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 4.2.3 Future research

##### 4.2.3.1 Learning Disabilities

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

##### 4.2.3.2 Community Participatory Action Research

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



## Section 5 Conclusions and recommendations

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

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

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

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

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

### Recommendations

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

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

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

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

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

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

**Sample Menu**

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

**Sample budget and weekly shopping list**

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

***Income***

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

***Outgoings***

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

**Shortfall        -£46.77 pcm**

### Weekly shopping for one

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

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

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

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

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

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

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

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

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

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# Agenda Item 5



**Title of meeting:** Community Wellbeing, Health and Care Portfolio Meeting

**Date of meeting:** 7<sup>th</sup> November 2023

**Subject:** The Liberty Protection Safeguards and Deprivation of Liberty Safeguards

**Report by:** Jacquie Bickers, presented by Andy Biddle

**Wards affected:** All

**Key decision:** No

**Full Council decision:** No

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## 1. Purpose of report

To set out the implications for Deprivation of Liberty Safeguards (DoLS) service now that there is no clear pathway for the introduction of the Liberty Protection Safeguards, (LPS).

## 2. Recommendations

2.1 The Cabinet Member write to the Secretary of State raising concerns that the LPS have not been implemented and there is no timetable to do so.

2.2 The Cabinet Member to write to the Members of Parliament for Portsmouth and invite them to contact the Secretary of State and express their concerns.

## 3. Background

The Liberty Protection Safeguards (LPS) for the legal authorisation of the deprivation of liberty of a person without mental capacity to consent to their accommodation for care and treatment, were scheduled to replace the Deprivation of Liberty Safeguards (DoLS) in 2023.

LPS, had been delayed from its original implementation of October 2020 but with the consultation on the new draft code of practice in 2022, the government advised the public bodies affected by the change, to prepare for implementation late 2023. The planned preparations for change across Portsmouth City Council were set out to the Health, Wellbeing & Social Care Portfolio Meeting on 1<sup>st</sup> November 2022. However, On 5 April 2023, the government formally announced that LPS would be delayed beyond the life of this parliament.



The social care sector<sup>1</sup> has expressed concerns about the delay to implementation of LPS and this means that the DoLS process continues to be applied in cases of deprivation of liberty.

Deprivation of Liberty Safeguards were introduced in 2009 as a response to the findings of the European Court of Human Rights in the <sup>2</sup>*Bournemouth* case concerning the deprivation of liberty of an autistic man with a profound learning disability.

A Deprivation of Liberty Safeguard is part of the Mental Capacity Act 2005 (MCA) framework to protect the European Convention of Human Rights (ECHR) Article 5 Rights (liberty and security) of people who lack capacity, because of a mental disorder or mental disability, to consent to their health and/or social care treatment.

Deprivation of Liberty legislation applies to people 18+ who are in hospital, residential and nursing care homes who do not have the capacity to consent to their care and treatment. The current DoLS process sets out that a managing authority (a hospital or care home) must seek authorisation from a supervisory body (local authority) in order to be able to lawfully deprive someone of their liberty.

One of the key drivers for the change to LPS was to simplify the DoLS process and reduce the numbers of people awaiting an assessment under DoLS arrangements. As the national DoLS statistics published on 24 August 2023 show, the number of completed applications has increased over the last five years by an average of 10% each year. In 2022-23 this was estimated to be 289,150 applications, however, the reported number of cases that were **not completed** as at year end was an estimated 126,100, 2% more than the end of the previous year, and the proportion of standard applications completed within the statutory timeframe of 21 days was 19% in 2022-23; which has fallen from 20% in the previous year.

The average length of time for all completed applications was 156 days, compared to 153 days in the previous year.

Figure 1 shows that the number of DoLS referrals in PCC has increased and the 2022/23 return indicates a 19.5% increase in the numbers of applications received.

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<sup>1</sup> [Decision to shelve LPS 'unacceptable blow to thousands unlawfully detained' - Community Care](#)

<sup>2</sup> [Bournemouth case | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)



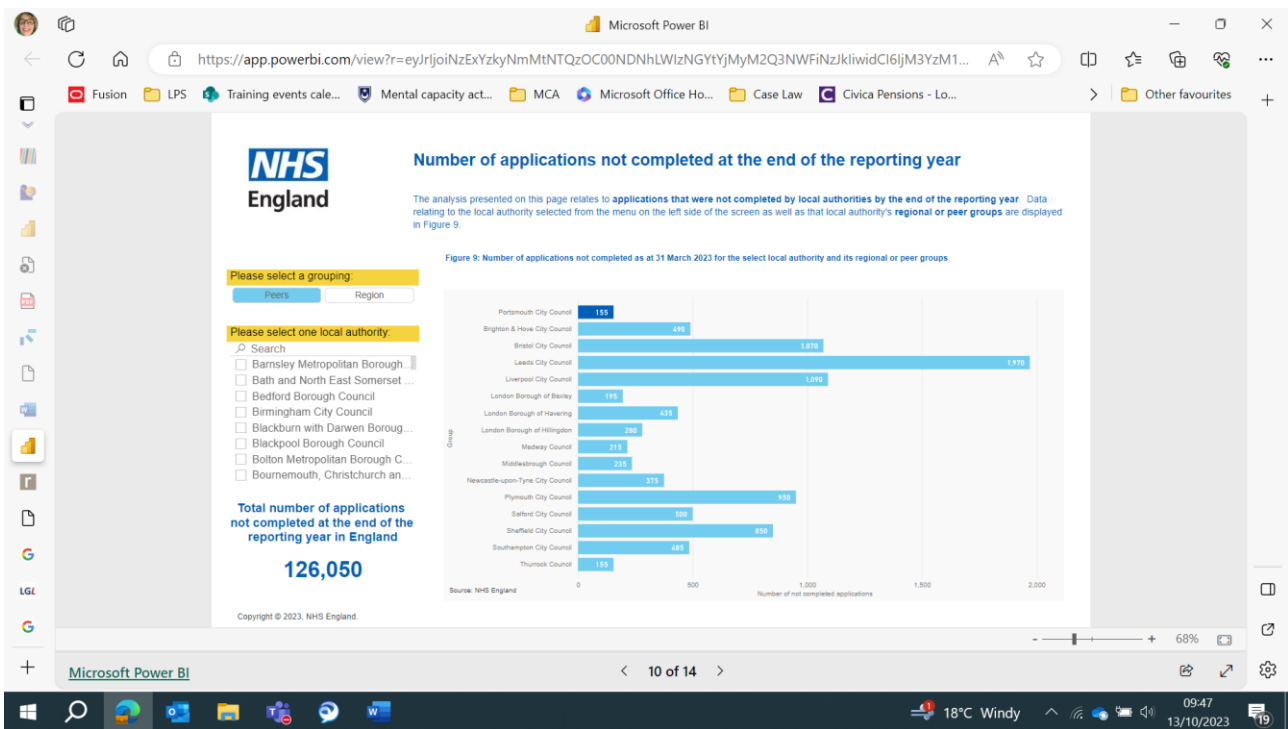
**Figure 1 Comparison of DoLS applications over the last two years**





Portsmouth City Council (PCC) has, notwithstanding this increase, been in the fortunate position of not running a significant 'pending' list for people waiting a DoLS authorisation. Figure 2 shows that for 2022/23, Portsmouth had 155 people whose application had not been 'signed off' compared to those not signed off by its peers.

**Figure 2 - Number of applications not completed during 2022/23**



So while at this stage there is no sense that the position in PCC for managing the DoLS service will be significantly affected by the delay to LPS. The greater implication is likely to be felt in the area of DoLS in a community setting.

#### 4. Reasons for recommendations

##### 4.1 Deprivation of Liberty in a community Setting

The Deprivation of Liberty Safeguards only apply when a person is in hospital or a care home. If a person is living in another setting such as supported living, shared lives or extra care and they meet the 'Acid Test' an application to deprive the person of their liberty in their best interests, must be made through the Court of Protection.

Depriving a person of their liberty within a community setting is referred to as a Deprivation of Liberty Order or Community DoLS – the lawful authorisation of arrangements enabling care or treatment which give rise to a deprivation of liberty for the person.

One of the most significant changes in the LPS schedule was the extension of a DoLS to cover community settings in order to free up the Court of Protection. As set out in the government's draft impact assessment of the introduction to LPS 'The current system cannot keep pace with the high demand for DoLS authorisations and not all deprivations of liberty in community settings are being authorised through the CoP, meaning there has

been subsequent non-compliance with the law and potential breaches of human rights.' PCC, alongside other local authorities took the view that while the plans for LPS were progressing that applications to the CoP for authorisation of a Deprivation in the Community would be prioritised for those people who were 'objecting' or with high level restrictions in place. A triage and risk management system was put in place for others likely to be deprived of their liberty in a community setting. There are currently 10 people in PCC under a CoP authorised Deprivation in the Community.

In consultation with Portsmouth City Council legal colleagues and the teams which act under the Mental Capacity Act and the Care Act, we are in the process of now identifying all those who would meet the definition of a Deprivation in the Community in order to progress those through to the Court of Protection. This analysis is in the early stages but we know that the greater number will be for Portsmouth residents with a learning disability. The learning disability service has in the region of 880 people that live at home or in another community setting. Until collection of all the data has been completed, the actual number of people under a DoLs in the community that would need to go to the Court of Protection for authorisation cannot be verified. Early analysis has identified 100 people within Shared Lives that would meet the criteria for a Deprivation in the Community, which would suggest the figure for people living in their own homes is likely to be as great or greater given the higher numbers at home.

#### **4.2 Deprivation of Liberty in a Community Setting 16 and 17 years old**

Case Law of September 26, 2019 in the <sup>3</sup>[Re D](#) [2019] UKSC 42 case, the Supreme Court has held (by a majority) that where a 16 or 17 year old child cannot (or does not) give their own consent to circumstances satisfying the 'acid test' of the *Cheshire West* judgement, and if the state either knows or ought to know of the circumstances, then the child is to be seen as deprived of their liberty for purposes of Article 5 European Convention of Human Rights, and requires the protections afforded by that Article. This means that It is not within the scope of parental responsibility to consent to living arrangements for a 16- or 17-year-old child which would otherwise amount to a deprivation of liberty.

There are 195 children aged 16/17 years of age in Children's Services, of those 42 have a disability status and 18 are Looked After Children. Children Services have been engaged with the proposed LPS changes and there is ongoing work with the teams to embed understanding and training around the Mental Capacity Act and Deprivation of Liberty Safeguards.

As in Adult Services, further analysis is needed to identify those young people who may be deprived of their liberty in the community. It should be noted that in cases involving 16-17 year olds who lack capacity, the courts will not automatically assume that the Court of Protection is the appropriate jurisdiction and will consider whether on the facts of a particular case, a child's welfare will be better safeguarded under the inherent jurisdiction of the High Court.

#### **5. Integrated impact assessment**

As there is no change to the legislation/process that governs deprivation of liberty, an IIA is not required.

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<sup>3</sup> [In the matter of D \(A Child\) \(supremecourt.uk\)](#)



**6. Legal implications**

As the LPS scheme has not been implemented, there is no change to the process of depriving a citizen of their liberty.

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

There are no direct financial implications arising from the recommendations in this report.

.....  
Signed by:

**Appendices:**

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

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

Title of document	Location

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

.....  
Signed by:

# Agenda Item 6



## **THIS ITEM IS FOR INFORMATION ONLY**

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

**Title of meeting:** Community Wellbeing, Health & Care Portfolio Meeting

**Subject:** Adult Social Care Annual Complaints Report

**Date of meeting:** 7<sup>th</sup> November 2023

**Report by:** Natalie Beckett and John Thomas  
Complaints Managers for Social Care

**Wards affected:** All

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### **1. Requested by**

Councillor Matthew Winnington, Cabinet Member for Community Wellbeing, Health & Care.

### **2. Purpose**

To update the Cabinet Member and spokespeople on the complaints received in Adult Social Care, (ASC) in 2022/23.

### **3. Information Requested**

- An analysis of all complaints and other contacts received during the period of 1 April 2022 to 31 March 2023 for social care services provided to adults.
- Comparison of the complaints and contacts against the previous 12 months.

### **4. Analysis of complaints**

For the financial year 2022/23, there were 74 statutory complaints made about Adult Social Care, compared to 51 in the previous year. Included within 2022/23 are 8 complaints involving an independent provider, compared to 3 in the previous financial year. There was also 1 private provider complaint.

In addition to statutory complaints, there were 18 customer contacts, 13 possible complaints and 6 contacts that were responded to under different procedures.

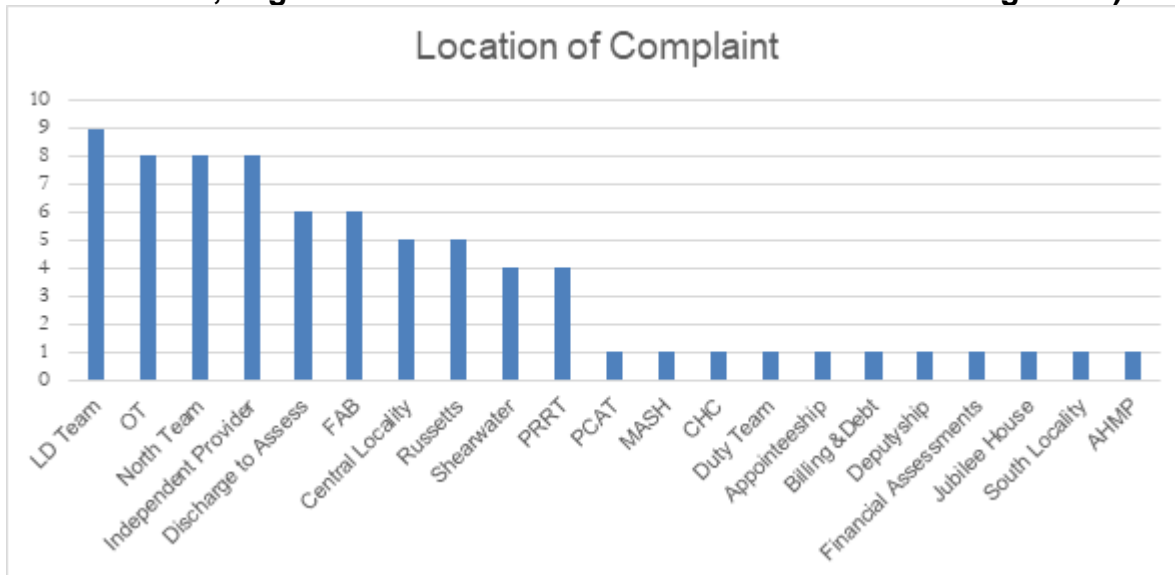
The number of residents with active contact with Adult Social Care on 5 December 2022 was 8,362. The 74 complaints received therefore represent less than 1% of all the people receiving a service from Adult Social Care.

To set the complaints figures in context, the following chart outlines the number of complaints for each location/team.

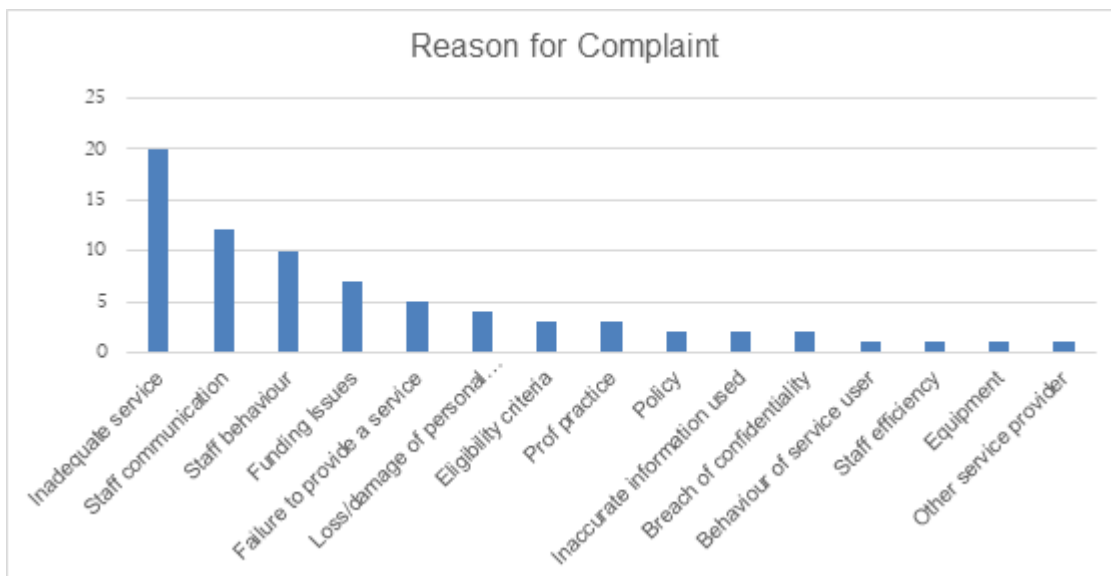


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It is also important to consider the reasons why complaints were made.



Inadequate service, communication and staff behaviour were the most prevalent complaint themes this year.

### 5. Performance

It is worth noting that there is no specific timescale laid down by national complaints guidance. It is a flexible process with timescales agreed with individual complainants. However, under the ASC complaints procedure, we aim to send complainants a full reply within 10 working days if possible, or if the matter is more complicated, the target timescale is 20 working days. From April 2023 we changed the



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response time to 15 working days in line with Portsmouth City Council corporate complaints team. Staff are encouraged to ensure their responses are proportionate to the complexity and level of investigation required.

The extent to which our timescales have been met can be seen below.

Full Reply Performance (working days)	Financial Year 2022/2023	Financial Year 2021/2022
0-20 days	78% (59% within 10 working days)	79% (60% within 10 days)
20+ days	18%	21%

Overall, 78% of complaints have received a response within 20 working days, which is a slight decrease from last year (79%). 59% of complainants received their reply within 10 working days which is a slight decrease compared to the previous year (60%). Some complaints will take longer than 10 days to investigate and reply to, particularly if the matter is complex, there is a need to interview staff or further responses or meetings are required to resolve the complaint. There are currently 3 outstanding complaints.

The Complaints Managers will therefore continue to highlight the importance of dealing with complaints in a timely way and encourage staff to have a positive attitude to complaints handling. Complaints Managers also encourage managers to make a quick initial assessment of a complaint when they receive it, to enable any immediate issues to be dealt with and to establish that the right person is handling the complaint.

**6. Local government and social care ombudsman cases**

Most complaints continue to be resolved at the early stage of the procedure. If the matter remains unresolved after further responses or escalation of the complaint to more senior managers, then the complainant can refer to the Local Government and Social Care Ombudsman for further consideration.

There were 4 complaints referred to the Local Government and Social Care Ombudsman (LGSCO) this year compared to 1 in the previous financial year.

The Ombudsman found fault with 2 complaints and recommended we did the following:

*Complaint 1: The Council has already apologised to Mrs X and Mrs Y for the failures I have identified above. However, I am not satisfied that an apology is an adequate remedy for the distress caused to Mrs Y and Mrs X.*

*When a council commissions another organisation to provide services on its behalf it remains responsible for those services and for the actions of the organisation providing them. So, although I found fault with the actions of the care provider, I have made recommendations to the Council.*

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*Within one month of my final decision the Council should:*

- *pay Mrs Y £150 to recognise the distress caused because she did not receive care visits on the morning of the Saturday after she returned home from hospital; and*
- *pay Mrs X £200 to recognise the distress, frustration, time and trouble caused by having to care for Mrs Y the weekend after she returned from hospital and the errors in the Council's first response to her complaint.*

*Within three months of my final decision the Council should write to all the home care providers it contracts with to clarify:*

- *that care providers should notify the Council as soon as they become aware that someone they care for has been admitted to hospital; and*
- *what the Council expects care providers to do before cancelling care packages after a hospital admission.*

*Complaint 2 : The Council should, within four weeks of the final decision: • calculate the approximate cost Ms X would have incurred had she received reablement services, deduct this from £810 and refund Ms X the difference • consider the information Ms X provided about the service she received from the second personal assistant and amend the invoice as necessary, • ensure officers conducting needs assessments/advising service users, act in line with the Care Act. Final decision 25. The Council failed to consider Ms X for reablement services. It then failed to provide appropriate advice about direct payments. This resulted in a significant financial loss for Ms X. The Council also failed to consider information Ms X provided about the service she received from a personal assistant.*

The third complaint centred on the Council failing to investigate safeguarding concerns raised by a family member. The Ombudsman did not investigate this because of the length of time that had passed.

The fourth complaint was about the care the complainant's mother received at Shearwater. The initial draft decision has been received and the Ombudsman has found fault with the council.

Whilst 74 complaints were made, these figures indicate that 69 of these were resolved internally in a manner acceptable to the complainant. This is very positive as we strive to resolve all complaints without the need for complainants to approach the Ombudsman.

### **7. Advocacy**

The complaints leaflet advises people that they can get help if they need it to make a complaint. This can be an informal arrangement with a friend or family member or more formally through an advocacy organisation organised by the Complaints Managers.

### **8. Proportion of complaints upheld**

It is interesting to review the outcomes of complaint investigations i.e. the proportion that were justified to some degree by the manager who responded and investigated.



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<b>Category</b>	<b>Number of Complaints 2022/2023</b>
Not upheld	30
Partially upheld	23
Upheld	13
Withdrawn	3
Other (withdrawn or response not completed at end of reporting period).	5
<b>Total</b>	<b>74</b>

This shows that 48% (36) of complaints for Adult Social Care were considered to be justified in some way this year compared to 59% last year. In such cases, every effort will be made to identify actions that could improve service in the area concerned (please see Learning from Complaints on the next page).

### **9. Complaints received by Solent NHS Trust**

Our Adult Mental Health Services are integrated, where Solent NHS Trust is the lead agency and all complaints are logged and handled by them. The details of complaints logged by Solent NHS Trust for Adult Mental Health Services will be included in their Annual Report.

### **10. Compliments**

Compliments for services are received annually. For the period 1 April 2022 to 31 March 2023, we received 16 compliments for Adult Social Care, a small decrease from the 19 received in the previous year. These are broken down by team below.

<b>Team Name</b>	<b>Number of Compliments</b>
Shearwater	4
North Team	3
OT Team	3
FAB Team	2
Royal Albert Day Centre	2
CHC Team	1
Russets	1

### **11. Persistent complaints policy**

The council's Corporate Complaints Policy provides guidance on dealing with the small number of complainants who are persistent or unreasonable, taking up an unwarranted amount of council resources or impeding the investigation of their complaint. We have not had to use this policy in 2022/2023.



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**12. Councillor and MP enquiries**

Another way in which service users may contact us is through their Councillor or MP. If a complaint is made by a Councillor or MP it will be included in the complaints figures shown earlier in this report. However, if it is only an enquiry it is not included in those figures. In total for this period, we recorded 78 Councillor/MP Enquiries for Adult Social Care, a large increase compared to 44 last year.

**13. Learning from complaints**

Complaints are an invaluable form of research for the department, helping it to continually learn from complaints and improve the services it provides to vulnerable adults in Portsmouth. Learning can take many different forms, for example, changes in working practices, amendments to policy, changes to service, staff training etc.

Some examples of how the department has learned from complaints received in 2022/23 are shown below.

We received a complaint about a lost TV. Unit manager spoke again to maintenance team to remind of the process if a TV breaks or is unsafe in future. They have been instructed to check all residents TV's and ensure they are identified as belonging to Shearwater or the resident and clearly labelled on the back and are on the inventory.

In response to comments regarding a bill and the fact that entries are not all printed in date order, the FAB team are now looking to work with our IT provider to try and resolve this issue.

Following a complaint to the FAB team about a payment that was made and not recorded properly, the team have been reminded of the importance in ensuring correct information is obtained and double checked prior to submitting the entry.

**14. Training**

The Complaints Managers have not undertaken any face-to-face training sessions for internal PCC staff this year but continue to offer ELearning for PCC staff on Effective Complaint Handling as well as advice to staff on an ongoing basis. We are looking at re-starting our face-to-face training in April 2024.

The Complaints Managers will continue to support operational staff and managers in handling and responding to complaints in the future. Complaints provide invaluable free market research for the department and we aim to continue to increase our learning from complaints, to disseminate good practice and to achieve more service improvements as a result.

.....  
Signed by (Director)



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**Appendices:**

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

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

Title of document	Location

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