



NOTICE OF MEETING

HEALTH & WELLBEING BOARD

WEDNESDAY, 6 MARCH 2024 AT 10.00 AM

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

Telephone enquiries to Anna Martyn Tel 023 9283 4870

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

Health & Wellbeing Board Members

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

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

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

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

AGENDA

- 1 Apologies for absence
- 2 Declarations of interest
- 3 Minutes of previous meeting - 29 November 2023 (Pages 5 - 12)

RECOMMENDED that the minutes of the meeting held on 29 November 2023

be approved as a correct record.

4 Portsmouth as an age friendly city (Pages 13 - 38)

To update the Health and Wellbeing Board on how we are working towards being an age-friendly city.

RECOMMENDED that the Health and Wellbeing Board

1. Note the outcomes of the activity audit;
2. Support ongoing work as set out at paragraph 4.2 to establish gaps in provision and formulate recommendations to address these.

5 Portsmouth Safeguarding Children Partnership (Pages 39 - 70)

To introduce the Annual Report 2022-23 of the Portsmouth Safeguarding Children Partnership (PSCP) on the effectiveness of multi-agency early help and safeguarding arrangements for children in Portsmouth.

6 Homelessness Strategy 2024-2029 (Pages 71 - 190)

To present the Homelessness Strategy which details Portsmouth City Council's approach to understanding and responding to customers and residents who face homelessness.

RECOMMENDED that the Health & Wellbeing Board

1. Notes the new Homelessness Strategy 2024 - 2029;
2. Notes the Five Strategic Aims of the Strategy and the next steps to develop action plans;
3. Notes the change in emphasis of the previous partnership board and identifies where HWB partners can engage with the partnership and the working groups to achieve the strategic aims;
4. Promotes the strategy and its aims with HWB partner organisations.

7 Positive Relationships - Health & Wellbeing Strategy thematic update

There will be a verbal update at the meeting.

8 Portsmouth Family Hubs and Start For Life (Pages 191 - 198)

To provide information on how Portsmouth City Council is developing its family hub model and share information around the services it is delivering and how it will meet the needs of children and families at a local level.

9 University of Portsmouth - Making Contextual Offers

There will be a verbal report at the meeting.

10 Combatting Drugs Partnership Annual Report (Pages 199 - 204)

To inform the Health and Wellbeing Board (HWB) of the Combatting Drugs Partnership (CDP) work over the past year.

RECOMMENDED that the Health and Wellbeing Board note the annual report.

11 Air Quality and Active Travel - Health & Wellbeing Strategy (Pages 205 - 210)

To provide an update to the Health and Wellbeing Board on the air quality and active travel priority of the Health and Wellbeing Strategy.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue. Whilst every effort is made to webcast this meeting, should technical or other difficulties occur, the meeting will continue without being webcast via the Council's website.

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Agenda Item 3

RECORD OF THE MEETING of the Health and Wellbeing Board on
Wednesday, 29 November 2023 at 10.00 am in the Executive Meeting Room,
Guildhall, Portsmouth

Present

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care
Portsmouth, Hampshire and Isle of Wight Integrated Care Board (Joint
Chair, in the Chair)

Councillor Steve Pitt, Leader of Portsmouth City Council

Helen Atkinson, Director of Public Health, PCC
Natalie Brahma-Pearl, Chief Executive, PCC
Sarah Daly, Director of Children, Families & Education, PCC
David Goosey, Portsmouth Safeguarding Adults Board
Superintendent Mark Lewis, Hampshire Constabulary
Kelly Nash, Strategy Unit, PCC
Gemma Nichols, Portsmouth Creates
Dr Jason Oakley, University of Portsmouth
Lorna Reavley, The Hive
Paul Riddell, Hampshire & Isle of Wight Fire & Rescue Service
Jo Shankland, City of Portsmouth College
Dianne Sherlock, Age UK
Frances Soul, Portsmouth Education Partnership
Jo York, Health & Care Portsmouth

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

Dr Linda Collie, Clinical Lead/ Clinical Executive (GP) Health & Care
Portsmouth, Hampshire and Isle of Wight Integrated Care Board opened the
meeting.

The Board thanked Jo York, whose last day of service was 30 November, for
her contribution to the Health & Wellbeing Board (HWB) and the city's health
and wellbeing over the years.

Apologies for absence were received from Councillor Lewis Gosling,
Councillor Graham Heaney, Councillor Suzy Horton, Councillor Matthew
Winnington, Roger Batterbury (Healthwatch, who was represented by Dr
Oakley), Sarah Beattie (Probation Service), Andy Biddle (Adult Social Care,
PCC), Penny Emerit (Portsmouth Hospitals University Trust), James Hill
(Housing, Neighbourhood & Building Services, PCC) and Alasdair Snell
(Solent NHS Trust).

The Board agreed to consider agenda item 6 (Community Safety Strategic
Assessment) first but for ease of reference the minutes will be kept in the
original order.

34. Declarations of Interests (AI 2)

There were no declarations of interest.

35. Minutes of previous meeting - 27 September 2023 (AI 3)

RESOLVED that the minutes of the Health and Wellbeing Board held on 27 September 2023 be approved as a correct record.

36. Matters arising

Portsmouth Safeguarding Adults Board (PSAB) - Funding - minute 27

Dr Collie asked if letters had been written to the Hampshire & Isle of Wight (HIOW) Constabulary and HIOW Integrated Care Board requesting them to set out their funding formulas and how they intended to enable the PSAB to meet its obligations. A response has been received for the current financial year contribution but will be pursued now for 2024/25 as that is not confirmed.

Portsmouth as an age-friendly city - minute 31

Dr Collie reminded those present of Andy Biddle's request to complete information on what their organisations were doing to make Portsmouth an age-friendly city; information should be sent to Kelly Nash by Friday 15 December.

37. Portsmouth Safeguarding Adults Board (PSAB) Annual Report (AI 4)

David Goosey, PSAB Chair, introduced the report, noting that he was fortunate to present it alongside the Safeguarding Adults Reviews (SAR) for three adults. The reviews reflected the PSAB's challenges and priorities, including the shortage of resources which had been discussed at the previous HWB meeting. The three people in the SARs fell through the net as the net was not good enough to catch them. The SARs pointed to the need for a more rigorous approach to risk assessments and showed the impact of stigma on the three people. They held off from seeking assistance as they were afraid of the reaction they would get. Housing was a key issue though no doubt there were challenges around housing them. Positive relationships were discussed at the HWB's previous development session meeting and a trusting relationship with an adult could have made a huge difference to them. In the year the report was published there was a thematic review into ten deaths so without intervention the process was likely to continue.

Helen Atkinson would bring proposals from the development session to the next HWB meeting. There were so many different organisations and the behaviour of adults with the most complex needs did not always lend itself to having positive relationships with organisations. Scoping had started but organisations needed to focus differently on this group of people. Rather than rushing in organisations should scope the work well and ensure a proper partnership approach. Jo Shankland was Designated Safeguarding Lead on the Portsmouth Safeguarding Children Partnership. The City of Portsmouth College trained a significant amount of adults who might be at risk of falling through the net so she was happy to volunteer to be on the PSAB to close the gap.

The Chair said the case studies brought to life why organisations needed to improve.

RESOLVED that the Health & Wellbeing Board note the report.

38. Portsmouth Safeguarding Children Portsmouth Partnership Annual Report (AI 5)

Scott MacKechnie, Independent Chair & Scrutineer, had had to give apologies and the HWB agreed to postpone consideration of the report as he was the most appropriate person to present it.

RESOLVED to postpone the agenda item until the next meeting.

39. Community Safety Strategic Assessment (AI 6)

Matthew Gummerson, Assistant Director, Strategic Intelligence & Research, introduced the report, and Sam Graves, Community Safety Analyst, gave a presentation outlining key trends and issues in 2022/23. The Strategic Assessment is a statutory requirement for community safety partnerships. Police datasets give detailed information about crime in the city but not all crimes are reported to the police so a range of other data sources are used. On balance crime levels were likely to have remained stable over the last decade. Possession of a weapon offences had increased but this might reflect a greater focus on searching suspects. Domestic abuse was heavily impacted by the willingness of people to report it. Although there were positive outcomes for those who accepted responsibility for their actions it was a small number and there was still work to be done to hold perpetrators to account. There was a small genuine increase of child criminal exploitation linked to drugs networks as well as raised awareness. The reduction in recorded shoplifting probably did not reflect the number of offences; work was being done to tackle it.

Under the new Serious Violence Duty responsible authorities were required to share information. Upper tier local authorities across Hampshire produced strategic needs assessments (SNA) for 14 districts with local data then an analyst in the Violence Production Unit produced an overarching one for Hampshire, Isle of Wight, Portsmouth and Southampton. A large proportion of serious violence comprised possession of a weapon, GBH, robbery of personal property, a small number of homicides and violent disorder offences. The increase in serious violence since the Covid pandemic was driven by possession of weapons and robbery offences. It was concentrated in the city centre on Friday to Sunday evenings so the night-time economy could be a significant driver. About 60% occurred in public spaces and was mostly amongst strangers. Portsmouth compared fairly poorly with the Hampshire and England averages for measures associated with serious violence.

A 2022 survey showed levels of anti-social behaviour as fairly stable since 2014 but it needed to be reported to the correct agencies. The rankings in the table of areas where people felt unsafe showed interesting changes, for example, Portsea has been seen as safer since the development of Gunwharf. However, the Cascades had not affected Commercial Road the same way. Paulsgrove has been seen as safer since 2009 due to a lot of community work which could be translated to other areas.

The next community safety survey would take place next year with the fieldwork taking place in February and March 2024. Previous survey

reports were on the Safer Portsmouth Partnership website and fieldwork locations were likely to be similar, though suggestions were welcome. There would be about 1,000 face-to-face conversations with residents. Dates and other information would be on the council's website and social media. Finally, it was recommended that the community safety priorities remained unchanged.

In response to questions, Ms Graves said there was a lot of evidence of associations of victimhood with "the causes of the causes" in the Health and Wellbeing Strategy. For example, a detailed spreadsheet showed the different risk and protective factors linked to serious violence and highlighted issues such as engagement with education. Serious violence was more likely to be found in areas of high deprivation but not all such areas have it.

Superintendent Lewis said reading the SNA alongside the report showed how interlinked elements drove serious violence. The SNA highlighted not just policing but so many other factors like educational attainment. Organisations needed to look at the detail in the SNA at the HWB's development sessions. Without pre-judging next year's assessment thefts from shops would increase significantly as the Police were working to increase reporting and recording of shoplifting. Violence in the home was still significant; it was a very difficult matter to crack but a key action. The Violent Crime Taskforce was looking at longer-term problem solving.

Councillor Pitt agreed the reporting of shoplifting was far lower than the number of incidents. He had recently met shopkeepers and stallholders who had had multiple incidents of shoplifting but not reported them. The levels of anxiety were not being reflected; they were afraid to go to work and wore bodycams. Shoplifting led to other crimes and targeted work was needed. Ms Graves said shoplifting was not in the current priorities as these were elected using a matrix which looked at the physical and emotional harm compared with the proportionate effect of serious violence, alongside things like volume of incidents. Mr Gummerson acknowledged Councillor Pitt's point. The research and analysis programme linked to the Strategic Assessment identified areas where more data and intelligence was needed to understand the issue and enable the right response, and the underreporting of shoplifting would be explored through that. Superintendent Lewis said the increase in reported shoplifting incidents would be in next year's crime report. Confidence in the number of people being brought to justice was increasing. How safe people felt, and not just violence, was an element of community safety and a police priority too. The police were exploring opportunities to tell the public what was happening. The position was improving but there was still work to be done. Shoplifting could be linked to organised crime or the cost of living.

Jo York asked if there was a coding issue around the figures for decreasing alcohol and drug related admissions in view of the higher number of deaths. Ms Graves explained the measure was for 15 to 24 year olds so the drug related deaths would be a different cohort. A monitoring report that went to the Combating Drugs Partnership had more detail. There were limitations with violence data obtained from the Emergency Department as there was

not always time to do detailed assessments. A report on combating drugs would come to the next HWB meeting. There had been a significant uplift in government funding for treating substance misuse.

Dr Collie thanked officers for a thorough report.

RESOLVED that the Health and Wellbeing Board use the information in this strategic assessment (and the previous full strategic assessment in 2020/21) to guide evidence-based day to day decision making and resource allocation.

40. Health and Wellbeing Strategy - Poverty (AI 9)

Mark Sage, Tackling Poverty Co-ordinator, introduced the report. Since the previous HWB meeting there had been two development sessions on tackling poverty. The Tackling Poverty Steering Group would meet the following day to look at learning from the Public Health Annual Report. Mr Sage wanted to make the HWB aware of a significant risk to funding. The council was hoping for confirmation in the autumn budget statement that Household Support Fund funding would continue to 2024/2025 but the only reference was to the current round, which ended on 31 March 2024 and could only be used in this financial year so there was no certainty. However, the council has had very late notice of funding in previous years from the government. The annual funding of around £3.8m provided significant financial support to residents and funded temporary staff to deliver it. The council would look to lobby around this and the DWP were fully aware of the risks. The next steps in the coming months were looking at how to work around the resources available.

Councillor Pitt was pessimistic as the government had had a massive opportunity to support people in hardship but had not. He had raised it with the Local Government Association and was expecting a joint approach across local authorities. Losing £3.8m would be catastrophic.

Public Health would definitely be raising concerns and wanted to broaden the issue so it was everyone's business. The impact of Covid and the cost of living crisis had not gone away and would continue into next year. The all-partner Steering Group would continue to see the impact on organisations like the police and NHS. A huge amount of work has been done to support people and although it has slightly mitigated the cost of living crisis the impact could still be seen so should be stated.

RESOLVED that the Health and Wellbeing Board note the report.

41. Education attainment - update on 2023 results (AI 10)

Mike Stoneman, Deputy Director of Education, introduced the report. The majority of Portsmouth schools (14) were Multi-Academy Trusts (MAT) who were responsible for results, some of which were sobering and disappointing. A variety of factors affected attainment and although Portsmouth had the Portsmouth Education Partnership (PEP) improving attainment was a collective effort. On a pleasing note the dip in Ofsted judgements had improved which meant a return to the "Portsmouth paradox" in that schools were judged Good or Outstanding but results remained in the bottom 10% of

local authorities. Portsmouth has been designated one of 24 Priority Investment Education (PIE) areas in the UK and given a grant of £1.8m though that put the city in the spotlight. A delivery plan was in place and going well but there was a long journey ahead.

Mr Stoneman highlighted key points from the results. Year 1 Phonics results showed a significant improvement and were near pre-Covid results. KS1 results showed a slight improvement but still a gap with national. KS2 results were some way off 2019 results though the picture was similar across the country. Reading results were the most disappointing as steady progress had been made before Covid. The drop in results was replicated across the country and schools were disgruntled about the tough test. The gap in Portsmouth was bigger though a significant upturn was expected in 2024. There was a small increase for Writing and Maths though the gap was the same. KS4 results were more depressing. 2022 results had been given a degree of latitude so should be disregarded and 2023 results compared instead with 2019. Results had not returned to 2019 levels whereas they had nationally which meant a significant gap. Education officers have talked individually to MATs about the results. The biggest factors were the impact of Covid and attendance, especially at secondary level where absence was severe and persistent. Attendance was worrying so was a key priority for the PIE area.

In response to questions, Mr Stoneman said overall absence was around 91%/92%. About 20% or more of children were persistently absent and missed 10% sessions. About 600 pupils had severe absence and missed 50% sessions. Mr Gummerson noted that nearly half of children (48%) were starting life without the qualifications that would help them get work and only one in five would pass English and Maths through additional work in further education. He reiterated educational attainment as one of "the causes of the causes."

Jo Shankland agreed as the College had seen a significant increase in students joining at entry levels because of not having Maths and English. There was a massive drop in attendance. The College was working with Amanda Percy (Post 16 Skills & Campaign Manager) at the council on the "Every Day Counts" initiative and creating a strategy to link with it. As a GP, Dr Collie had seen older children with anxiety so it was a matter of how to help them go to school. Mr Stoneman said the council was re-launching a new attendance campaign in January and working with parents to ensure it made some difference.

Sarah Daly said it was important to focus on those children entering school and how to better prepare children and parents for school. Covid and anxiety were still significant concerns. Parents were surprised when their children were not as far ahead as others at reception stage. School was a key strategy for the ICB too as part of the importance of the first 1,001 days. Matters had to be tackled at the earliest opportunity or they became a bigger problem later on.

Kelly Nash agreed Covid had had a significant impact. Some graphs showed results below 2015 levels so it was time to build back. With regard to lessons learnt from the bigger gap in KS2 results, Mr Stoneman said officers were working on a protocol to improve the transition from KS2 to KS3, for example, clearly identifying children who needed additional support, even having their primary school teachers supporting them in the first term. Children had wraparound support at primary school then everything fell apart at secondary school and if attendance was lost then they really struggled.

In response to Dr Collie's point that very high grades for admission to higher education, when they were not always necessary, were demoralising, Mr Stoneman said there was a variety of pathways for children that led to high-level careers and not just university. They needed awareness and knowledge of the pathways. Children's Services were doing some excellent targeted work around vulnerable young people, for example, work experience for care-experienced young people. Dr Oakley said widening participation was to the fore again. More awareness of contextual offers taking into account applicants' circumstances was being promoted amongst local colleges. Portsmouth Creates was looking across the sector at mentoring and apprenticeship schemes for those who might have fallen off traditional routes.

Natalie Brahma-Pearl said that the HWB as a group of multi-agency partners attainment was not just a matter for Education. For example, at KS1 health visitors could notice problems with school readiness like poor speech. It was for everyone to consider the longer-term outlook and outcomes of low English and Maths results. The lack of skills was a challenge for employers and would continue for generations if there was no grip on the situation. The Marmot principles and wider determinants of health were always being discussed. She asked how everyone as a system could play an active part and if they were really gripping and unpicking the challenge. The £1.8m PIE funding was a drop in the ocean. However, not everyone was vulnerable; sometimes it was a case of choices made but the HWB needed to take ownership.

Ms Daly acknowledged the points. Children's Services were working with health visitors about what they were expected to do and what others could do. There were two meetings in December and January about the underpinning strategies, including attainment, for the Children's Trust. No improvement would lead to grim statistics and outcomes for adults. All areas had increased levels of poverty but organisations needed to ask what caused specifically Portsmouth's situation and the Portsmouth paradox. A report would probably be brought back to the HWB in the spring.

Superintendent Lewis did not doubt there was a link to "the causes of the causes" and to the Strategic Assessment for community safety. Transition to secondary school was a key time when children were most vulnerable to criminal exploitation. What happened in the education world affected the police world.

Jo York agreed and asked how the HWB could support the wider health and care system, for example, the first 1,001 days. Project Fusion and the new community mental health provider gave an opportunity, rather than a threat, to

work differently and engage more with communities. The aspect not grappled with was how the HWB as large employers, who faced workforce challenges, could create better outcomes for young people. Health & Care Portsmouth had created ten apprenticeships but that was a drop in the ocean. Ms Atkinson said the work of Hayden Ginns (Assistant Director, Commissioning & Partnerships) on the Portsmouth paradox was leading the way with national recognition. The workforce as a big issue as Portsmouth and Southampton had the worst rate of health visiting and school nurses despite having great teams. In more affluent areas there was more time to spend on visits but in areas with the worst rates of domestic violence and deprivation they dealt with very difficult cases so had to work harder and more innovatively to make a difference.

As to whether the MATs were being challenged enough, were insular or saw the same challenges as the council, Frances Soul said they were all represented on the PEP, were engaged and understood Portsmouth's needs and priorities. DfE Regional Directors drove accountability and worked in partnership with Education and the PEP. Last time Scott MacKechnie came to talk to the PEP but the issue needed to reach a higher level; any aspect that could raise awareness was welcome. Conversations often reverted to attendance though the low number of permanent exclusions was positive. Mr Stoneman said there was an annual conversation with all MATs and accountability lay with the Regional Director. However, there was very little challenge, only when a school was judged Requires Improvement or Inadequate. Many MATs had 50 to 70 schools and if most were satisfactory the minority was not seen as a problem. However, Portsmouth had a strong model and platform.

Councillor Pitt believed massively that aspiration was a big problem in that some young people did not see beyond their own street and could not see the point. It was tough but they needed to be shown there were opportunities beyond academic grades. In his experience, employers said they could train almost anybody but could not teach soft skills such as communication or empathy. People needed to engage with young people and addressing one child at a time might be more productive than looking at statistics. Initiatives in schools promoting jobs and careers needed to be something children could relate to.

RESOLVED that the Health and Wellbeing Board note the report.

Dates for 2024 meetings (all Wednesdays at 10 am) are 6 March, 26 June, 25 September and 27 November.

The meeting concluded at 11.30 am.

Councillor Matthew Winnington and Dr Linda Collie (Chair)

Agenda Item 4



Title of meeting: Health & Wellbeing Board

Date of meeting: 6th March 2024

Subject: Portsmouth as an age friendly city

Report by: Andy Biddle, Director of Adult Social Care, Portsmouth City Council

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

- 1.1 To update the Health and Wellbeing Board on how we are working towards being an age-friendly city.

2. Recommendations

- 2.1 It is recommended that the Health and Wellbeing Board (HWB):
- i) Note the outcomes of the activity audit
 - ii) Support ongoing work as set out at paragraph 4.2 to establish gaps in provision and formulate recommendations to address these.

3. Background

- 3.1 On 9th November 2022, Council supported a Notice of Motion on Adult Social Care which committed the authority to a number of actions, including ***"to request that the Cabinet Member responsible for Adult Social Care, namely Health, Wellbeing and Social Care, be tasked with a mandate to send a strong signal of support to older people and those working in the care sector by initiating an update of the Portsmouth Ageing Population Strategy 2010-2021, and further the Council agrees to ask Cabinet to work towards Portsmouth being recognised as a Age-Friendly city."***
- 3.2 In September 2023, the Health and Wellbeing Board received a report that identified that partners in the city had recently completed a refresh of the Health and Wellbeing Strategy that cover a number of the domains of an age-friendly city, as identified by the World Health Organisation in their Age Friendly Communities Framework. In particular, it was recognised that the refreshed strategy document addresses the domains around housing, transport, respect and social inclusion, and also includes a focus on tackling poverty and the economic wellbeing of the population, through which we are exploring how we can support people, including

older people, with lower incomes, particularly as the cost of living crisis makes its impact felt.

- 3.5 The local authority works closely in partnership with local health organisations, including the Integrated Care Board (ICB), community health provider (NHS Solent), Portsmouth Hospitals University Trust and primary care colleagues to look at the services and responses that we are providing to support health and care in the population, including for our older residents.
- 3.6 On this basis, the HWB agreed that it was not necessarily helpful to design a separate strategy for the Ageing Population, which would represent duplication in many instances. However, it was agreed that there are clear opportunities to look at some issues around the Age Friendly City where the local city response could be developed further. It was agreed that it would be helpful to audit activity in the city to ensure an age-friendly approach is being taken and to identify areas for development and future collaboration.

4. Outcome of audit activity

- 4.1 Many partners responded to the call for information, which sought to collect examples of work that is underway beyond that which is statutorily required and examples are provided in Appendix A. The wider local authority response is provided in Appendix B. It is clear from this that identifying and supporting the needs of older people in the city is central to activity, as well as consideration of how people can be supported to think about healthy ageing at an earlier point in their lives.
- 4.2 We will be working with partners in the city, including Pompey Pensioners, to understand what gaps in provision remain from their perspective and where improvements could be made, to ensure that Portsmouth is age-friendly. Following this work, a further report will come to the HWB making some recommendations on further work.

5. Reasons for recommendations

- 5.1 The Health and Wellbeing Board is asked to note the findings of the information gathering exercise, and agree that this is now subject to further discussion with representative groups.

6. Integrated impact assessment

- 6.1 No integrated impact assessment has been undertaken because the individual projects and key activities that might arise from an audit of activity will be subject to their own assessments.



7. Legal implications

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

8. Director of Finance's comments

8.1 There are no direct financial implications associated with approval of this report. Any projects that flow from this will be subject to their own individual financial assessments.

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Signed by: **Andy Biddle, Director of Adult Social Care, Portsmouth City Council**
Appendices:

- Appendix A - Outcomes of audit activity
- Appendix B - Portsmouth City Council response

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
27th September 2023 Health and Wellbeing Board agenda pack	Agenda for Health & Wellbeing Board on Wednesday, 27th September, 2023, 10.00 am Portsmouth City Council

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

.....
Signed by:

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Appendix A - Age-friendly places - information collection exercise - outcomes

"In practice, an 'age friendly' community is one where local people have decided their priorities to better support people as they age. These can include physical design, promoting better access and mobility, promoting people's social engagement and developing support and relationships between the generations. The most important aspect in creating an age friendly community is taking an integrated approach to thinking about the places where people live and how best to promote older people's wellbeing and engagement with their physical and social environments."

Age Friendly place domain	Age Friendly places will:	What are we already doing in support of this aim?	What more are we planning to do in the next year?
<p>Feeling well We want everyone in later life to be able to enjoy life and feel well.</p>	<ul style="list-style-type: none"> • Commit to ensuring that all aspects of planning, policy and practice consider the social inclusion of people in later life. • Support neighbourhood networks which promote social connections and ageing well for a growing diversity of older people, including those otherwise unable to get out and about. • Enable collaborative solutions and 'community networks' which enable social contact, easy access to information, advice, advocacy, activities and opportunities for participation, health and wellbeing. • Have respectful and inclusive attitudes towards later life, treating older people as full citizens, creating opportunities for intergenerational contact 	<p><u>Solent NHS Trust</u></p> <p>The sexual health service produced a health and wellbeing community leaflet that was distributed to all age groups via food banks.</p> <p>The Special Care Dental Service worked with Portsmouth University on a virtual reality headset model which enables healthcare workers to understand what it feels like to be a person living with dementia, and supported staff to use this insight to create respectful and inclusive environments for patients coming into settings.</p>	<p><u>Solent NHS Trust</u></p> <p>HIOW Sexual health service are participating in a research evaluation around sexuality, sexual wellbeing and its important to wellbeing in later life with priorities including:</p> <ul style="list-style-type: none"> - Understanding and removing barriers and stereotypes about ageing and sex, which can lead to feelings of shame and unwillingness to seek help for sexual problems - Reducing STIs in the older age group - Supporting the older population to seek help where required for sexual

	<p>and mutual support, and fostering positive attitudes to ageing.</p>	<p>Adult mental health services support patients across a range of needs, including helping with benefits, employment and volunteering opportunities, and ensuring that patients and their families are fully involved in assessment and treatment options.</p> <p><u>Portsmouth City Council</u></p> <p>Through the Public Health team, work has been underway to recognise the power that communities have in understanding their own health and wellbeing needs, and to work with communities respectfully in addressing these areas. This has been through:</p> <ul style="list-style-type: none">- Delivery of Live Well Events and the Community Champions Network to provide help and support to local residents in community settings, thereby improving accessibility	<p>problems and improving knowledge and access to sexual health services at a local level to older communities</p>
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		<p>and availability of support in more deprived communities.</p> <ul style="list-style-type: none">- Working towards improving social connectedness, alongside HIVE Portsmouth. <p><u>Age UK</u></p> <p>Age UK Portsmouth's mission is to help adults in Portsmouth, South and East Hampshire enjoy a better quality of life, with a specific focus on all aspects of maintaining independence as we grow older.</p> <p><u>University of Portsmouth</u></p> <p>The University has a general commitment and ambition to be a civic university.</p> <p>The University runs dementia awareness sessions as part of the equality and diversity training in offer to staff to promote a more dementia-friendly community.</p>	<p><u>Age UK</u></p> <p>Age UK Portsmouth aims to oversee sustainable services operations enabling sustainable charitable outcomes whilst achieving greater numbers of people benefitting from AUKP support.</p>
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		<p>The School of Health and Care Professions is working with Age UK to evaluate the Close Encounters service, which supports people experiencing loneliness and isolation. This service aims to support people in finding sustainable solutions to social participation, as well as offering information, advice and advocacy.</p> <p>We encourage public involvement in research, innovation and education activities, and SHCP maintain a list of interested older public members who are invited to get involved in such activities.</p> <p><u>Voluntary and Community Sector Partners</u></p> <p>The Portsmouth Pensioners Association (PPA), run by pensioners for pensioners, send deputations to PCC, speaking in person at council meetings on matters which concern the elderly in all aspects of planning, policy and practice which consider the</p>	<p><u>Voluntary and Community Sector Partners</u></p> <p>PPA will continue to make representation to improve the lives of Portsmouth residents in general, who in turn are our future pensioners. PPA are keen to collaborate on all aspects of an Age Friendly City.</p>
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		social inclusion of people in later life.	
<p>Active communities Everyone should be able to be active and participate in their community whatever their age.</p>	<p>Enable people to participate in economic, social and civic activities, ensuring older people are involved in decision making which affects their lives. This supports the wider community by making services easier to access.</p> <ul style="list-style-type: none"> • Offer a choice of employment, volunteering and life-long learning opportunities for older people, flexible enough to address disability or caring responsibilities, and enable those who want to work in later life to have an income. • Have accessible, affordable and integrated transport options, including forms of community transport, to ensure older people can get where they want and need to go. <p>Ensure public places and green spaces are accessible for older people, including access to public seating and toilets, and street safety is improved by level pavements, adequate crossing times and street lighting.</p>	<p><u>Portsmouth City Council</u></p> <p>Working with air quality clinical champions to support residents with respiratory conditions, including developing an anti-idling campaign with Cosham Park House Surgery.</p> <p>We continue to work with colleagues across the wider health system on access to services and held a Community Pharmacy Summit in November 2023 to better understand the challenges being faced.</p> <p><u>Age UK</u></p> <p>Age UK Portsmouth aims to support positive partnership working, engagement and relations across the Age UK</p>	<p><u>Portsmouth City Council</u></p> <p>Developing and Athletic Skills Garden in Landport - when build ins complete next year, focused sessions are planned with older age groups.</p> <p>Support community pharmacies in the city through progressing areas heard in the Portsmouth Community Pharmacy Summit and strengthening their visibility in being key to primary care provision.</p> <p><u>Age UK</u></p> <p>The Close Encounters service is designed to improve the quality of life for lonely and isolated older people. It offers free practical support through a</p>

	<ul style="list-style-type: none">• Allow communities places and spaces where diverse people of all ages can meet.• Ensure easy access to essential services such as post offices, bank branches and community pharmacies, especially for those not able to access these services online.	<p>Network, achieving greater ability to support people in later life.</p> <p>Digital Champions volunteers meet people either in their home or within a group setting in which individual needs and learning timescales are adjusted to suit personal requirements.</p> <p>The Tablet Library Scheme enables borrowing of a tablet with internet connectivity for a fixed period of time, usually 6-8 weeks, supported by a Digital Champion throughout. The scheme is designed to allow trialling of the digital experience, learn the basics and then to be able to make an informed decision about whether or not an individual would wish to purchase their own device and connection.</p> <p><u>University of Portsmouth</u></p> <p>The University is working with PCC to develop the first Skills Garden in the country.</p>	<p>guided conversation and personal goal setting and achievement.</p> <p>Age UK Portsmouth and Gosport Voluntary Action have been awarded funding from the National Lottery's Community Fund and have worked in partnership with South-Central Ambulance Service and the University of Portsmouth to reduce loneliness and social isolation amongst older people. This is a 3 year project that aims to alleviate pressure on ambulance services by supporting older, frequent callers with no medical need. Our aim is to enhance quality of life by improving access to community support, companionship, information, advice and advocacy services. Our dedicated team meet with the older person on a one-to-one basis, discuss their wants and needs and develop a plan to reduce a person's loneliness. This could be in a range of</p>
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		<p><u>Voluntary and Community Sector Partners</u></p> <p>PPA have campaigned for cheap, reliable transport, sufficient benched for resting in shopping centres and covered bus shelters with seating, and access to suitable public toilet facilities. The PPA have actively campaigned against the withdrawal of free bus passes and the threat of ticket office closures. PPA are campaigning on alternative means of accessing services of filling in forms for those who don't have access to computers or smart phones. PPA have also campaigned or ramps for wheelchairs, mobility scooters and prams to access the beaches at Southsea, and have raised the</p>	<p>different ways such as providing information on friendship groups and social activities close by, and even accompanying the older people to these places for a short while.</p>
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		<p>council's awareness of uneven and broken pavements. PPA have raised concerns over closures of banks, post offices and building societies.</p>	
<p>Enough money Everyone should be able to have enough money to live well in later life.</p>	<ul style="list-style-type: none"> • Ensure older people are able to access joined-up information, advice and advocacy, across all sectors and the community. • Work in partnership across statutory and voluntary sectors and with communities to ensure that everyone who is entitled to extra support actually receives it. • Work in partnership with banks and other services to provide face-to-face facilities in the community, promote digital inclusion and ensure older people can benefit from online savings. • Encourage leaders in local businesses and other organisations to employ older workers, making the most of their skills and knowledge. 	<p><u>Solent NHS Trust</u></p> <p>The Trust supports a retire and return policy to enable people to make good economic choices about later life but also to retain skills and enable older people to keep contributing their expertise and knowledge.</p> <p><u>Portsmouth City Council</u></p> <p>Development of the Cost of Living Hub, helpline and support offer - working with other partners including Age UK to support elderly residents struggling with financial hardship.</p> <p>Administration of the Household Support Fund, with a focus on providing support for basic needs.</p>	<p><u>Portsmouth City Council</u></p> <p>Continuation of the Cost of Living hub and support offer, and mitigation of reduction in Household Support Fund.</p>

		<p><u>Age UK</u></p> <p>Age UK Portsmouth provides free, independent and confidential information and advice on a wide range of issues affecting people over 50 in Portsmouth and the local area, including help with welfare benefits and entitlements and other money matters. Benefits enquiries are one of the most common requests, and last year the service helped claim over £1.3m in benefits for older people living in the Portsmouth area.</p> <p><u>Voluntary and Community Sector Partners</u></p> <p>PPA regularly remind members that they may be eligible for unclaimed benefits such as pension credit, attendance allowance and advise on filling in forms, and co-operate with local Age UK on all of the issues mentioned.</p>	<p><u>Age UK</u></p> <p>The advice offer is a forever offer as part of the core goals for Age UK:</p> <ul style="list-style-type: none">- Stamp out poverty- Support financial independence <p>Age UK deliberately links the information and advice offer to every funded and paid for service that we operate, to best ensure that everyone we talk to is offered a benefits check as a minimum.</p>
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Safe at home

Everyone in later life should feel comfortable, safe and secure at home.

Include ageing in their housing and planning strategies, building to lifetime home standards.

- Provide a wide range of accessible and affordable quality housing options for older people to remain independent and connected to their communities.
- Provide ready access to aids, adaptations and assistive technology to help people maintain their independence at home as their needs change.
- Tackle fuel poverty, cold homes and the resulting health impacts by addressing damp, poor housing conditions and energy inefficiency in existing housing stock.
- Consider how housing and neighbourhood strategies can help discharge duties under the *Care Act*, *Equality Act* and *Human Rights Act*.
- Enable partnership working between social services, public health, trading standards, the police, banks, Royal Mail, the voluntary sector and Neighbourhood Watch schemes to prevent older people being scammed and to support people who are victims of scams.

Portsmouth City Council

The City Council continues to own and manage sheltered housing and Supported Housing portfolio stock (managed by the housing service) and the extra care accommodation managed by ASC. Access to the Supported Housing Stock is collaboratively managed by the Housing Service and Adult Social Care.

The Local Plan will include a housing needs assessment for the City which will inform and shape older persons accommodation going forward.

The Homelessness Strategy 2024-2029 will launch in January 2024, and is likely to include work to support more movement within the city for residents wishing to downsize, and we will be seeking to strike the right balance between supporting residents to remain independently living in properties whilst recognising that for some there may be a need to

Portsmouth City Council

Launching a new Homelessness Strategy in January 2024.

The authority have undertaken a stock review of the Sheltered and Supported Housing Portfolio and engaged with specialist architects to gain a greater understanding of the link between effective housing provisions and resident welfare, and are looking to include these insights in any future developments/refurbishments. When designing new property/developments, this is approached holistically with Social Care and NHS colleague involvement throughout.

		<p>move into accommodation better suited to their changing needs.</p> <p>The private sector housing team support residents to remain safe at home, and the relaunched "telecare" service now features a range of products and services available to all tenures. The service is designed to meet the needs of a wider range of adults who may not meet thresholds for social care, but may still require some support.</p> <p>The authority also provides home adaptations funded through the Disabled Facilities Grant.</p> <p>Development of the Warmth on Prescription pilot working with colleagues in primary care - targeting patients on GP lists aged 65 and over with respiratory conditions and who are living in housing with a lower energy performance certificate (EPC) rating and providing them with information on how Switched On</p>	<p>Warmth on Prescription Phase 2 will take place next year. On the other side of the coin, there is a need to consider the health and wellbeing impacts of climate change, including the development of heat mitigation plans.</p>
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		<p>Portsmouth could help them have a warmer home and save money.</p> <p><u>Solent NHS Trust</u></p> <p>As an organisation where staff are frequently visiting people in their homes, staff carry out a domiciliary risk assessment on an initial home visit and raise any concerns or issues with the appropriate agencies e.g. safeguarding, fire, carers.</p> <p><u>Age UK</u></p> <p>Age UK Portsmouth helps with those difficult jobs around the home, with a service designed to help those who may need a little extra help to maintain their independence at home. There is a team of Supporters ready to help with domestic chores and shopping, as well as offering companionship and assistance with day to day living both inside and outside the home.</p>	<p><u>Age UK</u></p> <p>An annual national Age UK activity that Age UK Portsmouth undertake is the delivery of a funded programme to assess home energy efficiency with a dedicated handyperson visiting to provide useful tips on saving energy and to install practical equipment into people's homes.</p>
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		<p><u>Portsmouth University</u></p> <p>Staff from the Centre for Cybercrime and Economic Crime have been working on a variety of projects to reduce the risk and impact of fraud and scams on older adults. These include a project for the charity Re-Engage, which works with largely over-75s to assess the impact of scams and assess a new scheme they have developed to address this problem. A second project funded by the ESRC has looked at Fraud, Cybercrime and Ageing in the UK and South Korea and has been exploring ways to prevent frauds, particularly using technology against older adults,</p>	
<p>Quality health and care</p> <p>All of us should be able to access quality</p>	<ul style="list-style-type: none"> • Enable integrated care and effective collaboration between different statutory and voluntary agencies, developing 'Home from Hospital' schemes and supporting services from the voluntary sector to prevent re-admission. • Enable people to manage their long-term conditions and to live 	<p><u>Solent NHS Trust</u></p> <p>Domiciliary visits where applicable for patients who are unable to come into clinics.</p> <p>Solent teams support people at home with long term conditions</p>	<p><u>Solent NHS Trust</u></p> <p>Review clinics around accessible access for patients.</p> <p>Further work towards a more neighbourhood/Primary Care</p>

<p>health and care support as we age.</p>	<p>independently as long as possible, accessing community and voluntary activities and services, including practical help at home and cultural activities to enhance wellbeing.</p> <ul style="list-style-type: none"> • Promote full age equality across Public Health, NHS and care services, ensuring that everyone is cared for according to their health needs and not their age. • Co-produce Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies with the community and involve the voluntary sector in addressing the health and wellbeing needs of later life, including reducing inequalities. 	<p>and the development of the Community Health Campus at St Mary's Hospital will help improve access to services.</p> <p><u>Portsmouth City Council</u></p> <p>Prevent illness before individuals get unwell as part of a healthy ageing approach, starting in mid-life and continuing into older age. This includes addressing risk factors for long-term conditions and dementia, supporting individuals with a holistic approach based on behaviour change principles through delivery of the Wellbeing Service and in leading strategic direction for partners across the city in addressing risk factors of smoking, physical inactivity, excess weight, excess alcohol and poor mental wellbeing.</p> <p>Working collaboratively between Public Health and the ICB, we have developed a Portsmouth cardiovascular disease prevention</p>	<p>Network model across all community services.</p> <p><u>Portsmouth City Council</u></p> <p>There will be a local (and national) focus in 2024 on stop smoking which will build on existing work of Wellbeing Service, Trading Standards, and communications. Smoking remains a leading cause of preventable death and illness for Portsmouth residents.</p> <p>Supporting women to live well through menopause being a key focus in the Women's Health Plan, including through building peer support and social connection amongst women through group communications.</p> <p>Web resources relevant to the theme are being developed for the JSNA website.</p>
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		<p>plan based on a comprehensive approach of detect, improve, fair, prevent, including to better reach into communities and tackle inequalities.</p> <p>We are continuing to deliver an oral health in care homes initiative alongside the UoP Dental Academy.</p> <p><u>Age UK</u></p> <p>Up to 2023, Age UK Portsmouth has participated nationally in an annual NHSE-funded programme of winter pressures support. This involved enabling people to be able to come home from hospital, supported by our staff for a period of 6-8 weeks or less if mobile and confident.</p> <p>Age UK is a Portsmouth City designated Safe Space and is also a Warm Space, operating in a purpose built, fully-accessible building.</p>	
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		<p>As part of the care ethos, Age UK offer a one stop shop opportunity within the Bradbury Centre which includes professional feet and ear treatments, a hairdressing salon, a small second hand shop, a social activities area and a public café.</p> <p><u>University of Portsmouth</u></p> <p>A collaborative project funded by ARC Wessex involving the UoP is working with Adult Social Care to undertake a realist review of how different ways of collaborative/interprofessional working contribute to the care of older adults.</p> <p>An NIHR-funded project has been exploring how best to prevent pressure ulcers in the community and thus live independently and well.</p> <p>Staff in the School of Health and Care Professions and Psychology have been undertaking research around psychological and</p>	
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		<p>educational interventions for preventing falls in the community. Also working with University of Sussex in developing new multi-functional flooring to prevent and minimise the impact of falls.</p> <p><u>Voluntary and Community Sector Partners</u></p> <p>PPA campaigned for enabling bus pass users to extend the times they could be used for hospital appointments.</p> <p>The PPA offer a knitting group where attendees receive free refreshments in a warm and friendly environment.</p>	
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Appendix B - Portsmouth City Council's offer to the over 60s

Adult Social Care

Purchased and provided services

- Accommodation for persons who require nursing or personal care
- Older persons floating support
- Advice service for Portsmouth
- Advocacy and related services
- Brain injury advice and information
- Community equipment store
- Digital care management solutions
- Domiciliary care
- Hospital bridging service
- Extra Care
- Good Neighbour and home shopper service
- Support at home
- Social worker for End of Life support
- Stroke recovery and stroke survivors exercise class
- Day centre support for residents aged 65+

Independence and wellbeing team

IWT aims to support the residents of Portsmouth aged 18+ years to:

- Retain their independence and quality of life
- Keep well
- Avoid social isolation and loneliness
- Have a sense of purpose
- Promote community cohesion and integration

Current work includes:

- Community connectors
- Community cookery
- Community growing projects
- Ethnic gardening project
- Cross-cultural women's group
- Diversi-Tea Lounge
- Reading Friends
- Healthy activities and walks
- Catering and domestic services
- Information advice and signposting
- Meals on wheels
- Men's sheds
- Training for professionals and the voluntary sector

Support for carers

- Carers breaks, including cookery and wellbeing sessions
- Sitting service
- Carers support groups
- Weekly dementia drop-in with Remind
- Guided support to access other services
- Open as a warm space for carers

Targeted services linked to hospital admissions

- Urgent community response and virtual wards
- Portsmouth Community Assessment Team
- Portsmouth rehab and reablement team

Libraries

- Libraries are accessible spaces; it is noteworthy that Portsmouth libraries do not charge fines or reservation fees.
- Reading Groups are held at several libraries, also external reading groups - meeting in homes or other community venues i.e. pubs.
- Home Delivery service for the vulnerable, housebound - receiving reading material and social connection. Delivery of this service includes engagement of volunteers. The offer includes books to borrow in large print and spoken word for those who would struggle with standard print. This provision also includes the electronic library - eBooks with adjustable font sizes and eAudio books in MP3 format that can be downloaded at home. At the 60+ Festival, workshops are provided every year to demonstrate how to use these services.
- 'Reading Well - Books on Prescription for Dementia' - includes books & resources for people who have dementia, caring for someone with dementia, or would like to find out more about the condition and living well.
- Broad collection of books providing advice on health & wellbeing.
- Various clubs in libraries, arts and crafts, sewing clubs & signposting to other clubs & community groups in the city.
- Regular free courses run by partners such as City of Portsmouth College, offering support with computer use.
- Warm and welcoming spaces, including hot drinks, for all the community.
- Several libraries have Friends groups associated with them who fundraise for the libraries and undertake activity such as maintaining the associated gardens (e.g. Carnegie, Beddow).
- Our Vision Impairment Service runs an innovative group for adults, including a variety of support groups for older adults with disabilities.

Museums

- D Day Story, our flagship museum, offers discount tickets for seniors who are 60+ (with additional discount if booked online).
- Bookings to the museum are regularly taken for over 60s groups.
- DDS are offering 2 talks at this year's 60+ Festival, which is included in the museum ticket.

- Volunteering opportunities onboard LCT-7074 may also appeal to this age group.
- DDS museum was redeveloped with accessibility as a primary objective: this includes level access, hearing loops throughout, audio guides & easy access guides.
- 60+ Festival is being promoted widely by the Visit Portsmouth team and details are available at our museums & information point.
- Cumberland House are offering a private tour as part of the 60+ Festival.

Events

- The **60+ Festival** this year is running from 1-15 October. The festival includes 86 different activities (some offered more than once - total of 144 activity sessions). The festival is open to anyone in the city over 60. Over 52% of the activities were free. 2000 booklets were printed and distributed across the city and the festival was published widely online.
- **Armed Forces Day**, held in the summer, honoured all those who serve / served in the Armed Forces. 25 organisations came to trade - 18 of these organisations were veterans organisations or traders specific to older people, for example, Age UK. All traders were able to trade for free to promote their associations/ organisations. Any veteran was welcomed to the hospitality tent to receive free food & refreshments throughout the event.
- **Civic events** are held throughout the year to honour all different veterans and those serving with the Armed Forces in the city. These events include parades, wreath laying and lunches for veterans (D Day Memorial, Seafarers, Remembrance, Falklands).

Community Centres

10 community centres within Culture, for the most part run by charitable community associations, offering a range of programme breadth including physical activity, social activity and health promotion activity. The centres all have open memberships for all to take part.

Sports & Leisure

BH Live (who run the majority of our sports/leisure facilities) deliver wider social benefits via their contract with the Council.

Activities offered to older persons:

- Walking Football and Walking Netball is available to over 50s at the Tennis & Gym Centre, Hilsea and Mountbatten.
- TOFFs over 50s social sports group for badminton, short tennis and table tennis at Mountbatten
- Exercise class via NHS referral for persons with COPD, available at Mountbatten and Wimbledon Park
- Cardiac rehabilitation programme, held at Mountbatten.
- Two classes for individuals with Parkinsons held at Mountbatten
- SEND swimming is available for those with a disability, at Charter.
- Escape-Pain rehabilitation programme is available for available for over 45s with chronic joint pain, held at Mountbatten and Pyramids

- Any person with a long term health condition can also engage in an exercise referral scheme, undertaken at Mountbatten or Pyramids.
- Any person with a mental health condition can participate in Portsmouth Interaction. This offers sports and conservation activities to support individuals with a range of conditions.

Mountbatten Health & Fitness Suite has been modelled to improve and increase numbers of cardiovascular equipment, free weights and dedicated space for activities such as stroke rehabilitation.

Volunteering

Broad range of opportunities exist across various services for older people to get involved.

These include, but are not limited to:

- Volunteering and work parties for Hilsea Lines, Portsdown Hill, Milton Common & Baffins Pond conservation. This is very popular with retirees who can commit to these groups to the extent to which they feel able to physically and with regard to time commitments.
- Volunteering at our Waterfront Garden Centre to support the social therapeutic growing project 'growers'.
- Volunteering at our History Centre.
- Volunteering via the HIVE - school reading volunteers, Be There For Care befrienders, Digital Buddies for example.
- Volunteering at the Landing Craft Tank, for Museums Service.

Housing

The City council continues to **own and manage sheltered housing stock** (managed by the housing service) and the **Extra Care accommodation** managed by ASC.

We have now completed our **Homelessness Strategy** which we will require a change to our allocation policy. The work to update and/or change the allocation policy will take place in the new year and is likely to include work to support more movement within the social housing stock in the city for residents wishing to downsize.

Our private sector housing team support residents to remain **safe at home and our relaunched 'telecare' service** now features a wide range of products and services available to all tenures. The link below features the service and products. We are keen to promote the service and products. They tend to have been narrower in focus and linked to 'vulnerable adults' with adult social care as a key client. There are a wider range of adults of all ages who don't meet the adult social care thresholds but have support needs which the service is designed to meet. The pandemic really challenged our thinking and the service is designed to support needs linked to age as well as a wider range of needs.

The private sector housing team also provide the disabled facilities grant services.



Title of meeting:	Health and Wellbeing Board
Date of meeting:	6 March 2024
Subject:	Portsmouth Safeguarding Children Partnership Annual Report
Report by:	Lucy Rylatt, PSCP Safeguarding Partnerships Manager
Wards affected:	All
Key decision	No

1. Requested by:

Sarah Daly, Director of Children, Families and Education

2. Purpose:

To introduce the Annual Report 2022-23 of the Portsmouth Safeguarding Children Partnership (PSCP) on the effectiveness of multi-agency early help and safeguarding arrangements for children in Portsmouth.

3. Information Requested

The Portsmouth Safeguarding Children Partnership (PSCP) is a statutory, multi-organisation partnership coordinated by a business unit, which oversees and leads upon children's safeguarding across Portsmouth. The main objective of the PSCP is to gain assurance that local safeguarding arrangements, comprised of partner organisations, are working effectively, both individually and together, to support and safeguard children who are at risk of abuse and neglect. The PSCP acts as a critical friend and a champion for best practice.

This year, there is evidence of continuing impact of the Covid pandemic upon children and their families in the city. We continue to see high levels of referrals to our Multi-Agency Safeguarding Hub (MASH), alongside increased pressures in our schools, our health system and across our partnership. In addition, families in Portsmouth are having to deal with a cost of living crisis that has resulted in higher food costs, huge increases in energy costs and wider inflation. 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. Across the partnership our workforce has worked hard to engage with and support these families to prevent the need for them to access statutory services.

In February 2023, the Partnership met to review the impact of the previous Safeguarding Strategy 2020-2023, that had been drawn up as part of the Portsmouth Children's Trust Plan. As a result it was agreed to renew the vision and principles for the Partnership; to amalgamate the priorities within the 2022-25 Business Plan into the [PSCP-Strategy-2023-26-FINAL.pdf](#); and to have one overarching document that set out the multi-agency priorities for safeguarding and promoting the welfare of children in Portsmouth. The eight priorities agreed are:

- Children and families' needs will be identified at the earliest point, and they will receive effective early support and help.
- Families will receive effective and timely support when children are at risk of experiencing neglect.

- Families will receive effective and timely support when children are at risk of experiencing sexual abuse.
- Young people will be kept as safe as possible from all forms of extra-familial harm, and there will be effective transitional safeguarding arrangements in place to support vulnerable young adults.
- Children and young people have access to appropriate support that recognises the impact of trauma resulting from adverse childhood experiences (ACEs).
- There is an effective response to safeguarding children with additional needs and those from diverse communities.
- Providing sufficient professional and organisational development to ensure there is effective response to safeguarding children within Portsmouth.
- We will ensure there is a good understanding of safeguarding risks for children within education settings and an effective response to these.

Signed by:

Scott MacKechnie,

Independent Chair and Scrutineer of Portsmouth Safeguarding Children Partnership

Appendices: Portsmouth Safeguarding Children Board Annual Report 2022-23

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
Working Together to Safeguard Children 2018	Gov.uk

**Portsmouth
Safeguarding
Children
Partnership**

ANNUAL REPORT 2022 - 2023



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Foreword



It is my pleasure to introduce the Annual Report for Portsmouth Safeguarding Children Partnership (PSCP) for 2022/23. I joined PSCP in the latter part of this reporting year as the Independent Chair and Scrutineer.

The scrutineer part of my role is about challenging and supporting our safeguarding partners in their leadership role. It is about providing scrutiny to audits, assurance work, case reviews and partnership decision making. Thereby ensuring ours is a multi-agency safeguarding system that continues to learn, develop, and remain effective in keeping our most vulnerable children safe from harm and abuse. A partnership based on the premise of mutual respect, high support, and high challenge, working collaboratively to resolve issues.

I am very aware the year continued to be shaped by the impact of COVID-19, other world events and the cost-of-living crisis being felt across our communities. Partner agencies continued to face additional challenges as a result. Senior leaders from the statutory safeguarding partners remained visible and engaged, working collectively to ensure we effectively safeguard and promote the wellbeing of our most vulnerable children, their families, or carers. Our wide range of partners continued to maintain a clear focus on safeguarding children, continuing to deliver the partnership's priorities and active workstreams. Our priorities reflect the issues facing children and their families: neglect, sexual abuse, exploitation, and exclusion from education, with a focus on adolescents and the impact of our collective activity.

July of this year saw a significant change take place for one of the statutory safeguarding partners - the NHS Clinical Commissioning Groups were restructured to form a single Integrated Care Board across Hampshire and the Isle of Wight.

The current landscape is challenging, and this is likely to remain, impacting the children and families we work with, alongside the practitioners who provide support and services.

2023/24 will bring change as we move through consultations in response to the government's Stable Homes, Built on Love publication and a new iteration of Working Together to Safeguard Children, which we remain hopeful will strengthen the role of our education partners. I will remain resolutely focused on ensuring local multi agency safeguarding practice remains effective for our children, their families or carers during any changes that may result.

This Annual Report contains information about the work of PSCP which is a partnership of us all, of everyone who works with children and families in Portsmouth. As you read through all the work undertaken this year, you will see our collective effort and the positive impact we have made together.

Thank you.

Scott MacKechnie
Independent Chair & Scrutineer for Portsmouth Safeguarding Children Partnership

Introduction

We are pleased to present this report of the Portsmouth Children's Safeguarding Partnership which covers the period from 1 April 2022 to 31 March 2023.

As ever it has been a busy year, with the continuing repercussions of the Covid pandemic having a profound impact on children and their families. We continue to see high levels of referrals to our Multi-Agency Safeguarding Hub (MASH), alongside increased pressures in our schools, our health system and across our partnership. In addition, families in Portsmouth are having to deal with a cost of living crisis that has resulted in higher food costs, huge increases in energy costs and wider inflation. 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. Across the partnership our workforce has worked hard to engage with and support these families to prevent the need for them to access statutory services.

Our commitment to continuous learning is robust and supported by the work undertaken in our committees, all of which are chaired by partner members of the Executive Board. As a result of this our learning and development offer goes from strength to strength and engagement is strong across the partnership workforce.

We are all immensely proud of our workforce across the partnership and would take this opportunity to thank them for their hard work over the past year. Their commitment to the work of the PSCP and all that has been achieved is to be celebrated.



**Sarah Daly, Director of Children, Families & Education
Portsmouth City Council**



**Superintendent Clare Jenkins, Eastern Area Commander
Hampshire Constabulary**



**Sarah Shore, Interim Director of Quality and Safeguarding
Hampshire & Isle of Wight Integrated Care Board**

What we achieved against our priorities in 2022/23

In April 2022 five areas of concerns were set out as priority areas in the PSCP's Business Plan. Over the course of this year actions were progressed to meet the required outcomes or are still in progress. These include:

1. Early identification & support:

The PSCP Team continued to collaborate with partner agencies to complete a pilot of the re-designed Early Help Assessment. This is based on the 10 outcomes within Supporting Families and, following consultation with families in Portsmouth, has been called the [Family Support Plan](#) (FSP).

The FSP officially launched in January 2023, supported by a redesign of the multi-agency Early Help Training. It is used to support families with needs across Tiers 2 and 3 and is used by both universal settings and targeted early help services. A leaflet and a video have been designed in collaboration with the Portsmouth Parent/Carer Board to help families understand the process.

As well as training, guidance was produced for practitioners to help them explain to families how the process of creating and reviewing an FSP works, and to support them in asking questions around the 10 aspects of life. The Link Coordinators Team have supported the Partnership to put together a comprehensive guide as to the support available under each of these aspects.

The FSP, along with an intense focus on relational and restorative practice, has begun to equip the workforce with tools, processes and practice which are helpful and most importantly focus on the relationship with families, resulting in better outcomes for children.

In the first 3 months since it was launched, a total of 67 plans have been submitted and the feedback so far has been overwhelmingly positive:

"We've been finding the FSP so positive for families. After an FSP conversation with one mum she said she felt she was leaving the school feeling so much lighter".

"We feel it worked incredibly well for the family. The questions worked effectively in terms of the family being able to talk openly and they are now very hopeful that the plan we have put together will be positive in moving things on".

"The form is so much better than before. It really helped being able to show mum the 0-10 scale and they were able to first cover all the positive areas and then focus on their areas of concern. Mum reported that she felt listened to".

A quality assurance framework is being developed in order to monitor the implementation and effectiveness of FSPs

2. Responding to neglect:

Since the PSCP concluded a deep dive into multi-agency practice in response to children experiencing neglect in 2021, the following work has been undertaken:

- A review of research of evidence-based tools and interventions for working with families where neglect is a concern;
- A review of the approach used by neighbouring LSCPs and those across England where the local authority has been graded as 'outstanding' by Ofsted;
- 2 workshops with practitioners to understand the opportunities and challenges they find in using the current practice guidance and Neglect Identification & Measurement Tool (NIMT);
- Liaison with the perinatal mental health steering group (that has since been established) to understand the work being taken forward to support maternal mental health more effectively; and
- Supporting the work being undertaken to develop a parenting pathway, as part of the Public Health Strategy, to ensure there is appropriate support for families at all tiers of need.

This work concluded that having separate strategies for specific forms of abuse or harm can be confusing for the workforce, and therefore responding to neglect will be embedded into the comprehensive Portsmouth Safeguarding Strategy when it is refreshed in April 2023.

It also found that the NIMT is not an evidence-based tool, was not widely used, and many practitioners found it unhelpful when they did attempt to use it. With the extensive work that has been undertaken to replace the Early Help Assessment with the FSP, indicators of neglectful parenting will be better identified through the Family Support Conversation. Through considering all aspects of family life practitioners will have a better understanding of the impact of neglect, as well as potential causal factors and be able to work with the family to develop an appropriate plan of support in place to address these.

In addition it was felt that a specific tool to help practitioners (especially those working in Children & Families Service) work with a family to capture a child's lived experience was needed. It was agreed to adopt The Day in the Life (DIL) Tools developed by Professor Jan Horwath.

Finally it was concluded that having a supporting Practice Guide for responding to children experiencing neglect was helpful to clarify the expected response and approach in Portsmouth across all tiers of need (especially for newer and/or less experienced practitioners). So the Practice Guide has been refreshed to be clear on how and when to use the FSP and DIL tools to effectively identify and support families where children are experiencing neglect. These have been published on the [PSCP website](#) and disseminated across the children's workforce

3. Exploitation:

During 2022-23 the PSCP supported the Head of Service for Adolescents and Young Adults in working with partner agencies to develop a [Multi-Agency Missing, Exploited and Trafficking \(MET\) Integrated Pathway](#). The Pathway is designed to support the understanding and response across emerging, complex, and acute need.

In response to learning by the Partnership about the need for collaborative and coherent plans to support children who go missing or are vulnerable to exploitation, we have adopted a 'Safer Plan' model. The aim of the plan is that is developed with the child and belongs to them and brings together key information about the child to share across police, health and social care to better enable them to and respond to their risks and vulnerabilities.



We recognise a child going missing is often a significant indicator of the presence of exploitation and that a missing episode may indicate a time-critical window to identify and intervene to reduce increasing vulnerability to exploitation. Op Endeavour has been introduced to ensure schools are notified by Police of children who have gone missing, so that any information the school has that may help locate them or prevent them from going missing in the future can be shared. The school can also offer appropriate support to the child when they return to education.

The Partnership understands that the risks of exploitation for some children are still ongoing when they reach their 18th birthday and can no longer be supported by Children's Services. The LSCPs across Hampshire, Isle of Wight, Portsmouth, Southampton (HIPS) have worked with the respective Local Safeguarding Adults Boards on a transitional safeguarding framework - [Multi-agency framework for managing risk and safeguarding people moving into adulthood](#). In Portsmouth, a Transitional Safeguarding Forum meets regularly, chaired by the Head of Adolescents and Young Adults, to ensure the needs of these young people are understood and appropriate plans of support are developed with them.

Police have relaunched Hotel Watch with the hospitality industry to ensure they are aware of potential safeguarding risks and responding with appropriate actions. Within the monthly operational MET meetings areas of concern in the city are explored and a contextual approach is taken to consider how best to work with these premises.

The PSCP continues to offer a significant amount of training to the workforce on exploitation to improve the identification and response to children at risk of this form of harm. A particular focus this year has been on delivering a masterclass on supporting practitioners to consider their language and avoid victim blaming. Examples of the impact this training has had is:

"One thing I have been guilty of is maybe not saying but thinking "the parents could be doing more". But the training has shown me that actually maybe the parents are doing all the can, and that they are in fact at a loss and don't know what to do to help their children"

"This has started to shape language that is more restorative and really builds a culture where children are supported as victims and not just seen by their actions on the surface."

" When speaking to families I have always tried to choose my words carefully but perhaps hadn't been as considered when writing up documents. Following the input I try to ensure my reports do not have an underlying judgemental or blaming tone."

4. Family Safeguarding:

During 2022-23 the PSCP has worked with other LSCPs and Local Safeguarding Adults Boards across HIPS to refresh the [Family Approach Toolkit](#). This will be relaunched in 2023.

Within the tools used to complete Rapid Reviews and Deep Dives, we have included questions to consider whether decisions and/or actions are appropriately considering the impact on the child when one or more significant parental risk factors are present. This has highlighted that where parents/carers are supported by the Family Safeguarding & Support Services to address parental needs around mental health, substance misuse and/or domestic abuse, the support given by the adult workers embedded within these teams is effective.



Within the FSP and the redesigned Early Help Training, there is a renewed focus on supporting practitioners in having honest conversations with parents/carers. The aim being to identify existing strengths that can be built upon, as well as potential needs within a family, thus enabling the joint development of a plan of support that builds parental capacity to appropriately safeguard children.

5. Safeguarding in Education:

The PSCP training team continue to support schools across the city in a variety of ways of to further grow a safeguarding culture in an education setting, this includes through a diverse range of Masterclasses, bespoke and inset training, as well as coaching.

The training program offers a robust package of learning and reflective opportunities, which is continually being updated and added to in line with Keeping Children Safe in Education (KCSiE) and emerging safeguarding themes and learning from Child Safeguarding Practice Reviews. This year, sessions to cover topics such as Cyber Choices, Working Sexual Harmful Behaviour, Family Support Planning, Clare's and Sarah's Law were included. We continue to work in partnership with experts in these specific areas to ensure the content is of a high standard. 75.4% of schools across Portsmouth are engaged in PSCP Designated Safeguarding Lead (DSL) Training, alongside The City of Portsmouth College.

Intensive bespoke training was developed to support two schools who were deemed inadequate in regard to safeguarding in their OFSTED inspection. For these a project plan was developed which incorporated specific

training, reflection and coaching to enhance staff's knowledge and skills, and focus on strengthening the school's safeguarding culture. Coaching has also been offered to the Designated Safeguarding Leads (DSLs) and Leadership Teams within six schools which provides a supervision type service.

The local authority has a team of Education Link Coordinators who provide a supportive link between the Children, Families and Education Directorate and education settings, (including Early Years, Schools, and Colleges) to ensure they are aware of their vulnerable children. Children that are identified as vulnerable include those with attendance below 50%; children with 2 or more suspensions; children at risk of exploitation; children with an unmet special educational need; those open to the Youth Offending Team; and children open to the Early Help or Family Support and Safeguarding teams

The Link Coordinators have a fortnightly conversation with the education setting's designated safeguarding lead in regard to those vulnerable children who attend their setting. The aim being to provide regular advice, guidance, challenge, and support with a key focus on ensuring the right support is in place on a multi-agency basis to improve the outcomes for children and their families. The Family Support Plan is promoted for children who do not have a lead professional in place, and actions agreed where appropriate.



About Portsmouth Safeguarding Children Partnership

The Portsmouth Safeguarding Children Partnership (PSCP) is a statutory, multi-organisation partnership coordinated by a business unit, which oversees and leads upon children's safeguarding across Portsmouth. The main objective of the PSCP is to gain assurance that local safeguarding arrangements, comprised of partner organisations, are working effectively, both individually and together, to support and safeguard children who are at risk of abuse and neglect. The PSCP acts as a critical friend and a champion for best practice.

Quality assurance remains our key driver across all the committees, using frameworks that will measure the impact of activities and challenge those working in the safeguarding arena. We also continue to ensure that our policies and procedures are embedded in practice; that toolkits, guidance, and procedures draw on the knowledge of subject experts locally and nationally to inform them; and that we can demonstrate the impact of learning that has taken place.

The Partnership has an Independent Chair who provides leadership, vision, support & scrutiny and who is responsible for ensuring that all organisations contribute effectively to the work of the PSCP. Effective communication between the Business Manager and Chair ensures that there is a clear link between the committees and executive group, enabling risks, themes and opportunities to be highlighted at an executive level, which in turn provides direction to the work of the committees.

In February 2023, the Partnership met to review the impact of the previous Safeguarding Strategy 2020-2023, that had been drawn up as part of the Portsmouth Children's Trust Plan. To enable this, an analysis of the available data was provided that highlighted some of the key themes, trends and needs of families and children across Portsmouth. Agencies were also asked to review knowledge held within their own setting of the current risks, pressures and opportunities that related to the effectiveness of the multi-agency safeguarding arrangements in Portsmouth. As a result it was agreed to renew the vision and principles for the Partnership; to amalgamate the priorities within the 2022-25 into the Strategy; and to have one overarching document that set out the multi-agency priorities for safeguarding and promoting the welfare of children in Portsmouth.

Our Vision

Our children and young people within Portsmouth will grow up being and feeling safe, protected, and cared for by their families and in their community. As a multi-agency partnership, we will achieve this by working with families to enable them to keep their children safe from all types of harm by providing the right advice, support, and intervention, from the right services, at the right time.

Our Priorities for 2023-25

1. Children and family's needs will be identified at the earliest point, and they will receive effective early support and help
2. Families will receive effective and timely support when children are at risk of experiencing neglect
3. Families will receive effective and timely support when children are at risk of experiencing sexual abuse
4. Young people will be kept as safe as possible from all forms of extra-familial harm, and there will be effective transitional safeguarding arrangements in place to support vulnerable young adults
5. Children and young people have access to appropriate support that recognises the impact of trauma resulting from adverse childhood experiences (ACEs)
6. There is an effective response to safeguarding children with additional needs and those from diverse communities
7. Providing sufficient professional and organisational development to ensure there is effective response to safeguarding children within Portsmouth
8. We will ensure there is a good understanding of safeguarding risks for children within education settings and an effective response to these

More details about these priorities, how we aim to achieve these, and our principles can be found in the [Portsmouth Multi-Agency Safeguarding Strategy 2023-26](#)

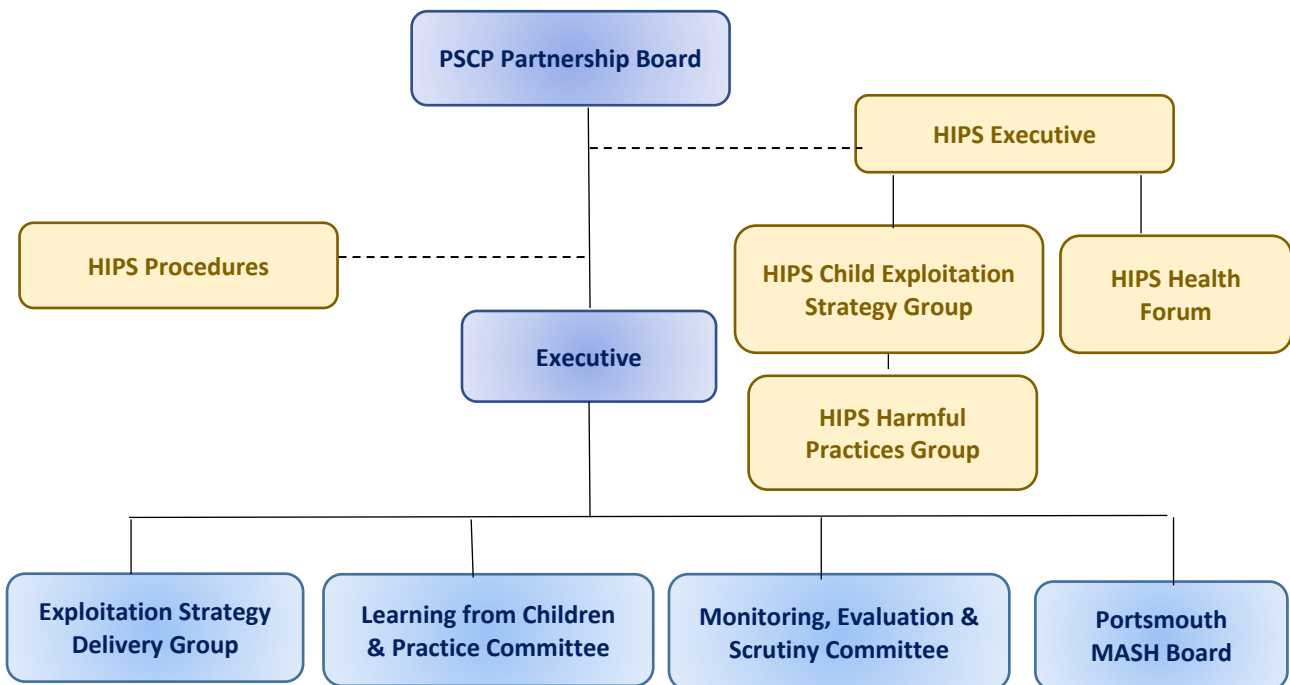
Our Partners

Working Together 2018 is statutory guidance that provides children’s safeguarding with a legal framework, setting out the responsibilities of local authorities and their partners. From a statutory perspective the three legally required bodies are:



The strength of local partnership working is built upon the safeguarding partners working collaboratively together with all other relevant agencies and services in Portsmouth who come into contact with children and families. A full list of these relevant agencies can be found [here](#) within our Partnership Arrangements.

Our Structure



In addition to the Board and Executive, Portsmouth has the following sub-groups and Committees.

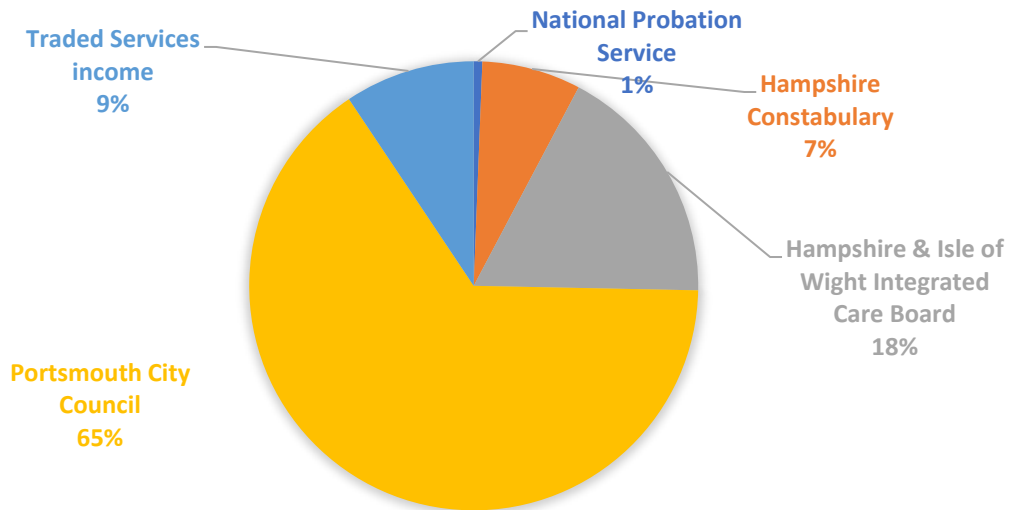
- **Learning From Children and Practice Committee** - which oversees safeguarding notifications and Child Safeguarding Practice Reviews, commissions external authors and reviews actions and learning
- **Monitoring Evaluation and Scrutiny Committee** - which oversees our comprehensive dataset and analysis, multi-agency audits of practice, recommendation tracking and compliance with safeguarding standards set out in the Portsmouth Safeguarding Compact which is completed every two years by over 200 agencies in the city.
- **Exploitation Strategy Delivery Group** - leading our strategy to tackle child exploitation
- **Portsmouth MASH Board** - ensuring effective resourcing, delivery, and quality of decision-making at the multi-agency front door

Our partnership is part of a wider HIPS safeguarding arrangement, which whilst not statutory, enables effective joint working across a wider geographical footprint - shared with the Constabulary and the Integrated Care System. The same Independent Chair covers all the local partnerships and the HIPS Executive.

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

Financial contributions to support the Partnership

The total budget for the Partnership in 2022-23 was £324,296.



The four biggest areas of Partnership spending for this year were:

- Staffing = £284,026 (including the Business Unit, Training Team, and the Independent Chair)
- Contribution to CDOP = £12,000
- Provision of websites and online learning = £11,398
- Safeguarding Practice Reviews = £2,500

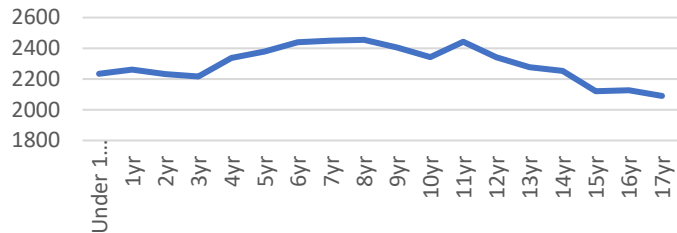


Context & Key Facts About Portsmouth¹



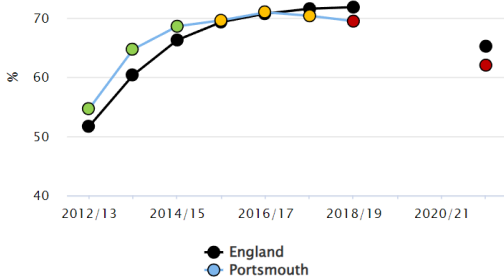
Portsmouth is a city on the south coast of England. It remains the local authority with the highest population density outside of London, with around 37 people living on each football pitch-sized area of land. According to the ONS Census completed in 2021, the population size in Portsmouth is 208,100.

Numbers of children aged 0-18yrs living in Portsmouth



Education

Within Portsmouth there is 1 all through school, 47 primary schools, 10 secondary schools, 5 special schools, 1 state-funded FE colleges and 5 independent schools.



The percentage of children in Portsmouth schools achieving a good level of development at the end of Reception has fallen to 62% in 2021-22 compared to a national average of 65.2%. This decrease from 69.4% in the previous year may be an indicator of the impact of national lockdowns as a result of Covid.

In Portsmouth, the rate of persistent absentees is higher than the national average.

Persistent absence rate	Portsmouth	England
Primary	18.2%	17%
Secondary	32.1%	27.4%
Special	51.8%	38.7%

On census day in Spring 2023, in Portsmouth there were 40 children missing education who are not registered pupils at a school and not receiving suitable education otherwise. At the same point in time there were approximately 200 children registered as receiving elective home education. Where a reason was given for choosing EHE, the top two were dissatisfaction with the school SEND provision and health concerns relating to COVID-19.

4.5% of pupils in Portsmouth have an Education, Health, and Care Plan (EHCP) which is in line with the national average of 4.3%. The rate of pupils receiving Special Educational Needs (SEN) support without an EHCP is 14.9%, slightly higher than the national average of 13%

69% of pupils in Portsmouth are from a white British ethnicity, which is lower than the national average of 62.6%.

¹ [Public Health Data](#) & [Child Health Profile](#) & [Gov.UK Education Statistics](#)

Percent of pupils by ethnicity	Portsmouth	South East	England
Any other ethnic group	2.1	1.3	2.3
Asian - Any other Asian background	1.9	2.2	2.1
Asian - Bangladeshi	3.4	0.6	1.8
Asian - Chinese	0.7	0.7	0.7
Asian - Indian	1.7	3.6	3.7
Asian - Pakistani	0.4	2.7	4.5
Black - Any other Black background	0.4	0.4	0.8
Black - Black African	4.9	3.0	4.3
Black - Black Caribbean	0.3	0.3	0.9
Mixed - Any other Mixed background	1.7	2.7	2.7
Mixed - White and Asian	1.5	2.0	1.6
Mixed - White and Black African	1.5	1.0	0.9
Mixed - White and Black Caribbean	0.8	1.3	1.6
Unclassified	1.9	1.6	1.7
White - Any other White background	7.5	7.2	7.2
White - Gypsy/Roma	0.1	0.4	0.3
White - Irish	0.1	0.3	0.2
White - Traveller of Irish heritage	0.0	0.1	0.1
White - White British	69.0	68.6	62.6

Young people aged 16-17 who are not in education, employment, or training (NEET) are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood. In 2021-22 the percentage NEET in Portsmouth is 5.1%, a reduction from 5.6% in the previous year and close to the national average of 4.7%.

Health

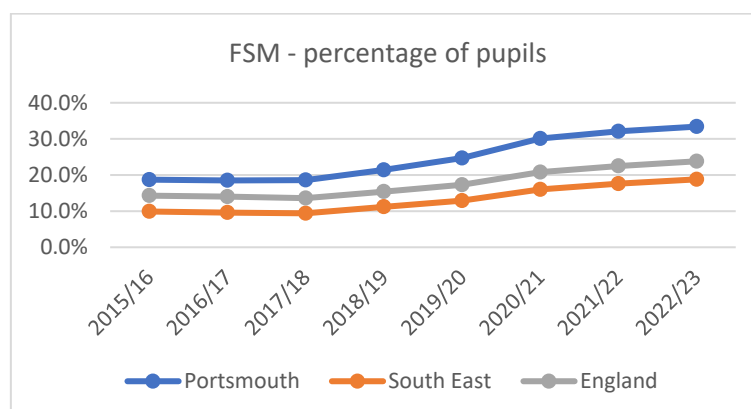
The infant mortality rate is 3 per 1,000 and the child mortality rate is 8.1 per 100,000. Both of these are below the national average of 3.9 per 1,000 and 10.3 per 100,000 respectively, and are the lowest rates amongst Portsmouth's statistical neighbours

Money

The [Marmot Review \(2010\)](#) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. There is also a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health

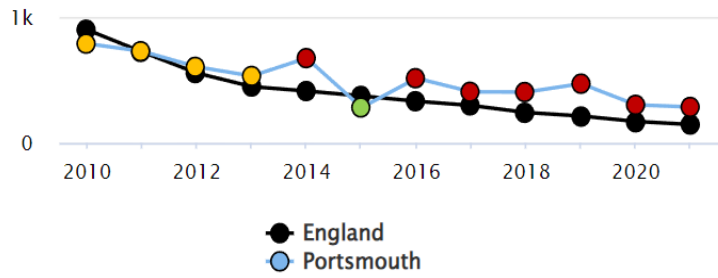
Portsmouth is ranked 59th of 326 local authorities for deprivation, where 1 is the most deprived. 8,870 children, which equates to 23.9% of all under 16's, are in relative low-income families. Of all the households owed a duty under the Homelessness Reduction Act, 21.4 per 1,000 include dependent children. This is the highest rate compared to Portsmouth's statistical neighbours and is higher than the national average of 14.4.

The percentage of pupils in Portsmouth that are eligible for free school meals (FSM) is 33.4%, which is higher than both the national and regional average and has increased significantly over the past 7 years.



Extra-familial contexts

The rate of first-time entrants to the youth justice system is 286.7 per 100,000, which is almost double that of the national average of 146.9 and is the highest amongst Portsmouth's statistical neighbours. However this does continue the downward trend over the last 11 years.



Learning from Monitoring, Evaluation and Scrutiny

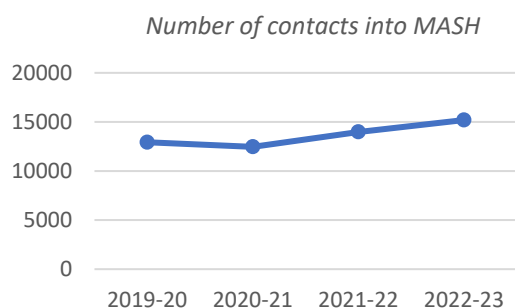
Learning from Data

The Partnership's dataset framework provides performance information to the PSCP to inform the assessment of the effectiveness of the support being provided to children and families. Data relating to key safeguarding and early help processes, and particularly vulnerable groups of children, is provided by partner agencies each quarter. This is reviewed by the Monitoring, Evaluation and Scrutiny Committee (MESC) who provides the Executive Committee with an analysis of any trends and areas for consideration.

Contacts into the Multi-Agency Safeguarding Hub (MASH)

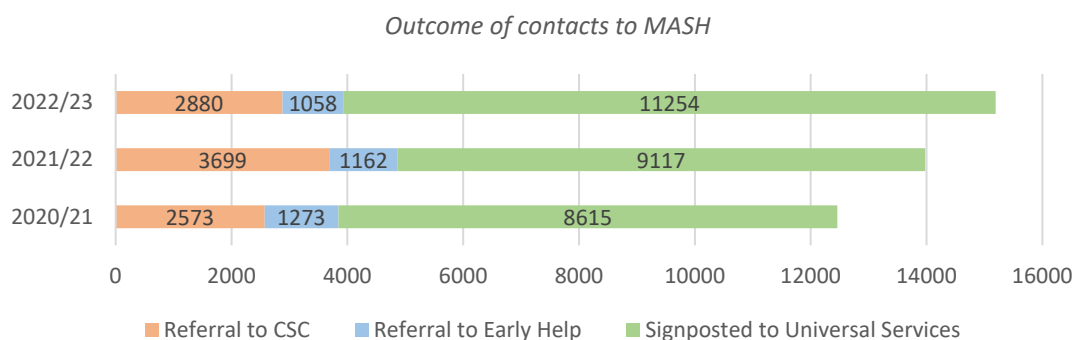
The Portsmouth MASH was established in November 2015. It is the multi-agency front door that manages child safeguarding concerns and determines an appropriate response. The services represented within MASH are Family Safeguarding and Support, Early Help and Prevention, Hampshire Constabulary, Solent NHS Trust, Youth Offending Team, Youth Service and Education.

The MASH process continues to allow for a manager to oversee the allocation of all work and to endorse the recommendations from the multi-agency team for response. When a contact is received by the MASH an initial decision is made by a manager in accordance with the information provided and the PSCP thresholds for services document.



Since 2019-20 there has been a 43% increase in the number of contacts made to MASH. It has risen from 12,924 contacts in 2019-20, to there being **15,192** contacts in 2022-23.

These contacts across the year related to 11,055 individual children, which represents a significant increase of 40.6% increase from 2021-21.



Of these contacts there was a 22% reduction in those that met the threshold for a referral to Childrens Social Care, and a 9% reduction in those that met the threshold for a referral to Early Help when compared to the numbers from the previous year.

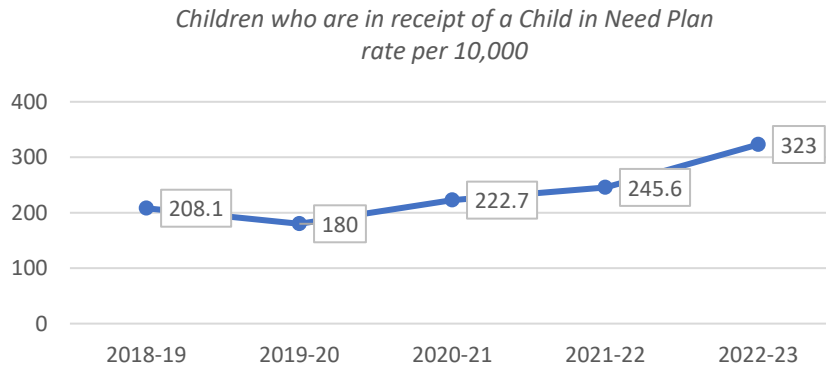
Agency	Number of Contacts	% of overall contacts	% that met Tier 4 threshold	% that met Tier 3 threshold
Police	4,171	27.5%	18.6%	1.3%
Schools	2,400	15.8%	25.1%	26.4%
Health ²	2442	16.1%	17.1%	6.5%

² This includes hospital, GPs, Health Visitors, School Nurses etc

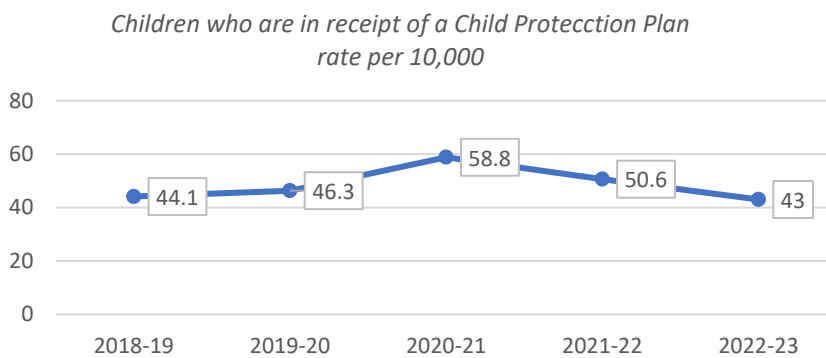
When considering the source of the contacts made to MASH, it is clear that the police make the largest number of contacts. However in terms of whether these contacts result in a referral to either the Family Support and Safeguarding Service or the Early Help Service, it is schools that make the greatest percentage of referrals that meet either the Tier 3 or Tier 4 threshold.

Child in Need, Child Protection and Looked After Children

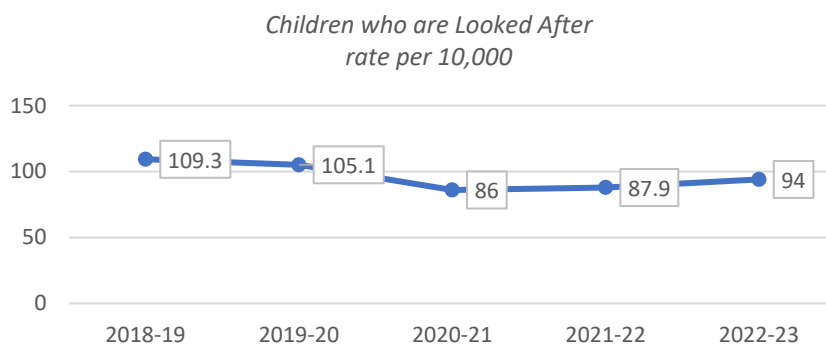
The rate of children in receipt of a Child in Need Plan in 2022-23 has increased by 31.5% from 2021-22.



Whereas the rate of children on a Child Protection Plan in 2022-23 has decreased for the second year by 15% from 2021-22.



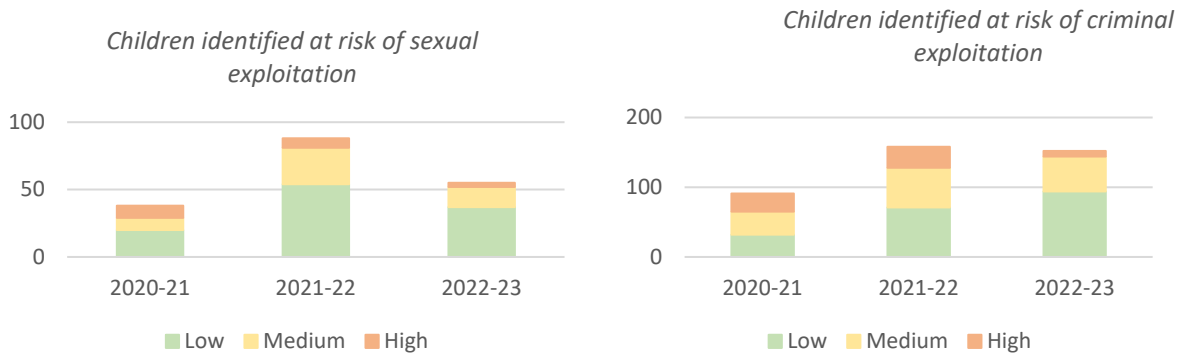
There has been a 6.5% reduction in the rate of children who are looked after in 2022-23.



This overall picture indicates that whilst there are more concerns about children's safety and wellbeing notified into MASH, proportionally their needs are being managed at a lower tier of support than in previous years.

Extra-familial Harm

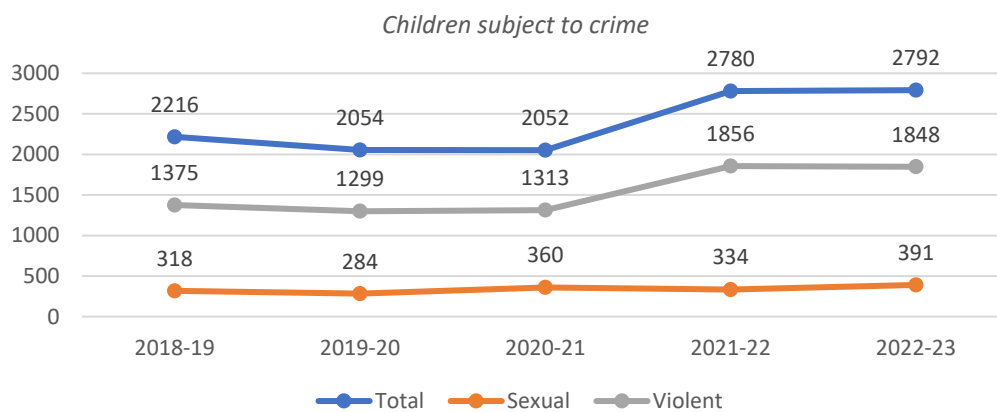
In 2022-23 there has been a 31.8% decrease in the number of children identified at risk of sexual exploitation from the previous year; and a 9.5% increase in those identified at risk of criminal exploitation.



Within the last three years the percentage of children identified at low risk of exploitation compared to high risk has increased. This is a positive indication that the workforce is now better equipped to identify an emerging risk, so that support can be provided to the child sooner before they experience more significant harm.

The youth offending police team have noted that between 1 in 4 and 1 in 3 children referred have been identified as at risk of exploitation. This indicates that children at risk of exploitation are more likely to come to police attention for criminal behaviour than their peers. This is why in response to the strategic priority to keep young people as safe as possible from extra-familial harm in the revised Safeguarding Strategy, a Youth Forum is being developed. The aim is that by bringing together specialist knowledge and expertise from the Youth Offending Team, Violence Reduction Unit and child exploitation teams, we will develop a more effective response to the prevention and disruption of exploitation and be better able to divert young people from becoming involved in criminality.

There also continues to be a steady increase in the number of children subject to crime over the last 4 years. Since 2018-19 reported sexual crimes have increased by 18.7%, violent crimes have increased by 25.6% and the total number of crimes have increased by 20.6%



Neglect

Following last year's Annual Report, in response to the 305% increase in the number of crimes recorded for neglect noted from 2017 to 2022 Hampshire Constabulary completed an analysis of their cruelty and neglect profile. They concluded that the Force had seen an increase in these occurrences over the last 5 years and that there were multiple contributing factors identified for this.

There has been an upward trend seen nationally, with the NSPCC reporting a 25% increase in cruelty and neglect during 2021/2022. It is predicated that volumes will continue to increase over the next few years in line with all child abuse offences.

Although Hampshire Constabulary are recording significantly higher volumes than other forces within the region, they felt that this does not necessarily equate to increased risk being seen. Crime Data Integrity (CDI) accounts for approximately a third of all cruelty and neglect occurrences recorded within Hampshire over the last 5 years. The forces approach to crime recording as a whole has changed and progress has been made year on year. It is recognised that when neglect is reported and there are multiple children within a household, each child will be recorded as a victim on a separate occurrence. These recording improvements will likely account for some of the increase, particularly in areas where there are larger families with multiple children.

Despite the impact of CDI, in 2019 cruelty and neglect offences increased disproportionately compared to all crimes across the force and, more specifically, to all child abuse crimes. This coincides with a large amount of training and emphasis across Police to ensure that incidents of neglect are reported. This remains a strategic priority for all agencies and it is likely the improved identification and recording have contributed to the increases in recorded cruelty and neglect during this time.

MASH demand analysis has shown that the total number of all Public Protection Notice (PPN1) volumes have increased over the last few years. Safeguarding teams (predominantly MASH) are recording the greatest proportion of cruelty and neglect and this has increased by 94% (from 297 in 2017 to 577 in 2021). The rise in MASH volumes coupled with a confidence in the team's data recording accuracy suggests that there is an increased understanding of what constitutes cruelty and neglect within Hampshire.

Concerns were also raised that despite an increase seen in commission rates the arrest rate remained relatively stable for these offences. It is acknowledged that an arrest is not always the best course of action and analysis confirms that there were multiple occasions where a series of crimes were investigated under the one arrest record. Therefore an arrest may fall within that of a linked offence and will not be reflected in the arrest data for cruelty and neglect, but positive action was still taken.

Additionally, those neglect occurrences resulting in Formal Action Taken (FAT) have increased to higher levels than all other child abuse crimes, suggesting that there are more positive outcomes for children who are victims of cruelty and neglect. Community Resolutions (CR) account for the greatest proportion of FAT outcomes, and these have increased since 2019 whilst arrests and charges have remained relatively stable. Since 2018, all neglect offences recorded by MASH are automatically referred to CAIT who are specially trained in working with partners to support a positive safeguarding outcome for children. Analysis has confirmed that the Child Abuse Investigation Team's (CAIT) use of Out of Court Disposals (OCCD) was positive and effective, particularly in cases of neglect where it is a positive early intervention tool.



Deep Dives and Audits

Multi-Agency Safeguarding Hub (MASH) Audits

Every quarter representatives from the PSCPs three statutory partners undertake an audit of contacts into the MASH, to consider:

- Quality of information provided,
- Use of parental consent, and
- Application of threshold

Each quarter the MASH Board agrees a focus or thematic aspect for the audit which is informed by either learning from performance data or agency requests. (Please note that where any contacts are considered to be inadequate, feedback is provided to the individuals to support their learning and any remedial action to ensure the child is appropriately safeguarded is taken.) In 2022/23 the audits undertaken were as follows:

Quarter 1: Application of threshold and consent

17 contacts were reviewed that had varying outcomes in order to assess the application of threshold and the appropriateness of the decision making. Within this we also considered whether consent had been appropriately sought and recorded.

In terms of the application of threshold we were confident that the decision making and outcomes were appropriate in all 17 cases. There was clear recording of the rationale for the outcome in all instances, noted within a 24-hour time period. There is clear strong management oversight at point of contact and throughout. It was felt that 4 of the contacts were unnecessary and this was fed back as learning to each of these agencies.

Quarter 2: Contacts into MASH that do not progress to contact and referral

In this audit 10 contacts that came into the MASH that then did not progress to being a formal contact, and so were not recorded on MOSAIC (Children Social Care - Computerised Record System), as it was deemed as not being proportionate to record them.

The question of management oversight on these was considered. However, whilst there is a process in place that each contact will be seen by either a Service or Team Leader and the decision not to record will be made by them, as these contacts are not recorded, we were unable to review whether this process had been followed.

Of the 10 children where contacts made into the MASH in August were not recorded on a contact and referral record on MOSAIC, these were made up of 5 from police, 4 from health and 1 from a nursery. Of these the decision made in 9 of the 10 instances was agreed to be appropriate and proportionate.

Quarter 3: Contacts into MASH where the Single Assessment Framework (SAF) is completed, but the child was not seen as part of the assessment

This audit considered 6 contacts that were assessed by MASH as meeting Threshold at Tier 4 and an assessment was completed, but the child was not seen as part of this process.

The initial assessments where the child was not seen as part of process were reviewed, with hypothesis that these would show assessments closed down by management agreement prior to completion. This was borne out in the sample considered and there were 3 themes that ran strongly through the sample:

- A lack of curiosity in the assessment
- Assumptions about consent and lack of engagement
- How robust and assertive are we in our engagement with families

On more than one occasion visits and work were undertaken with the family, but then deemed that a full assessment was not needed. So the start and finish of the assessment was completed with a rationale given for this. It was felt that this rationale lacked curiosity and challenge and often involved taking the families' word for something, regardless of the information contained in referral.

Quarter 4: Application of thresholds

14 contacts were selected from March that had varying outcomes in order to assess the application of threshold and the appropriateness of the decision making.

The audit found confidence with 13 of the 14 threshold decisions. 1 was challenged which involved a child who had disclosed historical sexual abuse. This was referred back to MASH who reviewed the findings and held a strategy discussion post audit.

Child Protection Plan Audit

In October 2020, the PSCP published a serious case review of [Child H](#). One of the recommendations was that "The Safeguarding Partnership commission a multi-agency audit of Child Protection Plans to gain assurance that information taken in to Initial Child Protection Conferences via single agency reports accurately captures and analyses known and knowable risks to the child, that the record from the ICPC reflect such risks and these

are translated into the *Child Protection Plan*". This was undertaken in 2021-22 and the findings reported to the Partnership in July 2022.

Areas of strength:

- Assessments were consistently comprehensive and detailed. They provided clear summaries of risks to children.
- Appropriate and broad multi-agency attendance at Strategy Meetings
- The Chairs were consistently restorative, empathetic, and caring.
- The use of motivational interviewing was strong. Discussions were strengths based and there was open ended questioning and positive affirmations.
- Families had always been well briefed in advance of the meeting by the Chair, and the purpose was well explained again within the meeting.
- Families were well supported throughout conferences and the process in general. Professionals demonstrated high levels of empathy and consideration.
- The Chairs made sure that each professional had multiple opportunities to provide updates, feed into the meeting and raise any comments/questions throughout.
- All professionals had provided a report in each of the conferences.
- Families were usually given frequent opportunities to share their views and feed into the creation of the plan.
- A Family Safeguarding Approach had been considered where appropriate, with Adult's workers involved in several cases.

Areas for development:

- Risks were not consistently followed through from referral and assessment to the plan. If the risk identified in an assessment is unsubstantiated, it should be recorded in the ICPC minutes/ on the plan that this is no longer a risk.
- There were examples where there seemed to be a focus on one parent, especially if they were more engaged.
- Due to the pandemic, conferences were being held virtually or as hybrid meetings. Unfortunately, many of the conferences were hindered by IT issues. This was always managed well by the Chair but not an ideal scenario for these types of meetings.
- Although professionals had consistently had sight of reports, the family often had not seen them in advance of the meeting.
- Inclusion of the child's views was not consistent. The voice of the child and family was not always strong in both conferences and plans, it was broadly felt that the lived experience could have been clearer.
- There were some examples of professional language being used that families may not understand e.g. 'Toxic Stress', 'Restorative Approach'
- Outcomes on plans and timescales for those were not always achievable e.g. school attendance going from 25% to 97% in a period of less than two months. Contingency plans were also not measurable and would benefit from clear timescales.
- There were some examples of partner agencies not feeling like their views had been incorporated into the assessment or resultant plan.
- There were a number of cases where there had been limited inclusion or attempts to include the father/ partner.

What has been done as a result:

- A dip sample of current child protection plans was undertaken in May 2022 that demonstrated an increased expectation within Childrens Social Care relating to the quality of child protection plans, and a significant shift in outcome focussed plans.
- Continued focus remains within the Rapid Improvement Group relating to Care Planning. There is specific focus on SMART planning, outcome focussed plans, and the voice of the child.
- Hybrid technology has now been installed in the Civic Centre, with all conferences now being offered with hybrid capacity.
- Information relating to the sharing of agency reports is now included in the Child Protection Advisor's audit form that is completed as part of the record of the meeting.
- A 'One Minute Guide' was published regarding Our Model of Conferencing in November 2021. This includes clear guidance for professionals about expectations for sharing reports in advance of meetings
- Improvements have been made to the electronic recording system to ensure that the most recent plan is reviewed as part of all Review Child Protection Conferences - informed by the progress of the Core Group.
- 'Mind of My Own' is promoted within the service. Information regarding MOMO, a digital tool enabling children to give their views, is included with all invitations to CPC's. All children age over 4 years subject to CPC's are also referred for Advocacy support.
- Child Protection Advisors have been offered development work around analytical recording. Specific workshops have been delivered and this is an ongoing element within the Service Quality Team business plan

Transition Deep Dive

This was done in response to the [Learning Review of Child G](#) and the [Safeguarding Adults Review of Mr D](#) both undertaken in 2019. These both concluded there should be a joint exploration with the Portsmouth Safeguarding Adults Board (PSAB) of the effectiveness of transition arrangements for young people with significant learning difficulties and/or disabilities; and to consider the impact of the revised Transition Protocol that was revised a result of these reviews.

This was undertaken in 2021-22 and the findings reported to the Partnership in June 2022.

Areas of strength:

- Referrals to Adult Social Care (ASC) are made from Children's Social Care (CSC) when the child reaches 14yrs old in line with the Protocol and Care Act 2014 duties
- The staff within special schools and the child's social workers engage early with families to explain transition and the process that will be undertaken
- There were timely health transition and Continuing Health Care assessments. Child Paediatric Medical Services continue providing support until the young person reaches 19 years of age, and so (where they are open to CPMS) the Paediatrician is able to offer consistency in care during the young person's transition to ASC
- For children who are looked after, their Independent Reviewing Officer provided additional scrutiny by checking that a transition plan was in place and managed effectively by their 18th birthday.

Areas for development:

- Quality of practice was reliant on the workers supporting the child - there was inconsistent practice evident seen with some particularly good practice from individual workers, but we need to improve the consistency of practice to make sure all young people have a good transition
- ASC were not adding young people to their recording system before their 18th birthday. When CSC referred a child aged 14yrs, it was therefore unclear where this information was stored and how ASC were monitoring these to ensure effective planning for transition was occurring

- Some children were not referred to ASC as CSC believed their needs meant they would not meet the threshold for receiving services. However, all children whose needs will continue to make them vulnerable into adulthood should be referred, as even if they are not eligible for services ASC will be able to signpost them to other appropriate sources of support
- There was limited understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards within the children's workforce and the impact these have upon including children and their families withing transition planning, including consent for referrals and information sharing
- There needs to be an improvement in the information available to families regarding services and support available preparing for & during transition, and into adulthood. This information should also be supplied in accessible formats.

What has been done as a result:

- Adult Social Care has employed a Transition Lead who works closely with Childrens Services and the Inclusion Service, to ensure that there is now strong oversight of the transition planning for young people
- A member of staff has been recruited with responsibility for maintaining the Local Offer website, to improve the information available to families and across the workforce regarding services and support available.
- Within the Preparing for Adulthood core group, transition champions across the partner agencies have been identified.

Obesity Deep Dive

Data from the National Child Measurement Programme (NCMP) for the school year 2021/22 showed that:

- Portsmouth is the only upper tier local authority in the region that has a percentage of Reception children living with obesity that is statistically significantly worse than the England average.
- Portsmouth is one of 3 UTLAs in the region that are statistically significantly worse than the England average for Year 6 children living with obesity.

Childhood obesity can be associated with various diseases (often called co-morbidities) such as sleep apnoea, type 2 diabetes, liver disease and orthopaedic problems. However, being overweight as a child can affect more than their health. It can also impact self-esteem, ability to participate in activities, mental health, and quality of life. All of which can last into adulthood.

This was undertaken in 2022-23 and the findings reported to the Partnership in January 2023.

Areas of strength:

- In the majority of the children reviewed their GP had been proactive in identifying that the child's weight was rapidly increasing and that they were overweight or obese. This was even the case when it was the child's first appointment at that practice, or the child had attended for another reason other than related to measuring their weight. In all instances there was evidence of the GPs making appropriate referrals to other health services to help the family with their child's weight management.
- The Complications from Excess Weight (CEW) Clinic appears to be effective in helping children reduce their weight. For the children who had been receiving support from the CEW Clinic they had all managed to reduce their weight.
- There was evidence of health professionals recognising the child's reluctance/fear of attending the hospital to receive interventions from the CEW Clinic. Examples of how there were overcome were nurses going out to complete weight measurements or blood tests in the community; or supporting attendance by providing transport and accompanying them from home to the hospital.

Areas for development:

- Children not being brought to appointments meant that in many of these instances the child was either discharged from the service or opportunities to identify concerns earlier and offer support were missed.
- For many of the families additional needs were identified that included bereavement, parental ill-health, domestic abuse, social isolation and/or poor parental mental health. Where these were identified, there was limited evidence of exploration of how these potentially impacted on the family's ability to engage in the support and advice being offered. However, this consideration was consistently apparent once a family was supported by the CEW Clinic.
- There was reference in the records to parents' lack of awareness of the complications upon their child's physical and emotional health and wellbeing from them being obese.
- There was limited evidence of the use of the Obesity Pathway and the Thresholds Document in helping practitioners consider an appropriate response.
- Practitioners need to ensure that there are no assumptions made about other services knowledge of the impact the child's weight might be having upon them. As such references to weight or BMI may not be meaningful to practitioners not familiar with what a healthy weight range should be for that child.
- There were examples of schools not recognising concerns about the child's excess weight or not being confident as to how to appropriately respond.

What has been done as a result:

- The PSCP has engaged with Public Health to advise them of the findings of this audit. Until now they have utilised national resources in their public campaigns regarding childhood obesity. They now aim to review these and consider how these can be better targeted. They are also leading on a review of the Obesity Pathway.
- The PSCP Training Team has collaborated with the Consultant Paediatrician from the CEW Clinic to develop a multi-agency workshop 'Working Together to Effectively Safeguard Obese Children' that will become part of the core offer from September 2023.
- The learning from this audit has been shared with education and early years settings, and examples given of how they can use the FSP to support early intervention when a child's weight is increasing. These messages are being shared within the PSCP Early Help training.

Recommendation Tracking

The PSCP has evolved a method of tracking the recommendations made to the multi-agency safeguarding system in Portsmouth (from case reviews, data analysis, audits, and inspections) whereby once every 2 months relevant agencies are sent a request to update their progress against these. The returns are presented to the Monitoring, Evaluation & Scrutiny Committee whose role is to consider whether the action fully meets the ambition as set out in the recommendation; and whether there is sufficient evidence of the robustness of its implementation and/or impact on the effectiveness of improving safeguarding arrangements.

	Number at start of year	New, added in year	Completed in year	Outstanding at end of year
Children's Social Care	14	17	30	1
Adult Social Care	0	1	0	1
Education Service	1	0	0	1
General Practices	0	1	1	0
Hants & IoW ICB - Portsmouth place	0	1	0	1
Hampshire Constabulary	0	1	0	1
Portsmouth Hospital University Trust	4	0	3	1
PSCP	19	13	14	18

Solent NHS Trust	0	3	2	1
University Hospital Southampton Foundation Trust	4	0	4	0
Total	42	37	54	25

Safeguarding & Early Help Compact Audit

The Partnership is collectively responsible for the strategic oversight of local safeguarding arrangements, to ensure that organisations working with children and families in Portsmouth are compliant with their statutory duties to safeguard and promote the welfare of children

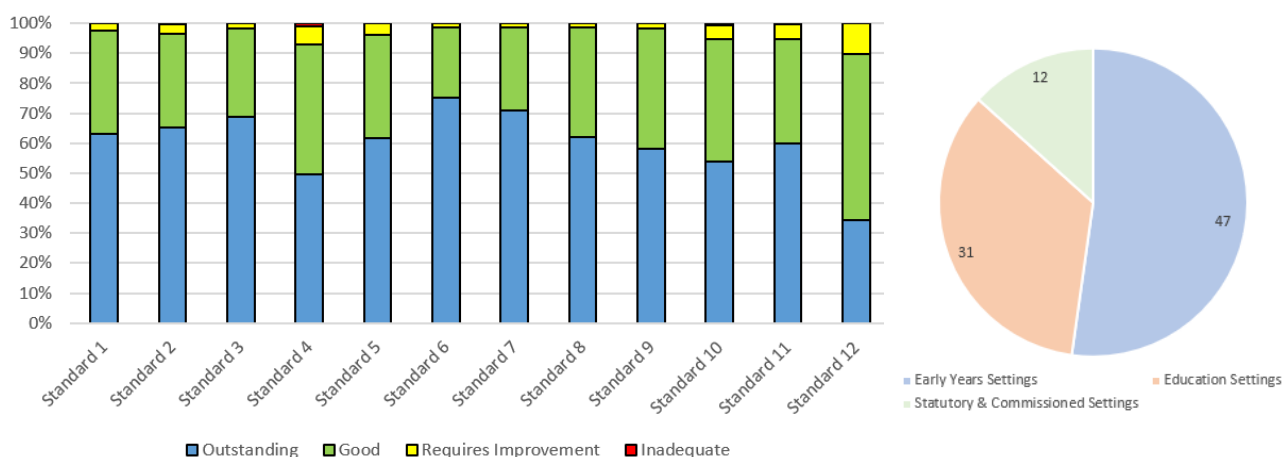
Part of the way in which the PSCP does this is to require all services that work with (or regularly come into contact with) children and families, to complete a self-assessment once every two years against 12 standards with varying indicators to reflect the varying statutory requirements. This is referred to as the Compact Audit and more details of this can be found [here](#) on the PSCP website³.

- | | | |
|--|------------------------------------|-----------------------------|
| 1. Senior management commitment | 5. Induction, training & appraisal | 9. Information sharing |
| 2. Staff responsibilities & competencies | 6. Recruitment | 10. Equality of opportunity |
| 3. A clear line of accountability | 7. Allegation management | 11. Disabled children |
| 4. Service development | 8. Effective inter-agency working | 12. Commissioning |

For each standard there are a set of indicators, which describes the behaviours, processes and policies that would be expected. Settings are then asked to assess themselves against these as to whether they feel their current practice is outstanding, good, requiring improvement or inadequate and to provide the evidence which they believe demonstrates this. Where this is less than good, they are asked to develop an action plan describing what they will do to improve practice.

There is a quality assurance process in place overseen by the Monitoring, Evaluation & Scrutiny Committee to review the individual returns and progress against the action plans. By reviewing all the returns, it allows us to engage both at a setting and sector level to address any gaps in knowledge and/or practice. Briefings are produced summarising the learning at a sector level, and the learning is used to inform future PSCP training and support development.

This year a total of 89 returns were received:



The overall analysis of the returns submitted this year indicates that there are 4 areas of practice where there is a significant need for improvement, these are:

³ <https://www.portsmouthscp.org.uk/10-learning-from-practice/10-2-portsmouth-safeguarding-and-early-help-compact-audit/>

Standard 4. Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families = 6.12% RI and 1.05% inadequate

Standard 10. Equality of opportunity = 4.76% RI and 0.56% inadequate

Standard 11. Special Educational Needs & Disabilities (SEND) = 4.97% RI and 0.17% inadequate

Standard 12. Additional specific requirements for commissioning bodies = 10.29% RI and 0% inadequate

What is noticeable is that the areas requiring the most improvement are the same as last year, with the addition of the areas in relation to Standard 11. This demonstrates that more needs to be done to work with settings across Portsmouth to communicate effectively how they can improve their safeguarding arrangements in these areas.

The PSCP requests that settings who completed the Compact Audit last year and marked any indicators as requiring improvement or as inadequate submit an update on the progress and impact of these actions. Some of the examples given are:

- *Completion of the Compact Audit has helped to highlight the importance of what we do and how, if things are not done correctly, the consequences of this.*
- *The focus on safeguarding from point of induction and safer recruitment training for managers has promoted a positive safeguarding culture.*
- *All staff understand that safeguarding is everybody's responsibility and a culture of it could happen here. Safeguarding procedures in school are secure and staff are more vigilant around the nuances of change for the children.*
- *The work completed alongside the children has been particularly beneficial and empowered the children in their knowledge also.*
- *Ensuring that any future changes are assessed, ensures that the impact upon all children and other stakeholders are considered and not unfairly discriminated against.*
- *Implementing Safeguarding Board Meetings where every term the DSL, Safeguarding Link Governor, and Senior Safeguarding Officers meet. These allow the team to review patterns and trends on a termly basis, including making comparisons to previous years.*
- *Contactors are challenged when coming onto school site if no DBS or accompanied by school staff at all times so that children are not exposed to adults without DBS.*



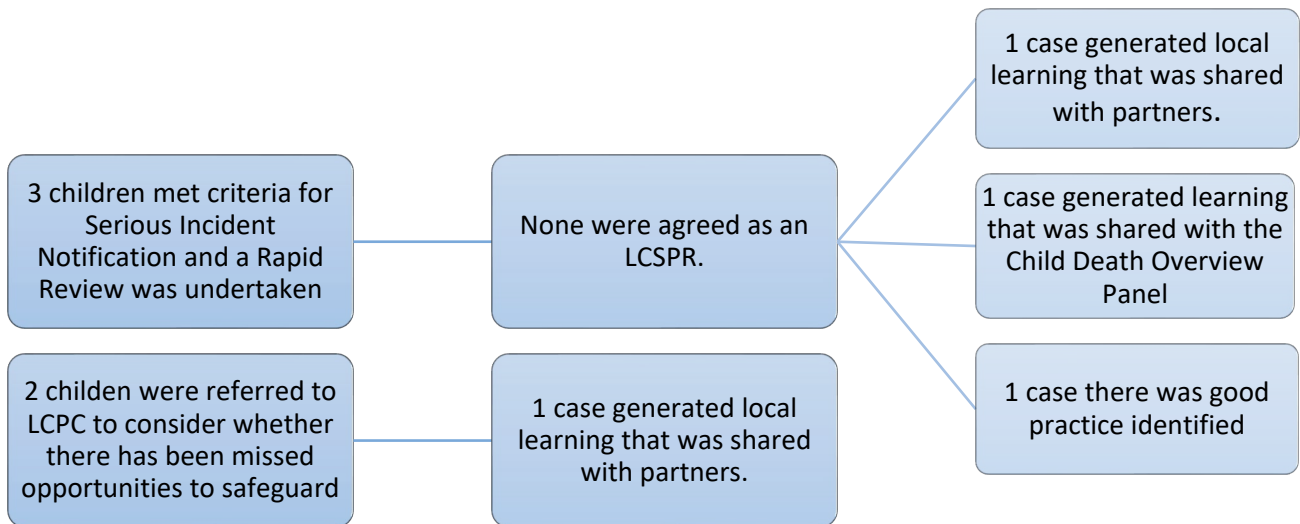
Learning from Children & Practice

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

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

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

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



LCSPR Reports are published on our Safeguarding Children Partnership website in our [learning from practice](#) section. During the period April 2022 to March 2023 the PSCP has not published any Child Safeguarding Practice Reviews. However it has completed the following:

Thematic Review into availability of Tier 4 beds - The instances of 3 young people were referred to the LCPC between Oct/Nov 2021 that had common concerns as they been placed on paediatric wards with significant mental health and/or 'behaviour' issues where the local hospital is deemed a 'place of safety' because no other option was available. Whilst there were no concerns that met the threshold for a LCSPR, it did highlight what is both a local and national challenge of placement bed availability. The Head of Integrated Commissioning for the local authority and Portsmouth Clinical Commissioning Group undertook a thematic review into this issue. This considered the journey of 13 young people to their admission to hospital. 6 actions were developed in response to this review, which were:

1. Investment was made into the Paediatric Psychiatric Liaison Service at the hospital and will be monitored through the quarterly Child and Adolescent Mental Health Services (CAMHS) Performance Review.
2. The CAMHS Closer to Home Service started to take cases during March 2022 which should support more young people at home and avoid admission.

3. Portsmouth CCG have committed to investing in 3 new mental health roles to support the 'Team around the Worker', to be hosted in the Integrated Targeted Early Help Service as part of a new approach to chronic absence.
4. Portsmouth CCG have committed to investing in an additional role in the CAMHS LD team to provide greater capacity for crisis support.
5. A multi-agency bid to the DfE respite programme has been submitted, jointly with Southampton, for out of school activity.
6. Engaged with Hampshire Childrens Social Care to develop system-wide mechanisms to support young people in avoiding hospital admission or to speed up discharge.

'Henry' was a 2-month-old baby who was suspected of being physically harmed by his parent, resulting in substantial injuries. This incident was notified to Ofsted by the Local Authority and a Rapid Review was completed. Whilst the case met the criteria for a LCSRP, there were similarities in learning to those identified in [Child E](#), [Child I](#), [Freya](#) and [Skylar](#). Instead, the learning identified in the Rapid Review will be shared with relevant agencies, appropriate recommendations developed and consideration of the appropriateness of the response built into the Deep-Dive on the Unborn Baby Protocol being undertaken in 2023. This will include consideration of what the barriers may have been in effectively implementing the recommendations from the previous reviews. The National Panel has agreed with our decision.



Workforce Development

The PSCP training programme has grown in strength and depth over the past year. Following the significant changes made to adapt to the consequences of Covid19, the team have reformed the offer again to meet the growing need for connection. Through extensive feedback gained from across the workforce, it was clear that learning 'in person' is of far greater benefit and the networking gained in being together improves relationships resulting in more effective safeguarding practices. However shorter courses remain on-line as this supports easier access to them, and has the benefit that delegates are off-site from their place of work for a shorter period of time

The PSCP training offer has strengthened its focus the importance of growing a safeguarding culture in line with Keeping Children Safe in Education (KCSiE) and other statutory guidance, research and evidence. Underpinning much of this work is the focus on language and how it reflects our values. Building on the relational and restorative work, language forms an essential part of how we develop practice which is inclusive, accessible and kind. An essential element of all of the taught sessions on the PSCP training programme, is that delegates are given time and support to consider application of their learning in practice. The feedback from attendees is overwhelmingly positive, that in particular this has enabled their practice to improve and strengthened how they work together across the multi-agency network and how they connect with children and families.

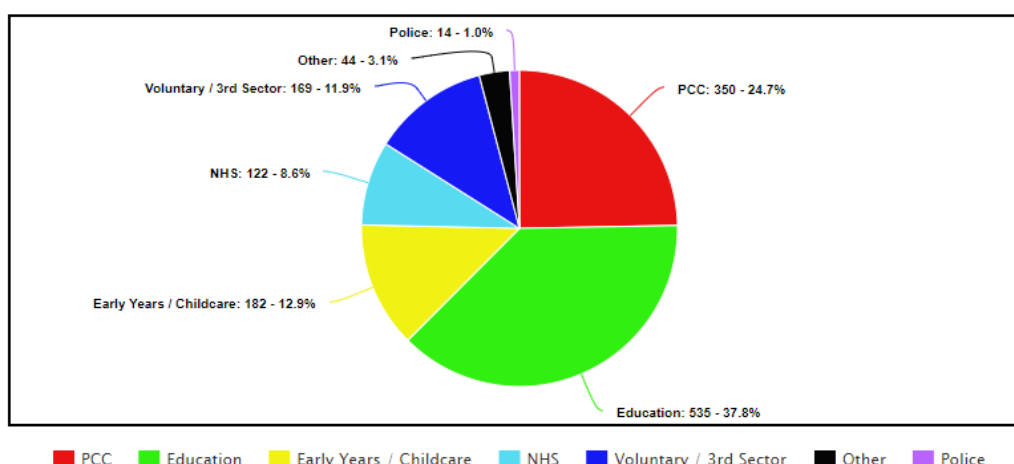
Another key focus this year has been to strengthen how we embed learning from both our audit and scrutiny activity and from learning from children and practice into training. In combination with the feedback from delegates through evaluation of the courses they have attended, this allows for adaptations to be made to the programme throughout the year to ensure the training remains meaningful and current.

Going forward the priority is to continue to strengthen the PSCP training in line with local and national learning. The training team will respond to bespoke work in line with the growing momentum around language development and relational practice. Re-think will be a central strategy in supporting the workforce to improve outcomes for children and their families. And finally the team will work together with the PSCP Business Manager to ensure effective improvement activity is designed in line with learning gained from the Partnership's activity.

Attendance on PSCP Training

Despite there being a 5.2% decrease in the number of multi-agency training courses available in 2022-23 compared to the previous year, there was a 7% increase in bookings and a 5.6% increase in attendance.

Multi-agency training data	2020-21	2021-22	2022-23
Number of courses run	129	134	127
Number of bookings	1,972	1,636	1,766
Number of attendances	1,556	1,337	1,416
Booking attendance %	79%	81.72%	80%



As can be seen in the chart above, the majority of attendees on these courses come from education settings and Portsmouth City Council

However, caution needs to be applied when making a comparison to the preceding years for both single and multi-agency training, due to many of these courses being impacted by restrictions applied following the Covid19 pandemic.

The requests for single agency (bespoke) training grew significantly in 2022-23 with a 133% increase in the number of courses ran. Throughout the year, as well as the inset training delivered to education settings, there has been considerable work carried out on a single agency basis with Hampshire Constabulary, and teams within Solent NHS and Portsmouth City Council.

Single Agency Data	2020-21	2021-22	2022-23
Number of courses run	17	27	63
Booking Attendances	408	1,220	1,506

A contributing factor for this high growth in single agency training is how practitioners and managers experience the multi-agency training programme. Following reports of positive learning experiences, managers often contact the team for further input, wanting to have a more specific and targeted training input delivered to their team. Equally those who have had bespoke training previously have come back again for further input.

Re-think

In the PSCP 2021-22 Annual Report, the development of the Re-think approach was described in relation to the learning from the Skylar LCSPR. Over the past year Re-think has grown in strength and momentum, and a growing number of sessions have been facilitated in order to support the workforce in relation to their safeguarding work with children and families to:

- Address and repair professional disagreement and / conflict
- Find creative solutions to 'stuckness'
- Define roles and responsibilities to ensure effective multi-agency collaboration

Giving and receiving honest challenge about our work with families can be difficult and taking time to 'slow down' and consider how to go about hearing challenge is vital to ensure children and their families are kept at the centre of our work. Resolving concerns is beginning to be seen as an integral part of how we advocate for children and their families in Portsmouth. Re-think is beginning to support the workforce to address such challenges.

Further work in evaluating the impact of Re-think is being prioritised over the coming year and will build on the existing evidence showing impact on practice.



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Agenda Item 6



Title of meeting: Health & Wellbeing Board

Date of meeting: 6th March 2024

Subject: Portsmouth City Council's Homelessness Strategy 2024-2029

Report by: James Hill, Director of Housing, Neighbourhood and Building Services

Written by: Jo Bennett - Assistant Director - Housing Need and Supply
Shane Galvin - Head of Housing Needs, Advice and Support

Cabinet Member: Councillor Darren Sanders, Housing and Tackling Homelessness

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

1.1 To present the Homelessness Strategy which details Portsmouth City Council's approach to understanding and responding to customers and residents who face homelessness.

2. Recommendations

2.1 It is recommended that the Health & Wellbeing Board (HWB):

- (i) Notes the new Homelessness Strategy 2024 - 2029
- (ii) Notes the Five Strategic Aims of the Strategy and the next steps to develop action plans
- (iii) Notes the change in emphasis of the previous partnership board and identifies where HWB partners can engage with the partnership and the working groups to achieve the strategic aims
- (iv) Promotes the strategy and its aims with HWB partner organisations

3. Background

3.1 The Cabinet Member for Housing and Tackling Homelessness approved the Homelessness Strategy 2024 - 2029 on the 7th December 2023, to be effective from then 1st January 2024. (Appendix A - Housing and Tackling Homelessness report)



- 3.2 Local Authorities are required to formulate and publish a Homelessness Strategy based on a review of homelessness in their area at least every 5 years (s.1 Homelessness Act 2002).
- 3.3 Portsmouth's previous Homelessness Strategy covered the period 2018 to 2023.
- 3.4 The review on which the strategy is based should consider (s.2 Homelessness Act 2002):
 - 3.4.1 The levels of homelessness in the area.
 - 3.4.2 The activities which are carried out for any the following purposes (or which contribute to achieving any of them):
 - Preventing homelessness in the area
 - Securing accommodation that is, or will be, available for people in the area who are or may become homeless.
 - Providing support for people in the district who are homeless or who may become at risk of homelessness.
 - 3.4.3 The resources available to carry out such activities.
- 3.5 The Portsmouth City Rough Sleeping and Homelessness Partnership Group have worked together to carry out such a review and to develop an ambitious strategy which calls on a partnership approach to preventing homelessness and ending rough sleeping in Portsmouth.
- 3.6 Although there is not a statutory requirement for one, Portsmouth also had a Street Homelessness and Rough Sleeping Partnership Strategy covering the same 2018-2023 period which outlined the city's approach to reducing rough sleeping.
- 3.7 The Council's administration and Partnership wants a joint Homelessness and Rough Sleeping Strategy that brings together and builds upon those two previously separate strategies. Rough sleeping is the sharpest end of homelessness but is not distinct from it. By tackling homelessness in the city as a whole, fewer people will be left with no option but to sleep rough.

4. Consultation

- 4.1 The review itself included a focus on the experience of people who have been homelessness or threatened with homelessness. 42 people who had used homeless services in recent months were interviewed, and asked what worked well for them and what did not.
- 4.2 The review and strategy were further shaped by consultation with key partner agencies, including colleagues from Children's Services, Adult Social Care, and members of the Portsmouth City Rough Sleeping and Homelessness Partnership Group. The Health and Wellbeing Board were also consulted, and various communication channels used across a wide network to provide the opportunity for partners and individuals to comment.

- 4.3 The draft Homelessness Strategy 2024-2029 was agreed by the Cabinet Member for Housing and Tackling Homelessness in September 2023 and was then formally consulted upon. Consultation on this strategy took place between 25th September and 22nd October 2023.
- 4.4 The objectives of the final stage of consultation were to:
- Assess levels of agreement with the five draft strategic aims
 - Assess levels of agreement with the recommended areas of focus beneath each aim
 - Understand disagreement with any of the aims or areas of focus.
 - Explore any elements considered missing from the draft strategy.
- 4.5 The consultation received 81 responses in total, 76 of which came via an online survey. The vast majority of respondents agreed with the five proposed strategic aims (95%) and each of the suggested areas of focus laid out beneath each one (all over 90%). Some helpful suggestions were made as a result of the consultation responses, for example a suggestion to use cross-organisational knowledge and data to better understand the underlying causes of the causes of homelessness, with the aim of earlier 'primary' prevention. The five strategic aims are set out in paragraph 5 below.
- 4.6 These themes from the feedback have influenced the final strategy (Appendix B). Section 5 of the strategy details how housing assessments and housing plans for those threatened with or experiencing homelessness should be informed by the individual needs of that person, and by the views of any relevant professionals or supporting agencies. They should be holistic, taking into account any specific vulnerabilities or support needs that might relate to such characteristics as learning disabilities, health problems or substance misuse issues.
- 4.7 The action plan (Appendix C) underscores the need for closer working between partner agencies (for example actions number 2 and 9), and the need to tailor assistance according to the specific needs of applicants (for example actions number 14 and 15, which were both added following consultation). Chapter 10 of the review and strategy further details the consultation responses received.
- 4.8 The Homelessness Strategy consultation report is attached as Appendix D.

5. The Five Strategic Aims

- 5.1 Learning from the review of homelessness in Portsmouth has led to five strategic aims being identified:
- I. Prevent Homelessness. Prevent incidences of homelessness wherever possible. Relieve more homelessness where prevention is not an option.
 - II. End rough sleeping. Ensure rough sleeping is rare, brief, and not recurring.
 - III. Provide the right housing to relieve homelessness. Ensure people are provided with accommodation that meets their needs and lets them feel safe and secure.

IV. Provide the right support. Whatever accommodation a person has, ensure they can access the right support at the right time to help them sustain it.

V. Strengthen collaborative working. Improve communication with people at risk of homelessness. Strengthen local partnerships to prevent homelessness more often.

5.2 The strategy has identified 27 action points to help achieve those strategic aims. These are attached as Appendix D.

5.3 The strategy offers an ambitious vision and set of aims. Once launched the action plan will be refreshed and updated throughout the course of the life of the strategy.

6. Governance and oversight of strategy

6.1 The strategy will be monitored through various governance arrangements including reporting to Department for Levelling Up, Housing and Community, the City Council's Housing and Tackling Homelessness portfolio, the Health and Wellbeing Board and oversight from the Rough Sleeping and Homelessness Partnership Group.

6.2 The strategy will be published on the council's website, shared with relevant partners, and made known to local residents.

6.3 Once launched, the strategy will create a significant work programme over the course of 5 years. As evidenced within the review, it is clear that the council's current Allocation Policy requires review and updating to ensure the best use is made of the housing stock available to the council. Likewise, a full review is required of supported housing provision in the city as well as rough sleeping services, to ensure those services are providing the right housing and the right support.

7. Reasons for recommendations

7.1 Local authorities are required to formulate and publish a homelessness strategy based on a review of homelessness in their area at least every 5 years (s.1 Homelessness Act 2002). The strategy combines the City's focus on statutory and non-statutory provision.

7.2 The Homelessness Strategy and its work report into the HWBB complementing the City Council's oversight of the work and the statutory responsibilities that the Local Authority has.

7.3 To successfully achieve the strategic aims of the strategy it is important that HWB partners engage with the partnership and work streams. Promoting the strategy and aims within partner organisations will help reinforce the importance of the work to the City.



8. Integrated impact assessment

As per the report - The Cabinet Member for Housing and Tackling Homelessness approved the Homelessness Strategy 2024 - 2029 on the 7th December 2023.

6. Legal implications

As per the report - The Cabinet Member for Housing and Tackling Homelessness approved the Homelessness Strategy 2024 - 2029 on the 7th December 2023.

7. Director of Finance's comments

As per the report - The Cabinet Member for Housing and Tackling Homelessness approved the Homelessness Strategy 2024 - 2029 on the 7th December 2023.

.....
Signed by: **James Hill, director of housing, neighbourhood and building services.**

Appendices:

- Appendix A - Homelessness Strategy Report - Housing & Tackling Homelessness Cabinet
- Appendix B - Homelessness Strategy 2024 - 2029
- Appendix C - Action Points
- Appendix D - Homelessness Strategy Consultation

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
7 th December 2023 Cabinet Member for Housing and Tackling Homelessness report pack	Agenda for Cabinet Member for Housing and Tackling Homelessness on Thursday, 7th December, 2023, 9.30 am Portsmouth City Council

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

.....
Signed by:

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Title of meeting: Cabinet Member for Housing and Tackling Homelessness

Date of meeting: 7th December 2023

Subject: Approving Portsmouth City Council's Homelessness strategy 2024-2029

Report by: James Hill - Director for Housing, Neighbourhood and Building Services

Author: Jo Bennett - Assistant Director - Housing Need and Supply
Shane Galvin - Housing Policy & Quality Manager

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

1.1 To present the Homelessness Strategy which details Portsmouth City Council's approach to understanding and responding to customers and residents who face homelessness.

2. Recommendations

2.1. To approve the council's Homelessness Strategy 2024-2029 (Appendix 1) and associated action plan (Appendix 2), to be effective from the 1st January 2024.

3. Background

3.1 Local authorities are required to formulate and publish a homelessness strategy based on a review of homelessness in their area at least every 5 years (s.1 Homelessness Act 2002).

3.2 Portsmouth's previous homelessness strategy covered the period 2018 to 2023.

3.3 The review on which the strategy is based should consider (s.2 Homelessness Act 2002):

3.3.1 The levels of homelessness in the area.

- 3.3.2 The activities which are carried out for any the following purposes (or which contribute to achieving any of them):
- Preventing homelessness in the area
 - Securing accommodation that is or will be available for people in the area who are or may become homeless.
 - Providing support for people in the district who are homeless or who may become at risk of homelessness.

3.3.3. The resources available to carry out such activities.

3.4 The Portsmouth City Rough Sleeping and Homelessness Partnership Group have worked together to carry out such a review and to develop an ambitious strategy which calls on a partnership approach to preventing homelessness and ending rough sleeping in Portsmouth.

3.5 Although there is not a statutory requirement for one, Portsmouth also had a street homelessness and rough sleeping partnership strategy covering the same 2018-2023 period which outlined the city's approach to reducing rough sleeping.

3.6 The Council's administration and Partnership wants a joint homelessness and rough sleeping strategy that brings together and builds upon those two previously separate strategies. Rough sleeping is the sharpest end of homelessness but is not distinct from it. By tackling homelessness in the city as a whole, fewer people will be left with no option but to sleep rough.

4 Consultation

4.1 The review itself included a focus on the experience of people who have been homelessness or threatened with homelessness. 42 people who had used homeless services in recent months were interviewed, and asked what worked well for them and what did not.

4.2 The review and strategy were further shaped by consultation with key partner agencies, including colleagues from Children's Services and Adult Social Care, and members of the Portsmouth City Rough Sleeping and Homelessness Partnership Group. The Health and Wellbeing Board were also consulted, and various communication channels used across a wide network to provide the opportunity for partners and individuals to comment.

4.3 The draft Homelessness Strategy 2024-2029 was agreed by the Cabinet Member for Housing and Tackling Homelessness in September 2023 and was then formally consulted upon. Consultation on this strategy took place between 25th September and 22nd October 2023.

4.4 The objectives of the final stage of consultation were to:

- Assess levels of agreement with the five draft strategic aims

- Assess levels of agreement with the recommended areas of focus beneath each aim
- Understand disagreement with any of the aims or areas of focus.
- Explore any elements considered missing from the draft strategy.

4.5 The consultation received 81 responses in total, 76 of which came via an online survey. The vast majority of respondents agreed with the five proposed strategic aims (95%) and each of the suggested areas of focus laid out beneath each one (all over 90%). Some helpful suggestions were made as a result of the consultation responses, for example a suggestion to use cross-organisational knowledge and data to better understand the underlying *causes of the causes* of homelessness, with the aim of earlier 'primary' prevention. **The five strategic aims are set out in paragraph 5 below.**

4.6 These themes from the feedback have influenced the final strategy. Section 5 of the strategy details how housing assessments and housing plans for those threatened with or experiencing homelessness should be informed by the individual needs of that person, and by the views of any relevant professionals or supporting agencies. They should be holistic, taking into account any specific vulnerabilities or support needs that might relate to such characteristics as learning disabilities, health problems or substance misuse issues.

4.7 The action plan underscores the need for closer working between partner agencies (for example actions number 2 and 9), and the need to tailor assistance according to the specific needs of applicants (for example actions number 14 and 15, which were both added following consultation). Chapter 10 of the review and strategy further details the consultation responses received.

4.8 The Homelessness Strategy consultation report is attached as Appendix 3.

5 The Five Strategic Aims

5.1 Learning from the review of homelessness in Portsmouth has led to five strategic aims being identified:

- I. **Prevent Homelessness.**
Prevent incidences of homelessness wherever possible. Relieve more homelessness where prevention is not an option.
- II. **End rough sleeping.**
Ensure rough sleeping is rare, brief, and not recurring.
- III. **Provide the right housing to relieve homelessness.**
Ensure people are provided with accommodation that meets their needs and lets them feel safe and secure.
- IV. **Provide the right support .**

Whatever accommodation a person has, ensure they can access the right support at the right time to help them sustain it.

V. Strengthen collaborative working.

Improve communication with people at risk of homelessness. Strengthen local partnerships to prevent homelessness more often.

5.2 The strategy has identified 27 action points to help achieve those strategic aims. These are attached as Appendix 3.

5.3 The strategy offers an ambitious vision and set of aims. Once launched the action plan will be refreshed and updated throughout the course of the life of the strategy.

6 Governance and oversight of strategy

6.1 The strategy will be monitored through various governance arrangements including reporting to Department for Levelling Up, Housing and Community, the City Councils housing and tackling homelessness portfolio, the Health and Wellbeing Board and oversight from the Rough Sleeping and Homelessness Partnership Group.

6.2 The strategy will be published on the council's website, shared with relevant partners, and made known to local residents.

6.3 Once launched, the strategy will create a significant work programme over the course of 5 years. As evidenced within the review, it is clear that the council's current allocation policy requires review and updating to ensure the best use is made of the housing stock available to the council. Likewise, a full review is required of supported housing provision in the city as well as rough sleeping services, to ensure those services are providing the right housing and the right support.

7. Reasons for recommendations

6.1. To ensure that the council's homelessness strategy is up to date and meets the needs of the customers and residents of Portsmouth.

6.2. To outline the strategic actions that the council and partners will take to prevent homelessness more often and to reduce the impacts of homelessness as much as possible.

6.3. To ensure the council continues to meet the statutory duties under Homelessness Act 2002, Housing Act 1996 (as amended) and the Homeless Reduction Act 2017 to support the most vulnerable in society.

7. Integrated impact assessment

7.1. A full integrated impact assessment of this strategy has been written and is attached at Appendix Four.

8. Legal implications

8.1 The relevant legal drivers are set out in the body of the report (notably sec 1 of the Homelessness Act 2002 - a basis from which an authority may wish to set a strategy). Paragraph 4.6 engages the basis of discharging any obligations in accordance with the duties under the Equality Act 2010 thereby aligning with the Public Sector Equality Duty in the sense of how and what factors may be considered in discharging the strategy. (see sec149- EA 2011).

9. Director of Finance's comments

9.1 A decision to approve the Council's Homelessness Strategy 2024-2029 and the associated action plan does not directly change the cost of the demand led homelessness support provision and the resource pressure resulting from the statutory responsibility outlined in the report. Indeed, the strategic actions to prevent homelessness occurring should reduce the demand for temporary accommodation, which is the most significant cost driver for the service.

9.2 The Housing Needs and Advice service receives significant levels of government funding, including Homelessness Prevention Grant. Some of the action points in Appendix 2 will require an investment in resources, most prominently staff time, to be funded through this targeted grant provision. The strategy does not commit this investment and the available resources will need to be carefully managed over the duration of the strategy.

.....
Signed by: James Hill - Director of Housing, Neighbourhood and Building Services



Appendices:

Appendix One - Homelessness Strategy 2024-2029

Appendix Two - Action Points from the Homelessness Strategy 2024-2029

Appendix Three - Homelessness Strategy Consultation Report

Appendix Four - Integrated Impact Assessment

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

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

Title of document	Location
Homelessness Act 2002	Homelessness Act 2002 (legislation.gov.uk)
Portsmouth City Council Homelessness Strategy 2018-2023	Portsmouth City Council Homelessness Strategy
City of Portsmouth Street Homelessness and Rough Sleeping Strategy 2018-2023	City of Portsmouth Street Homelessness and Rough Sleeping Partnership Strategy 2018-2023
Housing Act 1996	Housing Act 1996 (legislation.gov.uk)
Homelessness Reduction Act 2017	Homelessness Reduction Act 2017 (legislation.gov.uk)
Portsmouth Allocation Scheme	Appendix 1 - Allocations Scheme 20190129 Portsmouth Allocation Scheme.pdf

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

.....
Signed by:

Portsmouth City Council HOMELESSNESS STRATEGY 2024-2029

Making homelessness everybody's business.

NB The strategy will go through design services to include the PCC crest and imagery as appropriate to create a visually impactful document. The document will also be formatted to be published on the PCC website in accessible form and available in different languages etc.

FOREWORD

The foreword will be requested from the Cabinet Member for Housing and Tackling Homelessness and Chair of the Partnership Board – this will be requested following the approval of the strategy.

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INTRODUCTION

Local authorities are required to carry out a review of homelessness in their area and to formulate and publish a homelessness strategy based on the results of that review¹. The review should consider:

1. The levels of homelessness in the area
2. The activities which are carried out for any the following purposes (or which contribute to achieving any of them):
 - Preventing homelessness in the area
 - Securing accommodation is or will be available for people in the area who are or may become homeless
 - Providing support for people in the district who are homeless or who may become at risk of homelessness
3. The resources available to carry out such activities

The Portsmouth City Rough Sleeping and Homelessness Partnership Group have worked together to carry out such a review and to develop an ambitious strategy which calls on a partnership approach to preventing homelessness and ending rough sleeping in Portsmouth.

The methodology used to review homelessness in Portsmouth and to reach the findings that follow has included:

- Speaking with people who have made applications for help with homelessness about their experience
- Surveys and consultation of partner organisations and key stakeholders about the work they do in the city, the contents of the previous strategy, and what is needed from the future strategy
- Analysis of individual cases of homelessness, including learning from Safeguarding Adult Reviews
- Review of existing working practices and of the barriers that hinder the Housing Needs, Advice & Support department of Portsmouth City Council in its attempts to prevent homelessness
- Consideration of advice and guidance provided by the Homelessness Advice & Support Team from the Department of Levelling Up, Housing and Communities
- Analysis and scrutiny of data relating to the types and frequency of homelessness application made in Portsmouth, and the outcome of those applications

¹ Homelessness Act 2002, s.1

In doing so, the strategy seeks to bring together and build upon two previously separate strategies². The forthcoming homelessness strategy seeks to incorporate the strategic plan for ending rough sleeping in the city - an area previously covered by the non-statutory *Street Homelessness and Rough Sleeping Partnership Strategy*³. Rough sleeping is the sharpest end of homelessness but is not distinct from it. By tackling homelessness in the city, fewer people will be left with no option but to sleep rough.

² <https://www.portsmouth.gov.uk/wp-content/uploads/2020/05/Homelessness-Strategy-2018-2023.pdf>

³ <https://www.portsmouth.gov.uk/wp-content/uploads/2022/12/Street-Homelessness-and-Rough-Sleeping-Partnership-Strategy-accessible.pdf>

THE STATUTORY RESPONSE TO HOMELESSNESS IN PORTSMOUTH

Housing Needs, Advice & Support

A successful homeless strategy will require a partnership approach, with ownership and direction being shared by a range of stakeholders. The council cannot address the issues alone, and a single department of the council certainly cannot. That said, the council does itself have a range of statutory obligations, which the department of Housing Needs, Advice & Support (HNAS) is responsible for responding to.

HNAS responds to residents' applications for help with their housing, primarily:

- Applications from people who want to join the register for social housing because their current housing does not meet their needs
- Applications from people who are homeless or threatened with homelessness (the focus of this chapter)

The primary team within HNAS is the **Assessment and Advice team**. The Assessment and Advice team are responsible for assessing both types of applications, being the a person's point of contact with regards their housing application, identifying the right housing solution for the them, and providing the help the they need to obtain such housing - for example negotiating with a landlord in order to try to prevent them from becoming homeless, or assessing an application to join the housing register where social housing is identified as the right solution.

There are other teams within HNAS that deal with specific types of accommodation options.

- The **Private Rented Sector Access team** is responsible for sourcing affordable private rented accommodation, identifying applicants for vacant properties, and supporting landlords and tenants as required to sustain those tenancies.
- The **Commissioned Services and Vulnerable People team** is responsible for the commissioning and operational oversight of supported accommodation for individuals and families at risk of homelessness in Portsmouth who require extra support to be able to sustain their accommodation.
- The **Housing Accommodation and Allocations team** is responsible for sourcing and providing temporary accommodation to those to whom the council owes such a duty.
- The **Rough Sleeping Team** is responsible for the commissioning and operational oversight of numerous services aimed at people who are sleeping rough or at risk of sleeping rough, including the rough sleeping pathway and rough sleeping hub.

Statutory obligations

The strategy can and should aim higher than meeting the minimum required of us by statute, but it is nonetheless important to identify some of the minimum statutory requirements the council has when responding to a homelessness application.

Who does the law treat as being homeless?

A person does not need to be sleeping rough to be homeless. Most people who experience homelessness in Portsmouth do not spend a single night sleeping rough.

A person is homeless if they have no accommodation legally available to them, or if the accommodation they do have available to them is unreasonable for them to continue to occupy (for example because of a likelihood of violence). Further, a person will be homeless if they cannot secure entry to it (or have no place to put it in the case of a mobile home or houseboat).

A person is threatened with homelessness if they are likely to become homeless within 56 days, or if they have received a s.21 notice⁴ from the landlord which is due to expire within 56 days.

Prevention duty

Providing they meet the eligibility rules relating to residence and immigration status, a person who is threatened with homelessness will be owed the 'prevention duty'. This means the council has a duty to:

- Assess the person's housing circumstances, including:
 - The cause of their impending homelessness
 - The type of housing they need
 - The support they need to sustain their accommodation
- Agree with the person a plan to prevent their homelessness, including:
 - What steps the council will take
 - What steps the person will take
- Take reasonable steps to help the person secure that accommodation does not cease to be available (whether that be their current or alternative accommodation)

The prevention duty can end if any one of a prescribed list of things happen, including:

- The threat of homelessness materialises; the person becomes homeless
- Homelessness is prevented; the person has accommodation available to them for at least 6 months

⁴ Housing Act 1988, s.21 - a so-called 'no-fault' notice a private landlord can serve to bring possession proceedings against their tenant

Interim accommodation duty

The council must provide a person with interim accommodation (often referred to as emergency accommodation) while it makes inquiries into a homeless application if it has reason to believe that the applicant:

1. *May* meet the eligibility criteria relating to residence and immigration status
2. *May* be homeless
3. *May* be in priority need

Relief duty

Providing they meet the eligibility rules relating to residence and immigration status, a person who is homeless will be owed the 'relief duty'. This could follow on from the prevention duty where homelessness was not prevented or could be the first duty owed to an applicant where they make their application at the stage of already being homeless. Regardless, this means the council has a duty to:

- Assess the person's housing circumstances, including:
 - The cause of their homelessness
 - The type of housing they need
 - The support they need to sustain accommodation
- Agree with the person a plan to prevent their homelessness, including:
 - What steps the council will take
 - What steps the person will take
- Take reasonable steps to help the person to secure that suitable accommodation becomes available at least 6 months

The relief duty can end if any one of a prescribed list of things happen, including:

- Homelessness is relieved; the person has accommodation available to them for at least 6 months
- The council has complied with the relief duty and 56 days have passed

Decisions where homelessness is not successfully prevented or relieved

Where the relief duty comes to an end without accommodation being secured by the applicant, the council must determine whether the person is of 'priority need'⁵ and, if so, whether they are 'intentionally homeless'⁶.

A decision at this stage that a person is not in priority need would mean no further duty is owed by the council. (See **Chapter 6** for the accommodation and support available to those who are not owed a housing duty but who are at risk of sleeping rough.) A decision at this stage that a person is intentionally homeless would mean only a very short-term temporary accommodation duty is owed by the council (but some duties and responsibilities may be owed by Childrens Service or Adult Services in cases involving children and vulnerable people respectively, depending on the individual circumstances of the case).

A decision that a person is in priority need and is not intentionally homeless would mean they are owed the 'main housing duty', meaning the council has a duty to provide accommodation to them⁷. That accommodation will be considered and the duty ongoing until one of a prescribed list of events occurs, for example:

- The person is offered and either accepts or refuses an offer of suitable social housing through the housing register
- The person is offered and either accepts or refuses a qualifying offer of suitable, privately rented accommodation.

⁵ Housing Act 1996, s.189 - some applicants are automatically considered priority need (e.g. households containing children or pregnant women), others *may* be in priority need if they would be more vulnerable when homeless than a typical person.

⁶ Housing Act 1996, s.191 - an applicant is intentionally homeless (e.g.) if they have lost their accommodation as a result of a deliberate act or omission, and the accommodation would have remained available and reasonable to occupy were it not for that act or omission.

⁷ Housing Act 1996, s.193

FEEDBACK FROM PEOPLE WHO HAVE EXPERIENCED HOMELESSNESS AND PARTNERS

Who did we ask?

It was important to us that this review focuses on the experience of people who have been homeless or threatened with homelessness. We wanted those people to have a voice in the strategy, including what worked well for them and what did not.

We had one-to-one conversations with 42 people who had used homeless services in recent months, including those who had experienced both positive and negative outcomes to their homelessness application, and those who have and have not experienced rough sleeping. The conversations were intentionally open to allow for free and in-depth answers, but topics included:

- *When did you first know you needed help?*
- *What help was available to you when you needed it?*
- *How did you find out about the help available?*
- *What was good about the help you received?*
- *What help did you not get / what would you change about the help you got?*

We separately consulted with some key partner agencies, including colleagues from Children's Services and Adult Social Care, and members of the Portsmouth City Rough Sleeping and Homelessness Partnership Group. Questions for our partners centred around:

- The aims of the existing strategy
- What has and has not worked well in achieving those aims
- Suggestions for what is required from a new strategy

What did people tell us?

Some strong themes emerged from our conversations with our people.

- People who came to the council for help were focused on whether and what accommodation they were offered.
- People were not typically focused on any advice they had been given or any plan agreed with them to find their own accommodation.

- People's experience of coming to the council for help with homelessness were more positive if they had been provided with relatively settled temporary accommodation, or if they had settled accommodation at the end of the application.
- People provided with emergency accommodation were often surprised and/or grateful as to how quickly it was made available.
- There were various examples of people being frustrated with having to wait to receive the help or information they needed, for example:
 - Waiting to be informed as to the status of their homeless application
 - Waiting for the possession process to run its course
 - Waiting until crisis point until certain accommodation becomes available
 - Not having advance notice of where their temporary accommodation would be
 - Not being told in advance about a change in caseworker
- People were typically not aware of their statutory rights or of the Council's legal obligations, and as a result often had relatively low expectations of what help they could expect.
- People's views of the quality of temporary accommodation they were provided with in an emergency varied. The frustrations experienced by vulnerable applicants staying in unideal accommodation with limited facilities such as hotel and bed and breakfast accommodation contrasted with the often-positive impressions of the rough sleeper pathway rooms made available to those who have been sleeping rough.
- People were very positive about the help they received from various services, including:
 - The council's temporary accommodation team staff
 - Staff who provide support in the rough sleeper pathway
 - The outreach team who provide rough sleepers with support in the community

Some strong themes also emerged from our consultation with key partners.

- There was general support for the aims of the existing strategy but with some useful suggestions.
- We should aim to end rather than reduce rough sleeping, or at least to ensure that anyone rough sleeping has an accommodation option available to them.
- There is a shortage of accommodation. The strategy needs to reflect the need for more accommodation. Focus cannot be on volume alone though; focus also needs to be on providing the *right* housing with the *right* support. This applies to temporary and permanent accommodation options.
- Homelessness cannot be tackled by the council alone. Focus is needed on building strong partnerships, for example by keeping partners informed with the use of data and measures, and by partners investing in the strategy.
- The existing open and effective collaboration between partners (internal, external, elected members) should be recognised and built upon for the effective management of the future strategy.

- The merging of the homeless and rough sleeping strategies provides an opportunity for the good partnership work that has led to the current provision for rough sleepers to be complemented by a strong focus on other types of homelessness and threats of homelessness.
- It is of utmost importance that we now do more to prevent homelessness in Portsmouth.

Themes

The lessons we learned from reviewing the existing strategy, from speaking with our people who have experienced homelessness, and from surveying our partners can be grouped into five themes.

1. Prevention of homelessness
2. Ending rough sleeping
3. Providing the right housing
4. Providing the right support
5. Effective communication
 - I. With people who are homeless or threatened with homelessness
 - II. With each other as a partnership

PREVENTING HOMELESSNESS

What is prevention?

There are national, societal factors that contribute to the population-wide risk of homelessness, for example welfare benefit rates, mortgage interest rates and changes to housing legislation. The council can identify and attempt to influence those wider factors where possible, but references to 'prevention' in this review are primarily concerned with the help that can be given to individuals and families who are at risk of homelessness to ensure that risk does not materialise.

Examples of times when people are threatened with homelessness include:

- Being served with notice from landlord to end a tenancy
- Being asked to leave by friends or family
- Being about to leave prison or being discharged from hospital with no accommodation to go to

It is recognised that the more time available to prevent homelessness, the greater the opportunity. This review and the forthcoming strategy will therefore not confine threats of homelessness to those who are at risk of homelessness within the statutorily provided 56-day period.

Benefits of prevention

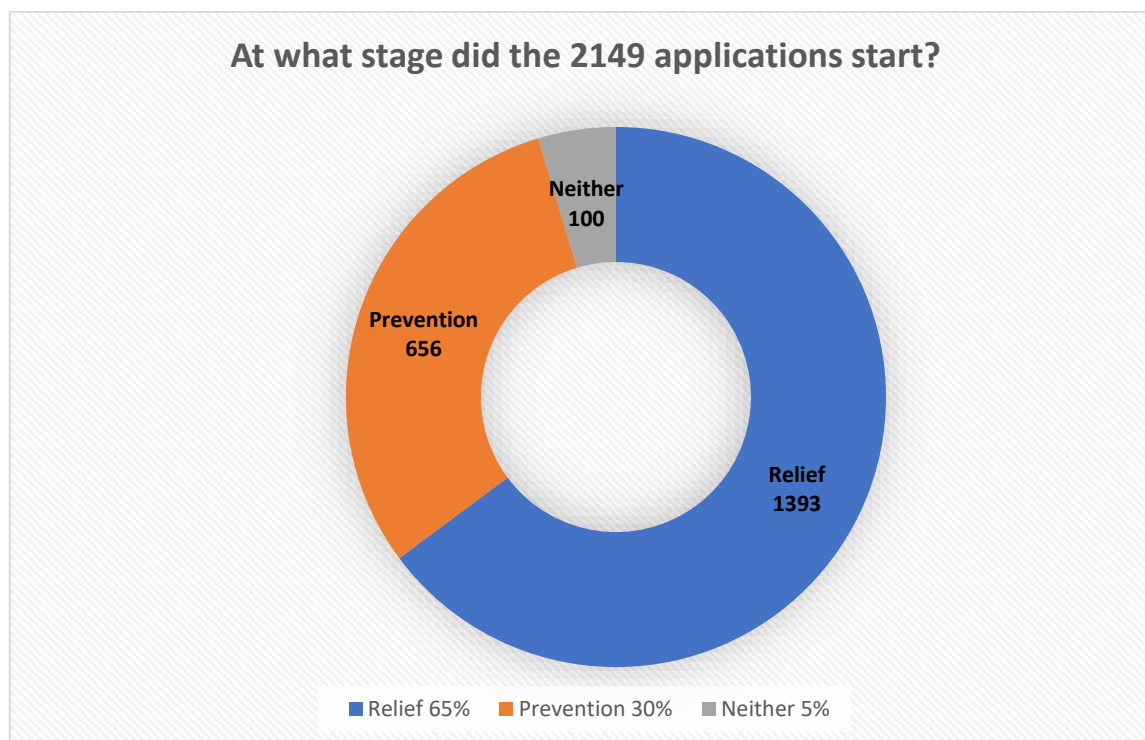
There are clear benefits to stopping homelessness before it happens. Preventing the risk from materialising can have significant positive effects.

- Primarily, homelessness can be a traumatic experience, having significant and long-lasting impacts on the health, dignity, and wellbeing of those involved, including children. Avoiding homelessness can negate that lasting trauma.
- Preventing homelessness removes the need for temporary accommodation, which in turn frees up accommodation to be used instead as settled homes for people and saves the council using what is often a very expensive necessity once a household does actually become considered homeless.
- Preventing homelessness by using other tenures and types of housing lessens the pressure on the already oversubscribed social housing register.
- The cost of homelessness to the public purse in general is very high, including to the NHS, the criminal justice system, and other council services such as Adult Social Care and Children's Services⁸.

⁸ Research in 2016 conclude savings brought by homeless prevention were more than £9000 per person, not accounting for inflation: Pleace, N. & Culhane, D.P. (2016) *Better than Cure? Testing the case for Enhancing Prevention of Single Homelessness in England*. London: Crisis.

Prevention in Portsmouth

Of the 2149 homeless applications made to the council in 2022, 65% (1393) of them were from people who were already homeless (thus owed the relief duty), meaning the opportunity to prevent had either passed or never existed. Only 31% (656) of the 2149 homeless applications made to the council were threatened with homelessness (thus owed the prevention duty), giving the technical opportunity for prevention.

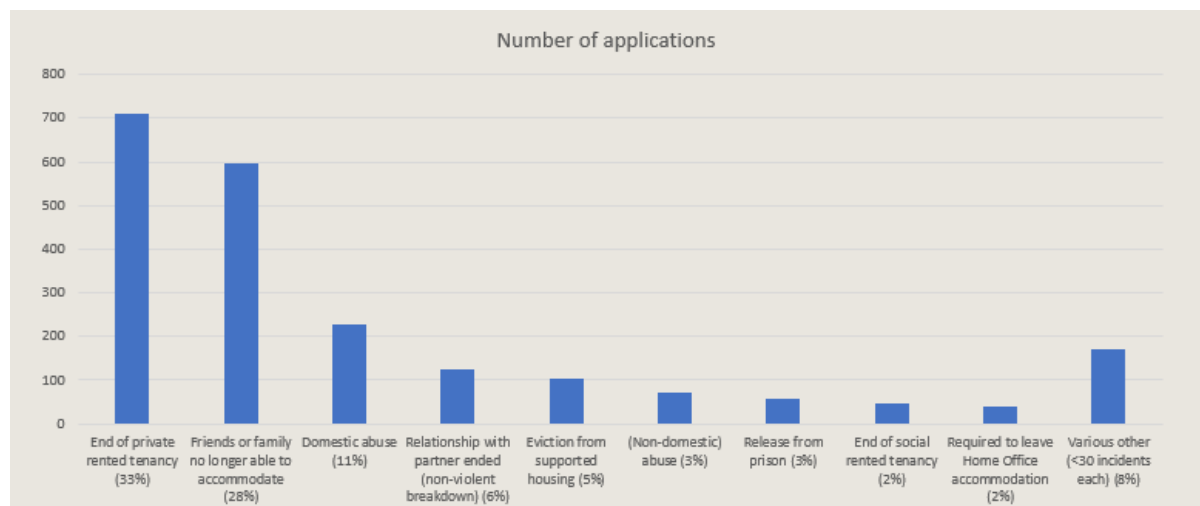


Though in the top 10% of all local authorities in the country in terms of the number of homeless applications made per 1000 of the population (20.3 applications), Portsmouth measured in the bottom 25% for the number of prevention duties owed per 1000, meaning there was less opportunity to prevent homelessness before it happened – and resulting in Portsmouth also measuring in the bottom 25% for the relative number of successful preventions achieved.

There are some area-specific local factors that influence the number of applications the council receives from people who are already considered homeless (and thus owed the relief duty).

- A strong outreach team exists, which identifies people who are sleeping rough and encourages them to make homeless applications.
- Portsmouth has a relatively large provision of services for rough sleepers, including the rough sleeping pathway, of which an entry requirement is to have a live homeless application to the local authority. The pathway does see some people who enter and leave accommodation several times, and the local authority takes a purposefully lenient approach to accepting that there has been a change of circumstances allowing us to take a fresh application. This would not necessarily be typical in all local authority areas.

Nonetheless, a key aim of the forthcoming strategy will be to prevent more homelessness – which includes getting help to people as early as possible and before they become homeless wherever possible. To best understand how to do so, an appreciation of what is causing people to be homeless in Portsmouth is required. The data used is based on all 2022 homeless applications but is representative of recent years.



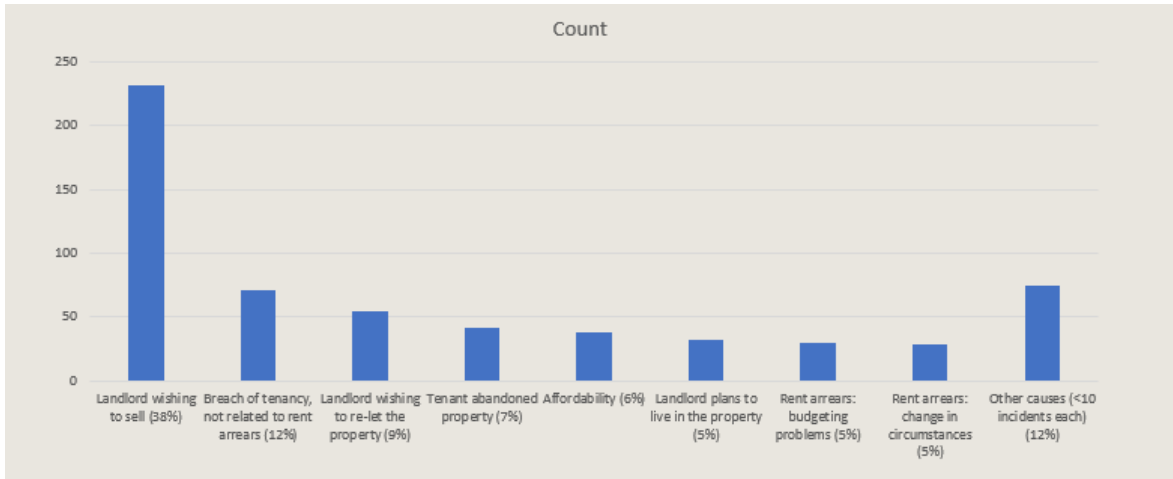
83% of all homeless applications were caused by five high-level reasons. Evictions from privately rented properties and being asked to leave by friends and family combine to account for 61% of all homeless applications made and should receive significant attention from the forthcoming strategy, with a further combined 22% of applications being caused by either domestic abuse, a relationship breakdown, or eviction from supported housing: these too should receive attention from the forthcoming strategy, with an action plan required to set out how homelessness can be better prevented for each of these five types of application.

Action plans might include a focus on some of the methods and practices known to be historically successful, which have not fully recovered since changes in practice during the COVID-19 pandemic, for example:

- Improved assessments, housing plans and negotiation in cases where a person is being evicted from a private tenancy. Consideration could also be given to schemes that encourage private landlords to alert the local authority to potential evictions.
- Completing more home visits in cases where a person is being asked to leave by friends and family. This has historically proven a successful tool in preventing homelessness in family situations and is recognised as good practice in national guidance⁹.
- Establishing a pre-eviction protocol for occupants of supported housing to ensure all possible options have been considered and support provided before considering eviction.

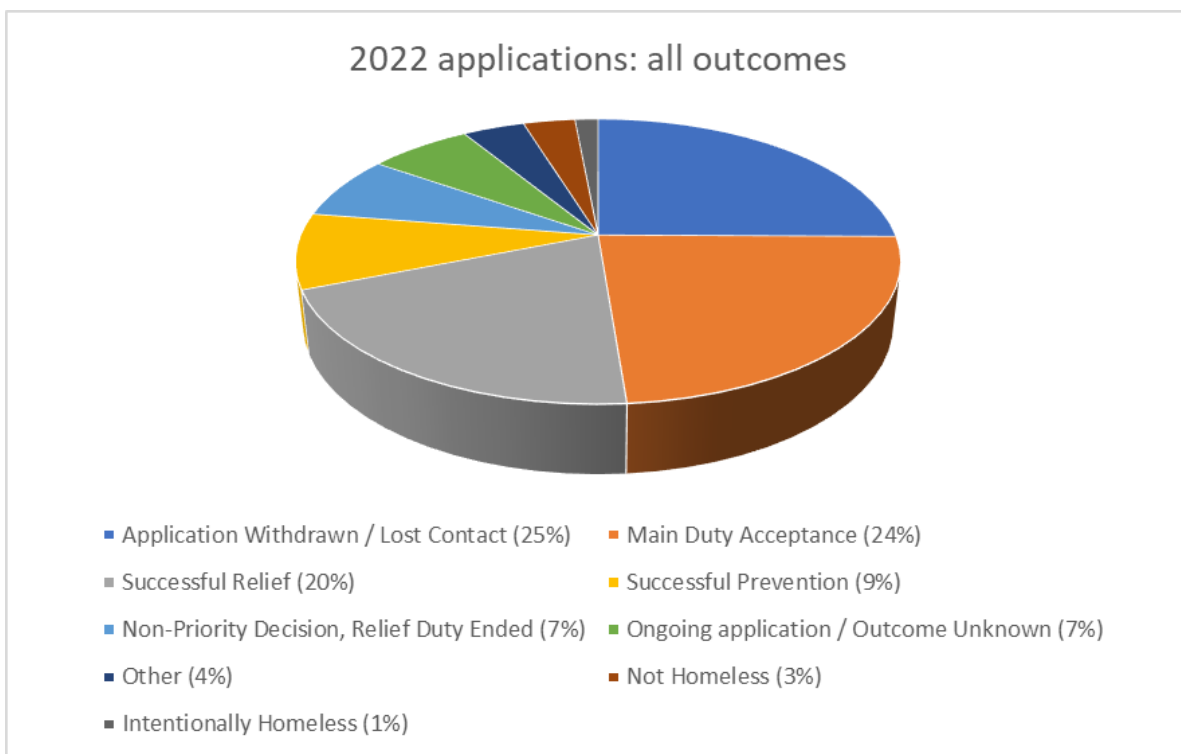
A more detailed breakdown follows for those cases where the end of a privately rented tenancy was the cause of homelessness.

⁹ Joint guidance between DLUHC and DFE: *Prevention of homelessness and provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation*:



This data is based on the reasons landlords give the council for asking their tenant to leave. There is scope within many of these more specific reasons for the strategy to make plans to reduce such evictions, notwithstanding the limited impact the strategy may be able to have in addressing some of the reasons behind landlords wishing to sell their property in the current environment.

Homeless application outcomes



The majority of homeless applications made to the council result in the applicant's household having suitable accommodation available to them, including all of those applications recorded as the following:

- 'Main duty acceptance'
- 'Successful prevention'
- 'Successful relief'
- 'Not homeless'

A minority of other applications will also have suitable accommodation available to them.

The council accepts a proportionally large number of 'main housing duties' to conclude homeless applications (see **Chapter 2**) compared to other local authorities. That will always be a more likely outcome on a given application if the homelessness application begins later than the first available opportunity - because less time will be available to instead try to prevent the threat of homelessness or to relieve the homelessness within the prescribed timescales. It is clear we need to identify threats of homelessness earlier to allow more time and opportunity to prevent homelessness.

An HNAS team that is facing ever-increasing levels of demand - and that is required to deal with threats of homelessness at all stages from the earliest identification of threat up until and beyond the crisis period - will always find it difficult to resource against or prioritise early threats of homelessness over cases of immediate crisis and emergency where people's wellbeing is at risk. Further, the early identification and addressing of threats of homelessness is often centred around an issue wider than HNAS - e.g. a financial or relationship issue. A dedicated and multidisciplinary response such a *prevention hub* is therefore required to maximise opportunities to prevent homelessness before they reach crisis point.

A quarter of homeless applications received in 2022 were either withdrawn before an outcome was reached or were ended because contact was lost with the applicant. This was a specifically prominent phenomenon amongst single people and applicants without children (29% of all applications compared to just 12% of applications containing children). Many such applications do later make repeat applications for assistance, but it is not known how many have or have not successfully resolved their homelessness in the meantime. A significant proportion of the single people who made applications had used rough-sleeping services, some of whom had limited methods of contact or led transient lifestyles. A review of a sample of applications that were ended for this reason showed this was also often *not* the case though. Further, the majority of cases were not explicitly withdrawn, more common was that the applicant made no proactive efforts to progress their application and the council's ability to act proactively was also limited. Staff time is a clear factor, with staff often prioritising other cases (there are always many other cases vying for staff's attention by making or awaiting contact with HNAS). More staff resource would allow cases to be more proactively managed and reviewed, providing a more responsive service for homeless applicants, and offering greater opportunities to prevent homelessness whilst reducing the number of applications closed for the above reasons. A consistent framework for the steps required before an application should be closed for lost contact would allow for greater consistency in such cases.

HOMELESSNESS PREVENTION, RELIEF AND SUPPORT ACTIVITIES IN PORTSMOUTH

This chapter of the review seeks to summarise the key activities carried out in Portsmouth either for the purpose of or which contribute to the following:

1. Preventing homelessness
2. Securing that accommodation is available for people who are or may become homeless ('relieving' homelessness)
3. Providing advice or support for people who are homeless or who may become homeless; or who have been homeless and need support to sustain their accommodation

The specific advice and support available for people who sleep rough is detailed in **Chapter 6**, and the provision of accommodation and housing-related support in **Chapters 7** and **8** respectively.

Housing Needs, Advice & Support, Portsmouth City Council

HNAS is most often the main point of contact for someone who is homeless or threatened with homelessness with regard to their application for help. Previous chapters have summarised the key functions and duties of HNAS, the growing level of demand placed on the team, and demonstrated how homelessness is not prevented as often as in some areas.

HNAS is responsible for making an individual assessment of the household's circumstances, identifying the right housing solution, and agreeing a personalised housing plan with them which sets out what steps they and HNAS will respectively take. As the data in previous chapters shows, there are of course many cases where this is done effectively and suitable accommodation is made available for a household, but in the majority of cases it is not unless and until the main housing duty is owed after the ending of the statutory prevention and relief duties.

Identifying those opportunities to prevent homelessness is key, but so is having the appropriate resources to be able to provide the right help.

HNAS was historically better equipped to effectively respond to the number of homeless applications it received, both in terms of the amount of accommodation available and the caseloads of officers. The typical size of individual officers' caseloads trebled over the 5 years leading to 2022, allowing them less time to work on each respective case (and thus less time and opportunity to help prevent homelessness before it occurs).

In this time, more homeless applications have resulted in more demand for social housing, resulting in an almost doubling of typical waiting times for those assessed as having an urgent need for accommodation¹⁰, and the council's spend on temporary accommodation has grown manifold: more and more people have required temporary accommodation, less time has been afforded to progress their application, and they face longer waits for social housing where that is identified as the most appropriate option for them.

Over the course of the last year, extra staff were recruited and management and workflow processes were reviewed, but levels of homelessness and the number of applications made is clearly too great for the current size of the Assessment and Advice Team, resulting in missed opportunities to prevent homelessness, limited opportunity for proactive casework, suboptimal application outcomes, and prolonged application times (which itself has a circular and compounding impact by adding to the increased number of cases held by individual officers at any one time). Recent projects within HNAS have shown officers with smaller caseloads are able to give better attention to their applications. This leads to more thorough assessments, personalised housing plans that are truly tailored to the respective applicant, more proactive working relationships with applicants to prevent or relieve their homelessness, and as a result avoids instances of homelessness and the resulting strain on temporary accommodation and the register for social housing.

Another key obstacle to preventing and relieving more homelessness is the availability of accommodation. The supply of accommodation will be more comprehensively dealt with later in the review, but it is a key factor in HNAS's ability or otherwise to prevent or relieve homelessness. The insufficiency of accommodation relative to the high demand for housing means it is often prioritised for those who meet certain statutory criteria (in the case of social housing), and that long waiting times inhibit the ability to prevent homelessness before it happens (in the case of almost all types of accommodation, including social housing, privately rented accommodation and supported housing).

There are typically limited housing options to be considered for any given applicant, which, when combined with a shortage of time for the officer dealing and lack of perceived importance on the part of the applicant (as was borne out in the survey), often results in personalised housing plans that often do not feel overly personal or bespoke. More officer time and more accommodation options would be key to improving the quality of plans, but it should also be noted that improvement in the quality of assessments and meaningfulness of the written plans itself is required, as is the frequency at which officers make contact with the applicant and review the plan. The quality of the initial assessment of a person's circumstances and subsequent plan are integral to helping people achieve the outcome they want.

¹⁰ Those awarded a high level of priority on the waiting list waited an average of around 3 months to be offered accommodation in 2017. Average waiting times in the last year are around 6 months.

Advice services

Good and timely advice can be the difference between a person retaining their accommodation and them becoming homeless. Typical areas of such advice include the following, all of which could be categorised as either housing advice or money advice.

- Tenants' rights and rights of occupation
- What to do about harassment and/or threats of illegal eviction
- Welfare benefits entitlement
- Dealing with rent or mortgage arrears
- Concerns about the affordability or not of current accommodation
- The housing options available to people at risk of violence and abuse
- How to obtain accommodation in the private rented sector, including the practical steps required to find and secure somewhere and to apply for relevant benefits etc
- How to apply for social housing
- Advice and assistance in relation to possession proceedings

Advice in some or all of these is available from many sources in Portsmouth.

HNAS

The survey findings found that people who had made applications via HNAS did not tend to recall or focus on the benefits of any advice that was given. Review of services shows that advice is often provided with regard to a tenant's rights of occupation, that dedicated money advisers offer help with issues relating to debt and benefits, and that a working relationship is being developed to refer people with concerns about the affordability of their rent for independent advice from Advice Portsmouth.

Advice given at the time of a person's first approach is often not retained several weeks or months hence. This is unsurprising given the difficult experience of being threatened with homelessness and the doubtless many other concerns one would be juggling at the time of approaching to the council. The advice is more often than not given verbally only.

Advice Portsmouth

Advice Portsmouth is commissioned by the council to provide free, independent, impartial and confidential advice to Portsmouth residents and to any council tenants living in neighbouring areas. The service is delivered by the You Trust, and provides advice and support in relation to debt, benefits, housing, and a range of other areas. Such assistance includes advising as to possession procedure and likely outcomes, helping to defend claims for possession, checking benefit entitlement, helping with budgeting, and providing assistance to tackle rent arrears.

Citizens Advice Portsmouth

Citizens Advice provide a housing casework service, offering legal help to defend possession proceedings, to assist with making or challenging statutory homelessness applications and regarding some housing disrepair issues. Eligibility for this service is subject to legal aid eligibility criteria.

Citizens Advice recognises the close relationship there can be between welfare benefits issues and homelessness, and also offers advice and representation in relation to welfare benefits disputes.

Social landlords

The ending of a tenancy by a social landlord (either the council or any of our partner registered providers (formerly 'housing associations')) accounts for only 2% of causes of homelessness in the city, which is very low relative to the proportion of the city living in such accommodation; 18% of households in the city live in social housing, compared to the 29% who live in privately rented accommodation¹¹.

This is partly because the much greater security of tenure enjoyed by tenants of social landlords of course, where a court would usually have to be satisfied that specific grounds are made out and that the tenant had been given every reasonable opportunity to stay in their accommodation. There is also great value, though, in the support and associated services that come with a tenancy from the council or registered providers. By way of example, all council tenants or tenants of one of our largest partner providers, Vivid, have access to a single point of contact for advice and assistance regarding the management and sustainment of their tenancy, which includes but is not limited to access to specialist debt and benefits advice.

Summary

There is lots of good advice available to those who are homeless or threatened with homelessness in Portsmouth. Some of it is dependent on who your landlord is or whether you qualify for legal aid, and some of it is not. It is not currently coordinated in a way that focusses on homelessness, and opportunities are sometimes missed or reduced by having to refer from one organisation to another. There is an opportunity to coordinate some specific advice service with a focus on identifying early possible threats of homelessness and providing the advice needed to eliminate that threat where possible.

Families with children

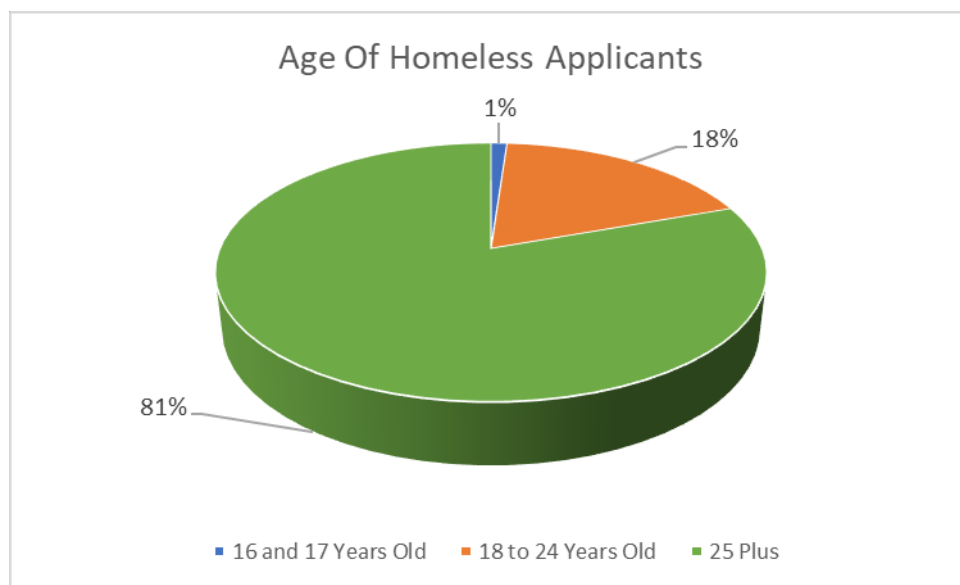
21% of the households who made homeless applications in 2022 contained children. These families receive support from many of the other services referenced in this chapter, but specific support is also available from Children's Services where there are other reasons for their involvement - whether that be from Early Help and Prevention professionals or social workers, practical help is provided to help families sustain their accommodation (e.g. budgeting advice) or to contact HNAS if there is a serious risk of homelessness.

The statutory framework is such that these households are very likely to achieve a positive outcome: if homelessness is not successfully prevented or relieved within the given timescales, families are generally owed the main housing duty provided with accommodation on an ongoing basis unless they are *intentionally homeless* within the meaning of the law - which accounts for only 2% of such applications (9 families in the whole of 2022).

¹¹ UK Census, 2021

Those 9 families, though, then find themselves amongst the most disadvantaged position of all: requiring family-sized accommodation but often not able to access privately rented accommodation because of poor references and awarded a low level of priority for scarce social or supported housing so as to make accessing those options very unlikely. Such families often find themselves in precarious accommodation by relying on the goodwill of family and friends, or are accommodated at great expense by Children's Services - often to the detriment of the children's welfare. There is a lack of a clear accommodation offer or pathway for families who find themselves intentionally homeless.

Young People facing homelessness



Young people

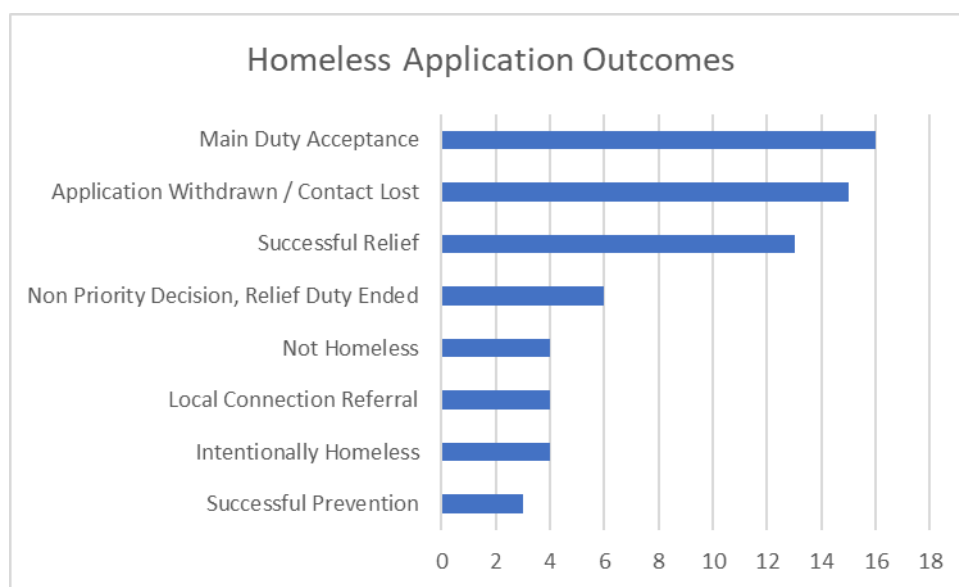
394 (18% of all) homeless applications in 2022 were made by 18 to 24 year olds. Of these, 50% of all applications were the result of being asked to leave by friends or family, often by parents (compared to 28% of the wider population). There is anecdotal but widely accepted learning from within HNAS and from other professionals in the field that the most successful method for preventing this specific type of homelessness often includes a visit to the family home to act as a proxy mediator or negotiator between parties and/or to provide realistic advice about the often-limited housing options available to the young person. This is a practice that has suffered from other demands on the HNAS team's time, and one that has not fully returned since the reduction in visits around the height of the COVID-19 pandemic.

Specific supported accommodation is commissioned in the city for young people who are homeless and have tenancy-related support needs (see Chapter 7).

16 and 17 year olds

24 of the 2149 homeless applications made in 2022 were by made by 16 or 17 year olds. A new and comprehensive joint working protocol between HNAS and Children's Services¹² was agreed and adopted with training in 2023. As part of the new joint working, data is regularly cross-referenced so that any trends in the number or type of applications can be acted on as appropriate.

Care-experienced young people



10 of the 65 homelessness applications made by care-experienced people in 2022 resulted in a decision that no housing duty was owed following unsuccessful attempts to prevent or relieve their homelessness (6 no priority need decisions and 4 intentionally homeless decisions). These decisions need to be averted wherever possible, meaning greater rates of prevention or relief are required.

A new and comprehensive joint working protocol was also agreed between HNAS and Children's Services¹³ in 2023 regarding the council's response to care-experienced young people who are homeless or at risk of homelessness.

Further, there is a shortage of appropriate accommodation available for young people who are about to leave or have recently left care. A review of the accommodation offer for care-experienced young people is required. Such questions to be answered include:

- What is the most appropriate accommodation offer for most care-experienced young people?
- Is the currently limited access to social housing sufficient given the current and future numbers of care-experienced young people?

¹² See Appendix A

¹³ See Appendix B

- How can any intentionally homeless decision be averted for this group of applicants? This question is a sensible one for all homeless applicants - and if we successfully prevent or relieve homelessness then any such decision would be avoided - but our specific role as a corporate parent requires consideration in this context.

People at risk of domestic abuse

A person is homeless if they experience or are likely to experience domestic abuse in their only available accommodation. Domestic abuse is the third most common cause of homelessness in Portsmouth, accounting for 11% of all applications made in 2022.

Stop Domestic Abuse are commissioned to provide support to people at medium or high risk of domestic abuse in the community and a range of support to those who witness domestic abuse. Homelessness can sometimes be prevented - and safe accommodation be secured - by helping make a person's current accommodation safe for them, e.g. by 'target-hardening' the property where this is possible, and what the person wants.

Stop Domestic Abuse also provide 16 refuge units of accommodation in Portsmouth for those who cannot be safe in their current accommodation. Further work is required to understand how this accommodation could benefit Portsmouth residents.

A further five refuge units within a supported housing setting are commissioned for those with more complex support needs, where additional workers are available to provide support and counselling is provided by the You Trust.

Further support is available for families with a child under a child protection plan from the Family Safeguarding Service, where qualified Independent Domestic Violence Advocates, substance misuse workers and mental health workers are available to provide a coordinated response for families experiencing domestic abuse.

The homeless data returns that HNAS must return to central government ('H-CLIC') only concern approaches where a homelessness application is made and progresses to a certain stage. This means many people who contact HNAS for some initial advice only are not captured in a measurable way. HNAS is in the process of making amendments to their in-house database so that the true level of demand from those experiencing domestic abuse is better captured.

Former service-personnel

3% of all homeless applications made in 2022 were made by a household containing a former member of the armed forces. Aside from those who were homeless as a result of having to leave forces accommodation, the causes of homelessness for these applicants were broadly representative of the causes experienced by the wider population.

As part of the council's commitment to the Armed Forces Covenant, former members of the armed forces who are within 5 years of discharge do not need to demonstrate a local connection when applying for social housing in Portsmouth and are afforded additional priority as a result of their service.

Detail of the accommodation options specifically available to former service personnel is covered later in the review and further detail about the wider housing offer in the city is published on the council's website.¹⁴

People with an offending history

The council employs a Criminal Justice Navigator to help people who are about to leave or have recently left prison to navigate their housing options, and to access homeless services if so required. The role works closely with HNAS, probation services, and rough sleeper services to ensure the specific needs of the individual are met.

The council also commissions Safer Communities, a housing provision for ex-offenders working with Portsmouth Probation. The scheme focusses on the housing and resettlement needs of those who pose high risks to the public, who would otherwise have very limited suitable housing options available to them.

Asylum and immigration

There are a number of specific, national immigration schemes that can result in recipients with access to public funds and, as such, entitlement to help with homelessness if it occurs. The schemes are as follows.

- Asylum dispersal
- Homes for Ukraine and the Ukraine Family Visa schemes
- The Afghan Relocations and Assistance Policy and the Afghan Citizen Resettlement Scheme
- Hong Kong British Nationals Overseas scheme
- Support for Unaccompanied Asylum Seeking Minors
- Community Sponsorship

The impact the schemes have on housing pressures and homelessness varies greatly from one scheme to another - for example only one family has arrived in Portsmouth via Community Sponsorship where a local charity commits to providing the family with the accommodation and support they need - whereas much greater numbers are accommodated in the city at any one time by the Home Office via asylum dispersal, many of whom are later awarded access to public funds and go on to make homeless applications to the council.

Those who are awarded immigration status from asylum dispersal accommodation are often given only a short period of notice to leave the emergency accommodation provided by the Home Office, they may or may not make an application to the council at the earliest opportunity, and they may or may not be owed an accommodation duty by the council upon having to leave the emergency accommodation. A specific procedure would be warranted for this group of applicants given the short notice often given and the specific vulnerabilities associated with people who are in asylum dispersal accommodation.

¹⁴ <https://www.portsmouth.gov.uk/services/community/portsmouths-armed-forces-community/portsmouths-armed-forces-housing-services/>

¹⁵ <https://www.portsmouth.gov.uk/wp-content/uploads/2023/05/armed-forces-covenant-solent-full-feb-2023-aa-accessible.pdf>

The immediate such schemes have on demand for local housing is relatively well known but Coordination of the various schemes is required to fully understand the impact they have on local services as a whole, and to understand any areas where services could be improved. An Asylum and Immigration Coordinator has been in post since August 2023 on a 2 year fixed-term contract.

The council recruits officers and commissions support staff (via the Roberts Centre) to specifically work with people who have arrived under the Homes for Ukraine Scheme and Afghan schemes. These staff work with the individuals and families to ensure they have safe and appropriate accommodation, and that they have the support they need to access other services and suitable permanent accommodation in the future.

Some migrants present in Portsmouth do not have recourse to public funds, meaning they are not entitled to most forms of help from the state - including housing and homelessness assistance, and most welfare benefits. The British Red Cross, Portsmouth City of Sanctuary, and Friends Without Borders all offer advice and assistance to people without recourse to public funds, as well as to asylum seekers, refugees, and those with insecure immigration status. The help offered usually comprises of advice, case working, signposting, and referring to other services. There is an absence of provision of accommodation for those without access to public funds. In limited circumstances, for example where a household contains children or a very vulnerable adult, accommodation is provided by Children's Services or Adult Social Care, often in an unplanned way, in accommodation that is far from ideal, and on an indefinite basis at great expense.

People experiencing poor mental health

It is very common for people who are homeless or threatened with homelessness to experience mental health problems. 180 applicants (8% of all applications) in 2022 were deemed more vulnerable than the typical person specifically as a result of their mental health, but a far greater number of applicants experienced mental health problems than this figure suggests - for example those who have relatively moderate mental health problems, or those who are already considered 'vulnerable' by virtue of another reason. The data currently available is what is captured by HNAS according to reporting criteria required by central the Department of Levelling Up, Housing and Communities, which is

Further, it is well established homelessness or the threat of homelessness can of course itself have a significant impact on a person's mental wellbeing.

Further understanding is needed regarding the link between homelessness and mental health, including any lasting effects of trauma relating to homelessness.

The extent of help offered by (and whether there is an accommodation duty owed by) a local authority can depend on the extent and impact of a person's mental health problems. Assessments can be complex and must be based on the individual circumstances of the applicant - but these assessments are often carried out by staff without specific mental health training and with limited statutory or local guidance as to who should be classed as vulnerable.

Certain support is available for people receiving secondary services related to their mental health. Adult Mental Health services in the city are fully integrated (social care and health services). Such support can include access to a social worker and/or mental health practitioner, psychology, wellbeing clinics, therapy and more. Where a person needs support with a threat of homelessness,

support can be given to help with the underlying cause (for example, a hoarding issue or a refusal to give access for a gas safety check), but a referral to HNAS would be typical.

For those not in receipt of secondary services, support for mental health is available by self-referring to Solent Mind's Positive Minds service, where one-to-one support is offered in relation to a person's mental health or wellbeing. Queries that relate to housing or homelessness are likely to result in a referral for independent advice or to HNAS.

See also the section below regarding people with complex needs and vulnerable adults.

People with learning disabilities

Of the 2149 households who made homeless applications made in 2022, 52 were recorded as containing a person who has an identified learning disability. Although only a very small proportion of all homeless applicants, these are often people who need a tailored package of support.

The city has a fully integrated service for people with learning disabilities, with multidisciplinary support offered from social workers, medical professionals, housing officers, and more. Each person working with the learning disability team will have a single named worker who can support them with their housing problem (for example if they are experiencing difficulties managing their tenancy). Depending on the help required, the named worker can provide support themselves, can call on the expertise from within their multidisciplinary team, or can refer or signpost for help and advice from elsewhere.

Neurodivergent people

An increasing proportion of applications for housing assistance are related to households where someone is neurodivergent, often impacting on the type of housing that would be suitable for their needs. Any future changes to how the council allocates social housing should consider the specific needs of such households. HNAS should work in collaboration with Adult Social Care and Children's Services to understand whether there are gaps in specialist provision of accommodation.

Room One is a developing service managed by autistic people, for autistic people in Portsmouth. The space is a one-stop shop for autistic and neurodivergent adults, their family and friends, and the professionals supporting them.

A significant amount of the demand the service receives is in relation to housing problems. This includes queries regarding a person's current accommodation, and their relationship with their current landlord. These can offer early opportunities to prevent threats of homelessness. Room One are currently able to signpost or refer to relevant services (for example, Housing Needs, Advice & Support) but no formal working relationship or referral mechanism is currently in place.

Substance misuse

Substance misuse can be an impediment to the successful management of a tenancy and is sometimes a contributory - or the underlying - cause of homelessness (for example, a factor as to why a person did not pay their rent or was more likely to engage in antisocial behaviour).

The drug and alcohol treatment services the council commissions from the Society of St James includes wider assessments of need, including what help a person using those services might need with their housing - with relevant signposting and referrals made based on those assessments.

Intuitive Thinking Skills provide peer-led, independent advocacy and mentoring in the city, which includes issues people are experiencing with their housing or homelessness.

Specific accommodation is commissioned for those recovering from drug and alcohol misuse, which is detailed later in the review.

Complex needs and vulnerable adults

Some people who experience homelessness and/or rough sleeping in the city have multiple and complex needs. These are often people who have tried but not been able to sustain some of the accommodation options available in the city.

The Portsmouth Homeless Drug and Alcohol Team (PHDAT) (often referred to as the complex needs team) is made up of a social worker, recovery workers, life skills workers, and mental health practitioners including a team of psychologists.

The team typically have smaller caseloads than comparable professionals in other teams and are able to offer wrap-around support which, amongst other things, includes carrying out care assessments, mental health assessments, offering support to access detox and rehabilitation services, and providing psychological support for those experiencing or at risk of experiencing rough sleeping.

Safeguarding

Safeguarding vulnerable people is a responsibility shared by everyone.

There has been an increase in incidences of vulnerable individuals needing a safeguarding response in Portsmouth in recent years; the reasons for this are complex and the trend is consistent with the national picture. Many teams and services working with homeless people in the city (including HNAS) frequently attend and participate in the various multi agency risk management panels and processes (for example, MAPP, MARAC, MARM, MET) that take place in Portsmouth. There is active engagement with and participation in the work of the Portsmouth Safeguarding Adults Board and the Portsmouth Safeguarding Children Partnership. This includes supporting safeguarding reviews, learning events and the recent Homeless Thematic Review commissioned for the city¹⁶.

There is an identified need to review accommodation and support provision across the city, particularly in respect of the needs of service users with more complex or multiple needs, and to use this learning to inform HNAS's commissioning strategy. HNAS is also completing an internal review of its processes and policies around safeguarding, training requirements, risk assessment and risk management processes.

¹⁶ The review was published by the Portsmouth Safeguarding Adults Board:
<https://www.portsmouthsab.uk/scrs-2/>

ENDING ROUGH SLEEPING IN PORTSMOUTH

Rough sleeping

Rough sleeping and homelessness are often incorrectly equated as the same thing. The vast majority of people who sleep rough are homeless, but most homeless people do not sleep rough.

Examples of people who are homeless who do not sleep rough include:

- Someone who has accommodation physically available to them, but that accommodation is not reasonable for them to continue to occupy in the longer term
- Someone who has nowhere permanent to stay but is being temporarily accommodated by friends or family whilst they find a longer-term solution
- Someone to whom the council has provided temporary accommodation as a result of certain statutory criteria being met

Councils only have a duty to provide temporary accommodation to a homeless person if they have reason to believe that person may be in 'priority need' according to the law. Those in priority need include households containing children, pregnant women, and those who would be more vulnerable when homeless than a typical person (for example as a result of physical or mental health problems or having served in the forces) to name just a few. This does mean, though, that many homeless people are owed no statutory accommodation duty at all, leaving them having to try to source their own accommodation to avoid sleeping rough, or relying on non-statutory services being provided.

Services should be specifically aimed at helping those who sleep rough or at risk of doing so, but the most effective way of reducing rough sleeping is to reduce homelessness in general (for example via preventative work).

The approach in Portsmouth

Rough sleeping can damage a person's physical and mental health, affect their levels of dignity and wellbeing, and exclude them from opportunities available to others. Many people sleeping rough also experience substance misuse problems.

A lack of housing impacts on a person's ability to learn and work effectively and therefore has a wider impact on the city in the long term.

The council has had a long-term commitment to trying to ensure that nobody should be left with no option other than sleeping on the streets. Some formal provision of shelter or accommodation has been provided for people who sleep rough since 2018, with significant changes being made to the offer in the fallout of the COVID-19 pandemic after the national 'everyone in' directive to accommodate all rough sleepers. This directive provided the opportunity to, initially, expand our night bed accommodation provision and then to develop this into a rough sleeping accommodation and support pathway.

Rough sleeper pathway

The rough sleeping pathway exists to provide safe, sustainable accommodation for people rough sleeping or at risk of rough sleeping. The accommodation is provided whilst support is given to facilitate a move on into more suitable and settled accommodation.

The pathway accommodation consists of 105 bed spaces located over three sites, one for people assessed as having low or no support needs, one for those who require a medium level of support, and one for those who require high levels of support. All sites have support staff located either on the premises at all times, or in very close proximity (on the low support site). The commissioned support provider is Society of St James (SSJ)

All accommodation includes bathrooms, cooking facilities and facilities to wash clothes. SSJ offer support to those who wish to accept it but carry out daily welfare checks as a minimum.

The rough sleeper pathway is contracted and funded until 31st March 2025.

Rough sleeping hub

The rough sleeping hub is a place rough sleepers can go for support and practical assistance. The service is also operated by SSJ and is open every day of the year. Help available includes:

- Breakfast and drinks
- Showers
- Laundry facilities
- Access to computer and internet
- Support with health care needs
- Storage lockers
- A named keyworker
- Access to housing advice
- Access to substance misuse and recovery advice

Work is referenced within the action plan to review the operation of our Rough Sleeping Hub.

Outreach and navigator support

The council commissions a homeless outreach team who engage with those who are already sleeping rough, some of whom are reluctant or find it difficult to access services in the traditional way. The outreach team perform an important and varied role, with tasks including:

- Encouraging or facilitating the person to access advice and assistance regarding their homelessness (for example by making a homelessness application and/or accessing the rough sleeper pathway)
- Helping to ensure the person's basic needs are met whilst sleeping rough
- Encouraging or facilitating the person to make use of the facilities at the rough sleeping hub
- Helping the person to make or attend medical appointments or appointments with substance misuse services
- Helping the person to make applications for welfare benefits or to access local food banks and other food provisions

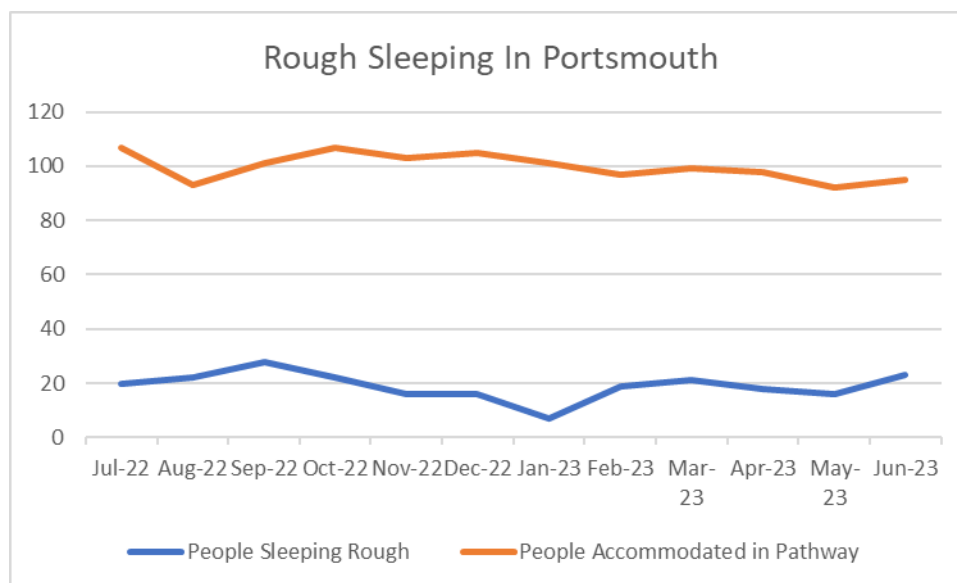
The council also employs a team of 'navigators', including a criminal justice navigator to work specifically with people working with Portsmouth Probation, and health navigators to work specifically with people who attend Queen Alexandra Hospital. These posts are funded by grant funding until March 2025

The navigators are based in the community, at the rough sleeper hub, at Probation's offices and at the hospital, where their role includes:

- Coordinating multi-agency support for complex or high-risk individuals who have no immediate housing solution
- Helping people who are at risk of rough sleeping to take the practical steps needed to avoid it - for example by assisting with applications relating to nationality or residency
- Helping people with the costs of travelling to another area where they have or would have accommodation available to them
- Encouraging and helping people to engage with statutory and non-statutory services so that all accommodation duties and options are considered
- Working with partners to identify housing solutions for people released from prison with no accommodation

How many people sleep rough in Portsmouth

The provision of services for rough sleepers in the city has led to far fewer people sleeping rough than if they did not exist and have helped people have somewhere safe and secure to stay when they had no other options. Around 100 people are typically accommodated in the rough sleeping pathway at any one time.



A great number of people have also been helped to move on to more settled accommodation - around 5 to 10 people per month. There are still too many people sleeping rough at any one time though (an average of 19), so more work is needed.

Ending rough sleeping in Portsmouth

Further steps are required to reduce the levels of people sleeping rough in the city, and to ensure incidents of people sleeping rough are rare, brief and not recurring.¹⁷

- Prevention:** ambitious and collaborative partnership working has been central to the successes of rough sleeper services in the city in recent years. There is a shared appreciation, though, that the focus of that partnership working needs to be expanded to include a greater focus on prevention. Preventing a person's homelessness not only removes the threat of having to sleep rough for that person, but also reduces demand (and thus competition) for alternative accommodation such as temporary accommodation, social housing or supported housing - meaning it reduces the likelihood of others rough sleeping too.
- Accommodation:** there are times when the rough sleeper pathway is filled to capacity, meaning people continue to sleep rough until a vacancy becomes available. Meanwhile, some people have been in the pathway for a long time without any move-on accommodation being found, often but not always as a result of them having complex support needs or them having exhausted many accommodation options in the city already. The rough sleeper pathway is not intended to be permanent accommodation: an improved move-on pathway is required.

¹⁷ As defined by Government: [Rough sleepers helped to rebuild their lives with new strategy backed by £2bn government support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/rough-sleepers-helped-to-rebuild-their-lives-with-new-strategy-backed-by-2bn-government-support)

- **Ensuring everyone has an option:** rough sleeper services usually know a lot about a person who is sleeping rough and the reason they are either choosing to or have no other option. Examples of those who continue to sleep rough include those who have been excluded from all suitable accommodation options and those who do not want the options that are made available to them. A flexible, individual-based approach needs to be taken to ensure everyone who is sleeping rough as a suitable offer of accommodation available to them if they want it. This may include offering accommodation and support that is tailored to the person's specific needs.
- **Planning:** current service provision is funded by grant funding until March 2025. A review of the suitability of the current accommodation settings of the pathway and the support offered will be required ahead of then to plan for future provision. Improved co-location of services (for example the hub, healthcare, substance misuse) could be considered as part of any review.

SUPPLY OF ACCOMMODATION

The availability and suitability of accommodation is fundamental to the prevention and relief of homelessness.

We learned from our survey of people who had used homeless services and of partner agencies:

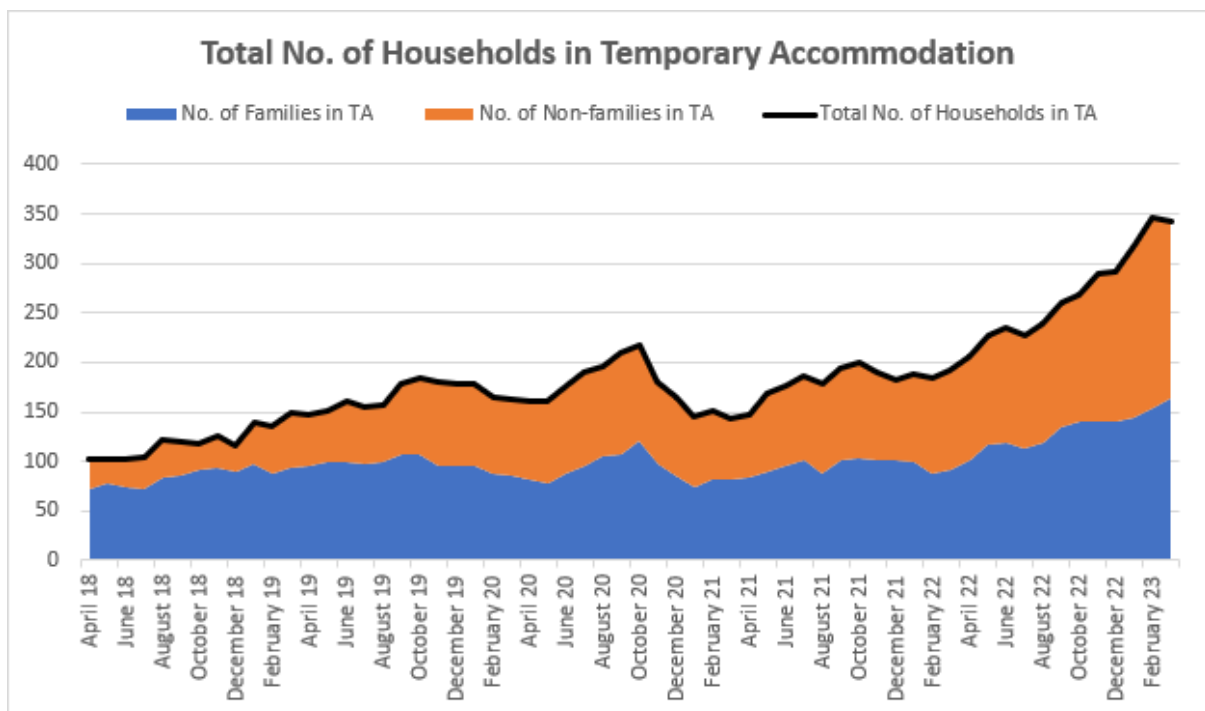
1. Accommodation is what people want from the council when they are homeless or threatened with homelessness.
2. Focus cannot be on volume of accommodation alone, it also needs to be on providing the *right* housing and the *right* support to enable the person to live safely, comfortably, and have the best possible chance of sustaining their accommodation.

Accommodation will be the right housing for a person if it meets their specific needs, it allows them to live in the property as their home (e.g. cleaning and washing facilities as highlighted from our survey responses), allows them to feel safe and secure in their surroundings.

Temporary accommodation

Demand for temporary accommodation

The number of homeless households provided with temporary accommodation has grown very significantly over the course of the last 5 years.



End of month date	No. of Families in TA	No. of Non-families in TA	Total No. of Households in TA
30/04/2018	73	29	102
31/05/2018	78	25	103
30/06/2018	75	27	102
31/07/2018	73	32	105
31/08/2018	83	38	121
30/09/2018	86	33	119
31/10/2018	91	27	118
30/11/2018	93	33	126
31/12/2018	89	27	116
31/01/2019	98	42	140
28/02/2019	88	47	135
31/03/2019	94	55	149
30/04/2019	95	53	148
31/05/2019	100	51	151
30/06/2019	100	61	161
31/07/2019	98	57	155
31/08/2019	99	58	157
30/09/2019	107	71	178
31/10/2019	108	76	184
30/11/2019	96	85	181
31/12/2019	95	84	179
31/01/2020	95	84	179
29/02/2020	87	77	164
31/03/2020	86	77	163
30/04/2020	82	79	161
31/05/2020	78	83	161
30/06/2020	87	89	176
31/07/2020	95	95	190
31/08/2020	105	91	196
30/09/2020	108	102	210
31/10/2020	121	96	217
30/11/2020	98	82	180
31/12/2020	86	78	164
31/01/2021	75	71	146
28/02/2021	82	70	152
31/03/2021	81	62	143
30/04/2021	83	65	148
31/05/2021	90	78	168
30/06/2021	95	81	176
31/07/2021	101	85	186
31/08/2021	88	90	178
30/09/2021	102	93	195
31/10/2021	103	96	199
30/11/2021	101	90	191

End of month date	No. of Families in TA	No. of Non-families in TA	Total No. of Households in TA
31/12/2021	101	82	183
31/01/2022	99	89	188
28/02/2022	88	97	185
31/03/2022	91	101	192
30/04/2022	102	104	206
31/05/2022	117	111	228
30/06/2022	119	117	236
31/07/2022	113	115	228
31/08/2022	119	120	239
30/09/2022	135	125	260
31/10/2022	140	128	268
30/11/2022	140	149	289
31/12/2022	140	152	292
31/01/2023	144	175	319
28/02/2023	155	191	346
31/03/2023	163	179	342

The temporary reduction during Autumn 2020 was most likely attributable to the COVID-19-related restrictions on landlords' ability to recover possession of their property.

The rising use (and cost) of temporary accommodation is a result of other factors rather than a standalone problem that can be addressed in isolation, for example:

- A significant increase in homelessness demand in general makes a resultant demand on temporary accommodation very likely. A significant increase in demand for temporary accommodation forces the local authority to have to rely on more expensive types of accommodation to meet this demand
- Preventing homelessness prevents the need for temporary accommodation; if prevention rates are low then more people become homeless (thus more people require temporary accommodation)
- A greater supply of permanent accommodation would mean more accommodation for people to move on to from temporary accommodation, thus reducing the number of households in temporary accommodation, as well as the time spent in temporary accommodation and the authority's reliance on more expensive types of accommodation

Duties and powers

Temporary accommodation is provided by the council in performance of various statutory functions relating to homelessness. These include:

- The duty to secure that accommodation is available whilst dealing with a person's application if there is reason to believe they might meet certain statutory criteria (eligibility for assistance, homelessness, priority need).¹⁸
- The duty to secure that accommodation under the so-called 'main housing duty' where a person meets all of the statutory criteria, until that duty is ended (for example because an offer of suitable, permanent accommodation in private rent sector or through the waiting list has been made).¹⁹
- The power to provide a homeless person with accommodation as a 'reasonable step' agreed in their personalised housing plan, even though they are not owed a statutory duty.²⁰

Types of temporary accommodation

Temporary accommodation takes various forms. The type of accommodation a person is offered can depend on their individual needs and the availability of accommodation at that time. Examples include:

- **Council-owned or leased accommodation:** the council has around 180 properties they either own or lease from private owners, which it uses exclusively for homeless temporary accommodation. This accommodation is managed by a local team of three Housing Access Officers and one Estate Manager, with support provided to help applicants manage their temporary licence/tenancy.
- **The Temporary Accommodation Service (TAS):** an accommodation service commissioned to manage around 50 properties used exclusively for homeless temporary accommodation. As part of this commissioned service EC Roberts Centre also provide support to applicants, with specific attention paid to issues such as budgeting and money management, their responsibilities as a tenant, managing their home and neighbourliness, parenting and education, physical/mental health and emotional wellbeing, training and maximising employment opportunities. This support is aimed at helping people to prepare for their future tenancies, in the hope this reduces the likelihood of them becoming homeless in the future.
- **Hotels, Bed and Breakfast, and similar:** this type of nightly paid accommodation is the most expensive and, in most cases, the least suitable. Provision does vary but there is often an absence of basic facilities (for example the ability to cook healthy meals or wash clothes in a cost-effective way).

¹⁸ Housing Act 1996, s.188

¹⁹ Housing Act 1996, s.193

²⁰ Housing Act 1996, s.189B

- **Remain in occupation:** sometimes the temporary accommodation duty is fulfilled by the council being satisfied that an applicant can temporarily stay in their current accommodation. Accommodation can at once be unreasonable to occupy on an ongoing basis (so as to make the person homeless), but suitable for a short while as temporary accommodation whilst other, more suitable accommodation is sought.

Whether a person's current accommodation is suitable as temporary accommodation should be considered on a case-by-case basis, but it is not unusual for an applicant to be advised of their right to stay in their privately rented accommodation beyond expiry of their s.21 notice as temporary accommodation, whilst the council takes steps to help them find suitable permanent accommodation (in performance of the relief or main housing duty).

- **Supported housing and other hostel-based accommodation:** for example, in rough sleeper pathway accommodation, or within a supported housing hostel. Further detail is provided below.

The team includes Independent Supported Housing Assessors (ISHAs) whose role it is to understand what the applicant needs from temporary accommodation - both in terms of property and support. The ISHAs help determine the best and most suitable type of temporary accommodation for each applicant.

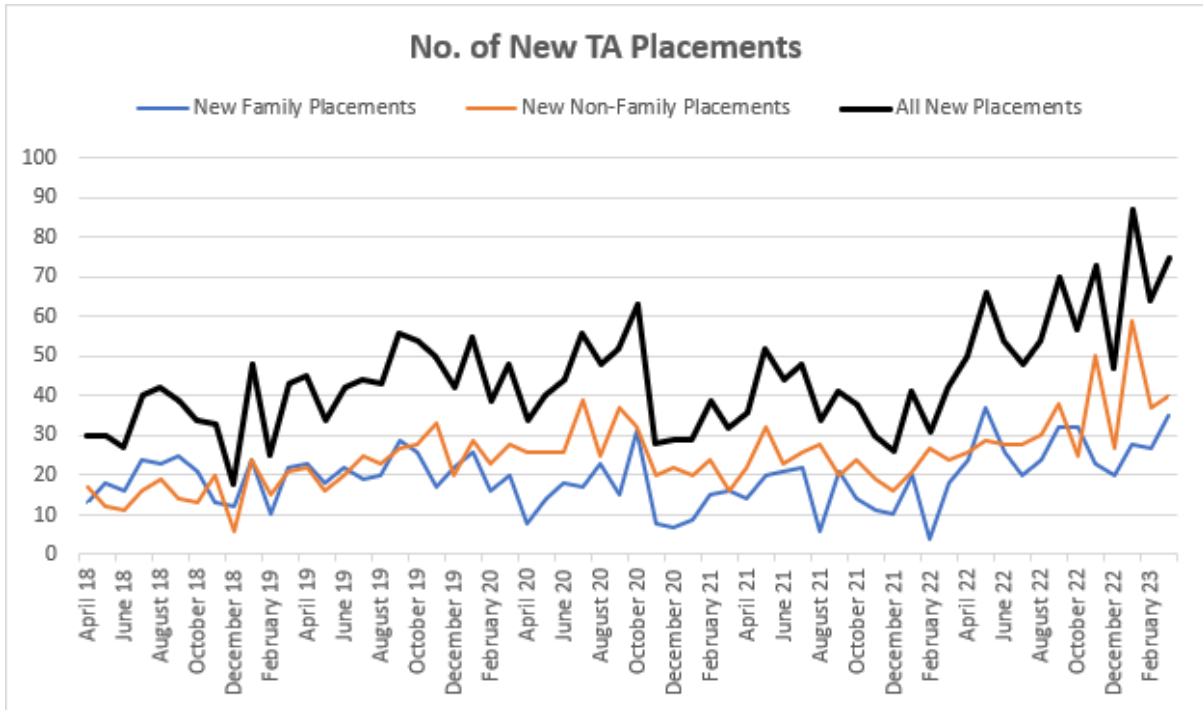
The right temporary accommodation

Temporary accommodation made available to someone should be of a suitable standard, provide facilities to prepare healthy meals and wash clothes, allow them to feel safe and secure, and meet their individual needs.

The council's Temporary Accommodation Placement Policy²¹ governs what a suitable temporary accommodation placement looks like. Suitability considerations include the size, condition, location, affordability of the property, and the characteristics of alternative temporary accommodation available at the time. An ISHA (Independent Supported Housing Assessors) is tasked with understanding the individual needs of applicants in temporary accommodation so the most suitable accommodation and/or support can be provided.

The council has increased its provision of more suitable temporary accommodation in recent years (to include more suitable alternatives to hotel and bed and breakfast type accommodation). Between April 2022 and June 2023, the council increased its provision of more suitable temporary accommodation by approximately 60%. The number of homeless applicants requiring temporary accommodation has increased concurrently though, and at a greater rate. Over the same period, demand for temporary accommodation increased by approximately 70%.

²¹ [Temporary accommodation placement policy 2020-2025 - Portsmouth City Council](#)



Month	New Family Placements	New Non-Family Placements	All New Placements
April 18	13	17	30
May 18	18	12	30
June 18	16	11	27
July 18	24	16	40
August 18	23	19	42
September 18	25	14	39
October 18	21	13	34
November 18	13	20	33
December 18	12	6	18
January 19	24	24	48
February 19	10	15	25
March 19	22	21	43
April 19	23	22	45
May 19	18	16	34
June 19	22	20	42
July 19	19	25	44
August 19	20	23	43
September 19	29	27	56
October 19	26	28	54
November 19	17	33	50
December 19	22	20	42
January 20	26	29	55
February 20	16	23	39
March 20	20	28	48
April 20	8	26	34

Month	New Family Placements	New Non-Family Placements	All New Placements
May 20	14	26	40
June 20	18	26	44
July 20	17	39	56
August 20	23	25	48
September 20	15	37	52
October 20	31	32	63
November 20	8	20	28
December 20	7	22	29
January 21	9	20	29
February 21	15	24	39
March 21	16	16	32
April 21	14	22	36
May 21	20	32	52
June 21	21	23	44
July 21	22	26	48
August 21	6	28	34
September 21	21	20	41
October 21	14	24	38
November 21	11	19	30
December 21	10	16	26
January 22	20	21	41
February 22	4	27	31
March 22	18	24	42
April 22	24	26	50
May 22	37	29	66
June 22	26	28	54
July 22	20	28	48
August 22	24	30	54
September 22	32	38	70
October 22	32	25	57
November 22	23	50	73
December 22	20	27	47
January 23	28	59	87
February 23	27	37	64
March 23	35	40	75

This has meant the use of B&B accommodation has increased, despite an improved and increased provision of temporary accommodation - including the recent procuring of significant amounts of extra accommodation. More suitable temporary accommodation options are essential to ensure people have suitable temporary accommodation when they need it, and to reduce the cost to the council.

Over the past five years the number of applications from adults with complex needs has increased significantly. Many of these people have support needs beyond the traditional scope of temporary accommodation but engaging with other services and ensuring this support is in place can be challenging.

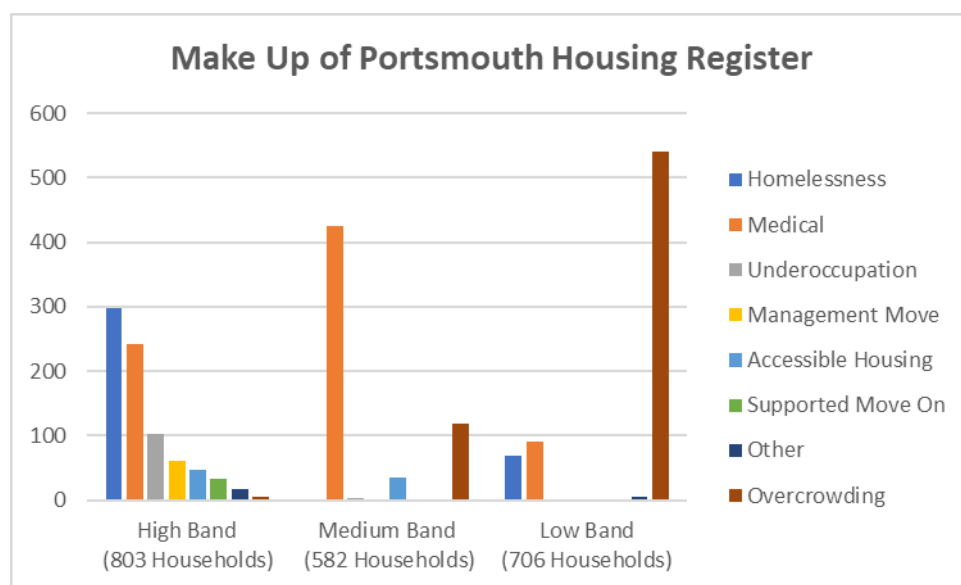
In a small but increasing number of cases, applicants who require temporary accommodation are assessed as posing a high level of risk to others. The existing offers of temporary accommodation may not be able to manage the level of assessed risk or may have been exhausted already as a result of the applicant's behaviour. There is a lack of ideal accommodation available to accommodate the most high-risk individuals when there is a statutory duty to do so.

Significant improvements have been made to the provision of more suitable temporary accommodation in recent years, but supply of new accommodation has not kept pace with the increased demand on the service. The demand for temporary accommodation has increased exponentially and the council remain reliant on the use of B&B accommodation. The council continues to plan for and to grow the provision of suitable temporary accommodation and considers the expected levels and types of demand in the coming years, this work includes consideration of the varying and specific needs of homeless households, including the needs to ensure people's disability-related needs are met and that children's ability to attend school from their temporary accommodation is considered.

Portsmouth Housing Register

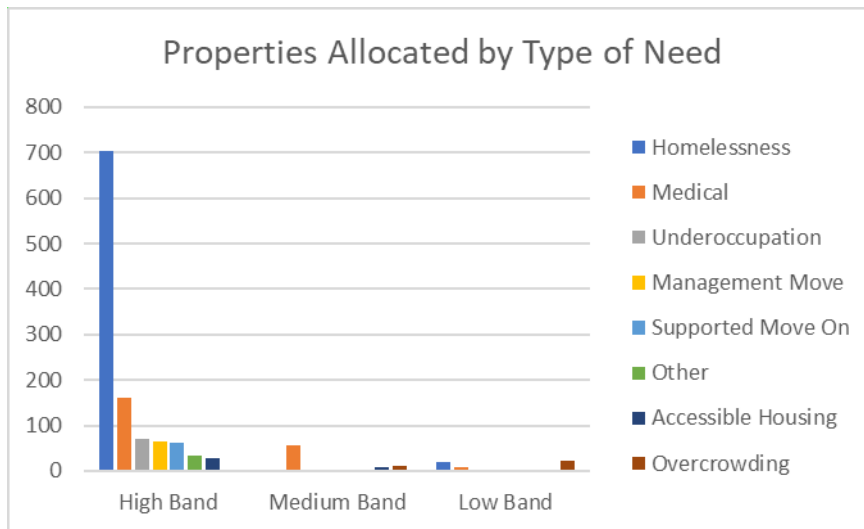
The Portsmouth Housing Register (PHR) is the means of accessing social housing in the city, provided by both the council and registered providers of social housing (RPs), and also council-owned accommodation in some out-of-city areas (Leigh Park, Crookhorn, Wecock Farm).

The PHR is oversubscribed with demand far outstripping supply of suitable accommodation. The size of the register varies but comprised of 2091 households as of July 2023. Demand is predominantly made up of households who live in accommodation that does not meet their needs, with a minority of the list consisting of households who are homeless or threatened with homelessness:



Count of Id	Column Labels								
Row Labels	Medical	Over crowding	Homelessness	Under occupation	Accessible Housing	Management Move	Supported Move On	Other	Grand Total
High Band (788 Households)	227	6	292	101	49	59	38	16	788
Medium Band (549 Households)	400	118	-	4	27	-	-	-	549
Low Band (679 Households)	89	525	59	-	-	-	-	6	679
Grand Total	716	649	351	105	76	59	38	22	2016

Although homeless-related households only makeup a relatively small proportion of the PHR, they are allocated a majority of the social housing available in the city. A 12-month snapshot illustrates who the available properties are allocated to.



Count of Id	Column Labels								
Row Labels	Accessible Housing	Homelessness	Management Move	Medical	Other	Overcrowding	Supported Move On	Under occupation	Grand Total
High Band	41	1003	85	215	47	3	83	90	1567
Medium Band	9	-	-	88	-	18	-	-	115
Low Band	-	26	-	13	-	28	-	-	67
Grand Total	50	1029	85	316	47	49	83	90	1749

This has meant that the PHR has ceased to effectively function as a waiting list for all but those with an urgent need to move. The high band is so oversubscribed, properties are only rarely offered to anyone with a low or medium level of priority.

There are 582 households on the waiting list assessed as having a significant need to move (e.g. because their family have 2 bedrooms fewer than what they need, or because their accommodation is having a significant impact on health, seriously affecting functional abilities and activities of daily living). Even those assessed as having an urgent need to move wait almost twice as long on average as they did 5 years ago.

The PHR is relied on so often to satisfy the council's statutory duties where a main duty is or will soon be owed for several reasons.

- Because homelessness is not prevented often enough, meaning alternative accommodation is instead needed. More prevention is needed.
- Alternative accommodation in the private rent sector is often too expensive or otherwise out of reach (for example because of guarantor requirements). Better access to privately rented accommodation is needed.
- The council's allocations policy awards a high level of priority to applicants who are or will soon be owed the main housing duty, regardless of the suitability/tenure of their temporary accommodation. A review of the allocations policy is required.

A full review of the council 's allocations policy could consider how homelessness interacts with and has an impact on the PHR.

- The level of priority that should be awarded in different types of homelessness and threatened with homelessness situations, for example differentiating between a household living in unsuitable temporary accommodation from one that in suitable, temporary accommodation with no risk of losing it.
- How certain groups of applicants should be treated by the policy (for example those requiring accessible or sheltered accommodation).
- What level of choice could and should be awarded to homeless households (for example in relation to the area in which they live and/or whether they can take the pets with them), and how this might impact on waiting times.
- Whether social housing should be prioritised for those applicants who would most benefit from the accompanying support (for example those leaving care or with known tenancy-related support needs).

The private rent sector

The PHR cannot meet all existing demand from those in unsuitable housing, those who are homeless and those who are threatened with homelessness. Other types of housing tenure must be utilised in

order to help people into the accommodation they need, including accommodation in the private rent sector (PRS).

Relatively few homelessness applications come to an end as a result of the applicant accessing PRS accommodation (with or without the council's assistance). There are many barriers to people accessing PRS accommodation in the city.

- **Affordability:** the maximum amount benefits agencies will pay towards housing costs (the Local Housing Allowance - LHA) is set by central government and has been frozen since April 2020. In the meantime, PRS rents in Portsmouth have risen significantly, meaning most PRS properties are unaffordable for anyone relying on help with their housing costs, as well as

	LHA rate	Median rent	Typical shortfall
Shared accommodation	£342	£550	£208
1 bedroom property	£583	£700	£117
2 bedroom property	£723	£895	£172
3 bedroom property	£912	£1,100	£188
4 bedroom property	£1,197	£1,600	£403

many other people who do not rely on benefits. The discrepancy between the local LHA rate and the average rents in Portsmouth are greater than they have ever been by some distance.

Significant increases in energy bills and other expenses in recent months has and will only have an even greater impact on the problem of PRS properties being unaffordable for many households who are homeless or threatened with homelessness.

- **Guarantors:** landlords and letting agents often require the commitment of a guarantor (who earns a salary of a certain level) before agreeing to let properties; many of those who are homeless or threatened with homelessness do not have access to a guarantor. Consideration needs to be given to what would make such prospective tenants more attractive to local landlords and letting agents and to consider if the issue of affordability is what sits behind this request for guarantee of payment for the landlord.
- **Preference:** people often prefer the idea of social housing to PRS accommodation, either because of the more attractive tenancy terms, the greater security of tenure offered, or because of previous experiences of the PRS. The oversubscription of social housing means it might need to be prioritised differently, requiring more people who are homeless or threatened with homelessness to be offered PRS accommodation instead.

HNAS has a dedicated PRS team to improve access to the PRS by sourcing PRS properties from private landlords, helping homeless households with the financial top-ups needed to afford the rent, and to support the tenant and landlord on an ongoing basis to sustain that tenancy. The team is currently separate from the (Advice & Assistance) team that works with people to help prevent them from becoming homeless, with different approaches taken to help person into a PRS property depending on who found the property. Some properties are reportedly missed out on by HNAS because of delays.

Providing financial assistance with rent top-ups to make a tenancy affordable for a homeless household has been successful in preventing or relieving some threats of homelessness. 90 households were accommodated by this dedicated team across the financial year 2022 to 2023. This represents around 4% of all homeless applications taken across the same period.

The majority (52) of the households given such assistance were previously accommodated in some form temporary accommodation, thus crucially reducing the strain in those areas. The approach does have some significant limitations though.

- The number of households being successfully matched to a PRS property is relatively low compared to the 2149 homeless applications made across 2022, and needs to be greatly increased in order to have a significant impact on the council reliance on temporary accommodation and/or the functioning of the PHR.
- The cost of each intervention is relatively expensive: the average initial financial award for each new tenancy created was £1103. In some cases, this figure will grow further when the council helps with the financial costs associated with renewing the tenancy at the end of the fixed term. The intention is often that the household's financial circumstances will change during the fixed term to make the rent affordable and enable them to live self-sufficiently, but the personal circumstances and wider financial landscape means that is often not possible.
- By helping households to meet increasing rents in the city, the council could potentially contribute to the ongoing inflation in average rents, rather than encouraging landlords and letting agents to let properties at a more affordable rent.
- By the council providing time-limited financial awards to help people afford their rent, some households' affordability problems are potentially being stored up for a later date (unless their financial circumstances change over the course of the tenancy).

Other options for helping households who are homeless or threatened with homelessness into PRS accommodation on a larger and more cost-effective scale are yet to be fully explored, for example incentivising landlords and letting agents to let properties at a lower rent or offering some level of guarantee in case of unpaid rent.

Portsmouth City Council also has a [Private Rental Sector Strategy for Portsmouth 2021- 2026](#)²². The strategy includes sections related to those for whom the private rented sector does not work and also looks to quantify what a well-functioning PRS would look like.

Supported housing services commissioned by HNAS

The Commissioned Services team within HNAS is responsible for commissioning and overseeing the operation of a range of supported housing for people who are homeless or threatened with homelessness, who require extra help to sustain their accommodation and/or lead safer and healthier lives.

The commissioned services comprise of three primary supported pathways:

- Core Homeless Service for single adults aged 18 to 65
(Two Saints are commissioned to operate this service)

²² <https://www.portsmouth.gov.uk/wp-content/uploads/2021/08/Private-Rental-Sector-strategy-2021-2026.pdf>

- Young Persons' Supported Living Service for young people aged 16 to 25
(Two Saints are commissioned to operate this service)
- Family Supported Housing Pathway for vulnerable families
(The Salvation Army are commissioned to operate this service)

Supported housing offers life-skills and tenancy management support, which can help develop a person's ability to manage their accommodation and as a result reduce the risk of homelessness in the future. However, the range of presenting needs that service users may require support with can be varied and complex, and often extends beyond housing-related support. For instance, service users within the Core Homeless Service may frequently require support around significant mental health conditions or problematic substance use; these can provide additional challenges which impact on the overall likelihood of successful move on from that pathway.

Depending on the stage of a homeless application, supported accommodation can qualify as either temporary accommodation, or as longer-term accommodation capable of ending the council's prevention or relief duty.

HNAS also commissions the rough sleeper pathway, where support is provided along with temporary shelter to rough sleepers, as detailed in **Chapter 6**.

There are several areas where potential improvements could be explored.

- There is not enough supported accommodation. Vulnerable people who need extra support to sustain their tenancy often wait in unsuitable accommodation (e.g. in unsuitable temporary accommodation) whilst they wait for a vacancy to become available. Waiting lists for accommodation vary across the various projects, but a snapshot sample showed the following:
 - Some services have no or very small waiting lists at present; the young persons' pathway in general has current typical waiting times of between no wait time to 2 months
 - Some specific services within the pathways have too few rooms when compared with the volume of demand, resulting in consistently high waiting times. Some services have current typical waiting times of 7, 8 or 12 months for people who have been assessed as needing extra support to manage their accommodation
- Although all three services are often referred to as pathways, only the family service consistently achieves effective move-on from supported housing into permanent accommodation, where the outcome of permanent, settled accommodation is the target of focus at the start of a family's journey. Factors behind this include the often-increased support needs of those in some of the other services and reduced rates of eviction from the pathway - partly due to the additional statutory support often available to support prevention of that eviction via Children's Services. The predominant factor, though, is the increased access to social housing afforded to those in the Family pathway compared to the other two pathways at a time when accessing the private rent sector is challenging across the board.

- With limited access to the PHR and the aforementioned difficulties in accessing the PRS, the other services have limited move-on accommodation to offer, and as a result the 'pathways' can become blocked, with not enough vacancies becoming available as a result.

- Service users in supported housing sometimes face difficult choices around employment since the cost of supported living can be high and the assistance from welfare benefits may significantly reduce once a person is in receipt of wages. This can result either in the accrual of rent arrears, or it may disincentivise the person from continuing to work.
- Supported housing services operate largely in isolation from each other, functioning as silos. There appear to be various reasons for this including differences in commissioning approach for specific services, the respective contractor for each service and its support delivery model, variations in contract terms and conditions, and the varying funding sources for different contracts, some of which come with legal conditions on spending. The model could instead be more individual-focussed and organised according to achieving the right outcome for those individuals.
- There has been no recent review of the citywide supported housing provision to ensure existing accommodation is suitable, nor that it is the right setting for the type of supported setting required. Examples raised in survey and consultation responses include whether some of the hostel settings that have been used by the council over many years are suitable.
- There some specific gaps in provision evidenced through demand data/impacts on other areas of service, such as:
 - A supported housing offer suitable for adult couples without children
 - Very limited access to supported housing for vulnerable families who are intentionally homeless according to the law, but nevertheless require accommodation and support to help them manage it
 - A housing option for young people with high support needs but who have been assessed as posing too high a risk to live alongside vulnerable young people in a young persons' supported housing setting
 - A bespoke accommodation solution for people with high levels of support needs and/or who are assessed as posing a high risk to others
 - A wider and more flexible range of options to support people in more independent and/or self-contained housing settings. Not everyone who needs housing-related support is able to, or wants to live in a more traditional supported accommodation setting such as hostel/shared living

Other supported housing services, including those commissioned by other parts of the council

Substance misuse recovery housing

The recovery housing pathway is commissioned by Public Health (on behalf of Adult Social Care) to help those with substance misuse issues. The pathway includes around 53 units of accommodation, ranging from high support for those still using, to lower-level support abstinent housing.

Some of the same concerns around the physical suitability of accommodation, and the ability to have a suitable offer for people with the most complex problems exist here as they do within the HNAS-commissioned accommodation.

There is a possible gap in provision to allow people to maintain their accommodation whilst actively managing their dependency (for example a controlled drinking project), which could result in fewer people losing their accommodation.

Recent safeguarding adult reviews in the city have highlighted the need for better city-wide coordination between commissioners of accommodation settings, and use of the resources available in order to meet the challenges of housing complex individuals safely and successfully. Consideration could be given to whether this should be via establishing closer joint-working practices or via the joint commissioning of homeless services.

Further abstinent based, low-level supported housing service is provided in the City by ANA, designed for people who are in early recovery from addiction who have recently completed treatment.

Mental health supported accommodation

The mental health supported housing pathway consists of 60 units of accommodation for those who need supported housing and who are care-coordinated under the integrated adult mental health service. The pathway consists of a mixture of rooms in shared houses and self-contained flats, with floating support provided by Two Saints.

People who are ready to move on from the supported housing pathway can gain the confidence and tenancy management skills required via a sublet process whereby the council lets a property to Two Saints who in turn temporarily let the property to the person, whilst providing the required support. The person would usually go on to become a secure tenant of the council property.

Learning disability supported accommodation

The learning disability supported housing service performs a different function to most other supported housing in that it is not usually intended as a pathway or a step towards other accommodation, but rather is permanent accommodation provided alongside tailored support for the person with a learning disability.

The learning disability supported housing portfolio consists of 178 tenancies and licences across 65 properties. It includes a range of flats and shared houses across the city for single people and couples, most of whom are working with the learning disability team.

There is strong joint working within the service, with an excellent track record in helping people maintain their accommodation in a tailored and responsive way, avoiding any threat of homelessness.

Other supported accommodation

There is other provision of supported housing offered in the city with limited or no ties to the council. Such accommodation varies in the level of support that is offered. Providers include charitable organisations such as Hope Into Action.

Specific accommodation for other groups of applicants

People at risk of domestic abuse

The 21 refuge units of accommodation commissioned by the council (across two projects) were referenced in **Chapter 4**.

Women's refuges often refuse to accept women with higher support needs, giving them fewer options of safe and supported accommodation. The council commissions a *Respite Rooms* service within a hostel location for women at risk of domestic abuse and who have complex support needs to be met. There is not enough of this accommodation aimed at providing safe refuge for women with high support needs. The service currently comprises 4 units of accommodation; there is typically a waiting list for the accommodation, with waits of several months not being unusual.

The current location of the service has proven to be a barrier for some women. Any consideration of the suitability of supported accommodation in the city should also include this service.

The council's forthcoming Safer Accommodation Strategy should address the level and types of safe accommodation needed for those at risk of domestic abuse.

Care-experienced young people

A recent OFSTED report²³ of the council's offer to care-experienced young people concluded that most do live in suitable accommodation, which is safe and meets their needs, but that a small number live in unsuitable accommodation.

There is a shortage of appropriate accommodation available for young people who are about to leave or have recently left care. Consideration should be given to whether a review of the accommodation offer for care-experienced young people is required, asking such questions as:

- What is the most appropriate accommodation offer for most care-experienced young people?
- Is the currently limited access to social housing sufficient given the current and future numbers of care-experienced young people?

²³ Inspection of Portsmouth City Council local authority children's services May 2023:
<https://www.portsmouth.gov.uk/2023/07/03/portsmouths-childrens-services-rated-good-by-ofsted/>

- How can any intentionally homeless decisions be averted for this group of applicants?

People with an offending history

The council commissions a small, supported accommodation scheme for ex-offenders comprising 10 units of accommodation: Safer Communities. The scheme is ringfenced to clients of Portsmouth Probation, focussing on the housing and resettlement needs of those posing high risks to the public for whom a hostel environment is not suitable.

Former service personnel

There are several providers of veteran-specific housing within the local area. Providers include:

- Agamemnon Housing Association (warden assisted independent living for people over 60 years of age, giving priority to those who have served in the Armed Forces and their surviving partners or relatives).
- Alabaré (temporary accommodation to British Armed Forces Veterans who are homeless or at risk of becoming homeless).
- CESSA Housing Association (sheltered housing to veterans, their spouses, partners, widows/widowers, parents and children who are aged 60 or over).
- Haig Housing Trust (rental properties for ex-Service people)

Maximising existing property/land in the city

Empty properties

The council is due to publish a new empty homes strategy in 2024. The strategy should identify how the council can better understand the extent of any empty properties in Portsmouth and how they could be better used to meet the housing needs of residents.

Local planning

The council's housing needs, housing enablement and planning teams work closely to ensure the need for affordable accommodation is served, to the extent that senior officers from Housing Needs Advice & Support sit on the Local Plan Board. This is an area of strong and improved partnership working for the council.

Use of the wider public estate

The city could better understand opportunities to utilise areas of the 'public estate' to meet the housing needs of residents.

An example of this type of use would be the ARAP (Afghan Relocations and Assistance Policy) project where the council has leased Ministry of Defence service family accommodation to support the

relocation of families from Afghanistan. This work is linked through our co-ordinator to the Asylum and Immigration work of the council.

Such opportunities could include working with the faith community. For example, a recent report by the Church of England²⁴ explained how it is changing the way it uses its resources to meet housing need, including how it plans to work with local authorities to help meet the housing needs of local residents by making use of the land available to it.

²⁴ [Coming Home, Tackling the Housing Crisis Together, The Commission of the Archbishops of Canterbury and York on Housing, Church and Community \(2023\)](#)

PROVISION OF HOUSING-RELATED SUPPORT

Whatever type of accommodation a person is in, they should have access to the support they need to be able to sustain that accommodation. The support provided needs to be the right support.

Current provision of housing support

Much of the existing provision of support available to help people sustain their accommodation is detailed in **Chapters 5, 6 and 7**, including the various supported housing options which provide support along with housing. An example of support being commissioned by the council and provided by other organisations in an attempt to provide the right support can be found in the approach taken with temporary accommodation.

Supported temporary accommodation

The necessity for temporary accommodation in some cases and the often long waiting lists for supported housing can result in vulnerable people who need supported housing waiting in unsupported temporary accommodation (such as hotels and B&Bs) whilst waiting for accommodation to become available. Unsurprisingly, these arrangements often prove difficult to sustain. The council has commissioned supported temporary accommodation services to provide a more supported temporary solution, including:

- Specific temporary accommodation blocks where Two Saints provide support to adults on site
- The Temporary Accommodation Service where the Roberts Centre provide support to families in temporary accommodation

Supported temporary accommodation works well in conjunction with the ISHA role (see below). Support can be delivered when it is needed and not after time spent in unsupported accommodation waiting for it to become available (and where accommodation arrangements are more likely to breakdown). The supported temporary accommodation model has reduced the number of evictions from temporary accommodation and, in some instances, enabled the applicant to move on in to social or private sector housing (as opposed to further supported housing). Wherever a person's temporary accommodation is, they should have the right support made available to them.

Independent Supported Housing Assessors (ISHAs)

HNAS employs a team of ISHAs, each linked to one of the supported housing pathways or to temporary accommodation. ISHAs play an important role in assessing a person's support needs and identifying the most appropriate housing and support for them, as well as supporting the commissioned providers of support in their day-to-day work with people who use their services.

The ISHA helps to ensure effective partnership working between the council and support providers and other partner agencies. This often requires contribution to wider multi-agency frameworks (for example, Multi Agency Risk Management meetings for adults and child protection planning meetings for children and families).

Ensuring people are provided with the right support when they need it

There are several areas where potential improvements could be explored.

- The support a household who is homeless or threatened with homelessness is provided with is often determined by the type of accommodation they are in. Different accommodation options in the city come with a set type and level of support. This means support options are not always tailored to the needs of the individual, but instead people are offered the best of the available options. Any review of supported housing provision in the city should include a review of the type and way support is provided, and whether the provision of support could or should be detached from the type of accommodation a person is in.
- Evictions from supported housing account for too much homelessness in Portsmouth. Evictions notices are most commonly served in response to rent arrears or other breaches of licence conditions such as engaging in anti-social behaviour. People find themselves in supported housing because they need extra help with managing such things. All support should be offered, and all reasonable alternatives considered before such action is considered.
- There is no specific support or accommodation option for people with housing-related support needs that are linked to their autism or neurodivergence. Universal support services are of course available to such people who find themselves homeless or threatened with homelessness, but there is a lack of understanding of whether there is a gap in specialist provision.
- HNAS specialises in assessing what accommodation a person needs and tries to help them to obtain such accommodation. HNAS also assesses the support a person needs in order to sustain or access accommodation (and thus cease to be homeless or threatened with homelessness) but is reliant on other partners to treat the assessment and provision of support for those at risk of homelessness as a high priority. An increasing number of people live complex lives with multiple support needs, often making traditional engagement with services more challenging.

Although access to a Care Act Assessment is a statutory right, the reality of waiting times combined with the difficulty of engaging with some people often makes obtaining one when needed difficult. A flexible approach to assessment of need and provision of support from Adult Social Care and Adult Mental Health Services is vital to ensure the needs of the most vulnerable homeless people are met. Good working relationships between senior managers in HNAS and ASC ensure focus is kept on the continual improvement of services within these highly pressured systems.

COMMUNICATION AND PARTNERSHIP WORKING

Consultation with people who have experienced homelessness and with partner agencies, combined with learning from analysing the progress and outcomes of individual homeless applications has demonstrated the need for the following.

1. Improved communication between HNAS and people who are homeless or threatened with homelessness.
2. Consolidation and further development of the strong partnership working that already goes on in the city, with an increased focus on the prevention of homelessness.

Communication with people who are homeless or threatened with homelessness

Advice

The advice people need when they are homeless or threatened with homelessness varies but can include:

- Advice regarding their rights to remain in their property or otherwise
- The steps they can take to retain their accommodation or find alternative accommodation
- Advice regarding the eviction process
- An understanding of what help they are entitled to
- Advice regarding the housing options available to them

People who had made an application to HNAS were typically not aware of their statutory rights nor of the Council's statutory obligations towards them. They were not usually aware of what they were entitled to, often leading them to have relatively low expectations of what help they could expect when homeless, but sometimes also have unrealistic expectations of the housing options available to them.

When asked about the help they had received from the council or from elsewhere, people very rarely mentioned any advice they were given. Even where analysis of cases showed that some specific advice had been given, it was often either not retained or fully appreciated when asked about it several weeks or months later, or not valued by them if it was unwelcome advice. People often approach the council for help with their homelessness at a time of crisis and are often facing homelessness for the first time. It is unsurprising that any of the (often abundant) information and advice they receive verbally during their initial interaction with HNAS is not retained with clarity at a later date.

Not feeling informed

People shared with us various examples of being frustrated with having to wait to receive the help or information they needed. Examples included:

- Waiting to be informed as to the status of their homeless application
- Waiting for the possession process to run its course
- Waiting until crisis point until certain accommodation becomes available
- Not having advance notice of where their temporary accommodation would be
- Not being told in advance about a change in caseworker

There are often long periods of time after a person's initial contact with HNAS where there is little or no proactive contact from HNAS, for example where we have agreed what steps each party needs to take and HNAS have already taken their steps (for example ensuring the person is on the appropriate waiting list for housing with the right level of priority). The quality and frequency of communication between HNAS and those who are homeless or threatened with homelessness needs to improve.

Frequent, proactive contact would allow HNAS to ensure they have an up to date understanding of the person's circumstances (and have therefore given up to date advice and assistance), would give the opportunity to keep the person updated with the current status and next steps of their application, and allow collaborative work to help prevent or relieve the person's homelessness. The level of demand the Advice and Assessment team deals with means this could only be achieved to a good standard by reducing the caseloads of individual officers.

Collaboration and personalisation of housing plans

The council should agree with every eligible homeless or threatened with homelessness household a personalised housing plan (PHP). The plan should be based on an assessment of the household's individual circumstances and conclude what reasonable steps they and the council should respectively take.

PHPs (Personalised Housing Plan) can be very tailored to a household's specific circumstances and do sometimes lead to the successful prevention of homelessness. Often, though, they are restricted by limited opportunities to prevent homelessness and by the limited housing options available to any given household - resulting in an absence of true collaboration and personalisation.

Applications withdrawn or ended because contact has been lost

A quarter of homeless applications received in 2022 were either withdrawn before an outcome was reached or were ended because contact was lost with the applicant. This was a specifically prominent phenomenon amongst single people and applicants without children (29% of all applications compared to just 12% of applications containing children).

This means many applications are ended without an awareness of the person's current housing circumstances. Some cases ended for this reason are done so because the applicant explicitly withdraws their application (for example, because they have resolved their own housing situation), but many more are ended because HNAS have been unsuccessful in attempts to contact the person. Practice varies as to how many methods of contact have been attempted on how many occasions before an application is ended. Greater consistency of practice would help to ensure every reasonable attempt has been made to contact someone before ending the application.

This issue is very closely connected to the findings under '*Not feeling informed*', above. Reduced caseloads would allow for more frequent and proactive contact, making loss of contact less likely. Further, applications are ended for this reason more often amongst applications from single people without children. Broadly speaking, these people are less likely to be in priority need than families, are therefore less likely to be in temporary accommodation, possibly living more transiently and making maintaining contact more difficult. This only makes regular contact and established procedures more important to mitigate the risk of losing contact with people.

Partnership working

Housing is a priority within the council's Health and Wellbeing Strategy, including a focus on homelessness. At a recent development session of the Health and Wellbeing Board, members were invited to attend the Partnership Group and agreed to do so.

The council cannot tackle homelessness in the city alone though, neither for individual cases of homelessness nor in a strategic sense. A partnership approach is needed, with commitment from other statutory and non-statutory bodies to work together to achieve the aims of the future strategy.

Strategic partnership

The merging of the existing (statutory) homelessness and (non-statutory) rough sleeping strategies into a single document provides an opportunity to build on the open and effective collaboration between partners (internal, external, elected members) that has been so successful in delivering on the rough sleeping initiative. The Portsmouth City Rough Sleeping and Homelessness Partnership Group has agreed its focus should expand to include the prevention of all types of homelessness.

The Partnership Group is independently chaired and will provide scrutiny, support and guidance for the implementation of the forthcoming strategy, with partners committed to providing resources to support its aims. The Partnership Group has contributed to every stage of this review, with membership including senior representation from the following:

- Elected members of Portsmouth City Council
- Housing Needs Advice and Support (the council)
- Children Services and Education (the council)
- Adult Social Care (the council)
- Public Health (the council)
- Community Safety (the council)
- Safeguarding, Mental Health and Learning Disabilities (the council)
- Society of St James
- Two Saints
- Salvation Army
- Hampshire and Isle of Wight Integrated Care Board

- Hampshire Constabulary
- Probation services
- University of Portsmouth

It is important the Partnership Group and other partners are kept informed as to the progress of implementation by sharing with them data and measures that relate to and measure progress against the strategic aims. Further, it is important that membership of the Partnership Group expands to include organisations who have a role in preventing homelessness.

Operational commitment from partners

Homelessness is very often about much more than accommodation. The barrier to a person accessing or sustaining their accommodation is often related to a need for help with another part of their life, and the need is often urgent, for example:

- Support with their mental health - for example to help them better manage in their accommodation or sometimes to help alleviate risks to themselves or others if living in an unsupported environment whilst unwell
- An assessment of their care needs - for example to ensure any accommodation offered meets their needs and that any required support can be provided at the point it is needed
- Support with their finances - for example, to make budgeting decisions to make their rent affordable
- Support with substance misuse - for example to help them meet their tenancy or licence obligations and thus sustain their tenancies

The Partnership Group shares a commitment to working collaboratively and flexibly where needed in order to achieve the aims of the strategy, for example by providing support at short notice and sometimes outside usual processes to ensure the immediate need so safeguard the wellbeing of a person who is homeless or threatened with homelessness.

The duty to refer

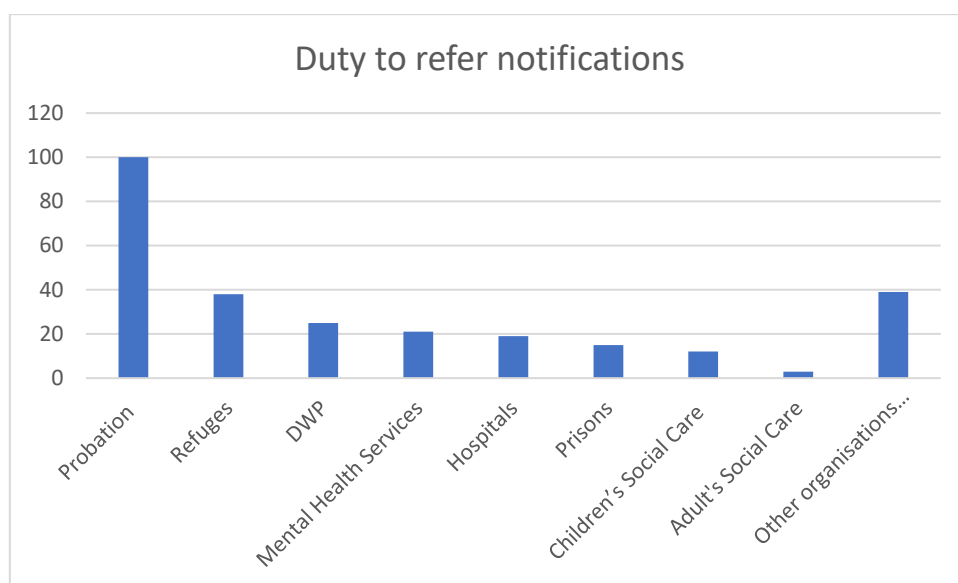
Some public bodies have a statutory duty²⁵ to notify a housing authority of anyone they consider may be homeless or threatened with homelessness. The bodies subject to the duty are as follows:

- Prisons, youth offender institutions and secure colleges and training centres
- Probation Services and youth offending teams
- Jobcentre Plus (DWP)
- Social service authorities
- Emergency departments
- Urgent treatment centres
- Hospitals

The duty to refer is closely connected to the importance of knowing about a threat of homelessness at the earliest opportunity to increase the opportunity of successful prevention.

²⁵ Housing Act 1996, s.213B

The duty to refer notifications made to the council that led to a homeless application in 2022 came from the following bodies.



Referred By	Number Of Referrals
Probation	100
Refuges	38
DWP	25
Mental Health Services	21
Hospitals	19
Prisons	15
Children's Social care	12
Adult's Social Care	3
Other Organisations	39

The 37% of the 272 notifications coming from Probation services suggests a serious commitment to alerting the council to anyone they believe to be homeless or threatened with homelessness. The existing homeless navigator co-located between the council and probation who focused on individuals released from prison or on probation who face homelessness acts as an important link between the two agencies.

With only three notifications made by Adult's Social Care and 12 by Children's Social Care, suggests a need to look to understand the referral processes between those departments and HNAS.

Across the board, partners should be encouraged to notify HNAS of households who are threatened with homelessness as well as those who are already homeless. Only 48 of the 272 went on to be assessed as being threatened with homelessness, with 207 being assessed as already being

homeless. Stronger partnership working between HNAS and those partners most likely to be aware of early threats of homelessness is required.

CONSULTATION ON REVIEW AND DRAFT STRATEGY

The draft review strategy document was shaped by many conversations with people who have experienced homelessness, as well those agencies who work with people who are homeless or threatened with homelessness (see **Chapter 3**). The final stage of consultation was to share the document publicly and invite people's views.

Objectives and methodology

The objectives of the final stage of consultation were to:

- Assess levels of agreement with the five draft strategic aims
- Assess levels of agreement with the recommended areas of focus beneath each aim
- Understand disagreement with any of the aims or areas of focus
- Explore any elements considered missing from the draft strategy

People were offered the options of completing an online survey or providing feedback directly to named officers. The survey received 76 responses online, and a further 5 responses were provided directly to named officers.

Summary of findings

Analysis of the data collected from the consultation survey included the following conclusions.

- 16% of respondents have either experienced or been threatened with homelessness, 37% had never experienced homelessness, whilst 47% were responding on behalf of a partner organisation.
- The vast majority of respondents agreed with the five proposed strategic aims (95%) and each of the suggested areas of focus laid out beneath each one (all over 90%). Aim 3 ('provide the right housing to relieve homelessness') is the only overall aim any respondents disagreed with.
- Respondents highlighted two areas not covered in the strategic aims: overcrowding for council tenants and issues relating to ways of working within the current tendering system. How overcrowded tenants should be treated for the purpose of accessing social housing would be addressed as part of the forthcoming review of the allocations policy, and concerns around tendering for contracts will be shared with commissioners.
- Just one respondent disagrees with the areas of focus for Aim 1 (prevent homelessness). The concern within this response was centred on a view that only by reducing private rent levels and eliminating unfair evictions could homelessness be prevented. Other comments regarding Aim 1 suggest working with partner agencies, focusing on specific groups, reviewing accommodation provision, and looking at the need for more resources or staff to deliver this aim. The proposed prevention hub should offer the opportunity to work closely with other agencies, the strategy already includes a proposal to target certain causes of

homelessness and certain groups of applicants, and the strategy also already identifies the need for more accommodation and a review of resources required to respond to demand.

- No respondents disagree with the areas of focus for Aim 2 (end rough sleeping). Further comments include ensuring that accommodation is needs-specific, encouraging the council to be more proactive in this area, and reviewing accommodation provision. This should all be included as part of the review of the suitability of the current pathway: both the accommodation settings and the support offered.
- Just 2% of respondents disagree with the areas of focus for Aim 3 (provide the right housing to relieve homelessness), feeling that increasing the supply of good quality, affordable accommodation will negatively impact surrounding areas, but further comments on this aim also note that housing must be assessed and offered on a case-by-case basis and be needs-specific, which should be achieved by the strategy's aim to provide people with meaningful assessments and tailored housing plans. Other comments suggested the council should be more involved in private sector renting - which the strategy aims to achieve and thus increase the number of households successfully assisted into privately rented accommodation.
- 6% of respondents disagree with the areas of focus for Aim 4 (provide the right support), largely due to concerns about the council's ability to effectively reduce the number of evictions whilst reviewing safeguarding policies, feeling that the two areas of focus may be contradictory. One respondent also suggests that the council should be working with landlords to achieve this aim. Other comments largely centre around ensuring there is a holistic approach to provide suitable housing, concerns about resources to provide specialist assessments, and ensuring frontline staff are sufficiently trained in the intersectional impacts of mental health and homelessness. These concerns should all be considered when devising and/or reviewing the proposed pre-eviction pledge for providers of supported housing to ensure all alternatives have been reviewed before eviction is considered a reasonable outcome.
- No respondents disagree with the areas of focus for Aim 5 (strengthen collaborative working). Other comments suggest partnership relationships with the council should be integrated and collaborative, with open forums and dialogues to approach complex situations and enable joint learning.

Resulting amendments

Responses to the consultation have helped to shape the final strategy. Changes made as a result of feedback received include the following.

- The addition of an action to use cross-organisational knowledge and data to better understand the underlying *causes of the causes* of homelessness, i.e. 'primary prevention'.
- The addition of an action to ensure officers dealing with homelessness applications have received training in some specific areas, including trauma-informed practice.
- Clarification added that any offer of accommodation made to a person sleeping rough should be a suitable one and based on their individual needs.

- Clarification added that collaborative working protocols may include joint-working between homeless services and health services, including hospitals and mental health services.
- Some factual errors were corrected, including the correction of average rent levels in Portsmouth and the correcting of service names where an older iteration was previously used.

FINDINGS AND STRATEGY RECOMMENDATIONS

The review has reached many conclusions as to what could be done to improve the outcomes for those who become homeless or threatened with homelessness in Portsmouth. Below is a summary of the key findings, grouped by strategic aims, with recommended areas of focus as to how best to achieve those strategic aims. The following recommendations constitute Portsmouth's Homelessness Strategy for the period 2024 to 2029.

1. Prevent homelessness

Prevent incidences of homelessness wherever possible. Relieve more homelessness where prevention is not an option.

- Increase the proportion of homeless applications made at 'prevention' stage.
- Increase rates of successful prevention for the most common causes of homelessness.
- Reduce the proportion of applications that are ended for lost contact.
- Form a multi-disciplinary prevention hub dedicated to homeless prevention.
- Reduce the caseloads of officers dealing with homelessness applications, allowing for more proactive casework.
- Ensure people receive meaningful assessments and tailored housing plans.
- Create specific workstreams for specific groups to reduce the likelihood and impact of a negative decision.

2. End rough-sleeping

Ensure rough sleeping is rare, brief, and not recurring.

- Ensure anyone who sleeps rough has an offer of suitable accommodation available to them.
- Commit to adopting a collaborative and flexible approach to supporting people with complex needs.
- Reduce the number of new people sleeping rough.
- Reduce the typical number of people sleeping rough at any one time.
- Review the suitability of the current pathway: the accommodation settings and the support offered.
- Explore accommodation options for individuals without accommodation and without recourse to public funds.
- Explore options for sustaining currently grant funded services.

3. Provide the right housing to relieve homelessness

Ensure people are provided with accommodation that meets their needs and lets them feel safe and secure.

- Increase the supply of good quality, affordable accommodation.
- Ensure temporary accommodation has suitable cooking and washing facilities.
- Undertake a review of the allocations policy for social housing, including its relationship with homelessness.
- Increase the number of households successfully assisted into privately rented accommodation.
- Undertake a citywide review of supported housing to ensure accommodation is suitable and is the right setting.
- Consider what possible gaps exist in supported housing provision and commissioning options to fill those gaps.

4. Provide the right support

Whatever accommodation a person has, ensure they can access the right support at the right time to help them sustain it.

- Reduce the number of evictions from supported housing.
- Increase the proportion of households that successfully move on from supported accommodation into an independently managed tenancy.
- Undertake a citywide review of supported housing to consider the type of support provided and whether it should be attached to an offer of accommodation.
- Improve the mental health awareness of officers dealing with homelessness applications.
- Review processes and policies relating to safeguarding and risk-management.
- Improve the support offer for people wishing to access employment whilst in supported housing, and the range of options available to them when they are ready to move on.

5. Strengthen collaborative working

Improve communication with people at risk of homelessness. Strengthen local partnerships to prevent homelessness more often.

- Ensure homelessness and its underlying causes are a system-wide responsibility for all partners.
- Widen the focus of partnerships that have focussed on rough sleeping to include a strong focus on other types of homelessness, and specifically prevention.
- Understand the relationship between homelessness and various asylum schemes.
- Give people good advice about their rights and options.
- Ensure advice is given in a format that can be referred to at a later date.

ACTION PLAN

Table of immediate priorities for 2024

No.	Action	Strategic objective	Lead agency	Target completion date
1	Create action plans to increase the rates of prevention for the 5 most common causes of homelessness.	SO1, SO2	HNAS	End 2024
2	Devise a protocol to ensure a consistent approach is taken when ending a homeless application for lost contact, ensuring all alternatives are considered.	SO1, SO2	HNAS	End 2024
3	Form a multi-disciplinary prevention hub to provide advice and early intervention.	SO1, SO2, SO5	Partnership group	End 2024
4	Review the number of officers who deal with homeless applications to reduce caseloads, increase the quality of service, improve prevention rates, and reduce temporary accommodation demand.	SO1, SO2, SO5	HNAS	End 2024
5	Ensure housing assessments are meaningful and personalised housing plans are collaborative and tailored to the individual.	SO1, SO2, SO5	HNAS	End 2024
6	Undertake a review of how social housing is allocated: i) a review of the allocations policy for social housing, including its relationship with homelessness and ii) a review of how internal transfers and exchanges are utilised to make the best use of available stock.	SO3	HNAS	End 2024
7	Review learning related to the rough sleeper pathway and understand whether the accommodation settings and the support offered remain appropriate. Portsmouth City Rough Sleeping and Homelessness Partnership Group to work in collaboration with other agencies to agree future commissioning arrangements.	SO2, SO3, SO4	TBD by the partnership group	End 2024
8	Provide officers dealing with homelessness applications with dedicated training to equip them to achieve the best results for vulnerable applicants, including: <ul style="list-style-type: none"> - mental health awareness training - trauma-informed practice training - domestic abuse training - suicide awareness and prevention training 	SO4	HNAS	End 2024
9	Adopt a new safeguarding policy for HNAS.	SO4	HNAS	End 2024

10	Monitor the level of homelessness experienced by those who experience domestic abuse and the rates at which homelessness is successfully prevented or relieved.	SO1, SO3, SO4	HNAS	End 2024
11	Monitor the level of homelessness experienced by those who have served in the armed forces abuse and the rates at which homelessness is successfully prevented or relieved.	SO1, SO3, SO4	HNAS	End 2024
12	Campaign for changes to the current Local Housing Allowance model.	SO1, SO3	TBD by the partnership group	End 2024
13	Adopt a pre-eviction pledge for providers of supported housing to ensure all alternatives have been considered before eviction is considered a reasonable outcome.	SO1, SO2, SO4	TBD by the partnership group	End 2024

Table of other actions to, priorities to be determined by the Portsmouth Rough Sleeping and Homelessness Partnership Group

No.	Action	Strategic objective	Lead agency	Target completion date
14	Increase the supply of accommodation that is affordable for people who are homeless or threatened with homelessness	SO3	TBD by the partnership group	TBD by the partnership group
15	Undertake a citywide review of supported housing to include (i) the appropriateness of accommodation and whether it is the right setting for providing support and (ii) the type of support provided and whether it should be attached to an offer of accommodation.	SO2, SO3, SO4	TBD by the partnership group	TBD by the partnership group
16	Review the evidenced housing and support needs (and commissioning options) for specific groups, e.g. <ul style="list-style-type: none"> - people who pose a very high risk to staff or members of the public - young people with high support needs but who pose a high a risk to other vulnerable young people in a supported housing setting - pregnant women assessed as having high support needs or as posing a high risk to others - people with high support needs who have experienced domestic abuse - people assessed as requiring a controlled drinking requirement - adult couples without children - people with neurodiversity-related housing support needs 	SO3, SO4	TBD by the partnership group	TBD by the partnership group

17	Produce a temporary accommodation plan with the aim of continuing to reduce the use of nightly paid and unsuitable temporary accommodation.	SO3	TBD by the partnership group	TBD by the partnership group
18	Introduce more cost-effective incentive systems to help more people into suitable and affordable privately rented accommodation without contributing to rent inflation locally.	SO3	TBD by the partnership group	TBD by the partnership group
19	Ensure HNAS's PRS team works closely alongside the officers who deal with homeless applications to allow for more joined up working.	SO1, SO3	TBD by the partnership group	TBD by the partnership group
20	Work with public bodies to raise awareness of the statutory duty to refer, of best practice to allow for more homeless prevention, and to reach joint working protocols where necessary, for example between homeless services and health services such as hospitals and mental health services.	SO1, SO5	TBD by the partnership group	TBD by the partnership group
21	Use cross-organisational knowledge and data to better understand (and act upon) the causes of the causes of homelessness, i.e. 'primary prevention'	SO1	TBD by the partnership group	TBD by the partnership group
22	Understand the links between homelessness and criminal and/or sexual exploitation in the city.	SO4	TBD by the partnership group	TBD by the partnership group
23	Work with partners to adopt a collaborative and flexible approach to supporting people with complex needs.	SO1, SO2, SO5	TBD by the partnership group	TBD by the partnership group
24	Target specific groups to reduce the likelihood and impact of a negative decisions (such as <i>no priority need</i> or <i>intentional homelessness</i>), e.g. families with children, young people leaving care, those leaving Home Office accommodation.	SO1, SO2	TBD by the partnership group	TBD by the partnership group
25	Constitute a task and finish group to explore accommodation options for individuals without accommodation and without recourse to public funds.	SO2	TBD by the partnership group	TBD by the partnership group
26	Review the relationship between homelessness and the various asylum schemes in the city.	SO5	TBD by the partnership group	TBD by the partnership group

27	Consider the costs and benefits of alternative methods for providing advice that can be referred to at a later date (e.g. bespoke confirmation of advice letters, general advice sheets, online portals).	SO5	TBD by the partnership group	TBD by the partnership group
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MEASURES OF SUCCESS

The action plan includes target dates for achieving some specific milestones and outcomes. Other outcomes are more reliably measured over a period of time. The following is a suite of measures, against which the adherence to the strategic aims will be assessed.

Aim: prevent homelessness	Measure
Increase the proportion of homeless applications made at 'prevention' stage.	Percentage of applications made at 'prevention' stage.
Increase rates of successful prevention for the most common causes of homelessness.	Number of interventions that successfully prevented homelessness.
Reduce the proportion of applications that are ended for lost contact.	Percentage of applications ended for recorded reason of 'lost contact' or 'application withdrawn'.
Reduce the caseloads of officers dealing with homelessness applications, allowing for more proactive casework.	Are caseloads at a manageable level of around 35 cases per officer or below?
Ensure people receive meaningful assessments and tailored, collaborative housing plans.	A quality audit framework reviews assessments and personalised housing plans to be meaningful and tailored to the individual.
Create specific workstreams for specific groups to reduce the likelihood and impact of a negative decision.	Number of non-priority and intentional homeless decisions made in respect of care-leavers, people leaving NASS accommodation, families with children.

Aim: end rough-sleeping	Measure
Reduce the number of new rough sleepers (better prevention).	Number of new rough sleepers over time.
Reduce the typical number of rough sleepers (better relief).	Snapshot of number of rough sleepers.
Ensure anyone sleeping rough has an offer of accommodation.	How many current rough sleepers do not have an offer of accommodation? What are the reasons?

Aim: provide the right housing to relieve homelessness	Measure
Reduce the proportion of temporary accommodation that lacks adequate cooking and washing facilities.	Proportion of temporary accommodation being used that is B&B/hotel/otherwise unsuitable.
Increase the number of households at risk of homelessness who are assisted into privately rented accommodation.	Number of households assisted into PRS accommodation.

Aim: provide the right support	Measure
Reduce the number of evictions from supported housing.	Number of evictions from supported housing.
Increase the proportion of households that successfully move on from supported accommodation into an independently managed tenancy.	Proportion of supported housing placements that end due to a move-on into independently managed tenancy.

Aim: strengthen collaborative working	Measure
Increase the proportion of duty to refer notifications that are received at the 'prevention' stage.	Proportion of duty to refer notifications made at prevention stage.

END

APPENDIX A

JOINT WORKING PROTOCOL FOR 16/17 YEAR OLDS WHO ARE HOMELESS OR THREATENED WITH HOMELESSNESS



Portsmouth 16 17
Year Old Homelessne.

APPENDIX B

CARE LEAVERS' HOUSING PROTOCOL



Portsmouth Care
Leavers Protocol_REV

Homelessness Strategy 2024-2029

Appendix C - Action Points

No.	Action
1	Create action plans to increase the rates of prevention for the 5 most common causes of homelessness.
2	Devise a protocol to ensure a consistent approach is taken when ending a homeless application for lost contact, ensuring all alternatives are considered.
3	Form a multi-disciplinary prevention hub to provide advice and early intervention.
4	Review the number of officers who deal with homeless applications to reduce caseloads, increase the quality of service, improve prevention rates, and reduce temporary accommodation demand.
5	Ensure housing assessments are meaningful and personalised housing plans are collaborative and tailored to the individual.
6	Undertake a review of how social housing is allocated: i) a review of the allocations policy for social housing, including its relationship with homelessness and ii) a review of how internal transfers and exchanges are utilised to make the best use of available stock.
7	Review learning related to the rough sleeper pathway and services including the hub and understand whether the accommodation settings and the support offered remain appropriate. Portsmouth City Rough Sleeping and Homelessness Partnership Group to work in collaboration with other agencies to agree future commissioning arrangements.
8	Provide officers dealing with homelessness applications with dedicated training to equip them to achieve the best results for vulnerable applicants, including: <ul style="list-style-type: none">- mental health awareness training- trauma-informed practice training- domestic abuse training- suicide awareness and prevention training
9	Adopt a new safeguarding policy for HNAS.
10	Monitor the level of homelessness experienced by those who experience domestic abuse and the rates at which homelessness is successfully prevented or relieved.
11	Monitor the level of homelessness experienced by those who have served in the armed forces and the rates at which homelessness is successfully prevented or relieved.
12	Campaign for changes to the current Local Housing Allowance model.
13	Adopt a pre- eviction pledge for providers of supported housing to ensure all alternatives have been considered before eviction is considered a reasonable outcome.

Homelessness Strategy 2024-2029

14	Increase the supply of accommodation that is affordable for people who are homeless or threatened with homelessness
15	Undertake a citywide review of supported housing to include (i) the appropriateness of accommodation and whether it is the right setting for providing support and (ii) the type of support provided and whether it should be attached to an offer of accommodation.
16	Review the evidenced housing and support needs (and commissioning options) for specific groups, e.g. - people who pose a very high risk to staff or members of the public - young people with high support needs but who pose a high a risk to other vulnerable young people in a supported housing setting - pregnant women assessed as having high support needs or as posing a high risk to others - people with high support needs who have experienced domestic abuse - people assessed as requiring a controlled drinking requirement - adult couples without children - people with neurodiversity-related housing support needs
17	Produce a temporary accommodation plan with the aim of continuing to reduce the use of nightly paid and unsuitable temporary accommodation.
18	Introduce more cost-effective incentive systems to help more people into suitable and affordable privately rented accommodation without contributing to rent inflation locally.
19	Ensure HNAS's PRS team works closely alongside the officers who deal with homeless applications to allow for more joined up working.
20	Work with public bodies to raise awareness of the statutory duty to refer, of best practice to allow for more homeless prevention, and to reach joint working protocols where necessary, for example between homeless services and health services such as hospitals and mental health services.
21	Use cross-organisational knowledge and data to better understand (and act upon) the causes of the causes of homelessness, i.e. 'primary prevention'
22	Understand the links between homelessness and criminal and/or sexual exploitation in the city.
23	Work with partners to adopt a collaborative and flexible approach to supporting people with complex needs. This work should be expanded into the Partnership Group with the group being expanded
24	Target specific groups to reduce the likelihood and impact of a negative decisions (such as <i>no priority need</i> or <i>intentional homelessness</i>), e.g. families with children, young people leaving care, those leaving Home Office accommodation.
25	Constitute a task and finish group to explore accommodation options for individuals without accommodation and without recourse to public funds.

Homelessness Strategy 2024-2029

26	Review the relationship between homelessness and the various asylum schemes in the city.
27	Consider the costs and benefits of alternative methods for providing advice that can be referred to at a later date (e.g. bespoke confirmation of advice letters, general advice sheets, online portals).

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Homelessness and Rough Sleeping Draft Strategy Consultation 2023



Portsmouth
CITY COUNCIL

Research and Engagement Team
PORTSMOUTH CITY COUNCIL

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1.0 Purpose

The purpose of this report is to provide a comprehensive summary of the Homelessness and Rough Sleeping Strategy consultation. This consultation gave respondents the opportunity to provide feedback on the strategy document.

2.0 Background

Local authorities are required to carry out a review of homelessness in their area to formulate and publish a homelessness strategy based on the review. The Portsmouth City Rough Sleeping and Homelessness Partnership Group have worked together to carry out such a review and to develop an ambitious strategy which calls on a partnership approach to preventing homelessness and ending rough sleeping in Portsmouth. At this last stage of consultation, Portsmouth City Council wanted to gather feedback on the strategy document to shape the way they work with homeless people and those who are at risk of becoming homeless in the city for years to come.

3.0 Research

3.1 Objectives

- Assess levels of agreement with the five draft strategic aims
- Assess levels of agreement with the recommended areas of focus beneath each aim
- Understand disagreement with any of the aims or areas of focus
- Explore any elements considered missing from the draft strategy

3.2 Methodology and response rates

In order to meet the research objectives, a predominantly quantitative online survey was proposed. It was designed around the four key research objectives outlined in section 3.1. The survey was launched on 25 October 2023 and was open for four weeks in line with statutory requirements. It was promoted through targeted marketing and communications channels.

In total, the survey received 76 responses.

4.0 Summary of findings

A summary of the analysis undertaken on the data collected from the consultation survey is provided in the following section.

- 16% of respondents have either experienced or been threatened with homelessness, whilst 47% are responding on behalf of a partner organisation; 37% have never experienced homelessness.
- Overall, the vast majority of respondents agree with the five strategic aims (95%) and each of the suggested areas of focus laid out beneath each one (all over 90%). Aim 3 ('provide the right housing to relieve homelessness') is the only overall aim any respondents disagree with.
- Respondents highlight two issues not covered in the strategic aims: overcrowding for council tenants and issues relating to ways of working within the system.
- Just one respondent disagrees with the areas of focus for Aim 1 (prevent homelessness). This is due to the feeling that an intervention into the private rental sector to reduce rents and avoid unfair evictions is the only way to prevent homelessness. Other comments for Aim 1 suggest working with partner agencies, focusing on specific groups, reviewing accommodation provision, and looking at the need for more resources or staff to deliver this aim.
- No respondents disagree with the areas of focus for Aim 2 (end rough sleeping). Further comments include ensuring that accommodation is needs-specific, encouraging the council to be more proactive in this area, and reviewing accommodation provision.
- Just 2% of respondents disagree with the areas of focus for Aim 3 (provide the right housing to relieve homelessness), feeling that increasing the supply of good quality, affordable accommodation will negatively impact surrounding areas. Further comments on this aim also note that housing must be assessed and offered on a case-by-case basis and be needs-specific. Other comments also suggest that the council should be more involved in private sector renting.
- 6% of respondents disagree with the areas of focus for Aim 4 (provide the right support), largely due to concerns about the council's ability to effectively reduce the number of evictions whilst reviewing safeguarding policies, feeling that the two areas of focus may be contradictory. One respondent also suggests that the council should be working with landlords to achieve this aim. Other comments largely centre around ensuring there is a holistic approach to provide suitable housing, concerns about resources to provide specialist assessments, and ensuring frontline staff are sufficiently trained in the intersectional impacts of mental health and homelessness.
- No respondents disagree with the areas of focus for Aim 5 (strengthen collaborative working). Other comments suggest partnership relationships with the council should be integrated and collaborative, with open forums and dialogues to approach complex situations and enable joint learning.
- Further comments on the strategy express support for the document, suggestions to reassess what type of help is on offer for applicants, comments on the comprehensiveness of assessments and the thoughtful and purposeful provision of accommodation, as well as uncertainty about the council's ability to deliver on this strategy due to funding, capacity, and resources.

5.0 Analysis of results

This report presents the findings from the analysis undertaken on the 2023 Homelessness and Rough Sleeping Strategy consultation, divided into the following eight sections:

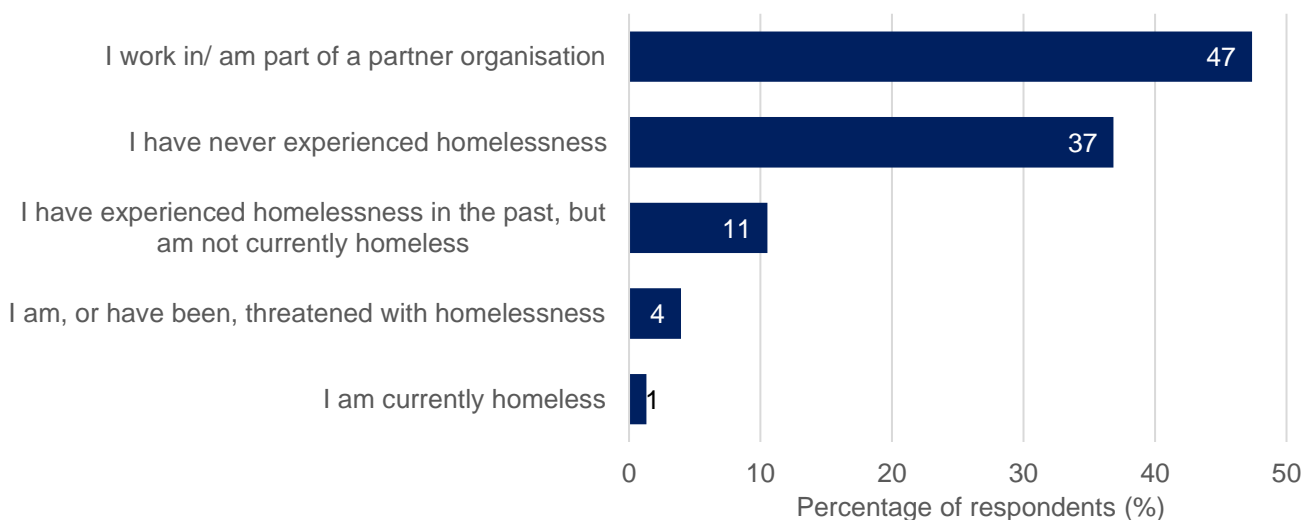
1. Respondent demographic profile
2. The strategic aims
3. Aim 1: Prevent homelessness
4. Aim 2: End rough sleeping
5. Aim 3: Provide the right housing to relieve homelessness
6. Aim 4: Provide the right support
7. Aim 5: Strengthen collaborative working
8. Further comments

5.1 Respondent demographic profile

The first section of analysis details the demographics of the respondents that took part in the consultation. Information was collected about the position from which respondents are responding to the survey, as well as their age, sex, ethnic group, disability, and disability type. Base sizes vary as questions in the demographic section included a 'prefer not to say' option.

Figure 1 shows that just under half of respondents work in or are part of a partner organisation (47%) and 37% have never experienced homelessness. The remaining 16% of respondents have some experience of homelessness, either having been homeless or having been threatened with homelessness.

Figure 1: Which best describes the position from which you are responding to this survey?

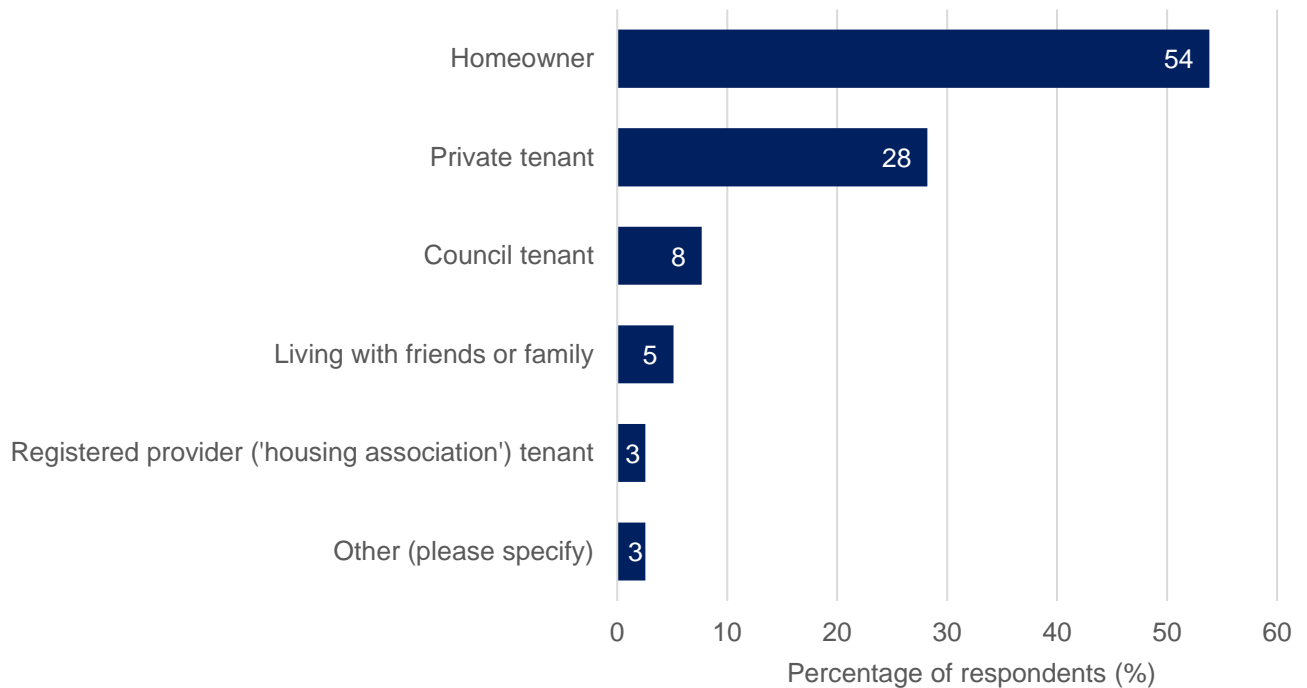


Base: Total sample (76)

Figure 2 on the following page shows the living situation of those respondents who are not currently homeless or part of a partner organisation. Over half are homeowners (54%), whilst 28% are private tenants, and 8% are council tenants.

Homelessness and Rough Sleeping Draft Strategy Consultation

Figure 2: Which of the following best describes your current housing situation?



Base: Those who are not currently homeless or are not responding on behalf of a partner organisation (39)

Table 1 shows the partner organisations responding to the consultation.

Table 1: What is the name of the partner organisation you are responding on behalf of?

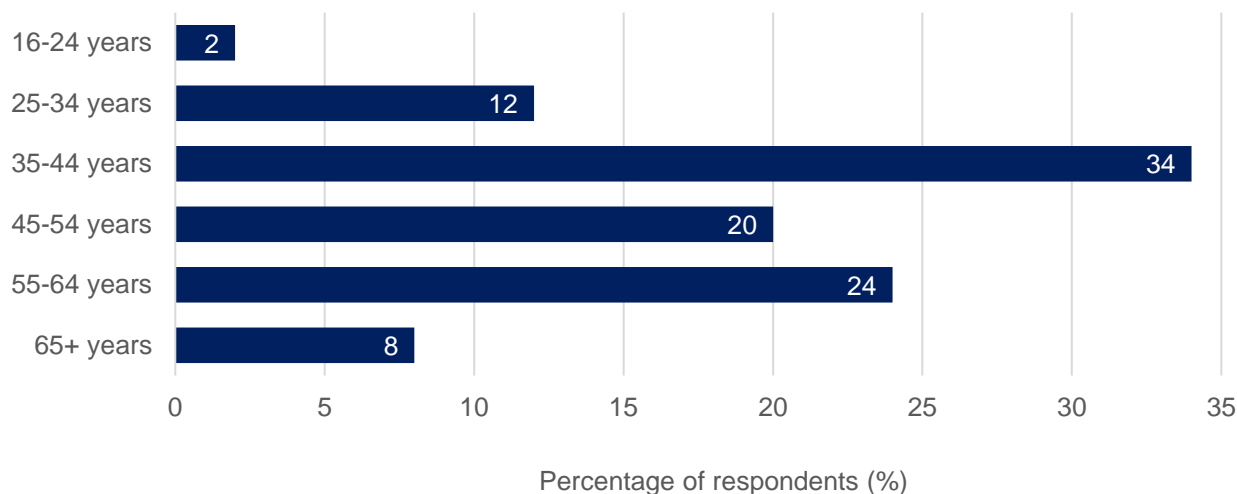
Name of partner organisation	Percentage of respondents (%)
Portsmouth City Council (including responses from HNAS, Public Health, area housing office, Community Safety)	41
Society of St James	15
Solent NHS	6
Two Saints	3
DWP	3
Intuitive Thinking Skills	3
ICB-Portsmouth	3
EC Roberts Centre	3
Adult MASH	3
Gosport Borough Council	3
The Moving on Project Portsmouth	3
Hyde Housing Association Limited	3
Portsmouth City of Sanctuary	3
Vivid Housing Association	3
Helping Hands	3
Portsmouth Safeguarding Adults Board	3

Base: Respondents who work in or are part of a partner organisation (34)

Homelessness and Rough Sleeping Draft Strategy Consultation

Figure 3 shows respondents by age. The majority of respondents are aged between 35 and 64 (78%), whilst 14% are aged under 35.

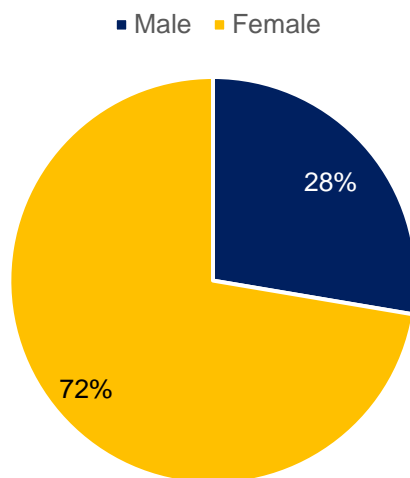
Figure 3: What is your age group?



Base: Total sample (50)

Figure 4 shows that the majority of respondents are female (72%), whilst 28% are male.

Figure 4: What is your sex?

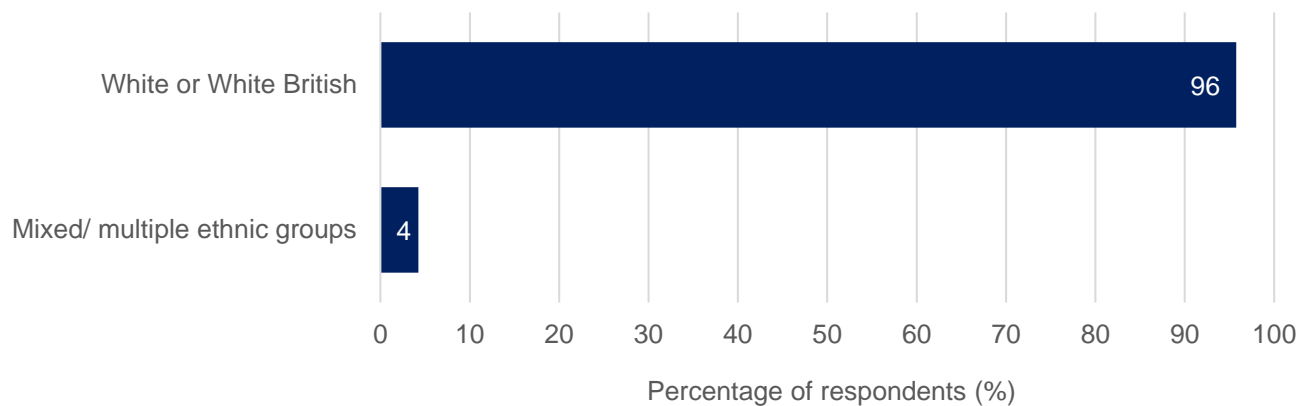


Base: Total sample (47)

Figure 5 on the following page shows respondents by their ethnic group. The vast majority of respondents are White or White British (96%), whilst just 4% come from mixed/ multiple ethnic groups.

Homelessness and Rough Sleeping Draft Strategy Consultation

Figure 5: Which of the following ethnic groups do you belong to?

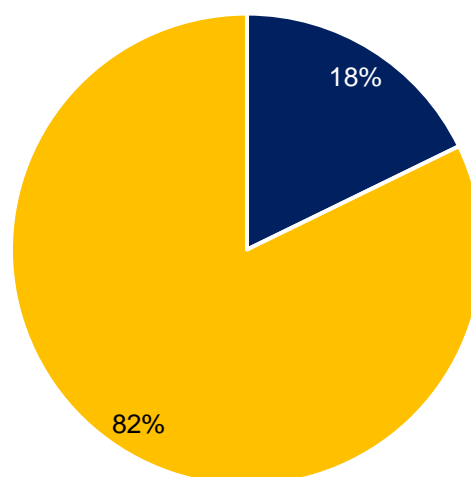


Base: Total sample (47)

Figure 6 shows that most respondents do not consider themselves to have a disability, illness or condition that reduces their ability to carry out day-to-day activities (82%), whilst 18% do.

Figure 6: Do you consider yourself to have a disability, or a long-term illness, physical or mental health condition that reduce your ability to carry out day-to-day activities?

■ Yes - I do have a disability ■ No - I do not have a disability

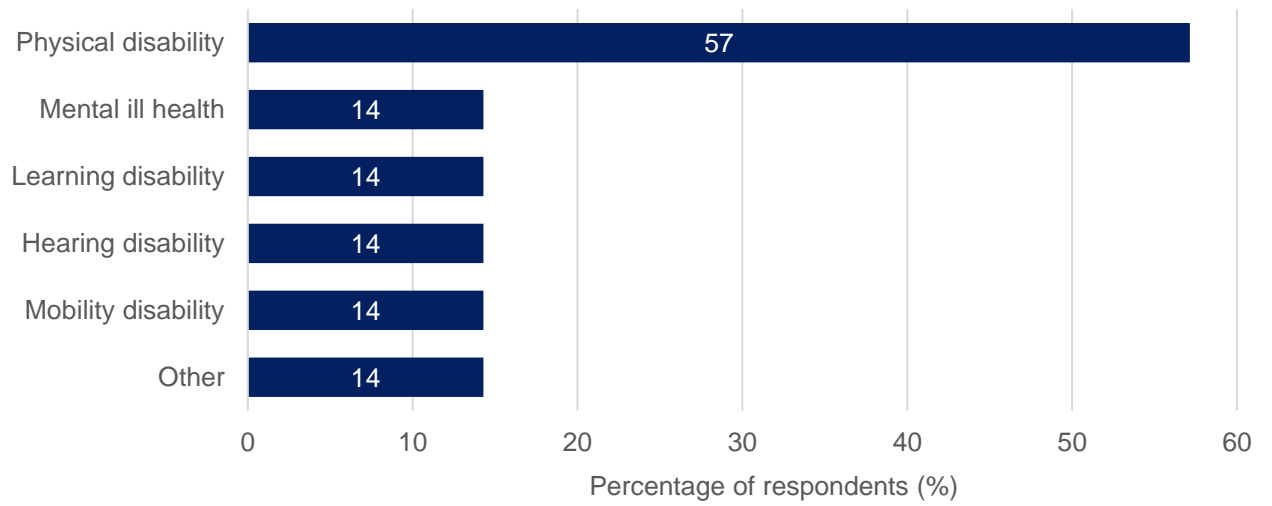


Base: Total sample (45)

The most commonly reported disability is a physical disability, reported by over half of respondents with a disability. Figure 7 on the following page shows the breakdown of disability types among respondents.

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Figure 7: What type of disability, long-term illness, physical or mental health condition do you have?



Base: Respondents with a disability (7*) *Caution small base

5.2 The five strategic aims

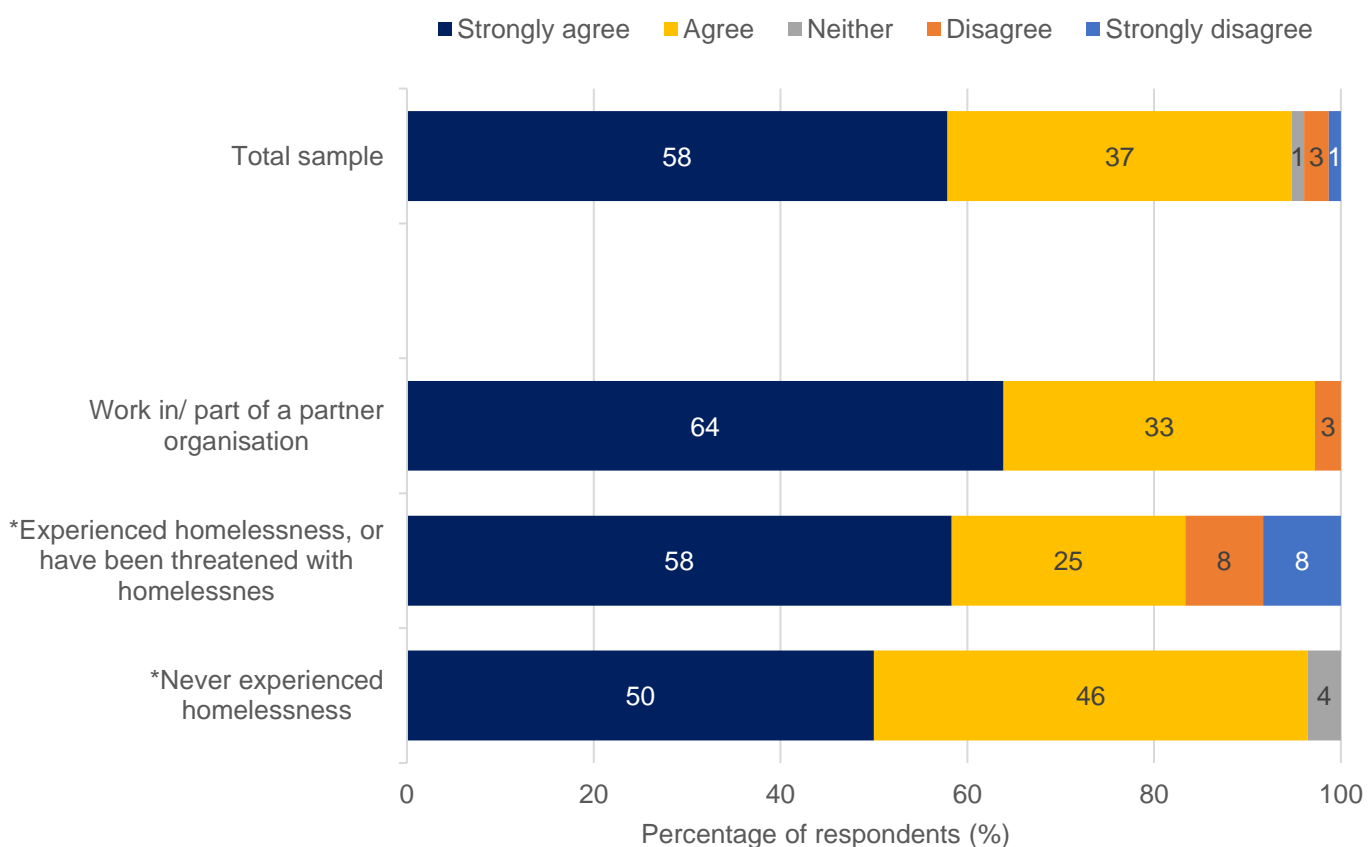
Five strategic aims have been proposed to form Portsmouth's Homelessness Strategy. These are listed below.

1. **Prevent homelessness:** Prevent incidences of homelessness wherever possible. Relieve more homelessness where prevention is not an option.
2. **End rough-sleeping:** Ensure rough sleeping is rare, brief, and not recurring.
3. **Provide the right housing to relieve homelessness:** Ensure people are provided with accommodation that meets their needs and lets them feel safe and secure.
4. **Provide the right support:** Whatever accommodation a person has, ensure they can access the right support at the right time to help them sustain it.
5. **Strengthen collaborative working:** Improve communication with people at risk of homelessness. Strengthen local partnerships to prevent homelessness more.

The following section of analysis details respondents' levels of agreement with the above strategic aims. Those who do not agree with any of the aims, or feel something is missing from the strategy, were asked to expand on this.

Figure 8 shows that the vast majority of respondents agree that the strategic aims are the right ones (95% agree or strongly agree), whilst just 4% disagree. Respondents working in a partner organisation most strongly agree with the strategic aims, followed by those who have ever experienced, or been threatened with, homelessness, although caution should be taken interpreting these results due to small bases.

Figure 8: To what extent do you agree or disagree that these five aims are the right ones?

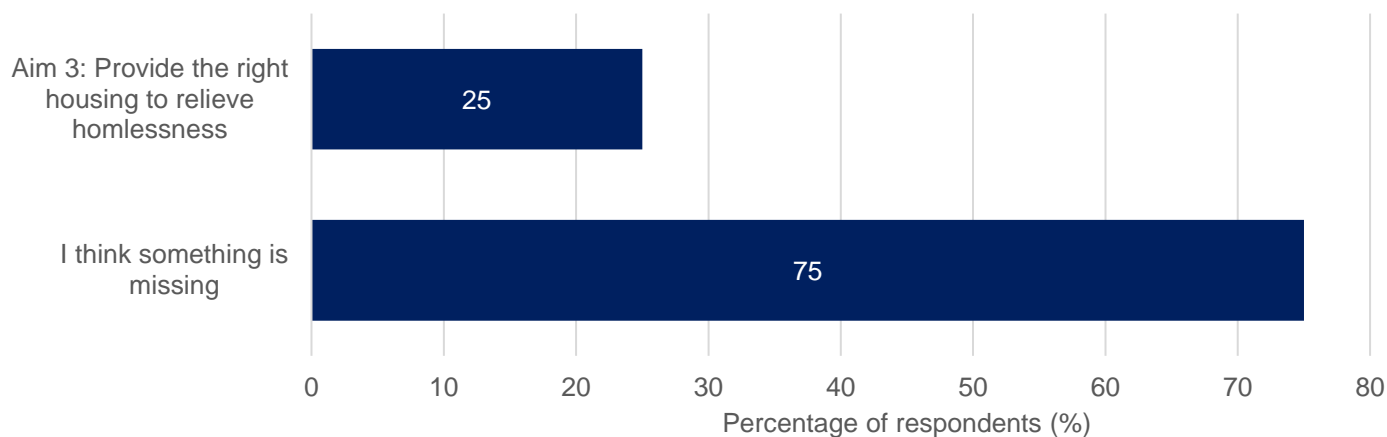


Base: from top to bottom - total sample (76) | (36), (12*), (28*) *Caution small base

Homelessness and Rough Sleeping Draft Strategy Consultation

Respondents who disagree were asked to indicate which of the five aims they disagree with, or if they feel anything is missing from the strategic aims. Figure 9 shows that, of those who disagree, 25% disagree with Aim 3 (Provide the right housing to relieve homelessness) and 75% feel something is missing. Caution should be taken interpreting these results due to a small base.

Figure 9: Which of the five aims do you disagree with?



Base: Respondents who disagree that the strategic aims are the right ones (4*) *Caution small base

Respondents were then asked to expand on why they disagree with any of the aims, or what they feel is missing. One respondent disagrees with Aim 3, as they do not feel confident that the council currently provides appropriate housing to relieve homelessness (Quote 1).

Quote 1: Why do you disagree with Aim 3: Provide the right housing to relieve homelessness?

"Because this don't [sic] happen."

- Respondent who is currently homeless

Quotes 2 and 3 show what respondents feel is missing from the strategic aims. One respondent feels that the strategic aims have not adequately covered issues relating to overcrowding for council tenants who are currently housed, meaning this investigation is not a priority. Another respondent, however, feels that issues relating to ways of working within the system have not been adequately addressed by the strategic aims, particularly in relation to the impact of the tender process on providing services and working collaboratively.

Quote 2 and 3: What do you feel is missing from the strategic aims?

"Address the over-crowding problems for existing PCC tenants. Particularly those that are very overcrowded and have been for a long time. They are often low-band priority which gives them little hope for a brighter future, and often children are adversely affected."

- Responding on behalf of a partner organisation

"Preventing the tender process from allowing services to bid to provide current service levels (or better) with less cost. Also, collaborative working is difficult when tender competitors use different systems for logging client support/interactions/actions and outcomes."

- Respondent who has experienced homelessness in the past, but is not currently homeless

Respondents were also asked, overall, if they had any further comments to make about the proposed strategic aims. Table 2 shows key themes identified in responses.

Table 2: Do you have any (other) comments to make about the proposed strategic aims?

Key themes	Percentage of respondents (%)
Strategy and aims need to be Portsmouth-specific	9
Uncertain about council's ability to fulfil the strategic aims/ they are too ambitious	9
Review current provision of accommodation	8
General agreement/ support for the aims	5
Support should be situation/ case specific	5
There should be more of a focus on prevention	4
Role of partnerships should be considered and utilised	4
Other	5
No relevant comment	66

Base: Total sample (76)

The highest proportion of respondents express that they feel the strategy and its aims needs to be Portsmouth specific, taking into account the level of **housing provision on an island city** and tackling **key areas where homelessness is notably present**, such as on Palmerston Road in Southsea (9%). The same proportion also express uncertainty about the council's ability to fulfil the strategic aims due to a **potential lack of resources or effective staff**, or feel that the aims could be too ambitious to achieve, making them feel **unrealistic**.

8% of respondents suggest reviewing the current provision of accommodation when considering the direction of these aims, to ensure that provided accommodation is **liveable, appropriate, and suitable for its purpose and the needs** of applicants. 5% of respondents express a general agreement with or support of the strategic aims. The same proportion feel that **support** laid out by the strategic aims should be situation specific and **person-centred, to meet the needs** of applicants and ensure that it is tailored on a **case-by-case basis**.

Other respondents feel that the strategic aims should place more emphasis on **prevention of homelessness**, rather than focusing on the implications. Respondents suggest that the role of partnerships should be considered and **well-communicated** in order to **maximise collaborative working and engagement** as part of the strategy, ensuring that applicants receive the correct and appropriate support.

5% of respondents left 'other' responses, including suggestions for a **long-term plan to increase social housing** and **more involvement to in outsourced services**.

Quotes 4 and 5 show quotes from respondents to support the findings shown in Table 2.

Quotes 4 and 5: Other comments from respondents on the proposed strategic aims.

"To end rough sleeping is ambitious particularly given the limited accommodation available within Portsmouth and the small number of hard to reach rough sleepers."

- Responding on behalf of a partner organisation

" I am keen to see that current provision will be explored/reviewed as there are gaps in provision e.g. similar to care home provision for those with high risk, substance misuse, capacity issues and personal care issues."

- Responding on behalf of a partner organisation

5.3 Aim 1: Prevent homelessness

Prevent incidences of homelessness wherever possible. Relieve more homelessness where prevention is not an option.

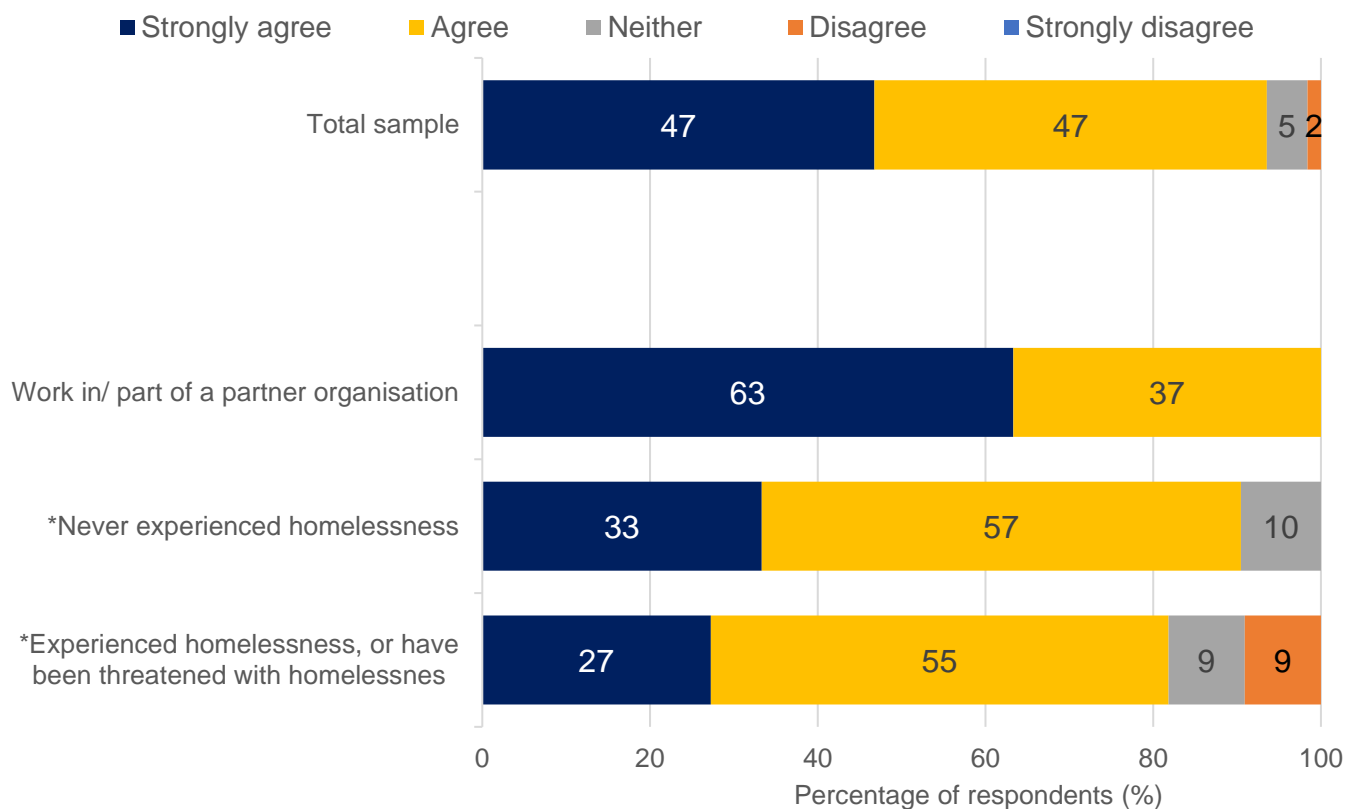
Each strategic aim is accompanied by certain areas of focus within the draft strategy document. For the first aim of preventing homelessness, the following areas of focus have been suggested:

- Increase the proportion of homeless applications made at 'prevention' stage.
- Increase rates of successful prevention for the most common causes of homelessness.
- Reduce the proportion of applications that are ended as a result of the council losing contact with the person who was homeless or threatened with homelessness.
- Form a multi-disciplinary prevention hub dedicated to homeless prevention.
- Reduce the caseloads of officers dealing with homelessness applications, allowing for more proactive casework.
- Ensure people receive meaningful assessments and tailored housing plans.
- Create specific workstreams for specific groups to reduce the likelihood and impact of a negative decision

The following section details levels of agreement with the areas of focus listed under the first strategic aim. Figure 10 on the following page shows that 93% of respondents agree that these are the right focus areas; just under half of respondents 'strongly agree' (47%) and the same proportion 'agree'. Just 2% of respondents disagree. Respondents representing a partner organisation all agree with these focus areas (100%), whilst disagreement is only expressed by those who have ever experienced, or been threatened with, homelessness (9%), although caution should be taken interpreting these results due to small bases.

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Figure 10: To what extent do you agree or disagree that these are the right areas to focus on to achieve Aim 1?



Base: from top to bottom - total sample (62) | (30), (21*), (11*) *Caution small base

Just one respondent disagrees with the areas of focus for Aim 1. Figure 11 shows the areas they disagree with, alongside feeling that something is missing.

Figure 11: Which areas of focus do you disagree with?

- Increase the proportion of homeless applications made at 'prevention' stage.
- Increase rates of successful prevention for the most common causes of homelessness.
- Reduce the proportion of applications that are ended as a result of the council losing contact with the person who was homeless or threatened with homelessness.
- Ensure people receive meaningful assessments and tailored housing plans.

Create specific workstreams for specific groups to reduce the likelihood and impact of a negative decision.

I think something is missing.

Base: Respondents who disagree with the areas of focus for Aim 3 (1*)

Respondents were asked to expand on why they disagree with the areas of focus, and what they feel is missing. Quote 6 shows this respondent's reasoning for disagreeing with these proposed areas of focus for Aim 1.

Quote 6: Why do you disagree with these proposed areas of focus for Aim 1?

"Only way to prevent homelessness is to force landlords to reduce rents and insist that courts do not evict people who suffer financial hardships and have offered repayment plans but do evict tenants who exhibit criminal behaviour and drug abuse in the property."

- Respondent who is, or has been, threatened with homelessness

This respondent feels that the suggested areas of focus are not the most important factor for preventing homelessness; they feel that homelessness can only be prevented through an acknowledgment and intervention into the role of private sector rental market, particularly through rent costs and avoidable evictions.

Quote 7 shows what they feel is missing.

Quote 7: What do you think is missing?

"Prioritize [sic] those who are employed over unemployed as they will need minimum support and will likely not become a financial drain on the council."

- Respondent who is, or has been, threatened with homelessness

This respondent feels that, to prevent homelessness, the council should direct their resources to applicants who are likely to require the least amount of support - those who are employed - in order to best utilise financial resources.

All respondents were asked whether they had any further comments about the areas of focus for Aim 1: Preventing homelessness. Table 3 on the following page shows the key themes from the further comments.

Table 3: Do you have any (other) comments to make about the proposed areas of focus for Aim 1?

Key themes	Percentage of respondents (%)
Need to work with partner agencies	5
Should focus on specific groups	5
Should review/ consider accommodation provision	5
Need more resources/ staff to deliver	5
Prioritise the voices of applicants/ those affected	3
Prevention and early intervention is key	3
Should be more explicit about what criteria and targets need to be met	3
Other	3
No relevant comment	68

Base: Total sample (62)

5% of respondents feel that to achieve Aim 1, the council needs to work with partner agencies in order to create a **multi-disciplinary approach** to the complex issue. The same proportion suggest focusing on specific groups to ensure intervention is targeted, such as for **families (with children)** or applicants from **within the Portsmouth area** first.

5% of respondents suggest reviewing or considering the current accommodation provision, such as **creating more social housing** stock generally, or ensuring accommodation is **safe** for applicants. The same proportion also feel that **more council resources** and staff are needed in order to achieve this aim.

Some respondents feel that the voices of applicants or those affected by homelessness are prioritised in these areas of focus to ensure support is most **effective and appropriate**, such as including a **trauma-informed approach** to assessments and support. Respondents also express general agreement that prevention and early intervention is key. Other respondents feel that the council should be more explicit about what the **criteria** is that they are working to, and what **targets** they are hoping to meet.

Quote 8 shows a quote from respondents to support the findings shown in Table 3.

Quote 8: Other comment from respondent on the first strategic aim.

"I certainly think forming a multi-disciplinary hub will help achieve areas of focus for aim 1. It's important that homelessness is approached from a variety of angles as it's often a variety of causes that can cause homelessness in the first place."

- Respondent who has never experienced homelessness

5.4 Aim 2: End rough sleeping

Ensure rough sleeping is rare, brief, and not recurring.

For the second aim of ending rough sleeping, the following areas of focus have been suggested:

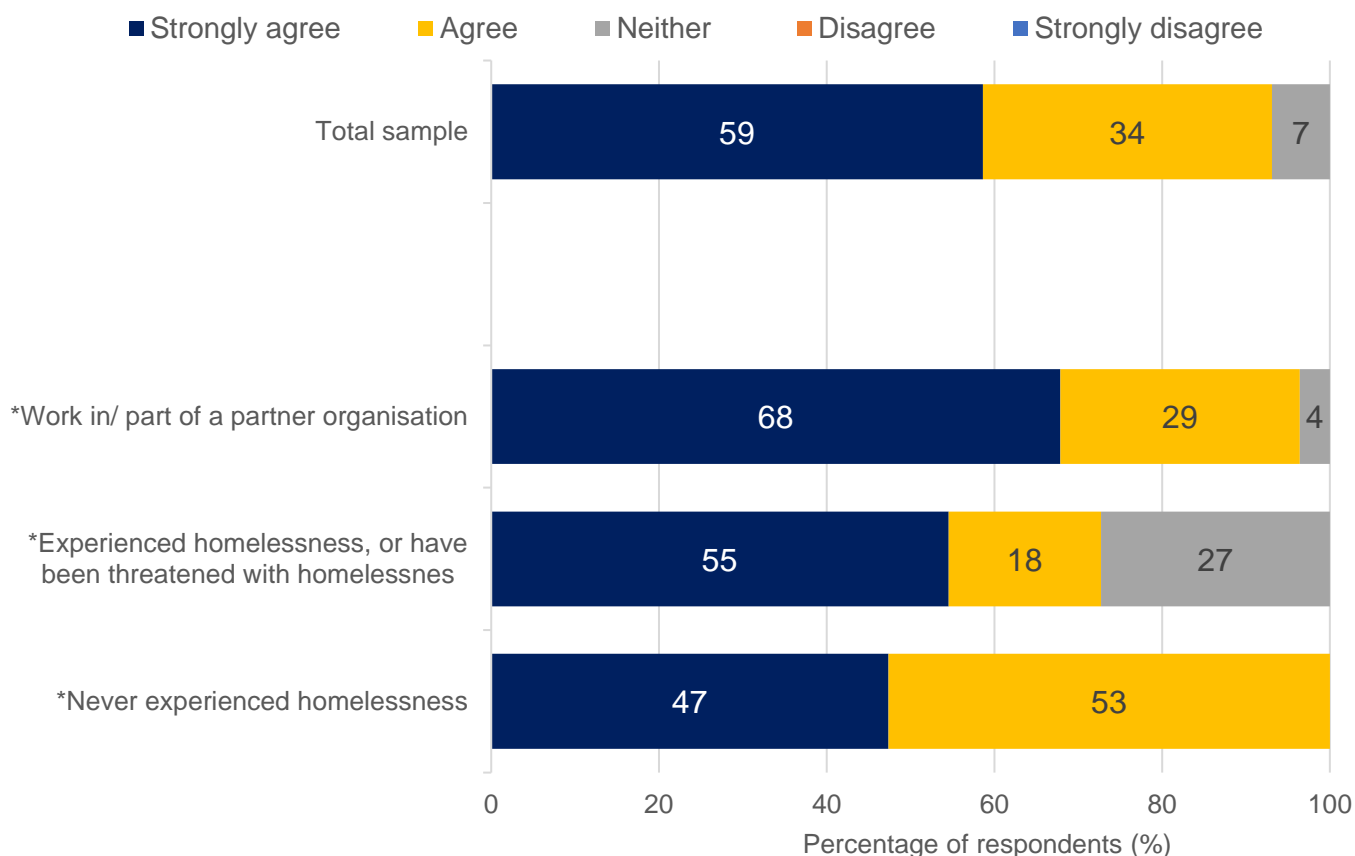
- Ensure anyone who sleeps rough has an offer of accommodation available to them.
- Commit to adopting a collaborative and flexible approach to supporting people with complex needs.
- Reduce the number of new people sleeping rough.

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- Reduce the typical number of people sleeping rough at any one time.
- Review the suitability of the current pathway: the accommodation settings and the support offered.
- Explore accommodation options for individuals without accommodation and without recourse to public funds.
- Explore options for sustaining currently grant funded services.

The following section details levels of agreement with the areas of focus listed under the second strategic aim. Figure 12 shows that the vast majority of respondents agree that these are the right areas to focus on (93%), and that no respondents disagree with these areas of focus. Agreement is highest amongst those representing a partner organisation, and those who have experienced, or been threatened with, homelessness (at least 50% 'strongly agree').

Figure 12: To what extent do you agree or disagree that these are the right areas to focus on to achieve Aim 2?



Base: from top to bottom - total sample (58) | (28*), (11*), (19*) *Caution small base

All respondents were asked for any further comments about the areas of focus for Aim 2: End rough sleeping. Table 4 on the following page shows key themes from the further comments.

Table 4: Do you have any (other) comments to make about the proposed areas of focus for Aim 2?

Key themes	Percentage of respondents (%)
Ensure accommodation provision is needs-specific	9
Need to be more proactive	7
Review accommodation provision	7
Efficiently work with partner organisations	5
General agreement with areas of focus	5
Listen to voices of applicants/ those affected	3
Unsure if there is housing resource to achieve this	3
Other	7
<i>No relevant comment</i>	62

Base: Total sample (58)

The highest proportion of respondents left comments relating to ensuring that accommodation provided to applicants is needs-specific (9%), such as specifying 'an offer of **suitable** accommodation' available to anyone sleeping rough to ensure applicants **do not return to sleeping rough** where accommodation does not meet their needs. 7% of respondents would like the council to be more proactive about this aim, such as **patrolling at all hours** and **approaching rough sleepers** to direct them to services. The same proportion suggest reviewing accommodation provision to see **what works and does not work**, and to look to provide **more hostels and social housing** to achieve this aim.

5% of respondents suggest efficiently working with partner organisations to ensure the council is **working collaboratively** with the appropriate organisations to achieve shared aims. The same proportion express general agreement with the aim and focus areas. Smaller proportions suggest listening to the voices of those affected to **feed into strategic development** and ensure applicants have some **say** in choosing where they are directed to.

'Other' comments include queries into **how the council will achieve this**, including a suggestion that housing officers will need to **change their approach** to this issue, and uncertainty about achieving this aim due to **resistance** from those applicants who do not want to change how they live.

Quotes 9 and 10 show quotes from respondents to support the findings shown in Table 4.

Quotes 9 and 10. Other comments from respondents on the second strategic aim.

"Ensure anyone who sleeps rough has an offer of accommodation available to them. - This should be "an offer of suitable accommodation" as some of the more complex people are not being offered anywhere suitable, because there is not sufficient range of options in the City."

- Responding on behalf of a partner organisation

"I hope there is a plan in place to pro-actively approach people sleeping rough to tell them of the services available to them, rather than expecting them to come into the council offices and ask for support."

- Respondent who has never experienced homelessness

5.5 Aim 3: Provide the right housing to relieve homelessness

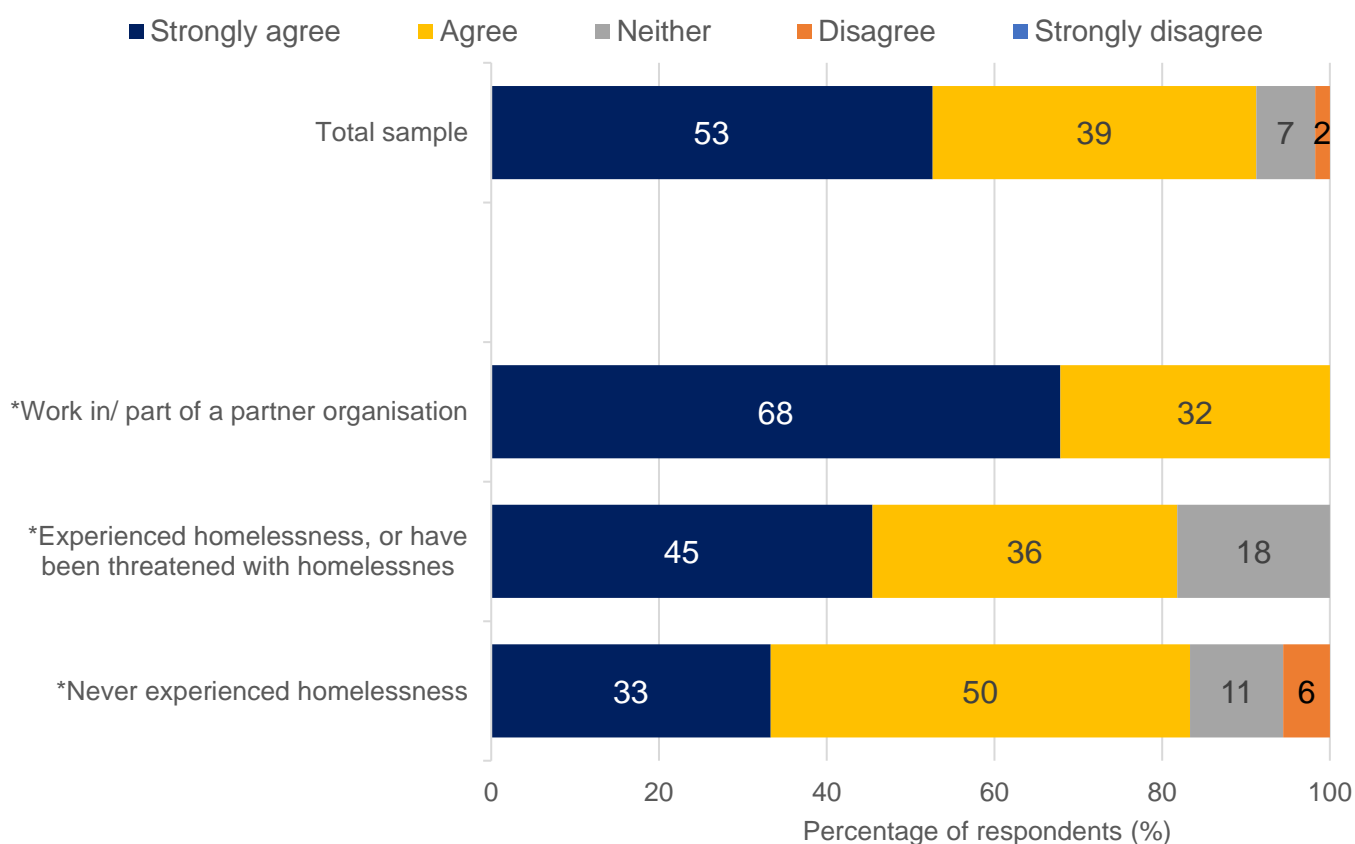
Ensure people are provided with accommodation that meets their needs and lets them feel safe and secure.

For the third aim of providing the right housing to relieve homelessness, the following areas of focus have been suggested:

- Increase the supply of good quality, affordable accommodation.
- Ensure temporary accommodation has suitable cooking and washing facilities.
- Undertake a review of the allocations policy for social housing, including its relationship with homelessness.
- Increase the number of households successfully assisted into privately rented accommodation.
- Undertake a citywide review of supported housing to ensure accommodation is suitable and is the right setting.
- Consider what possible gaps exist in supported housing provision and commissioning options to fill those gaps.

The following section details levels of agreement with the areas of focus listed under the third strategic aim. Figure 14 shows that most respondents agree these are the right areas (92% 'agree' or 'strongly agree'), whilst just 2% 'disagree'. Those working in a partner organisation are most likely to 'strongly agree' (68%), whilst disagreement comes from those who have never experienced homelessness (6%).

Figure 14: To what extent do you agree or disagree that these are the right areas to focus on to achieve Aim 3?



Base: from top to bottom - total sample (57) | (28*), (11*), (18*) *Caution small base

Just one respondent disagrees with one area of focus for Aim 3, shown below in Figure 15.

Figure 15: Which areas of focus do you disagree with?

Increase the supply of good quality, affordable accommodation.

Base: Respondents who disagree with the areas of focus for Aim 3 (1*)

Quote 11 shows their reasoning for disagreeing with this focus area.

Quote 11: Why do you disagree with these proposed areas of focus for Aim 3?

"They will be put into respectable neighborhoods [sic] which bring the area down."

- Respondent who has never experienced homelessness

This respondent expresses concern over the placement of the increased accommodation provision for applicants, feeling that it will negatively impact the surrounding area.

All respondents were asked for any further comments about the areas of focus for Aim 3: Provide the right housing to relieve homelessness. Table 5 shows key themes from these comments.

Table 5: Do you have any (other) comments to make about the proposed areas of focus for Aim 3?

Key themes	Percentage of respondents (%)
Housing will need to be assessed and offered on a case-by-case basis/ must be needs-specific	9
Review current provision of accommodation on offer	9
Be more involved in private sector renting	5
Concern over resource limitations in Portsmouth	4
General agreement with the areas of focus	4
Housing provision needs to be combined with targeted and effective support	4
There should be a bigger focus on safety	4
<i>No relevant comment</i>	<i>67</i>

Base: Total sample (57)

Just under a tenth of respondents feel that housing will need to be assessed and offered on a case-by-case basis, ensuring it is needs-specific to the applicant (9%), taking into consideration where **additional support** may be needed (e.g. for women) or how certain accommodation may not be suitable due to **personal circumstances**. The same proportion suggest a review of the current provision of accommodation on offer to find any **gaps in provision** and figure out **what is currently working** and what isn't, in order to provide the *right* housing.

Respondents would also like to see the council become more involved in private sector renting, **working with landlords** to provide suitable accommodation and intervening to **reduce overall rent** costs. 4% of respondents express a concern over **housing resource limitations** in Portsmouth or express general agreement with the areas of focus. The same proportion feel that housing provision will only be effective

when combined with **targeted and effective support** for applicants or feel that there should be a bigger focus on safety in the third aim to provide **secure and suitable** accommodation.

Quotes 12 and 13 show quotes from respondents to support the findings shown in Table 5.

Quotes 12 and 13: Other comments from respondents on the third strategic aim

"Consider what possible gaps exist in supported housing provision and commissioning options to fill those gaps - The gap is working to accommodate and support the more vulnerable people who need emergency and medium term accommodation."

- Responding on behalf of a partner organisation

"I think safety is the key word here. The strategy must take into account making sure vulnerable [sic] people are not placed in housing or situations where their personal circumstances. For example, recovering drug addicts placed in close proximity to other drug users." [sic]

- Respondent who has never experienced homelessness

5.6 Aim 4: Provide the right support

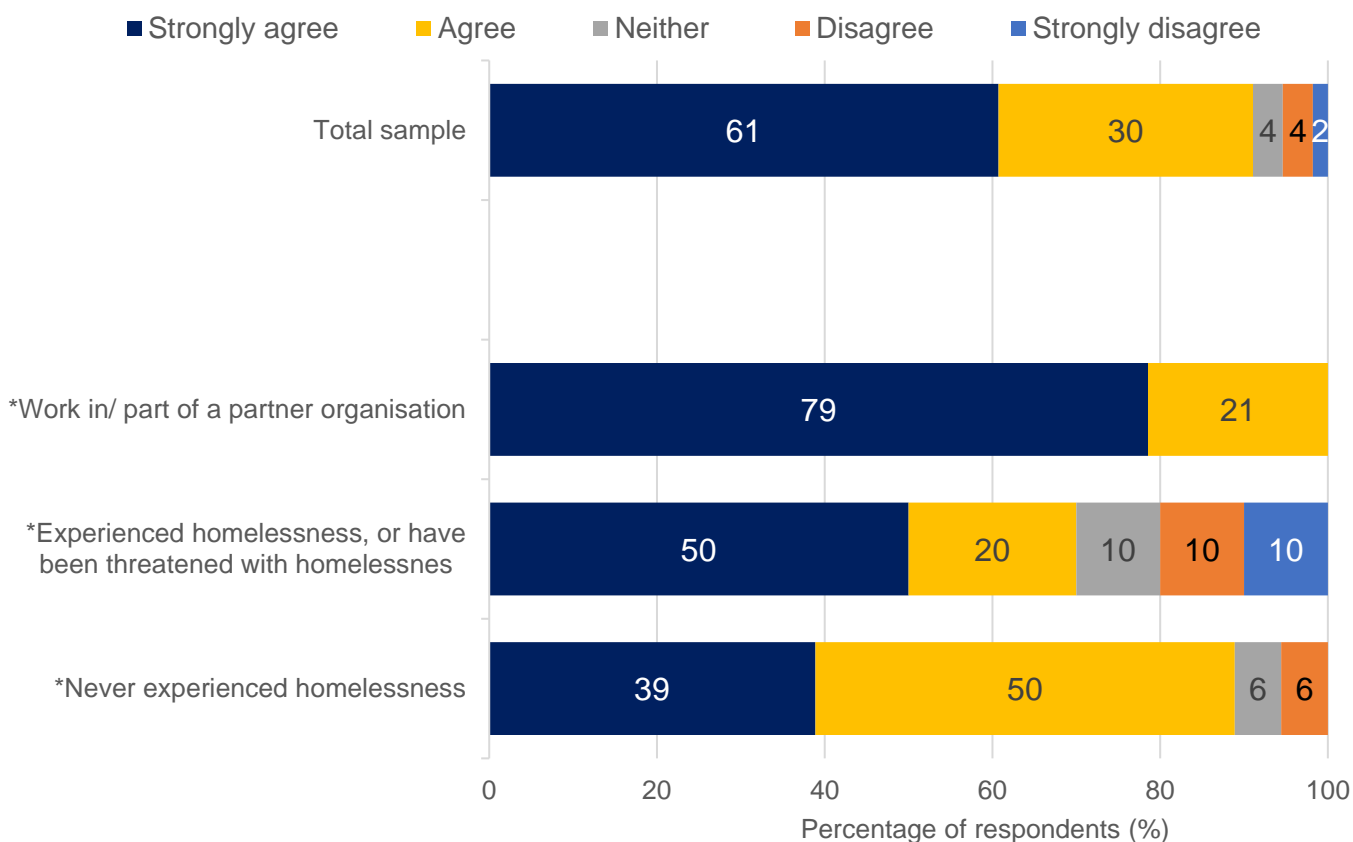
Whatever accommodation a person has, ensure they can access the right support at the right time to help them sustain it.

For the fourth aim of providing the right support, the following areas of focus have been suggested:

- Reduce the number of evictions from supported housing.
- Increase the proportion of households that successfully move on from supported accommodation into an independently managed tenancy.
- Undertake a citywide review of supported housing to consider the type of support provided and whether it should be attached to an offer of accommodation.
- Build upon the mental health awareness of officers dealing with homelessness applications in recognition of the clear link between homelessness and mental health.
- Review processes and policies relating to safeguarding and risk-management.

The following section details levels of agreement with the areas of focus listed under the fourth strategic aim. Figure 16 shows that 91% of respondents agree that these focus areas are the right ones, whilst 6% disagree. Those working in a partner organisation express the highest level of agreement with the focus areas (100% 'agree' or 'strongly agree'), whilst those who have experienced, or have been threatened with, homelessness express the highest level of disagreement (20%), although caution should be taken interpreting these results due to small base numbers.

Figure 16: To what extent do you agree or disagree that these are the right areas to focus on to achieve Aim 4?



Base: from top to bottom - total sample (56) | (28*), (10*), (18*) *Caution small base

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Respondents who disagree were asked to indicate which of the areas of focus they disagree with, or if they feel anything is missing from Aim 4. Figure 17 shows that two thirds of respondents disagree with reducing the number of evictions from support housing, whilst a third each disagree with reviewing processes and policies relating to safeguarding and risk-management or feel that something is missing.

Figure 17: Which areas of focus do you disagree with?



Base: Respondents who disagree with the areas of focus for Aim 4 (3*) *Caution small base

Respondents were then asked to expand on why they disagree with the areas of focus, or what they feel is missing. Quotes 14 and 15 show reasons why respondent disagree with these areas of focus.

Quotes 14 and 15: Why do you disagree with these proposed areas of focus for Aim 4?

"How would you reduce the number of evictions for drug takers who won't follow any rules."

- Respondent who has never experienced homelessness

"It would be really difficult to reduce evictions whilst reviewing processes and policies relating to safeguarding and risk-management. People are more often than not evicted because they are a danger to the service, themselves or others. Reducing evictions would mean increasing the risk of harm to the service, clients, staff and community members."

- Respondent who has experienced homelessness in the past, but is not currently homeless

Both respondents express concern over the ability to effectively reduce the number of evictions, particularly in conjunction with also reviewing processes around safe guarding, they feel that this will be contradictory given that people who are evicted are generally posing a threat to safety.

Quote 16 on the following page shows what respondents feel is missing from these areas of focus.

Quote 16: What do you think is missing?

"Work with landlords to evict problematic tenants who clearly need a more structured environment and move in higher quality tenants who are productive to society."

- Respondent who is, or has been, threatened with homelessness

Specifically relating to reducing evictions from support housing, this respondent feels that this aim is missing a focus on working with landlords where there are issues with tenants, to provide the right kind of support for these tenants and open up spaces for other applicants in need of accommodation.

All respondents were asked for any further comments about the areas of focus for Aim 4: Provide the right support. Table 6 shows key themes from these responses.

Table 6: Do you have any (other) comments to make about the proposed areas of focus for Aim 4?

Key themes	Percentage of respondents (%)
Need a holistic approach to assessment and provision for suitable and relevant housing	13
Currently under-resourced for specialist assessments	7
General agreement with areas of focus	7
Need more efficient working with partnerships	5
Review approaches to accommodation provision	5
Ensure frontline staff are trained in mental health and homelessness impacts	5
Have more proactive language	4
Other	7
No relevant comment	54

Base: Total sample (56)

The highest proportion of respondents suggest a holistic approach to the assessment and provision of housing to ensure it is **suitable and relevant** for applicants (13%), ensuring that services work together to consider **mental and physical health** to support applicants alongside providing housing. 7% of respondents feel that the council are currently under-resourced for specialist assessments, possibly making it **difficult to provide the right support** without understanding what is required. The same proportion express general agreement with the areas of focus.

5% of respondents feel that there needs to be more **efficient collaborative working** between the council and partnerships to **bridge the gap in mental health assessments** and **make navigating services as easy as possible** for applicants. The same proportion suggest a review of approaches to accommodation provision, ensuring there is enough housing resource and that applicants are placed and **retained** in **secure and appropriate** accommodation, such as supported housing. 5% also suggest ensuring that frontline staff receive training in the impacts of both mental health issues and homelessness to provide an **effective first point of contact** for applicants who may be experiencing both. Other respondents would like to see more proactive language, changing 'provide the right support' to 'provide the right **interventions**' and including **actions beyond 'reviews'**.

Quotes 17 and 18 on the following page show quotes from respondents to support the findings shown in Table 6.

Quotes 17 and 18: Other comments from respondents on the fourth strategic aim

"The evictions are as a result of being placed in unsuitable accommodation. Mental and physical health never considered. Breakdowns as a result of this, evicted and duty of care ended. Housing officers need training in assessing, listening and compassion."

- Responding on behalf of a partner organisation

"More Partnership working with Mental Health Services, some are good but there are gaps and understanding around a customer needing support, as at times the focus is purely on accommodation, which is a huge factor in someones [sic] wellbeing, however they also need a joint approach from mental health services to deal with the long term Mental Health conditions whatever they may be and work alongside us handling managing the customer through the homeless application journey."

- Respondent who has never experienced homelessness

5.7 Aim 5: Strengthen collaborative working

Improve communication with people at risk of homelessness. Strengthen local partnerships to prevent homelessness more often.

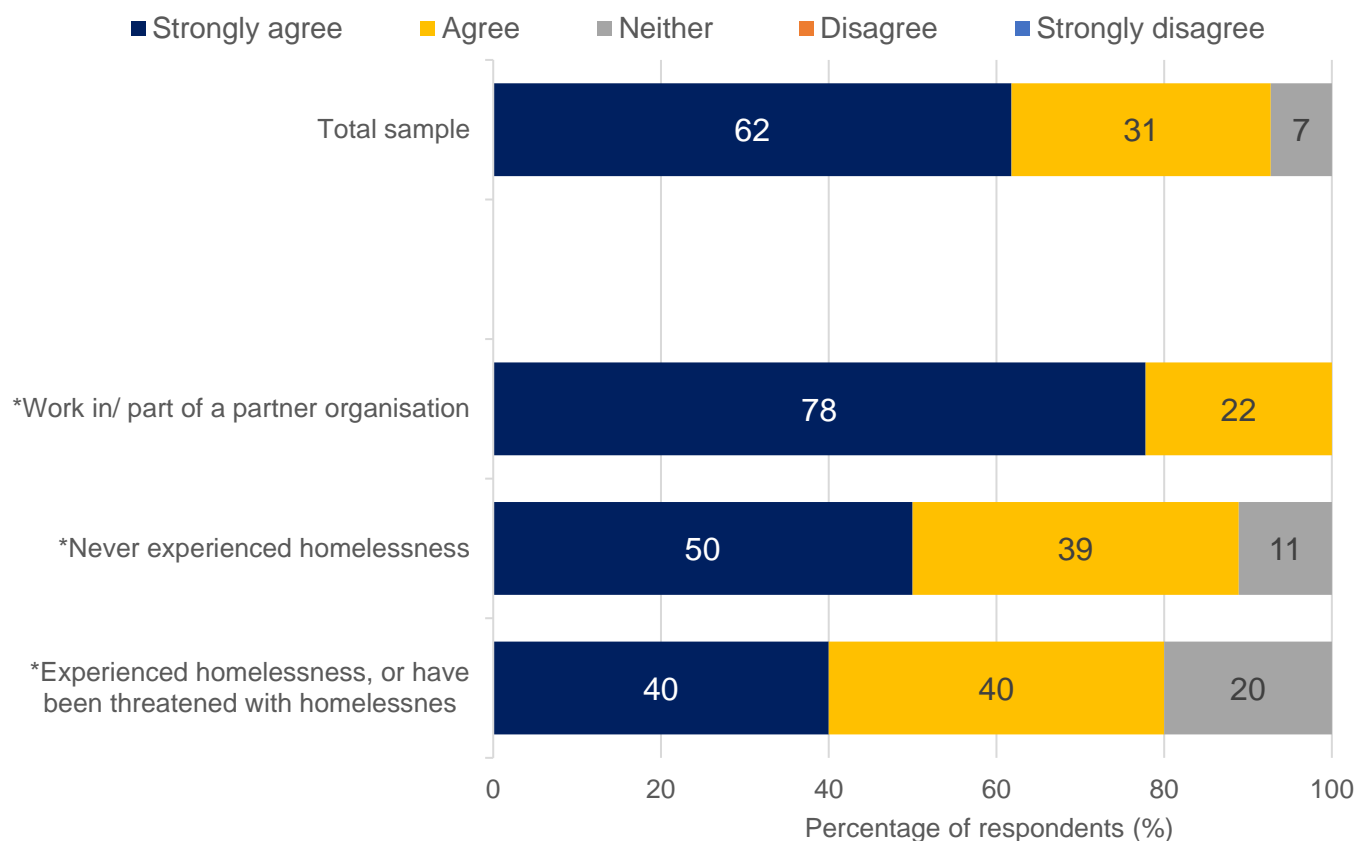
For the fifth aim of strengthening collaborative working, the following areas of focus have been suggested:

- Continue working to ensure homelessness and its underlying causes are a system-wide responsibility for all partners.
- Widen the focus of partnerships that have focussed on rough sleeping to include a strong focus on other types of homelessness, and specifically prevention.
- Understand the relationship between homelessness and various asylum schemes.
- Give people good advice about their rights and options.
- Ensure advice is given in a format that can be referred to at a later date.

The following section details levels of agreement with the areas of focus listed under the fifth strategic aim. Figure 18 on the following page shows that the majority of respondents agree that these are the right focus areas (93%); no respondents disagree with these focus areas. Agreement is highest amongst those working in a partner organisation, and those who have never experienced homelessness (at least 50% 'strongly agree').

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Figure 18: To what extent do you agree or disagree that these are the right areas to focus on to achieve Aim 5?



Base: from top to bottom - total sample (55) | (27*), (18*), (10*) *Caution small base

All respondents were asked for any further comments about the areas of focus for Aim 5: Strengthen collaborative working. Table 7 shows key themes from these comments.

Table 7: Do you have any (other) comments to make about the proposed areas of focus for Aim 5?

Key themes	Percentage of respondents (%)
There should be integrated and collaborative working with partnerships	9
There should open forums/ open dialogues	7
Recognition that situations can be complex/ require more involved support	5
Need more training and education	4
Would like to see more work done in this area	4
Ensure funding is well-utilised	4
Improve communication with the general public	2
Other	7
No relevant comment	64

Base: Total sample (55)

Just under a tenth of respondents feel the council's work with partnerships should be integrated and collaborative to tackle the complex issues associated with homelessness and provide a **strengthened**,

united, and accessible service to applicants (9%). 7% feel that there should be open forums and dialogues between partnerships and the council to **shape the strategy going forward** and encourage the council to **learn from organisations**, as well as vice versa. Other respondents express a recognition that homelessness is a complex situation that sometimes requires more involved support to **build trust, work effectively**, and ensure all applicants can **engage with the service** (such as considering language barriers).

4% of respondents feel that more training and education is needed within partnerships to **improve knowledge and capabilities** in pursuit of joint aims. The same proportion feel that the council has **not yet demonstrated effective collaborative working** with partnerships. 4% suggest ensuring that funding is well-utilised in this collaboration, such as being **directed towards preventing homelessness** or being assessed at a wider level to consider how it can be **spread wider across services**. Other respondents feel that communication should be improved with the general public too, to **tackle misunderstandings** about homelessness and asylum seekers.

'Other' responses include a recognition of the limitations on collaborative working, particularly data sharing, imposed by services being run by different tender competitors.

Quotes 19 and 20 show quotes from respondents to support the findings shown in Table 7.

Quotes 19 and 20: Other comments from respondents on the fifth strategic aim

"Portsmouth would benefit from a commissioning board to ensure money is spread wider ensuring the funding is utilised. Co-located services would be of benefit to help clients who are not able to navigate multiple professionals they may be working with or unaware of."

- Responding on behalf of a partner organisation

"Recommend to add a point in at one start to include capturing key data and intel in relation to what contributes to homelessness. This intelligence should inform the collaborative work."

- Respondent who has experienced homelessness in the past, but is not currently homeless

5.8 Further comments

At the end of this consultation, respondents were asked if they had any other comments on Portsmouth's Homelessness and Rough Sleeping strategy overall. Common themes expressed by respondents from the open-ended comments are shown in Table 8 on the following page.

Table 8: Further comments on Portsmouth's Homelessness and Rough Sleeping strategy document

Key themes	Percentage of respondents (%)
General agreement with/ support for the strategy	7
Should reassess the type of help offered/ who receives help	7
Assessments are not comprehensive enough	5
Be thoughtful and purposeful with accommodation provision	5
Uncertain about the council's capacity, resources, and funding	5
There should be greater recognition of intersectional issues	4
Focus on safety/ safeguarding	4
Prevention should be the main focus of the strategy	2
Other	5
<i>No relevant comment</i>	55

Base: Total sample (55)

The highest proportion of respondents express a general agreement with or support for the strategy document, feeling it is **necessary** and **well-informed** (7%). The same proportion feel the council should reassess the type of help that is on offer or who is entitled to receive help, particularly considering **applicants who either work or are not entitled to universal credit** but may still need additional housing support.

5% of respondents feel that the current assessments are not comprehensive enough, largely due to a **lack of resources and training** in this area, meaning individuals are **not adequately provided with the most relevant accommodation**. Relatedly, the same proportion feel the council should be more thoughtful and purposeful with their accommodation provision, ensuring that applicants are placed in **suitable and appropriate** housing, for both the benefit of the individual and of others in the same or surrounding accommodations. 5% express uncertainty about the council's **capacity, resources and funding to deliver** on this strategy, although they agree with the aims and areas of focus.

4% of respondents feel that there should be a greater recognition of intersectional issues which impact the experience of homelessness, such as applicants who are **LGBT, (male) victims of domestic abuse, and immigrants with a NRPF status (particularly women)**. The same proportion feel there should be a bigger focus on **safety and safeguarding** in the strategy. Other respondents feel that **prevention of homelessness** should be the main focus of the strategy (2%).

'Other' comments include requests to **embed feedback from this consultation** into the strategic aims and to **keep businesses and residents informed** on the strategy.

Quotes 21 - 24 show quotes from respondents to support the findings shown in Table 8.

Quotes 21 - 24: Further comments from respondents

"The intelligence lead, inclusive approach is an important golden thread."

- Respondent who has experienced homelessness in the past, but is not currently homeless

"I think it is unfair that the discretionary housing payment is only available to people on UC housing or housing benefit, this means those facing homelessness from living with parents, or sofa-surfing, cannot access the fund, which is a vital support line."

- *Responding on behalf of a partner organisation*

"Utilise the empty shops and offices for supported housing, new council housing, rough sleepers [sic] provision and temporary housing. There is enough space which would mean no rough sleeping would be occurring [...] Work should be done to stop landlords evicting tenants with no reason and stop passing court costs to the tenant."

- *Respondent who has experienced homelessness in the past, but is not currently homeless*

"Whatever we can do to stop people becoming homeless in the first place should be our focus, as well as increasing the number of safe spaces for those that have become homeless thus minimising any periods rough sleeping."

- *Responding on behalf of a partner organisation*

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Agenda Item 8



THIS ITEM IS FOR INFORMATION ONLY

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

Title of meeting:	Health and Wellbeing Board
Subject:	Portsmouth Family Hubs and Start for Life Programme
Date of meeting:	6 March 2024
Report by:	Head of Integrated Early Help and Prevention
Report Author:	Amanda Hales-Owen
Cabinet Member:	Councillor Suzy Horton, Children, Families & Education
Wards affected:	All

1. Purpose of the report

- 1.1 This paper is to provide information on how Portsmouth City Council is developing its family hub model, being in receipt of the Family Hub grant from the Department for Education. To share information around the services we are delivering in line with the national minimum expectations for Family Hubs, and to understand how the family hubs will meet the needs of children and families at a local level and the outcomes we plan to achieve.

2. Information Requested

Background

- 2.1 Portsmouth City Council had 16 children's centres up until 2017. At this point Early Help services were developed in the city and the remaining 6 children's centres transformed into family hubs. The family hubs offered activity sessions, which were commissioned from Homestart, along with midwifery and health visitor appointments. This formed a base for the Targeted Tier 3 Early Help teams.

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

2.2 Family hubs are a place-based way of joining up locally in the planning and delivery of family services. They champion integration to improve the accessibility of support and enhance the connections between families, professionals, services, and providers with relationships core to the offer. Family hubs, Start for Life services offer support to families from conception until children are aged 2 years. Family Hub services offer support to families with children up to 19 years of age and to families with special educational needs and disabilities (SEND), support is available for children up to the age of 25. These are absolute priority areas for us in Portsmouth. From existing high levels of deprivation, we have seen the impact of the cost of living crisis in terms of poverty in the City. We have also seen a significant increase in requests for Early Help & Care Plans (especially within early years) and we continue to see that we need that we need to enable improved education outcomes for our children. It also directly interplays with the priority area of the Hampshire & Isle of Wight ICS on the first 1001 days of a child's life. This is also now within the Children's Trust Plan and the Family Hubs will be a core offer within this.

Developments

2.3 The Government's 2019 manifesto included a commitment to champion family hubs. 75 local authorities were pre-selected using the average rank from the Income Deprivation Affecting Children Indices (IDACI). There was an additional condition that a minimum of 25% of local authorities from each rural urban classification were also pre-selected. Portsmouth City Council were invited to apply for the grant as we ranked 59th in the IDACI table.

2.4 The grant conditions determined that the funds could be spent on services that would develop a Family Hub and Start for Life offer around:

- Perinatal Mental Health and Parent Infant Relationships
- Parenting Support
- Infant Feeding
- Speech and Language and Home Learning Environments
- A published Start for Life Offer

2.5 We were also asked to think about how services delivered from the family hub could be:

- More accessible
- Better connected
- More relationship centred

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2.6 The Family Hub Grant has enabled us to enhance the offer in the family hubs for families so that they can access a wider range of support services in their community. We have a Section 75 Agreement in place in Portsmouth between the council and community NHS provider for the delivery of an integrated Early Help and Prevention Service since 2017. This includes public health nursing, tier 3 family support, and the management of the Family Hubs. As a result of this the Programme Management Group is jointly chaired by the DCS and the NHS Community Trust Director and this oversees the delivery and continuous improvement of the service.

2.7 We used the Public Health Needs Assessment when designing the offer and noted areas of strength to build on:

- Portsmouth's infant mortality rate (2.4 per 1000) has consistently been below the England average (3.9 per 1000)
- MMR immunisation (92.7%) is higher than the England average (89.2%) and has historically shown an improving trend.
- Baby's first feed breastmilk rates (74.5%) are higher than national average (67.4%)

2.8 We also noted key areas to focus on to support and improve outcomes:

- The percentage of children achieving a good level of development at the end of Year R (69.4%) was below the national average (71.8%)
- The number of children in absolute low income families (17.3%) was above the regional (11.6%) and national (15.1%) averages
- The percentage of low birthweight babies had increased (3.5%) compared to the national average (2.9%)
- The proportion of children who were obese at Reception Year rose (11%) and was above the national average (9.9%)
- The number of A&E attendances for children aged 0-4 years had risen to (641 per 1000) although remains below the national rate (660 per 1000)
- Rates of smoking by pregnant women (11.4%) were above the national average (9.1%)
- Conception rates for under 18's had increased (22 per 1000) and were above the national (13 per 1000) and statistical neighbour (10.6 per 1000) averages

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- 2.9 Service delivery at the time of grant application centred around the five Family Hub buildings across the city. They act as a base for the Early Help and Prevention Service and a delivery base for a limited VCS led stay and play offer; the universal health visiting offer; and a range of partner services. The system had evolved around our targeted service offer, which had seen a decrease in universal resources due to an increase in demand for universal services for families. The Family Hubs had limited capacity to support an increase in service delivery for families.
- 2.10 Portsmouth had several parenting programmes which focussed on targeted family support for school aged children which were delivered by the Targeted Early Help service and Children's Social Care. The funding has enabled us to build on our Children's Public Health Strategy and bring together the work of numerous agencies across the city to design and deliver a structured universal and targeted parenting pathway within a framework that offers assurance of quality and evidences the impact, outputs, and outcomes of the programmes.
- 2.11 Parents had been clear in previous consultations that a 'one-size fits all' approach was not appropriate. We wanted to offer a blended delivery model of evidence-based programmes, which met our parents needs including online and programmes delivered by peers, and when appropriate built into what they were already doing e.g., stay and play sessions.
- 2.12 We identified that there was no evidence based, universal access parenting programmes for parents of children under 5 and our stay and play offer was limited in capacity. The strength of our new offer is that there are additional activities for children under 5 and new parenting programmes at a universal access level to support parenting with a focus on relationships. The new parenting pathway will offer all families who are expecting and have new babies a chance to develop their knowledge in practical skills, an understanding of key parenting principles and deliver information around managing a household (e.g., budgeting). A single contact point in each of the 5 Hubs will offer a familiar face for families and allow the development of trusting relationships.
- 2.13 Before the Family Hubs, Portsmouth did not have a published Start for Life offer and did not use social media to promote its services. There was a range of service-based health and early years information and guidance to parents which was confusing for parents and not always clear about where to get information and help. We have now published the Portsmouth Start for Life offer and this has made Family Hubs more accessible through a better connected early help system using clearly branded Family Hub buildings, coordinated central communications- that use a range of media to reach the widest possible number of families. This means that families have a more direct route to information and can register with Family Assist to receive information at key developmental milestones in their child's life. Family Assist is a digital system that includes a digital family hub, it holds a range of information for families around topics such as vaccinations, domestic abuse and safe sleeping etc.

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3. Improving Outcomes

- 3.1 Within our delivery plan we have agreed actions to achieve our agreed outcomes. These are set under each priority area.
- 3.2 To improve outcomes around low to moderate **Perinatal Mental Health and Parent Infant Relationships** we are:
- Implementing the Solihull evidence based online and face to face courses for parents which include an antenatal and postnatal course
 - Commissioning Midwifery Support Workers to increase capacity to identify PIMH/PIR concerns on the postnatal ward
 - Training health visitors in the New-born Behaviour Observation approach to strengthen the 6 – 8 week review of the Healthy Child Programme which will offer parents the opportunity to explore what the baby likes and dislikes and think about how they can understand his/her signals to understand the baby's style and temperament to develop ways to support and look after their baby
 - Training a range of practitioners to deliver the evidence based Triple P Baby which will offer parents the opportunity to engage in a range of activities to learn strategies to develop a positive relationship with their baby, support their baby's development and look after their emotional well-being
 - Training practitioners in Video Interactive Guidance (VIG) which is a positive approach that uses video to help us understand and improve communication
 - The PIMH team will deliver the Bright Beginnings Group which is Informed by the IHV Emotional Wellbeing Model and evidence of best practice in supporting parent infant relationships. The group includes psychoeducation around emotional wellbeing, opportunities for families to try CBT techniques including behavioural activation and problem-solving techniques, stress busting activities to support relaxation, getting to know your baby and building connections in the community
 - Commissioning groups for dads from the Parenting Network which include baby massage sessions

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3.3 To improve outcomes around **Infant Feeding** we are:

- Commissioning Midwifery Support Workers to increase capacity to support breastfeeding on the postnatal ward
- Commissioning tongue tie practitioners to increase the number of clinics available to families in Portsmouth
- Commissioning The Breastfeeding Network to deliver peer support to families
- Developing an infant feeding team within our health visiting team to support and offer visits to families and to offer training to a range of practitioners

3.4 To Improve outcomes around **Speech and Language and the Home Learning Environment** we are:

- Employing a speech and language therapist to develop screening tools and identify children who may need additional support or direct intervention
- Implementing the PEEP approach which is an evidence based programme that will support parents to develop their home learning environments so they make the most of everyday opportunities that can stimulate babies and children's learning and development
- Commissioning Homestart to run their Get Set Go which aims to improve children's school readiness

3.5 To improve outcomes around **parenting support** we are:

- Employing a Parenting Coordinator to develop a parenting pathway
- Implementing the Solihull courses for parents
- Commissioning Homestart to provide a Family Hub Champion in each family hub who can spend time with families in the hubs to do some direct work with them or signpost them to services or offer information and guidance

3.6 In order to understand the impact of the enhanced offer we are using a range of outcome measures which mostly have been defined by the Department of Education and will also inform the national evaluation. There are also measures for the individual approaches and training we have commissioned which will evaluate the short term impact of the approach and course. Other measures we are considering include

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footfall, and any increase in voluntary partner and local authority delivery and workforce. We recognise that the longer term outcomes that we hope to realise will extend beyond the life of the grant, and therefore the local evaluation will continue as the service moves to the sustainable model once the funding expires.

- 3.7 One of the challenges we have faced is the time it has taken to recruit people into the roles that we created to deliver the grant across the funding streams. To address this, we offered secondments and fixed term posts with all posts ending in March 2025.

4. Health Visiting

- 4.1 We currently have funding for 28.46 WTE health visitors and have 26.6 appointed to so our vacancy rate is low. However, we recently advertised for a full time health visitor and had no applicants for the post which is unusual for Portsmouth, but we know health visitor recruitment is a national challenge. In 2022 the Institute of Health Visiting reported that the number of Health Visitors employed by the NHS had decreased by a third since 2015. In terms of establishment, and capacity the Institute recommends a maximum of one health visitor to 250 children to deliver a good service, and currently the average caseload for a health visitor in Portsmouth ranges between 280 and 300 so it is a priority to recruit to the vacant posts as this would bring caseloads in line the recommended level. It should also be noted that supporting health visitors are a series of expert clinical leads (including breastfeeding, perinatal mental health etc) as well as community health nurses and nursery nurses who ensure that activity is clinically excellent in line with best practice and interventions are provided by a variety of roles within the team.
- 4.2 We have health visitor students who form part of our workforce. The students are qualified nurses who are training to become health visitors or school nurses. Whilst they complete their training, they are supported by our clinical staff to complete their placement which could include shadowing visits, undertaking small pieces of work in the families' homes or in the family hubs whilst being supervised. Our focus is on retaining our students as they are familiar with our operating model and processes and policies, as they qualify, we aim to recruit them into the workforce.
- 4.3 We are currently planning how we can deliver the Healthy Child Programme using a skill mix approach which encompasses opportunities for growth and development in our wider workforce, so building capacity and within this considering who is best able placed to provide the support and services needed. We know our nursery nurse posts have a high number of good quality applicants; we are aware this could have a detrimental impact on the early years' workforce.

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4.4 Our current focus is to determine what the Family Hub model will look like post 2025. We have a delivery model that is built on needs analysis, practitioners and parents intelligence and theory around the critical first 1001 days. We are aware that we will be in the early stages of receiving evidence on the medium and longer term impact at the time that the grant will end, so it will be an evolving picture. The Delivery Board has been mindful from the outset that the funding is time limited so we have been continually mindful of the need for the Hubs to be sustainable beyond April 25 and our approach is one of learning and development ensuring that we are skilling up champions within our workforce so that we minimise the impact of the cessation of the grant and avoid any reduction in service.

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Signed by Sarah Daly Director Children Families and Education

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
Family Hubs and The Start for Life Programme Guide	Family Hubs and Start for Life Programme Guide (publishing.service.gov.uk)

Agenda Item 10



Title of meeting: Health & Wellbeing Board

Date of meeting: 6th March 2024

Subject: Combatting Drugs Partnership Annual Report

Report by: Helen Atkinson, Director of Public Health

Written by: Alan Knobel, Public Health Principal

Cabinet Member: Councillor Matthew Winnington, Community Wellbeing, Health & Care

Wards affected: All

Key decision: No

Full Council decision: No

1. Purpose of report

1.1 The purpose of the report is to inform the Health and Wellbeing Board (HWB) of the Combatting Drugs Partnership (CDP) work over the past year.

2. Recommendations

2.1 It is recommended that the Health & Wellbeing Board (HWB):
(i) Notes this annual report.

3. Background

3.1 The Health and Wellbeing Board received a report detailing the formation of the new Combating Drugs Partnership (CDP), its aims and objectives at their meeting in November 2022. Subsequently in February 2023 the Board noted the substance misuse needs assessment and approved the plan.

3.2 The Health and Wellbeing Board agreed to receive an annual report from the CDP.

3.3 The CDP plan had three key objectives:

1. Disrupt local drug supply chains and drug related crime;
2. Improve the quality, capacity and outcomes of our drug & alcohol prevention; and treatment services; and

3. Reduce the misuse and harm caused to young people by drugs & alcohol.

4. Progress

- 4.1 There has been additional government grant funding specifically for substance misuse treatment. This has increased capacity within our recovery services¹ and enabled enhanced outreach and engagement work with hard-to-reach groups, such as homeless people, offenders in the criminal justice system and LGBTQ+ communities.
- 4.2 The number of people in specialist drug or alcohol treatment has increased significantly over the past two years, from 1,436 in December 2021 to 1,750 in December 2022 and to 1,814 in December 2023. The Government target was to achieve 1785 by March 2024.
- 4.3 Partnership working between agencies has increased, with additional activities, information and intelligence sharing, and jointly delivered projects across Portsmouth City Council, Office of the Police & Crime Commissioner, Hampshire Constabulary, NHS partners, National Probation Service and voluntary sector partners. Examples of this include:
 - Increased number of drug intelligence reports to the police
 - Business crime navigator working with prolific shoplifters
 - Drug testing on arrest and provision of a dedicated support worker
 - Working in partnership with criminal justice agencies to develop a plan to increase the percentage of prisoners engaging in treatment post prison release
 - Development of a prescribed drugs drop-in and support group
 - Co-occurring mental health and substance misuse training
 - Supporting the development of trauma informed practice and a trauma network
- 4.4 The number of people successfully completing treatment and leaving drug or alcohol free has increased over the year. However the percentage completing still remains below the national average for non-opiate and alcohol only clients (above for opiate users). The increase in specialist posts should help to increase this over the coming year.
- 4.5 There has been an expansion in the number of staff within the Drug & Alcohol Support Service (DASS)², which supports young people. The service has very recently opened a new young people friendly base, which will allow for confidential direct access to support for young people and their parents. We have begun to see an increase in referrals to the service.

¹ www.portsmouthrecovery.org

² <https://www.portsmouth.gov.uk/services/health-and-care/health/dass-drug-and-alcohol-support-service-for-young-people/>

5. Challenges

5.1 Despite the overall increase in people accessing specialist treatment, there has been a slight decrease in opiate users accessing treatment from 769 to 742 during 2023 (although we have seen an increase in crack cocaine users). This is reflective of a national decline in opiate users accessing treatment. The Government have prioritised increasing the number of opiate users in treatment for all local authorities in 2024/25. We have plans to address this issue, including:

- Funding two new drug specialist nurses at Queen Alexandra Hospital
- Increasing the number of people leaving prison who access treatment through a partnership plan
- Developing more outreach by people in recovery, with a lived experience, with homeless people.

5.2 In common with national data, drug related deaths have increased. We monitor and review these deaths locally. The most common cause of these deaths are long term health conditions, linked to long term drug/ alcohol use, although a high prevalence of smoking is also a contributory factor. We have seen some spikes in overdose deaths in the city, particularly when there has been a batch of heroin which is contaminated with synthetic opioids. This has also become an issue nationally, with a fall in opium harvests in Afghanistan, the void has been filled by drugs such as Fentanyl and Nitazenes, which are much stronger and more unpredictable than heroin. We are working with Hampshire and IOW partners to develop early drug warning processes and seeking to develop rapid drug testing for suspect substances. This will allow us to better manage future cases of contaminated batches in the city.

5.3 A needs assessment completed in December 2023 highlighted the barriers and specific needs of women who misuse substances. This recommended women specific provision, separate from our male dominated services (women make up just a quarter of those in treatment). A recommendation was to develop a holistic service with a range of support on offer. We are working with multi-agency partners to consult with service users and scope what this provision will consist of. We are aiming to launch provision by May 2024.

5.4 Recruitment and retention is an issue in the sector, as elsewhere. There has been a significant turnover in staff over the past 12 months, with more inexperienced staff joining the sector. To address this, our provider, Society of St. James, is developing an accredited training programme to upskill and develop all their staff. In addition to this, additional Government funding will allow us to increase starting salaries and provide additional pay for those staff achieving the accreditation.

5.5 Increasing the percentage of people accessing treatment after being released from prison has been difficult to achieve locally. With improvements nationally, Portsmouth now sits below the national average. We have been working with our



neighbouring local authorities, National Probation service and prisons to develop a plan to improve this. This work has been co-ordinated by the Office of the Police and Crime Commissioner, linked to the Hampshire and Isle of Wight (IOW) strategic drugs partnership board chaired by the Police & Crime Commissioner. The implementation of this plan should lead to improvements during 2024.

6. Plans for 2024/25

6.1 With additional funding in 2024/25 specifically for treatment provision, our new developments include:

- Two new drug specialist nurses at Queen Alexandra hospital
- Three mental health professionals to be co-located in the Recovery Hub to support improvements in care for people with co-occurring mental health and substance misuse
- Two new social workers to be co-located in the Recovery Hub to support service users with complex needs, including care needs, and support the delivery of multi-agency risk management meetings.
- Increased funding for inpatient detoxification and residential rehabilitation
- Women specific multi-agency provision
- Increased counselling and support for parents, carers and family of substance misusers, with a focus on bereavement support where there has been a drug related death
- Commissioning rapid drug alert and drug testing systems, alongside Hampshire, Southampton and IOW Public Health teams.

7. Integrated impact assessment

7.1 There is no specific change to policy or delivery recommended in the report. Detailed impact assessments will be undertaken on particular policies and initiatives as they emerge from the work of the Combating Drugs Partnership.

8. Legal implications

8.1 There are no legal implications that arise from the report

9. Finance comments

9.1 There are no financial implications as a result of this report. Any future schemes and initiatives will be assessed on case by case basis.

.....
Signed by: **Helen Atkinson, Director of Public Health**

Appendices:

None



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

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Signed by:

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Agenda Item 11

Official



Portsmouth
CITY COUNCIL

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Title of meeting:	Health and Wellbeing Board
Subject:	Air Quality and Active Travel Priority (Health and Wellbeing Strategy)
Date of meeting:	6 th March 2024
Report by:	Mark Orchard, Deputy Chief Executive, Portsmouth Hospitals University NHS Trust
Report author:	Dominique Le Touze, Assistant Director of Public Health, Portsmouth City Council
Wards affected:	All

1. Requested by

Health and Wellbeing Board Chair

2. Purpose

- 2.1 To provide an update to the Board on the air quality and active travel priority of the Health and Wellbeing Strategy.

3. Information requested

3.1 Background

- 3.1.1 The multi-agency Air Quality and Active Travel Board was established in February 2022 to take forward the aims of this Health and Wellbeing Strategy priority. The Board has since established a broad membership, agreed terms of reference and undertaken a mapping exercise of existing member organisation policy.
- 3.1.2 Air pollution is the largest environmental risk to the public's health in the UK, contributing to cardiovascular disease, lung cancer and respiratory diseases¹. It is estimated by Public Health England that long-term exposure to air pollution in the UK has an annual effect equivalent to between 28,000 to 36,000 deaths.
- 3.1.3 Currently, the pollutants causing the most significant health impacts in the UK are emissions of nitrogen dioxide and particulate matter (PM2.5, PM2.5 and PM10). Data from the Public Health Outcomes Framework (PHOF) indicates that

¹ Association of Directors of Public Health (ADPH) 2017 'Air quality: a briefing for Directors of Public Health'
<http://www.adph.org.uk/2017/03/air-quality-a-briefing-for-directors-of-public-health/>



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concentrations of particulate matter in Portsmouth are on average 8.3 micrograms per metre squared, the second highest in the South East after Slough (9.6 micrograms per metre squared).

- 3.1.4 The main source of air pollution in Portsmouth is road traffic, which accounts for around half of the air pollution in the city. Portsmouth is also the fourth worst in the South East for road traffic accidents, with 189 accidents per billion vehicle miles (compared to an average of 95 per billion vehicle miles in the South East, and 86 in England)².
- 3.1.5 The health effects of air pollution are wide ranging. They include, but are not limited to:
- short-term worsening of pre-existing heart and lung conditions and respiratory conditions such as asthma, leading to increased hospital admissions.
 - Long-term effects through increased chronic disease and mortality from heart and lung conditions
 - There is emerging evidence that other impacts include low birth weight and premature birth in babies, childhood infections and impaired lung development and function as children grow³.
- 3.1.6 Air quality affects everyone, but there are inequalities in exposure, and air pollution has the greatest impact on the most vulnerable - children, the elderly, those with long-term health conditions, and those living close to main roads where pollution from traffic is worst⁴.

3.2 Achievements of the Air Quality and Active Travel Board 2023

- 3.2.1 An evidence-based Delivery Plan, agreed by all partners, contained four main objectives:
- A public awareness campaign on the impact of air pollution
 - Support for member organisations to develop active travel plans
 - Gaining public and political buy-in for reduced air pollution and increased active travel
 - Coordinated EV infrastructure and policy.
- 3.2.2 Achievements have been made across all four objectives and some examples are outlined in the case studies below.

² [Public Health Outcomes Framework - at a glance summary \(phe.org.uk\)](https://www.phe.org.uk/publication/public-health-outcomes-framework-at-a-glance-summary)

³ <https://www.gov.uk/government/publications/health-matters-air-pollution>

⁴ Portsmouth Mid-Year Population Estimates 2018 (ONS); Portsmouth Health and Wellbeing Strategy 2018 - 2021



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Anti-idling campaign (Portsmouth City Council Transport Team)

A city-wide multimedia marketing campaign launched in December 2022 to educate residents that one minute of engine idling equals 150 balloons worth of harmful emissions₃ released into the air with the campaign: *When you stop, engine stops.*

To support the campaign, the Transport team in Portsmouth City Council launched an engine idling reporting tool. Using data from the tool, a multi-directorate team has been working with Cosham Park GP surgery to address idling locally and highlight the health harms of pollution to patients. Portsmouth Hospitals has supported the Anti-idling campaign in Cosham with flyers and posters.

Air quality and Active Travel Review and Plans (Portsmouth Hospitals University Trust and Hampshire and Isle of Wight Integrated Care Board)

A high-level review of Global Action Plan's Clean Air ICB Framework has been undertaken by HIOW ICB Energy and sustainability group. Across Hampshire and Isle of Wight Trusts there has been some support for Clean Air Day.

At Portsmouth Hospitals (and QAH) there are aspirations to roll out air quality monitoring subject to available funding. An initial review of the Clean Air Hospitals Framework suggests 6% compliance (basic level). Proposals to sign up need to be put forward to gain Trust wide support.

School Streets (Sustrans with Portsmouth City Council)

School Streets open up roads to walking and cycling by temporarily limiting most motorised traffic around schools, creating safer routes to school. The PCC Transport Team, working with Sustrans, are currently developing School Streets at Bramble and St Jude's Schools to permanently reduce traffic around the schools during term time. Two more primary schools are planned to establish School Streets in the Autumn, with other schools also interested.

Electric Vehicle Infrastructure and Bus Travel (City wide)

Portsmouth Hospitals University Trust has installed 20 new chargers across three sites since 2022. Portsmouth City Council Transport team have reinstated 18 charging points following investigations into safety concerns raised by Scottish and Southern Electricity Networks (SSEN). It's hoped further charge points will be reactivated soon.

The Council has recently received over £140 million in external funding to help transform bus travel, with the aim of increasing the number of people using the bus to above pre pandemic levels, by creating faster and more reliable bus routes, making bus tickets more affordable and launching the first electric buses. In addition to this the council is improving cycle and walking routes as well as providing rental e-scooters and bikes.

3.3 Outstanding challenges

As a city, we continue to experience the ill effects of air pollution, with the impact falling most heavily on the most vulnerable:



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- In 2022, 6.25% of mortality in Portsmouth could be attributed to long term exposure to particulate air pollution, over 1 in 20 early deaths⁵.
- Those with the greatest exposure are also the lowest emitters. Despite being one of the most polluted areas of the city, across Charles Dickens (our most deprived ward) between half and two thirds of households (between 53% and 59%) do not have access to a car⁶.
- The UK Health Security Agency have estimated vulnerability to air pollution by comparing levels of nitrogen dioxide and particulate matter, age, deprivation and vulnerable populations (hospitals, schools, care homes and child care facilities). They estimated that half (51.1%) the Portsmouth have the highest score for vulnerability to air pollution (in the 9th and 10th deciles, Appendix).
- Data analysis by the Public Health team show associations with emergency hospital admissions for Chronic Obstructive Pulmonary Disorder and Cardiovascular Disease and the areas of greatest pollution.

3.4 Next steps

Poor air quality is shortening the lives of residents. Health and Wellbeing Board partners are well placed to improve this at both individual and population levels:

1. Air pollution contributes to Portsmouth's carbon emissions. Efforts to make Portsmouth climate change resilient will also benefit air quality, such as nature-based solutions to capture pollutants. This will enable us a city to realise the substantial health, environmental and socio-economic benefits of clean air.
2. Further opportunities exist to promote workplace travel planning, for example with the Solent My Journey network, which is working hard to support Portsmouth businesses and major employers with modal shift. Initiatives such as Breeze, Liftango and mode share pilots, as well as workplace travel seminars, can all be supported and promoted by Air Quality and Active Travel Board partners. Continued roll out of the Transport Plan including bus travel initiatives will also support active workplace travel.
3. The clinical champions model is an evidence-based way of communicating the risks of pollution to patients and sharing strategies to mitigate exposure, particularly with the most vulnerable. This model can continue to be rolled out in primary and secondary care in the city.
4. We will take a systems thinking approach to this complex issue, undertaking a system map development workshop to map key stakeholders and system flows, enabling us in the future to identify opportunities for further action.

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Signed by Helen Atkinson (Director of Public Health)

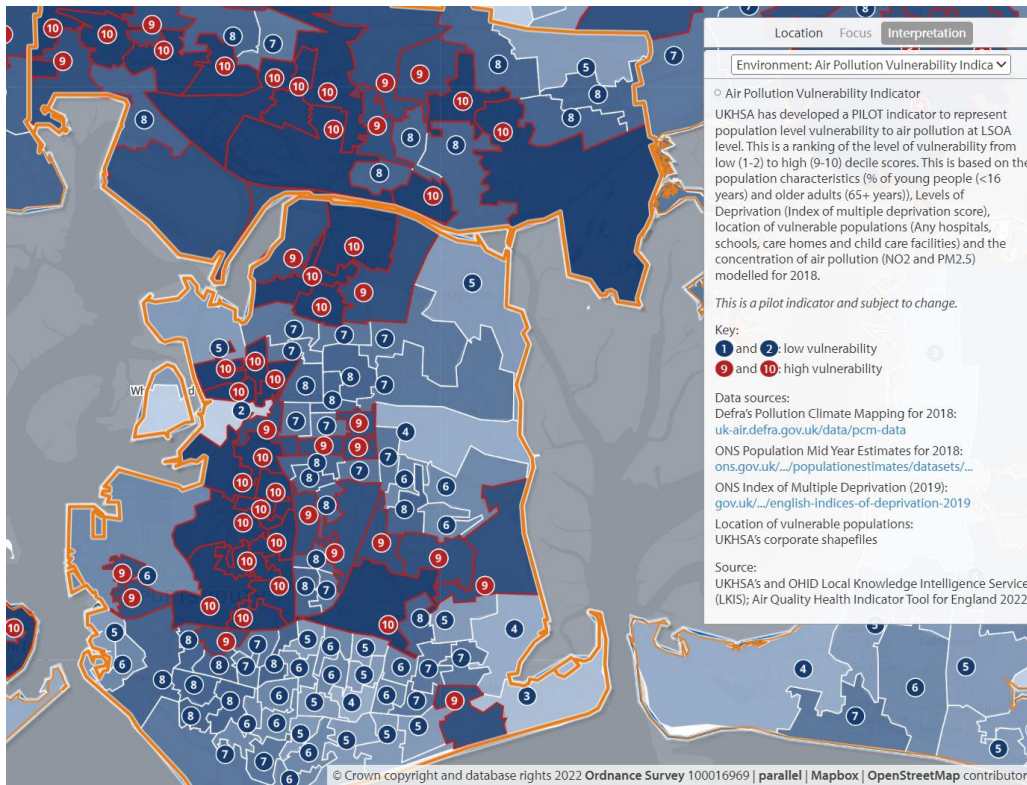
⁵ [Public Health Outcomes Framework - at a glance summary \(phe.org.uk\)](https://www.phe.org.uk/publication/2022-01-13-public-health-outcomes-framework-at-a-glance-summary)

⁶ Census, 2021 [Number of cars or vans - Census Maps, ONS](https://www.ons.gov.uk/peoplepopulationandcommunity/transportandtravel/carsandvans)



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Appendix: Air Pollution Vulnerability



Source: UKHSA's and OHID Local Knowledge Intelligence Service (LKIS); Air Quality Health Indicator Tool for England 2022

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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