Portsmouth's Health and Wellbeing Strategy 2018-2021

Introduction

Developing the draft Health and Wellbeing Strategy

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

Portsmouth's previous strategy (2014-2017) is wide-ranging and provided a comprehensive overview of health and wellbeing matters in the city. In refreshing this for 2018-2021, we are focusing on the relationships to other work in the city, and on the areas of work that will have the highest impact in the context of the wider system.

We have sought to identify priorities based on the strong evidence we have about the city and the huge range of stakeholder information and feedback that members of the Board have access to. We remain committed to the reduction of health inequalities, by improving outcomes for those in the worst position fastest. We recognise that inequalities can be identified according to where people live, and that this is particularly true in some areas where there are high levels of deprivation and need; but there are also inequalities between genders, ethnicities, ages and abilities that we need to tackle.

In developing the document we have taken account of:

- the most up to date evidence of what is happening around health and wellbeing outcomes in Portsmouth, as summarised in our Joint Strategic Needs Assessment
- an assessment of our progress against the previous strategy
- latest relevant national guidance, strategies and plans
- local strategies and plans
- insight from local residents and communities, including through an open consultation on the draft document.

The strategy will be a critical piece of documentation for:

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

We are consulting on our draft strategy, and the responses to this will be used to shape the final document. We will consult in detail with lead agencies and partnerships to ensure that the work programmes proposed in the strategy are complementary to programmes already underway, and consider where the Health and Wellbeing Board can add additional value to those programmes.

The Health and Wellbeing Board works alongside other partnerships in the city, looking at a range of issues that affect people's lives. Portsmouth's Children's Trust Board will take the lead on issues relating to children and families and education. Similarly, the Safer Portsmouth Partnership will lead on issues relating to violent crime. However, there are some issues with a very specific health and care emphasis, and that cut across areas of work, and these are reflected in the Health and Wellbeing Strategy.

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

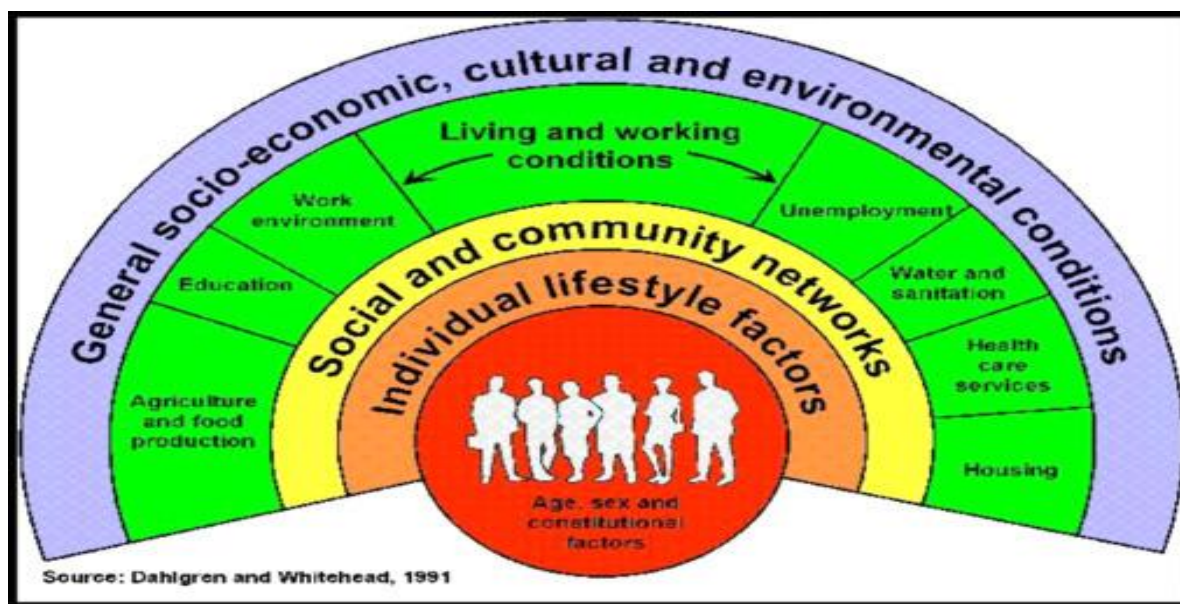Health and Wellbeing Board Portsmouth

Portsmouth - in a nutshell and the case for change

Portsmouth is a great waterfront city, home to over 200,000 people, with all the diversity, opportunities and challenges that come with that.

The city has great assets and potential. We have an extraordinary natural environment, world-leading status in industries including marine technology, aerospace and defence, and a vibrant cultural sector. Our university is thriving and respected and we have plans for regeneration of the city, including the development of thousands of homes on the Tipner site to the west of the city.

Despite this, the most recent summary of the Joint Strategic Needs assessment for the city showed that life expectancy in the city is lower than the national averages for both men and women. Main areas of concern for Portsmouth, when considering health and wellbeing data, are educational achievement at 16, high levels of recorded violence against the person (including domestic abuse), premature mortality from cancer, high levels of death from drug misuse and deaths from suicide.

We believe that if the city is to unlock its potential, we need to tackle these issues - and other areas where Portsmouth may be making improvements but is still in a poor position relative to other areas of the country, such as smoking prevalence and smoking-related deaths, and premature mortality from heart disease and stroke. We know that outcomes in health are more than about managing health problems and that the wider determinants of health are critical:

Source: Dahlgren and Whitehead, 1991

Put simply, people who have good quality and secure jobs and housing in the areas and communities where they have families and social networks stay healthier, feel happier and live longer. In order for them to secure work, homes and relationships, they need a good start in life, support when they have problems, and care when they need it. When these conditions exist, areas are attractive to investors and visitors, creating more opportunities for residents, and more resources that can be directed to support the most vulnerable.

The case for improving health and wellbeing in Portsmouth is clear - unlocking the potential of the city and securing the prosperity it can generate depends on it.

Our vision and approach

We want to improve healthy life expectancy in the city; and reduce inequality by improving the areas with the lowest expectancy fastest. We will do this by working to principles around:

- Promoting prevention
- Supporting independence
- Intervening earlier

We know that we want to give people the best possible start in life, empower them to live healthy lives and enjoy a healthy older age. In order to do this we will:

- Empower people to take care of their physical health
- Empower people to take care of their social, emotional and mental health
- Work with marginalised groups to make improvements for them fastest
- Improve access to health and social care support in the community

Themes	Priority	What we will do
Improve healthy life expectancy in the city; and reduce inequality by improving the areas with the lowest expectancy fastest		
Support physical good health	Reduce the harms from tobacco and other substances	- Implement the Smoke-Free Portsmouth Tobacco control strategy - Tackle the causes of substance and alcohol misuse and work with the Safer Portsmouth Partnership to reduce the harms from substance misuse.
	Reduce the harms from physical inactivity and poor diets	- Ensure wider environmental measures such as open space protection and transport infrastructure are taken to support better quality environments - Implement our citywide approach to physical activity - Implement the wider Healthy Weight strategy, including a focus on education, diet and nutrition.
	Focus on good physical health in children and young people	- Implement the Children's Trust strategy to support the physical health of children, including supporting families and communities.
Support social, emotional, mental and economic health	Promote positive mental wellbeing across Portsmouth	- Develop opportunities to ensure people feel connected to the wider community - Continue to implement the Future in Mind Strategy to transform the approach to child and adolescent mental health
	Reduce the drivers of isolation and exclusion	- Develop and implement the suicide prevention plan - Progress the priorities of the Tackling Poverty Strategy, including providing good quality, sustainable employment opportunities that enable a reasonable standard of living for residents; helping residents to be financially resilient and shaping wider policies and decisions so they reduce the risk of poverty.
Make improvements for marginalised groups fastest	People with complex needs	- Progress programme of activity around complex needs - Develop and implement citywide strategy for street sleeping
	People in the armed forces community	- Complete a detailed needs assessment by Spring 2018.
	Children and people with special educational needs and disabilities, and their families	- Implement the six priorities in the SEND strategy - Implement the four priorities in the Carers' Strategy
	Looked after children and care leavers	- Increase placement stability - Improved educational outcomes - More care leavers in education, employment and training - Improved emotional health and resilience.
Improve access to health and social care support in the community	Implementation of the Portsmouth Blueprint for health and care	- development of the Stronger Futures programme for integrating care services for children, and supporting earlier intervention through a restorative approach - developing integrated locality teams for adults services - developing a multi-speciality community provider model for services in the city - developing a programme for workforce development across the city.

How we will deliver and monitor the strategy

Our approach will consider the complete environment in which people live, and the whole range of influences on their lives:

Public Policy

Community
(cultural values, norms)

Organizational
(environment, ethos)

Interpersonal
(social network)

Individual
(knowledge, attitude, skills)

In our work with individuals, we will:

- ensure that people are empowered to take responsibility for their own well-being, transferring responsibility to them wherever possible to self-care and self-manage, to opt for personal budgets and to have a full say in designing and shaping the policies, services and plans that will affect them.
- Ensure we see the whole person and their whole set of issues, consider how these link together and support them to tackle problems holisitically.

In our work with communities, we will:

- Take an asset-based approach, recognising the many strengths that already exist in our cities and communities
- Consider community-based ideas and solutions to tackle problems, building on schemes such as community connectors.

In our work with each other, we will:

- Continue to work together on commissioning and delivering services, so that organisational structures and boundaries don't stand in the way of delivering the best solutions, and residents don't experience difficulty in access and navigating services
- Hold each other to account respectfully and supportively for delivering on the objectives in the Health and Wellbeing Strategy.
- Support key partnerships to identify local priorities and deliver long-term sustainable changes to the way we work.

Much of the detailed information underpinning this strategy, and the supporting work programmes, are contained in documents referenced throughout. The Health and Wellbeing Board will work

alongside other partnerships and groups in the city groups, and will support discussion on these key areas to understand where we can go further and faster in securing the improvements in health and wellbeing that we need to see in the city.

Progress against the areas set out in the strategy will be tracked through the annual reports presented by the Director of Public Health setting out progress against the Public Health Outcomes Framework. The Board will also invite colleagues to celebrate successes and share challenges regularly so that all partners with an interest in health and wellbeing in Portsmouth can come together to build a common understanding of the challenges and opportunities, and can tackle them together.

Theme 1: Support good physical health

Lifestyles, particularly physical inactivity, unhealthy diets, drinking alcohol to excess, and smoking are challenges in Portsmouth, with a significant proportion of adults exhibiting more than one unhealthy behaviour, which adversely contributes to the health inequalities of those living in Portsmouth's more deprived areas, and affects the predicted poor long-term health of those currently of middle age (35 to 64 years) living anywhere in the city. There is also a real challenge that many of these behavioural issues in adults impact negatively on children from pregnancy onwards (eg smoking in pregnancy, offering unhealthy food, snacks and drinks, not taking children to dental and other health appointments).

Creating the conditions for improvement

The choices people make about things that affect their physical health and wellbeing are often influenced by the environments they live, work and relax in. We need to make sure that these wider environments are supporting people to take care of their own physical health.

This includes making sure that we tackle issues around air quality, which is known to contribute to premature deaths. We also need to make sure that environments support people to undertake physical activity, for example, by making sure that our transport infrastructure supports active travel. This is important because the more we can encourage people to use more active travel methods, the greater the opportunities for reducing traffic and improving the air we breathe.

We also need to ensure we protect our open spaces, which is particularly important in a very densely built city like Portsmouth, and make them nice places to be and to use. The city benefits hugely from the unique natural environment created by the waterfront, but people need to be able to feel confident and safe using their environments and making the most of the opportunities they present.

Priority 1a: Reduce the harms from tobacco and other substances

Why is this a priority?

Smoking remains the main reason for the gap in life expectancy between rich and poor. The Local Tobacco Control Profiles show that compared to England, Portsmouth has significantly higher rates of:

Measure	Portsmouth	England
Prevalence of current smokers in 15 year olds, 2014/15	10.9%	8.2%
Prevalence of regular smokers in 15 year olds, 2014/15	8.2%	5.5%
Smoking prevalence in adults 2015	19.8%	16.9%
Pregnant women smoking at the time of delivery	14.7%	11.4%
Smoking attributable mortality 2012/14	333 deaths per 100,000 persons aged 35+ years	275 deaths per 100,000 persons aged 35+ years

The national Tobacco Control Plan for England states "…nicotine addiction for most people starts in adolescence. In England, almost two-thirds of current and ex-smokers say that they started smoking regularly before they were 18 years old.… Very few people start smoking for the first time after the age of 25" The local Health and Lifestyle Survey found that 49% of all current tobacco smokers started to smoke when they were younger than 16 years, 24% between 16 and 17 years of age and 20% between 18 and 24 years of age.

The most recent local 'You say' survey of secondary school pupils encouragingly found an increase in pupils who had never tried tobacco from 78% in 2015 to 85.7% in 2016.

The local Health and Lifestyle Survey of adults found the highest levels of adults smoking daily or occasionally in Central locality (21% compared to 16% in North and 11% in South localities). Those with the lowest levels of mental wellbeing were more likely to smoke tobacco than those with the highest levels of mental wellbeing (16% compared to 9%). Seventy-seven per cent of local smokers say they would like to stop smoking. Of those who had given up smoking, 71% said they gave up without any help or support.

The Tobacco Control Alliance has recently agreed 'Smoke-free Portsmouth: Tobacco Control Strategy 2016-2020'.   This four-year strategy covers all aspects of smoking and tobacco control to improve the health and wellbeing of the people of Portsmouth by reducing inequalities and by nurturing a tobacco free generation. Creating a smokefree generation is a key priority for us and we will ensure that we focus on preventing young people from starting to smoke to help achieve this.

This will be achieved through a reduction in the prevalence of smoking consistent with national targets and by addressing the wider tobacco control agenda.

We aim to:
i. Reduce smoking prevalence in Portsmouth, both overall and in identified target groups
ii. Support local communities to create a tobacco-free culture for Portsmouth

The strategy focus on the three important areas of protection, prevention, and cessation; with our key priorities for achieving a Smoke-Free Portsmouth being to:
1. Promote smokefree environments across the city
2. Motivate and assist every smoker to stop
3. Deliver effective communications and campaigns around the tobacco agenda
4. Provide leadership to create a smokefree city
5. Develop a workforce confident and competent to help reduce the harms of smoking
6. Improve health outcomes and reduce smoking related inequalities targeting young people,

pregnant women, adults in routine and manual occupations and adults with mental health disorders.

Another area of concern in Portsmouth is the prevalence of digestive conditions, including chronic liver disease and cirrhosis, which contribute to the comparatively shorter life expectancy of males and females in the most deprived compared to the least deprived areas of the city. Liver disease is affected by physical activity, diet, tobacco smoking and alcohol as well as by Hepatitis B and C viruses: it is a largely preventable disease.

The Liver Disease Profiles and the Local Alcohol Profiles for England show that Portsmouth has significantly higher rates than England across for:
• Claimants of benefits due to alcoholism, 2015
• People admitted to hospital for alcohol-specific conditions, 2014/15
• Admission episodes for males aged 40-64 years, 2014/15

• Admission episodes for mental and behavioural disorders due to use of alcohol condition (broad definition) for males and for females, 2014/15
• Admission episodes for mental and behavioural disorders due to use of alcohol condition (narrow definition) for males 2014/15
• Admission episodes for intentional self-poisoning by and, exposure to, alcohol condition for males and for females, 2014/15
• Alcohol-specific mortality for males and for females, 2012/14
• Alcohol-related mortality for males, 2014
• Mortality from chronic liver disease for males and for females, 2014
• Premature mortality rate from liver disease for males and for females, 2012-14
• Premature mortality rate from alcoholic liver disease for males, 2012-14

The local Health and Lifestyle Survey found that 33% of adults are drinking alcohol at levels that put them at 'increasing risk' of developing an alcohol use disorder, with a further 12% drinking at 'high risk' levels. People from lower socio-economic groups do not necessarily drink more alcohol than people from other groups, but they do suffer disproportionately from alcohol-related illness due to the adverse impact of other lifestyle and socio-economic factors (the 'alcohol harm paradox').

The survey also found the highest rates of negative impacts of drinking alcohol to excess were reported in Central locality. A significantly higher proportion of people aged 16-34 years are at 'increasing risk' of developing an alcohol use disorder (44%) compared to 35-64 year olds (30%) or 65+ years (20%). A significantly higher proportion of 35-64 year olds are at 'high risk' of developing an alcohol use disorder (18%) compared to 16-34 year olds (9%) and 65+ year olds (3%).

The use of alcohol or drugs is strongly associated with suicide in the general population and in sub-groups such as young men and people who self-harm. Although substance misuse affects fewer people, its effects are particularly severe, on physical health, mental health, employment prospects and on those around the person. Alcohol and drugs misuse is also closely associated with crime and offending. The strategy to reduce harms caused is overseen by the Safer Portsmouth Partnership.

Smoking, alcohol and substance misuse are all issues that feature strongly in the Public Health Outcomes Framework, and we will use these indicators to track the effectiveness of work in these areas.

Priority 1b: Reduce the harms from physical inactivity and poor diets

Why is this a priority?

The list of benefits of regular and adequate levels of physical activity is huge; some of the main ones were highlighted by the World Health Organisation:

- improve muscular and cardiorespiratory fitness;
- improve bone and functional health;
- reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer and depression;
- reduce the risk of falls as well as hip or vertebral fractures; and
- fundamental to energy balance and weight control.

Being physically active improves the health of everyone, regardless of age, sex, ethnicity, disability, wealth or waist size. Various pieces of research and analysis have concluded that:

- persuading inactive people to become active could prevent one in six premature deaths
- physical inactivity is the 4th largest cause of disease and disability in the UK
- in children aged 0-5 years, lower levels of physical activity are associated with increased levels of obesity

As measured by the Active Lives Survey 64.5% of the Portsmouth population are classed as active. This is in line with the national averages but below that of the region and Hampshire. 22.8% of Portsmouth residents achieve less than 30 minutes per week of moderate intensity activity.

The Portsmouth Health and Lifestyle survey found that the South locality had a significantly higher proportion meeting the recommended weekly minimum physical activity guideline, than the North and Central localities (and Portsmouth average) - 66% in the South compared to 55% and 54% in North and Central. The local 2015 survey also found that the proportion who meet the weekly activity guideline is greatest amongst those aged 16-34 years, and then falls sharply to half among those aged 35-44 years. It is slightly higher again among those aged 45-64, but then falls again to its lowest level among those aged 65+. The survey also found that 9% of respondents in Portsmouth are sedentary (i.e. do not do regular moderate or vigorous activity). Those in the most deprived quintile of neighbourhoods are more likely to be sedentary.

The overall aim in the city is to ensure that everyone meets the recommendations for physical activity. However, targeting those who are the most inactive to become more active will produce the greatest reduction in chronic disease.

Therefore, we will aim to:

1. **Create Active Environments**
   Engineering activity back into daily life through infrastructure, transport, housing, workplaces and open space. Influence how people live their lives and choose being active

2. **Enable Active starts**

Creating positive attitudes and behaviour amongst all children and young people. Ensuring that positive habits are resilient into adulthood and through periods of change.

3. **Support Active Lives**
   Engage and empower individuals, families and communities to be active every day. Build a culture of activity throughout every corner of daily life.

4. **Practice Active Medicine**
   Valuing and utilising physical activity to prevent and treat health conditions. Activity is viewed as a key component for physical and mental health and wellbeing.

This is an area where there is strong data available about levels of activity undertaken in the city (often commissioned by outside agencies) and around areas that we know are linked to activity, including healthy weight data. Therefore, we will propose to track progress against the following indicators:

1. Increase physical activity levels amongst children and young people
2. Reduce the number of physically inactive adults
3. Retain levels of activity through the life course
4. Reduce inequalities of activity levels amongst females, people with a disability, some ethnic groups and people living in Portsmouth's most deprived communities

Physical activity is commonly linked with obesity and healthy weight and whilst activity is an essential component in maintaining a healthy weight it should be regarded as a health priority in itself. The health benefits of physical activity extend beyond weight loss and are just as important for those overweight, underweight or at the correct weight.

Equally, physical activity is not the only element to maintaining a healthy weight. 'Healthy weight' is the terms used to describe an individual whose height and weight is proportional and falls within defined parameters where the risk of ill-health due to weight is at its lowest. Those individuals above (overweight or obese) or below (underweight) a healthy weight are at increased risk of adverse effects on their health and wellbeing.

Nationally, it is estimated that 64% of the adult population (16+) is above a healthy weight, with a further 1.8% underweight, meaning that only 36.5% of the population falls within the healthy weight range. The most recent estimates for Portsmouth suggest that around 98,000 residents are above normal weight. In Portsmouth, the prevalence of childhood obesity is higher in the most deprived areas compared to the least deprived, which follows the links between deprivation and childhood obesity seen nationally. Similar associations exist around adult obesity, highlighting that the most significant predictor of childhood obesity is parental obesity.

In order to tackle these issues, we need to create a culture where healthy eating becomes the norm alongside physical activity, through developing supportive environments, ensuring healthy food options are easily accessible and readily affordable, and that support is available to help individuals

achieve a healthy weight. We need also to remember that diet doesn't only impact on weight - it is known to contribute to conditions such as type 2 diabetes, hypertension and certain cancers.

Work on promoting physical activity is led through the Physical Activity Alliance, supported by Public Health Portsmouth who also lead efforts to promote healthy eating and good nutrition. The impact of the Health and Wellbeing Board's work on promoting physical activity will be measured through the Public Health Outcomes Framework.

Priority 1c: Support the physical good health of children and young people in Portsmouth

Why is this a priority?

For Portsmouth, our children's health and wellbeing is doing well in some aspects, but there are a range of areas where we are lagging behind how England is doing as a whole. For example:

- ✖ Smoking prevalence at age 15 (current smokers) is significantly higher than for England (10.9% v 8.2% in 2014/15).

- ✖ A&E attendances per 1,000 are significantly higher than the national average for 5-9 year olds, 10-14 year olds, 15-17 year olds and 15-19 year olds based on 2015/16 data, although are lower than the national average for 0-4 year olds

In order to address the particular physical health issues that affect children and young people in the city, and to ensure they get the best possible start, a strategy is in place to tackle the key issues. This has three strategic themes:

1: Supporting young people - risky behaviours are those that expose young people to harm, or significant risk of harm and may result in unintended or undesirable consequences. Some risky behaviour can be considered a part of growing up but there is a distinction to behaviour that could escalate to a harmful stage. So we will work together to reduce these, including focusing on alcohol and substance misuse amongst young people.

2: Supporting families - the family environment and the circumstances a child grows up in has a huge impact on health and wellbeing of children and young people. Early, secure attachment is crucial for healthy, early development as well as contributes to social and educational outcomes in later life, and children need to grow up in safe, supportive environments. We will work to ensure that support to families incorporates both healthcare approaches and also addresses social concerns, through joining up commissioning of young people's services and continuing to promote good health to families and schools.

3: Supporting communities - children and young people are influenced by their surrounding that they grow up in, including where they learn and play. Services working with families as well as the built environment shapes all have a role. Examples of services include primary care, community and acute services and services outside health such as children's centres, nurseries and schools, play and youth services. We will work together to deliver seamless healthcare in the community, ensure the role of education settings in heath is recognised, and support the development of healthy environments for children.

The Public Health Outcomes Framework includes many indicators of child and family health and we will track progress according to our direction of travel on these indicators.

Theme 2: Support social, emotional, mental and economic health

We know that Portsmouth has significantly higher rates of factors which are risks for mental ill health but lower recorded rates than the national average of, for example, depression.

Priority 2a: Promote positive mental wellbeing across Portsmouth

Stigma and discrimination often means that mental health problems are not openly talked about. However, illnesses linked to mental health account for a third of GP consultations, and research shows mental health issues are closely associated with poorer outcomes for employment, personal relationships and physical health.

By promoting wellbeing and building emotionally resilient communities we can reduce the number of people going on to experience a mental health problem. In addition, supporting early identification and intervention we can reduce the impact for individuals experiencing a mental health problem.

This means ensuring that mental health becomes a part of everyday conversation and is something that everybody is aware of and cares about. Whether it is a midwife supporting a mother through the birth of a child, a school nurse helping children to develop emotional literacy, or a member of our new integrated community health and social care teams.

We will continue to promote better physical and mental health through using the "five ways to wellbeing" model:

- Connecting with the people around you
- Being active - exercise makes you feel good
- Taking Notice - be aware of the world around you and what you are feeling
- Keep learning - learning new things builds confidence and is fun
- Giving - do something nice for a friend or stranger - seeing yourself, and your happiness linked to the wider community can be incredibly rewarding and create connections.

The evidence also shows that people have different levels of "mental capital" throughout their lives, and this is something that planning needs to take into account. A particularly critical time, including for building resilience, is in childhood and adolescence.

Future in Mind is a five-year strategy to transform children's mental health and wellbeing provision, so that by 2020 England could lead the world in improving outcomes for children and young people with mental health problems. We want all children and young people in Portsmouth to enjoy good emotional wellbeing and mental health. Our Local Transformation Plan sets out that the way in which we will achieve this vision is by:

- Establishing a clearly understood needs-led model of support for children and young people with Social Emotional Mental Health difficulties which will provide access to the right help at the right time through all stages of their emotional and mental health development.
- Ensuring that every child and young person has access to early help in supporting their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services.
- Supporting professionals working with children and young people to have a shared understanding of Social Emotional Mental Health and to promote resilience and emotional wellbeing in their work.

The Strategy is overseen by the Health and Wellbeing Board.

We know that building emotional resilience, and improving the life experiences of people with mental health issues is not something that can be managed in isolation. Instead, we must work with other health and social care agencies, the voluntary sector, patients, carers and the public, to look at services needed to enable people to live stable and happier lives, where they feel supported and in control of their own mental wellbeing.

Priority 2b: Reduce poverty and other drivers of isolation and exclusion

Why is this a priority?

Compared to England, the risk factors section of Public Health England's suicide profile illustrates that Portsmouth has lower rates of people with long-term health problems and of long-term unemployment, but has higher rates of people who are separated or divorced, people living alone, children who are looked after, children leaving care, children in the youth justice system and estimated prevalence of opiates or crack cocaine. Portsmouth also has a higher than national rates of mental health clients receiving services from adult social care, of adult carers who have as much social contact as they would like, and of clients receiving specialist alcohol and drug services. Isolation is also a recognised driver of mental ill health. Mapping from Age UK shows that the most deprived communities in the city also have the highest risk of loneliness in those aged 65 and over.

For overall deprivation, Portsmouth is now ranked 63rd worst of 326 local authorities (where one is the most deprived, previously ranked 76th worst of 326 local authorities). The Tackling Poverty Needs Assessment was refreshed in January 2015 in the light of the recession and changes in the welfare system. The needs assessment identifies the multiple factors which adversely and positively affect poverty including educational outcomes, employment and low-pay employment, financial exclusion and debt and the way services are organised to respond to people in crisis. Current priorities for the Action Plan include re-commissioning a social welfare advice service for Portsmouth (Advice Portsmouth's contract expires in March 2017); responding to welfare reform (including the introduction of Universal Credit and the reduced Household Benefit Cap); and supporting access to resources for people in financial hardship, following the closure of the Local Welfare Assistance Scheme.

The confidential audits of deaths by suicide 2013-2015 identified potentially adverse life events affecting individuals before their death – bearing in mind that individual cases are complex and it is impossible to reduce suicide events to a single cause. Many people experienced more than one potentially adverse life event. The audits found that 39% of males and 25% of females were unemployed or were worried about employment, and 24% of males and 26% of females had finance worries. The audit cited a Royal College of Psychiatrists' report on the relationship between debt and mental health: people in debt are more likely to have mental health problems, and people with mental health problems are more likely to be in debt. One in two adults with debts has a mental health problem; and one in four people with a mental health problem is in debt. However, the relationship between mental health and debt is complex and one does not inevitably lead to the other.

Some groups are more vulnerable to low pay and poverty, leading to social isolation, and further research is required to understand how Portsmouth residents are affected, and how they can be assisted. This includes self-employed people, people with health and care plans or disabilities and black, minority ethnic and refugee communities. However, there is a much broader issue about the importance of good quality work for people for people in the city, and the importance of supporting people dealing with challenging issues such as low pay, zero hours contracts, forced self-

employment, and insecure work. In Portsmouth, there is a particular issue around seasonal and short-term work driven by the visitor economy.

We will work together to ensure that there are support mechanisms in place for people who need them. Much work to address this is being led through the Tackling Poverty Strategy Steering Group. The Tackling Poverty Strategy 2015-2020 has six priority areas for action:

- Improving our children's futures
- Providing good quality, sustainable employment opportunities that enable a reasonable standard of living for residents
- Helping residents to be financially resilient
- Helping people to move out of immediate crisis, but also helping them to solve their problems in the longer term
- Improving residents' lives by recognising the links between poverty and health inequalities
- Shaping wider policies and decisions so they reduce the risk of poverty.

The Health and Wellbeing Board will support the Tackling Poverty Steering Group wherever it is able to do so.

Theme 3: Make improvements for marginalised groups fastest, including our most vulnerable children, young people and adults.

Creating the conditions for helping marginalised people

There are certain things that many of us take as a given in day to day life - that we have enough money to take care of our basic needs, somewhere to live, people to love and connect with and things to do that give us purpose.

But for a variety of reasons, not everyone has some or all of those things, and experience some level of marginalisation. The strategy has already addressed the importance of tackling poverty, and identified the link between poor quality employment and physical and mental health. There is increasing recognition of the prevalence and significance of loneliness too - and in the context of Portsmouth, the issue of urban loneliness is critical. More and more, we are understanding that even in a densely populated and vibrant city, it is possible for people to feel isolated and unsupported.

We also recognise that some of the symptoms of a marginalised life aren't always obvious. We understand that health conditions are sometimes not visible - particularly in the case of mental health issues - but other social issues can be difficult to detect too. For example, it is sometimes not obvious if people are living with poor housing conditions, in housing where their tenure is insecure, or whether people are part of the "hidden homeless", sleeping on sofas or a succession of temporary accommodation.

The Health and Wellbeing Board will support existing work, led through the strategic group on homelessness and rough sleeping to ensure that services and support are in place to support people who are struggling, with a principle of preventing situations escalating, and intervening as early as possible.

Priority 3a: People with complex needs

Why is this a priority?

There is growing national and local evidence that a small cohort of adults in our communities are likely to experience 'severe and multiple deprivation' (SMD cohort), including substance misuse, homelessness, offending and mental health problems. They are likely to have ineffective contact with services that are often designed to deal with one problem at a time, and so regularly and persistently 'fall between the cracks' that open up between services.

The inter-relationship of these individual issues is complex and efforts to improve outcomes for this cohort of people have been ongoing for many years across different agencies and agendas and across the UK a range of responses are being developed. This is not a new issue and Portsmouth is not unique in its experience. This group of people can have a disproportionate impact on those around them; their partners and the neighbourhoods in which they live - including businesses and visitors to the city - and most importantly, any children they may have.

Services have a range of processes, pathways, panels and interventions in place to support adults with a variety of complex needs. Services have in the main been commissioned or directly provided

to meet a defined individual need - often successfully - but generally not designed to address composite and compounding needs e.g. homeless/mental health/substance misuse/criminal justice.

Similarly, individual assessments of need by statutory services tend to focus on the presenting issue and there are different eligibility thresholds for accessing services that do not necessarily take into account complexity of needs and associate behaviour, the nature of 'recovery'.

As a result, customers with complex needs who are frequent (or inappropriate) service users may have contact with a range of services, have several "key workers", have a number of personal plans in place and be involved in a number of panels/pathways/case management processes simultaneously or sequentially.

It is clear from the case studies that valuable work is already being undertaken. There are some successes in supporting people to achieve positive outcomes, and there are examples of good practice in effective collaborative working. However, customers, advocates and professionals have questioned the consistency of the effectiveness, efficiency and value of current approaches, particularly for those service users present with the most complex needs.

Recent research has also shown that adverse childhood experiences (ACEs), including witnessing domestic abuse for example, increase the likelihood of 'health harming behaviours' in adulthood, so it's also important to act early when these risk factors are present to 'turn off the tap', reducing the numbers of people in this cohort in future years.

Alongside this work, organisations in the city are working together to take a strategic approach to the issues of street culture, including begging, and street sleeping to support people in these circumstances and tackle associated community safety issues. This includes ensuring that any enforcement activity is complemented by appropriate support.

Priority 3b: People in the armed forces community, including veterans

Why is this a priority?

The armed forces community is made up of anyone who is or has served for at least 1 day in the armed forces (regular or reserve, including national service) as well as Merchant Navy Seafarers and fisherman who have served in a vessel that was operated to facilitate military operations by the armed forces. The armed forces community also includes spouses, civil partners and dependent children of those who currently are or have served for at least 1 day, even if the serving person is now deceased.

National estimates suggest 4.9% of adult population of England are Veterans. Pension data demonstrates more veterans live in the south east of England than anywhere else, however not all veterans get a pension, and the community is far larger than veterans. On 1st April 2016 140,450 Regular service personnel were stationed in the United Kingdom, the majority located in the South East and South West of England. Portsmouth's military significance makes it likely that a higher concentration of service personnel are based in the area. Locally, the Portsmouth Health and Lifestyle Survey 2015 found that there was an estimated 11% of the adult population aged 16+ years who are veterans (of the Armed Forces or Reserve Armed Forces) - roughly 17,000 residents, of

which approximately 84% are estimated to be aged 45 years or over. There is no way of fully knowing how many dependants, spouses and civil partners currently reside in Portsmouth.

National research suggests that the vast majority of this community have needs in line with the general population. However age, service undertaken and position within the Armed Forces community brings with it specific issues. For example Older Veterans are known to experience more hearing, skin and musculoskeletal issues than the general population, and a small yet significant number of people who leave service early experience mental health and substance misuse issues. Little is known about the health and wellbeing needs of reservists and their families, however the limited research that has been undertaken suggests family stress and mental health are emerging issues.

A needs assessment for the sub-Solent area is currently underway, and therefore a better picture of need and gaps in support will be available in Spring 2018.

Priority 3c: People with special educational need or disabilities , and their families

Why is this a priority?

Portsmouth Children's Trust publishes a strategic children's needs assessment as part of the city's Joint Strategic Needs Assessment (JSNA) process. In 2016, a detailed Special Educational Needs and Disability Needs Analysis was undertaken as part of this process. The key findings are:

1. There is a wide range of potential disabilities or conditions which could start to affect someone from conception or during pregnancy, during labour, as a baby or as a child or young person. Understanding the cause of some disabilities is necessary to support multi-agency health promotion and early identification and intervention.

2. Overall prevalence of a child or young person having any special educational need has decreased by 38% since 2009 - mostly due to a fall in pupils identified as needing SEN Support (from 23.9% to 13.4%). Portsmouth has seen a steeper decrease than nationally with the overall percentage of SEN in Portsmouth now only 1 percentage point above national, having previously been much higher. This substantial decrease is considered to be due to the more accurate identification of those with SEN following implementation of the SEND reforms.

3. Between 2010 and 2015, there was a 13% increase in the number of children with statements of SEN or an Education, Health and Care Plan (EHCP) issued and maintained by Portsmouth LA. However, the proportion of the total population of young people identified as having a statement of SEN or EHCP has stayed fairly static throughout this time both nationally (2.8%) and within Portsmouth (3.1%).

4. There are gender differences in the prevalence of SEN, with twice the proportion of Portsmouth boys (17.4%) being SEN Support compared to girls (9.5%). Five per cent of boys have either a Statement of SEN or EHCP compared to 1.9% of girls. This reflects the national picture.

   Compared to national outcomes for SEN pupils, Portsmouth has poorer education outcomes for children with SEN in the following areas:

   - Attaining a Good Level of Development in the Early Years Foundation Stage Profile

   - Making progress between Key Stage 1 and Key Stage 2 in Reading, Writing and Maths

   - Key Stage 2 attainment of Reading, Writing and Maths (combined)

   - Making progress between Key Stage 2 and Key Stage 4 in English and Maths

   - 5+ GCSEs graded A*-C, including English and Maths

   - Achievement of a Level 2 or Level 3 qualification by age 19

5. The local survey of children and young people aged 7 to 18 years found that children who say they are disabled, or who have difficulties with learning, had significantly lower than average wellbeing compared to other children. SEN is over-represented in groups including looked after children, and the care leaving population. 65% of the average Youth Offending Team (YOT) caseload have SEN. National prevalence rates predict that 60-90% of them will have a communication disorder.

6. Overall, children with SEN are about four times as likely to be persistently absent from school than those without SEN. Nine per cent of all pupils with SEN Support were persistently absent; 11% of those with a statement of SEN or EHC plan were persistently absent.

7. Pupils with SEN were more than eight times as likely to receive fixed period exclusions than those without SEN. Compared to non-SEN pupils, higher percentages of children with SEN were excluded from school with no alternative provision for education being made.

8. The proportion of 16 and 17 year olds with SEN participating in education and training is slightly higher in Portsmouth than nationally and is lower for those with SEN than those without SEN, reflecting the national picture. However, the proportion of learners with SEN who progressed to education or employment/training is considerably lower in Portsmouth than nationally at the end of both Key Stage 4 and Key Stage 5.

9. Higher rates of disability prevalence are found in the most disadvantaged socio-economic groups nationally. Pupils with SEN in Portsmouth are twice as likely to be eligible for free school meals than those without SEN (26% compared to 13%). Children aged 0-15 years with a long-term health problem or disability, are almost twice as likely to be living in socially rented homes in Portsmouth than children with no limiting long-term health problem or disability.

10. The Dynamite Survey of young people with SEND found that Health and Employment were the areas that are most important to them, and that Employment was the area on which they found it most difficult to find out about choices and support.

The aim of the special educational needs and disability (SEND) strategy is to promote inclusion and improve the outcomes for Portsmouth children and young people aged 0-25 years with SEND and their families. Delivery of this strategy is overseen by the Children's Trust Board.

In order to improve outcomes, we aim to ensure that there are in place a range of high quality support services that contribute to removing the barriers to achievement for all Portsmouth children and young people, in particular those with special educational needs and disabilities. This includes enabling children and young people to lead healthy lives and achieve wellbeing; to benefit from education or training, with support, if necessary, to ensure that they can make progress in their learning; to build and maintain positive social and family relationships; to develop emotional resilience and make successful transitions to employment, higher education and independent living.

For adults living with disabilities and long-term conditions, we need to ensure that there are a range of support and opportunities in place, and that barriers to people living the life they want to live in the way that they want to live it are removed wherever possible. This means considering how we can ensure there is a range of accommodation available, how we ensure that there are opportunities for employment and meaningful activity, and support people in participating in the community.

Finally, we cannot forget the importance of supporting those who are providing care to people living with an additional need, illness or disability. The city has a Carers' Strategy, with four main priority areas:

1. Identification and recognition Carers will be respected as expert partners, and identified at an early stage to secure comprehensive, personalised services to support them in their caring role.
2. Realising and releasing potential - Making sure that a carer is not disadvantaged by their caring status.
3. A life alongside caring - Personalised support both for carers and those they support, enabling them to have a family and community life.
4. Supporting carers to stay healthy - Supporting carers to stay mentally and physically well.

The Strategy includes local commitments to ensure that we provide the best possible support for those people looking after a family member or friend.

Priority 3d: Looked after children and care leavers

Children and young people are in care either by a court order or with the agreement of their parent(s) or guardian(s). A child or young person may come into care as a result of temporary or permanent problems facing their parents, as a result of abuse, neglect or some other difficulties.

Children and young people in care are individuals - they come from all walks of life and have different aspirations, ambitions and cultural identities. Many looked after children and care leavers are at greater risk of social exclusion than their peers, both because of their experiences prior to coming into care, and by virtue of the fact that they are in care.

At the end of March 2017, there were 358 children in the care of Portsmouth City Council, including 49 unaccompanied asylum seeking children. This is a slightly higher rate of care that our statistical neighbour group, and higher than the national average.

47% of the children in our care live in the local authority are, and 77% live with foster families. The majority of children who live out of the city are in our neighbouring authorities. A lower percentage of children live in children's homes than is found nationally.

The composition of the looked after children population has changed over the last year, and we now have a higher proportion of 14-17 year old children looked after. There are more boys than girls in local authority care.

We know that the educational attainment of looked after children needs to be improved, particularly at KS4. GCSE results improved slightly in 2016 with 30% of Portsmouth's looked after children achieving five or more GCSEs grade A*-C including English and Maths. Only 78% of looked after 16 and 17 year olds are in education, employment and training, and among our ove-18 care leavers, only 56% were in education, employment or training. These early outcomes have a massive impact on the life chances of these young people. If children and young people are to have a positive and supportive experience of being in care, and fulfil their potential as adults, these outcomes must get better.

A Corporate Parenting Strategy is in place to lead improvement, overseen by the Children's Trust Board. There are four main priorities:

- Increase placement stability
- Improved educational outcomes
- More care leavers in education, employment and training
- Improved emotional health and resilience.

Theme 4: Improve access to health and social care support in the community.

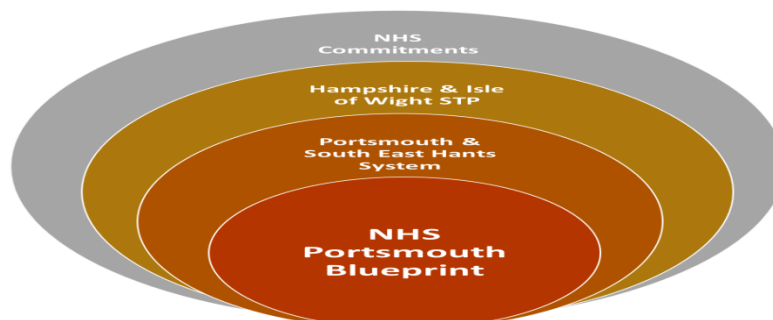### Priority 4a: Implement the Portsmouth Blueprint for Health and Care in Portsmouth

Why is this a priority?

208,900 people live in the City and 217,562 people are registered with a Portsmouth GP. We know there are significant health and care challenges in Portsmouth. Too many people have poorer health and wellbeing than in other similar cities. Demand for our health and care services is increasing and more people tell us that what matters to them is ease of access and joined up services. The Blueprint for Health and Care in Portsmouth is now well-established as the set of guiding principles that set out how the key health and care organisations in the city will work together, with an overarching goal *where everyone is supported to live healthy, safe and independent lives by health and social care services that are joined up around the needs of individuals and are provided in the right place at the right time.*

The Blueprint sets out a vision for the delivery of health and care services in the City that will be less fragmented and better able to support people to stay well and remain independent, through the delivery of 7 key commitments. The delivery of the Blueprint is integral to improving the long term health of the population.

There is a great deal of work underway in all organisations and services, as business as usual, inorder to achieve savings and efficiencies, and in order to achieve more transformational change as envisaged in the Blueprint. This landscape is increasingly complex as work also develops across a wider Portsmouth and South East Hampshire geography around an accountable care system, as well as responding to the county-wide STP footprint. Portsmouth is also increasing links with Southampton via the public health agenda.

Health and care systems across Hampshire and Isle of Wight (HIOW) have come together in partnership to develop a strategic transformation plan (STP), setting out the strategic aims and objectives for transformation across the county. The key aims and objectives of the Portsmouth Blueprint are reflected within this wider system plan. It has been agreed that delivery of the STP needs to take place at local level, within local delivery systems.   The City of Portsmouth forms part of the Portsmouth and South East Hampshire (PSEH) delivery system. Health and care partners in PSEH have come together to form an accountable care system (ACS) as a vehicle for delivering the New Models of Care set out in the NHS 5 Year Forward View publication. Once again the aims and objectives and key work programmes to deliver the Blueprint are reflected in the ACS plans.

This multi-layered planning approach enables system partners in the City to focus the delivery of the commitments through either local delivery or with wider system partners where it makes sense to do so and whereby incoming together maximum gains can be achieved. We are working on the principles across the wider system that transformation must be based on local needs and where possible delivered locally. However, effective partnership working across PSEH and HIOW allows us to work together un areas of commonality and shared aims to ensure alignment and ability to operate on a wider footprint to achieve efficiencies from a truly 'do it once' approach where it makes sense to do so.

Projects include:

- development of the Stronger Futures programme for integrating care services for children, and supporting earlier intervention through a restorative approach
- developing integrated locality teams for adults services
- developing a multi-speciality community provider model for services in the city
- developing a programme for workforce development across the city.