Portsmouth
CITY COUNCIL

# HEALTH AND WELLBEING
# STRATEGY 2022 – 2030

# HEALTH

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

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# HEALTH AND WELLBEING STRATEGY

# FOREWORD

## Foreword

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 (2018–2021) focused on the health and wellbeing relationships to wider work in the city, and expressed some immediate delivery priorities in the context of the wider system. In this refreshed strategy, we have taken a different approach where we have really tried to understand what about Portsmouth are the significant impacts on health and wellbeing, and what we can do as a system to bring about some key changes.

Using a strong evidence base, we have identified five issues which we are describing as the "causes of the causes" – the underlying factors in our city that lead to some of the issues which in turn influence health and wellbeing. Rather than look at individual services and responses, we are looking at how we create the conditions for good health and wellbeing in Portsmouth. The themes we have identified are:

- Poverty
- Educational Attainment
- Positive Relationships
- Active Travel and Air Quality
- Housing

This work will be significant in preventing health and wellbeing challenges emerging in the city and supporting improvement for those experiencing challenges now. It also helps us identify how we need to shape our health and wellbeing services in response to the wider context for Portsmouth.

This document is really important for us working together as a local health and care system, as it sets out some critical issues for us as a city, and where we need to be driving improvements for our population. It will guide us in working together to address the most significant issues and ensuring that people who live here can thrive.

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 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.
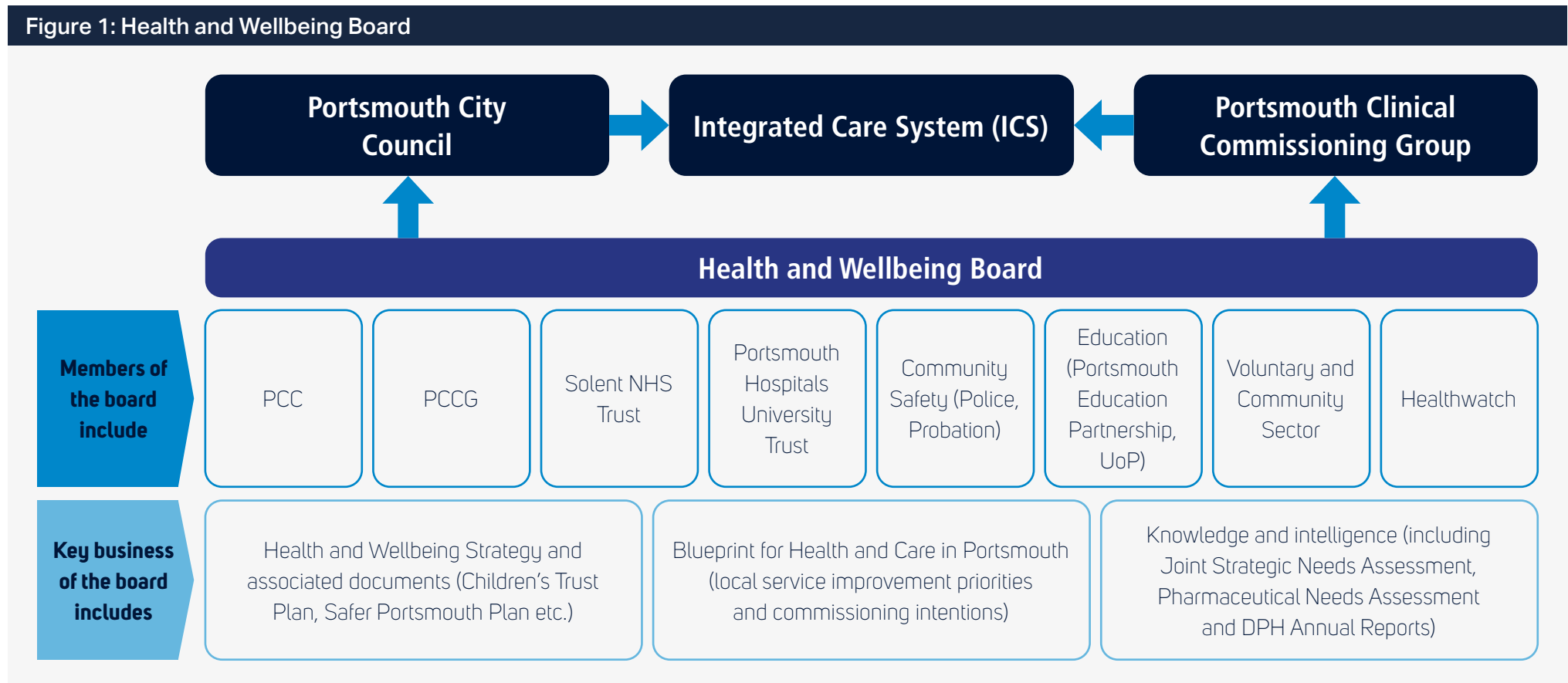
*Councillor Jason Fazackarley*   *Dr Linda Collie*

*Joint Chairs of the Health and Wellbeing Board*

# HEALTH AND WELLBEING STRATEGY

# INTRODUCTION

Introduction

Portsmouth's Health and Wellbeing Board (HWB) is the key strategic partnership bringing together the organisations working together to improve health and wellbeing in the city, as set out in the diagram below.

**Figure 1: Health and Wellbeing Board**



| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Members of the board include** | PCC | PCCG | Solent NHS Trust | Portsmouth Hospitals University Trust | Community Safety (Police, Probation) | Education (Portsmouth Education Partnership, UoP) | Voluntary and Community Sector | Healthwatch |

| | | | |
|---|---|---|---|
| **Key business of the board includes** | Health and Wellbeing Strategy and associated documents (Children's Trust Plan, Safer Portsmouth Plan etc.) | Blueprint for Health and Care in Portsmouth (local service improvement priorities and commissioning intentions) | Knowledge and intelligence (including Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment and DPH Annual Reports) |

## Introduction

Our HWB brings together a wide range of partners including commissioners and providers of public sector services covering health and care services for all ages, community safety and education. It has a statutory duty to produce a Health and Wellbeing Strategy (HWS). Partners on the board agreed in early 2020 that this strategy was an opportunity to use the broader membership of Portsmouth's HWB to focus on the longer-term; to understand the underpinning 'causes of the causes' of a range of poor outcomes in the city; and to work with our communities to achieve a step-change in the wellbeing of our residents.

Imagine Portsmouth[1] saw the city agree a new long-term vision for the city that aligned well with the board's aspirations.

This HWS represents the HWB's agreed priorities for how to achieve our contribution to that vision:

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

As a system represented by the HWB, we will focus on the causes of the causes to drive real change. The work builds on the strong foundations of our integrated partnerships and plans that are already in place. Some of this work that links closely to the priorities chosen by the board is included in the strategy and will be part of the early delivery towards our long-term goals. But there is so much more that is already happening that cannot be reflected in a short document such as this.
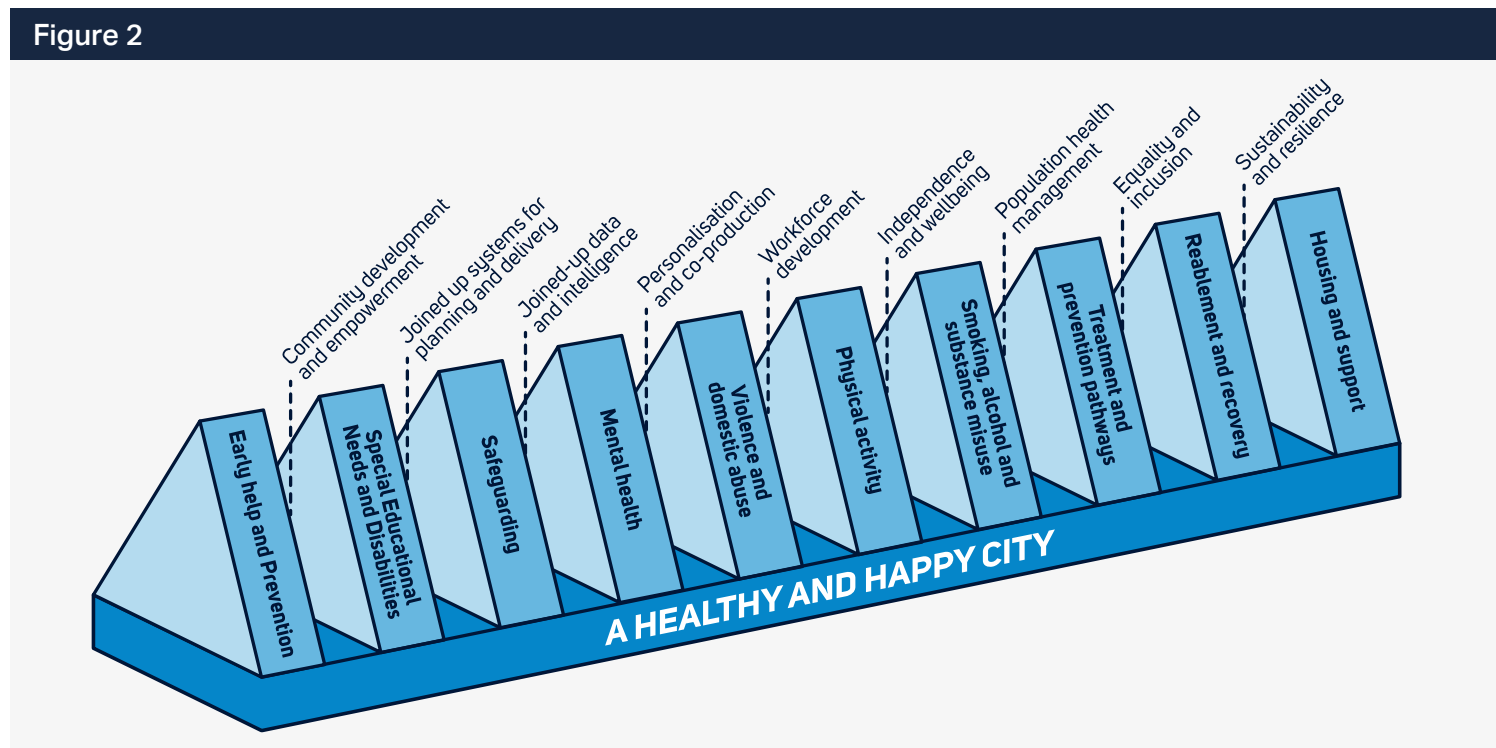
As a system, we collectively aim to meet the needs of all our communities through a combination of universal and targeted services and approaches. For many issues that partners work on, there is a smaller number in greatest need or facing the most significant challenges, and then growing numbers with increasingly less intensive support needs. This is illustrated by the 'triangles' in figure 2 (page 9), with small numbers (and high need) at the top of the triangle, and larger numbers with lower needs towards the base. Our collective ability to meet the different needs at each level is constrained by the total available resource and capacity.

Our aim through this strategy is achieve better outcomes for more people by shrinking those triangles. The approach set out in this strategy is to do this by growing the base, addressing the cross-cutting issues to create a healthier and happier city in which fewer people need support at each level of the triangles.

The focus of commissioning and delivery of public services is often targeted towards those in greatest need or facing

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**Figure 2**



A HEALTHY AND HAPPY CITY

Labels (front triangles, left to right): Early help and Prevention; Special Educational Needs and Disabilities; Safeguarding; Mental health; Violence and domestic abuse; Physical activity; Smoking, alcohol and substance misuse; Treatment and prevention pathways; Reablement and recovery; Housing and support

Labels (spaces between triangles, left to right): Community development and empowerment; Joined up systems for planning and delivery; Joined-up data and intelligence; Personalisation and co-production; Workforce development; Independence and wellbeing; Population health management; Equality and inclusion; Sustainability and resilience

the most significant issues, and delivered in partnership by a range of stakeholders. These strong local partnerships will continue to deliver, supported and enabled where appropriate by the Health and Wellbeing Board.

Our collective efforts are already underpinned by ways of working that ensure we are doing the right things, in the right way, at the right time and place and for the right people. In figure 2 these are shown as the spaces between the triangles, reflecting the fact that the more effectively we do these things together, the further our collective resource can go in supporting delivery. These

things will be crucial in supporting all aspects of this strategy (not just the 'triangles' they sit between). In turn, the strategy and the work of the Board will promote these approaches and address barriers to joint work.

We believe this strategy will support the efforts of local individuals, organisations and partnerships by addressing long-standing challenges that contribute to poor outcomes across the wide range of challenges faced by partners in the city. Achieving this will be a collective effort. Everyone can play their part as individuals and communities by making positive and healthy choices.

HEALTH AND WELLBEING

# BACKGROUND

# A Covid year: what's happened and what's changed?

In Portsmouth, over 400 people have died from Covid-19 and over 50,000 people have tested positive for the illness at least once since the start of the pandemic[2]. Beyond this, we have seen more people move into unemployment, more children become eligible for free school meals and more people need some support from public services. We have also seen communities come together, willingly following rules to suppress the spread of virus and protect the most vulnerable; volunteering time and money to help each other; and rediscovering their local environments.

It has been a time when social change has accelerated, so some things have already changed and are unlikely to ever return to how they once were. In other areas, the pandemic has triggered change and we do not yet know what the ramifications will be, or how significant.

Social movements including Black Lives Matter and protests against ongoing violence against women and girls have raised awareness of issues that impact on people's feeling of safety in their community. Many people are experiencing new pressures in their lives, including financial pressures. Unemployment has increased, and job opportunities, particularly for the young, have reduced.

Importantly, for many people, there is optimism about the future. Trust in institutions such as the NHS and local authorities is high. Volunteering activity has increased. People are more connected with local environments and open spaces, with restrictions leading to short-term reductions in traffic volumes and improvements in air quality. However willingness to use public transport has declined.

# Developing the strategy

This strategy is an opportunity to build on the way partners in the city have worked in partnership to address the pandemic, and to continue engaging with our communities to develop solutions together. Around 100 stakeholders have contributed through workshops to develop each of the priority themes. As well as the specific issues set out under each priority, three cross-cutting issues have emerged that will be explored further as this strategy evolves:



*St Mary's Health Campus*



*Father Bob White and Councillor Suzy Horton at HIVE Portsmouth*



*HIVE Portsmouth volunteers at the Portsmouth vaccination site*

## Community Development

Working with local people, groups and organisations in a way that recognises and nurtures the strengths of individuals, families and communities, and helps to build independence and self-reliance, is a vital alternative to reliance on traditional services.

The work with stakeholders to develop each of the priorities in the strategy reiterated this key message and it will underpin our approaches throughout the strategy. This builds on the commitment to working differently embodied in HIVE Portsmouth that played such an essential role in the city's pandemic response.

## Health, Equality and Diversity

Covid-19 has shone harsh light on some of the health and wider inequalities that persist in our society. It has become increasingly clear that the pandemic has had a disproportionate impact on many who already face disadvantage and discrimination.

The impact of the virus has been particularly detrimental on people living in areas of high deprivation, on people from Black, Asian and minority ethnic communities (BAME) and on older people, those with a learning disability and others with protected characteristics.

The pandemic has shown the importance of reorientating our efforts to address the broad outcomes that drive good health, recognising that the distribution of income and wealth matter in reducing health inequality. We have



begun to address this through our use of the ONS Health Index (described in the next chapter) as a measure of progress, aiming to support a longer-term focus to our policy and investment decisions aimed at improving the health and wellbeing of our residents and communities.

Deprivation is just one of the persistent inequalities that limit individuals' and communities' opportunity to fulfil their potential. The efforts of partners in delivering this strategy will reflect our commitment to equality, diversity and inclusion, ensuring we deliver fair and equitable services to all of our communities.

## Sustainability and Resilience

The link between sustainability, climate change and health is recognised globally. At its most basic level, a sustainable city requires a healthy population; one that is resilient to the challenges of future climate change and one that is able to respond positively to the changes needed to enable sustainable communities, particularly as we move into post-pandemic socio-economic recovery.

The climate crisis is a health crisis, and we recognise the need to promote equality, health and quality of life in order to achieve a sustainable future. Covid-19 has enabled us to fundamentally re-assess what is needed to tackle the scale of change and transformation required, reinforcing that support for vulnerable people and communities is vital, and that we need to shift as a system from a focus on efficiency to one of resilience.

# HEALTH AND WELLBEING STRATEGY

# ONS HEALTH INDEX

# ONS Health Index

In 2018, then Chief Medical Officer, Dame Sally Davies, proposed a Health Index "that reflects the multi-faceted determinants of the population's health". The Office of National Statistics (ONS) launched the draft Health Index in December 2020[3]), with an updated version due to be published in March 2022.

It provides "a single headline indicator of health that is transparent in its construction, can be compared over time, can be compared at different geographical levels, and can be broken down into the effects that drive changes".

The Health Index aligns with the World Health Organization's definition of health[4], that health

*"is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity".*

In developing our strategy we have used the Health Index[5] as a tool to identify areas to focus on, and will continue to use it in order to measure progress over time.

The index is broken down into three domains, each with a number of sub-domains:

- **healthy people** – health outcomes, ensuring representation of the population as a whole
- **healthy lives** – health-related behaviours and personal circumstances
- **healthy places** – wider determinants of health, environmental factors

These are weighted equally, as are the sub-domains within each domain, with individual indicators then weighted using a transparent and robust methodology to achieve a balanced overall score[6]. The Index is scaled to a base of 100 for England in 2015. Values above 100 indicate better health than England in 2015, below 100 indicates worse health.

Figure 3 shows Portsmouth's overall score and its ranking against best and worst performing areas. *See next page for breakdown and pages 41 to 42 for a tabulated version.*

3    ***Developing the Health Index for England: 2015 to 2018*** – Office for National Statistics
4    ***Constitution*** – World Health Organization
5    ***Health Index Explorer*** – Office for National Statistics
6    ***Methods used to develop the Health Index for England: 2015 to 2018*** – Office for National Statistics

### Figure 3: Portsmouth's ranking in the ONS Health Index

**Portsmouth compared against England Average**



96.6
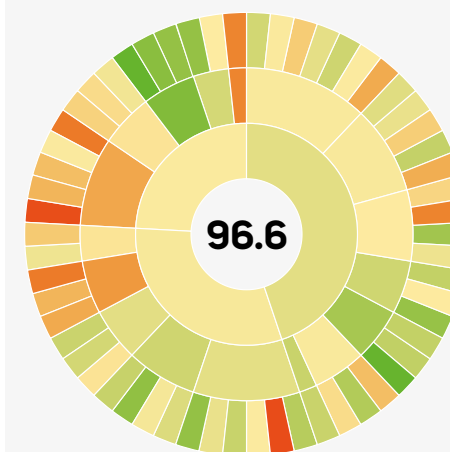
**Ranking for area**

| Place | Score | Rank |
|---|---|---|
| Wokingham | 110.1 | 1 |
| Bolton | 96.8 | 109 |
| Leicester | 96.8 | 110 |
| Barnsley | 96.7 | 111 |
| Dudley | 96.7 | 112 |
| Peterborough | 96.7 | 113 |
| **Portsmouth** | **96.6** | **114** |
| Stockton-on-Tees | 96.3 | 115 |
| Sefton | 96.2 | 116 |
| Blackpool | 86.4 | 149 |

## Figure 4: Portsmouth's scores in the ONS Health Index, broken down by domain sub-domain and indicator, compared to England average



**Left side labels (Healthy Places / Healthy Lives):**

- 81.3 Personal crime
- 94.4 Private outdoor space
- 108.8 Public green space
- 110.8 Distance to sports or leisure facilities
- 112.1 Distance to pharmacies
- 116.2 Distance to GP services
- 96.5 Housing affordability
- 92.2 Homelessness
- 90.9 Household overcrowding
- 80.1 Road traffic volume
- 95 Road safety
- 88.2 Neighbourhood noise
- 87.1 Transport noise
- 76 Air pollution
- 89.8 Avoidable deaths
- 97 Healthy Life expectancy
- 80.3 Self-harm
- 87.1 Depression
- 85.6 Suicides
- 103.2 Frailty
- 101.9 Difficulty completing Activities of Daily Living
- 93.3 Disability that impacts daily activities
- 103.7 Anxiety
- 111.2 Happiness
- 95.9 Life worthwhileness
- 100.4 Life satisfaction
- 110.9 Kidney disease
- 98 Cancer
- 103.5 Cardiovascular conditions

**Right side labels (Healthy People):**

- Infant mortality 102
- Children's social, emotional & mental health 95.1
- Overweight and obesity in children 90
- Low birth weight 98.8
- Teenage pregnancy 102.7
- Child poverty 94.8
- Children in state care 85.7
- Alcohol misuse 99.7
- Smoking 98
- Drug misuse 90.3
- Physical activity 104.2
- Healthy eating 86.2
- Young people's education, employment & training 91.4
- Pupil absence 81.2
- Early years development 109
- GCSE achievement 97.3
- Diabetes 104.4
- Overweight and obesity in adults 94.3
- Hypertension 110.5
- Job-related training 104.4
- Low pay 104.6
- Workplace safety 116
- Cancer screening 88.2
- Vaccination coverage 106.8
- Sexual health 92.3
- Unemployment 103.5
- Dementia 106.1
- Musculoskeletal conditions 75.8
- Respiratory conditions 94.8

**Central domains:**
- HEALTHY PLACES 95
- HEALTHY PEOPLE 99.2
- HEALTHY LIVES 95.6

**Legend:**

- A Risk factors for children 95.2
- B Behavioural risk factors 95.5
- C Children & young people's education 94.4
- D Physiological risk factors 102.4
- E Working conditions 108.4
- F Protective measures 95.2
- G Unemployment 103.5
- H Physical health conditions 99
- I Personal well-being 102.6
- J Difficulties in daily life 99.2
- K Mental Health 83.6
- L Mortality 93.4
- M Local environment 85.4
- N Access to housing 93.4
- O Access to services 113.1
- P Access to green space 101.6
- Q Crime 81.3

## Figure 5: Portsmouth's ONS Health Index score relative to England, 2015 – 2018
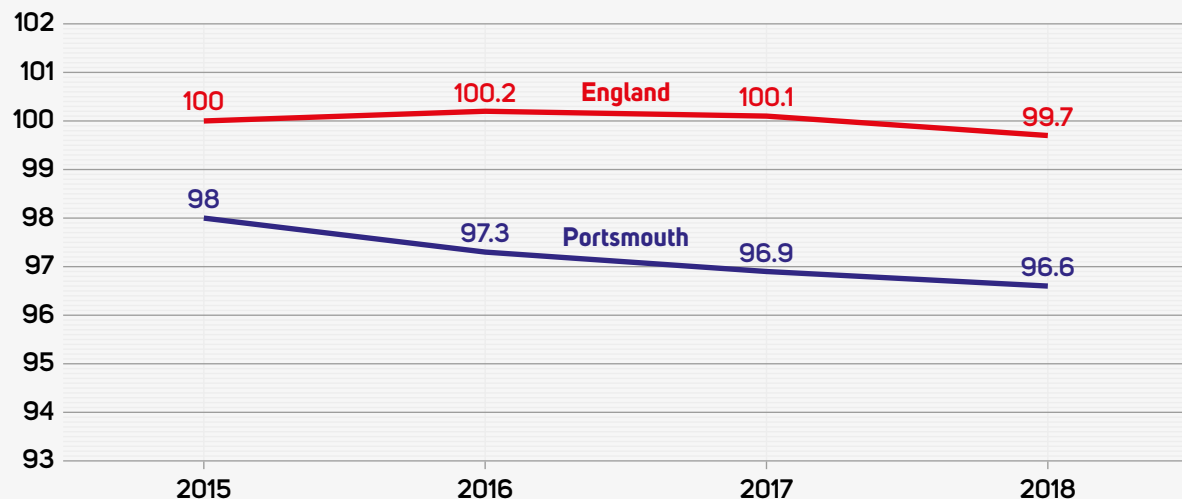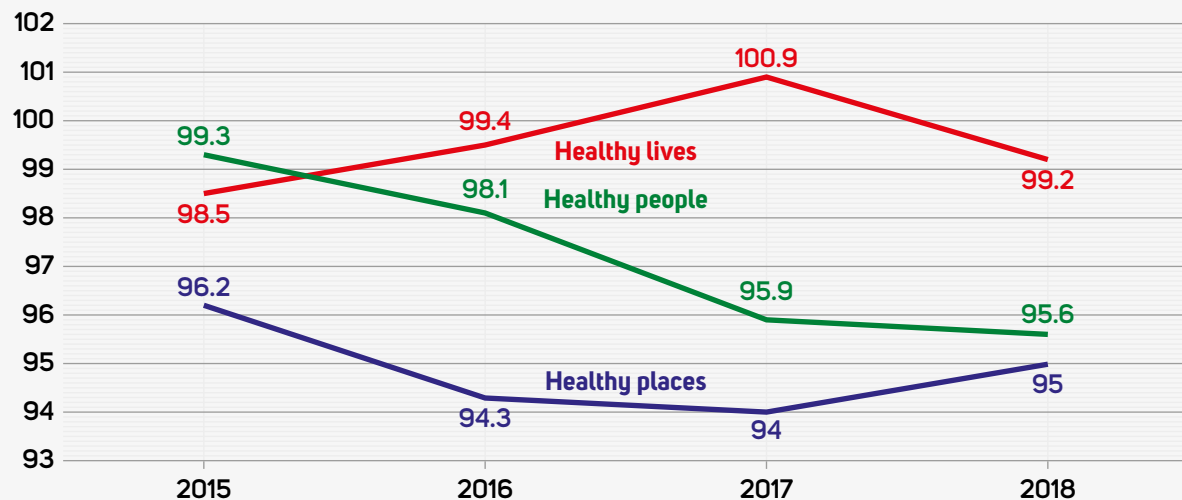


## Figure 6: Portsmouth's ONS Health Index sub-domain scores, 2015 – 2018



Data for Portsmouth in 2018 showed that health was worse than the England average in 2015, and that the city's relative position has worsened in the years since.

Portsmouth's position has worsened in relation to health outcomes and wider determinants, and improved in relation to health-related behaviours.

Portsmouth is not an outlier in terms of its overall score. It sits within a pattern in which more deprived areas have less healthy populations, as shown in figure 7.

## Figure 7: IMD score against Health Index 2018
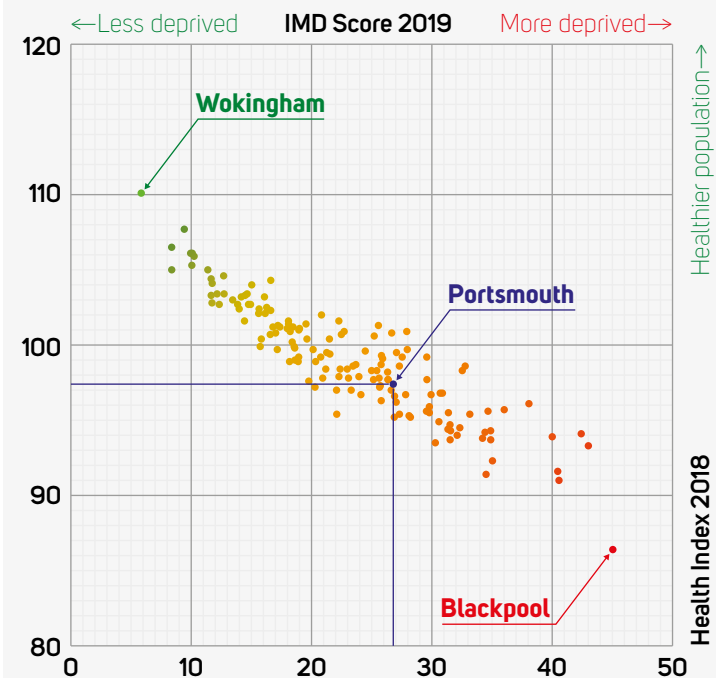
Exploring sub-domains within the Health Index suggested a number of areas where outcomes are much worse in Portsmouth than in England. These helped to inform the selection of priorities, alongside other outcome data and local intelligence. For example, out of 149 local authorities, where 1 is the best, Portsmouth ranks 98th for child poverty, 112th for household income, 113th for children's social, emotional and mental health, 133rd for GCSE achievement, 135th for air quality, 139th for self-harm, 141st for pupil absence, and 145th for road traffic volume.

Many of these areas will have been significantly impacted by Covid-19 and existing disparities are likely to have been exacerbated.

**Figure 8: ONS Health Index indicators where Portsmouth scores badly**



Road Traffic Volume **145th**
Pupil Absence **141st**
Self-Harm **139th**
Air Quality **135th**
GCSE Achievement **133rd**
Children's Social, Emotional and Mental Health **113th**
Household Overcrowding **112th**
Child Poverty **98th**

1    149

Best    Worst

HEALTH AND WELLBEING **STRATEGY 2022–2030**

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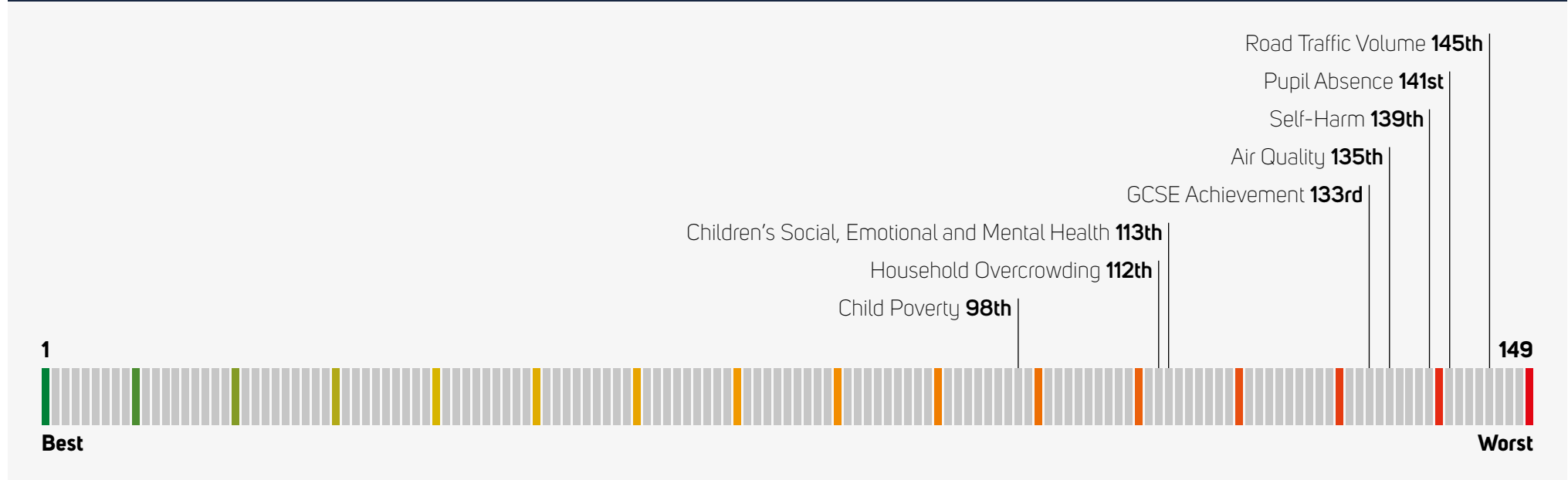
# PRIORITIES:
# FIVE 'CAUSES OF THE CAUSES'

# Tackling Poverty

## The causes of the causes – why tackling poverty underpins outcomes across the Health and Wellbeing Strategy

The Marmot Review[7], published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes. As such, health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist. In addition, both the Marmot Review and the Dame Carol Black Review[8] highlighted the huge economic costs of failing to act on the wider determinants of health.

This priority represents a shared commitment across local public services that we will seek to help people to escape poverty, and take action to mitigate the effects of poverty.

We will do this by providing good quality employment to tackle in-work poverty, so that every employee:

- Receives a real living wage

- Has the security of sufficient working hours to meet their needs

- Can work flexibly, to ensure those with additional needs or caring responsibilities can maintain employment

- Can progress into and through work, with training and support, to fulfil their potential and increase their earning power

If all organisations represented on the HWB became an Accredited Living Wage employer, this would extend the Real Living Wage to all directly employed staff and to all staff working on contracts in private firms and the voluntary sector as these contracts come up for renewal and play an important part of the city's recovery from the pandemic. Social value provides additional benefits which can aid the recovery of local communities through employment, re-training and community support. Existing and emerging Living Wage Places are showing the impact that large employers and anchor institutions can have in attempting to make the Living Wage the norm in their place and lift people out of low pay.[9]

7   Fair Society Healthy Lives (The Marmot Review) – Institute of Health Equity
8   Review of drugs part two: prevention, treatment, and recovery – GOV.UK
9   Building Back Better with Living Wage Places – Living Wage Foundation

## Key activity in short term

Short term activity will focus on three key areas:

**1** **Providing immediate support to people in financial hardship**

- Developing a range of local welfare provision to assist those in urgent or long-term financial hardship.

- Helping people to maximise their income through:

  - Ensuring they receive everything they are entitled to

  - Reducing expenditure

  - Dealing with unmanageable debt.

- Promoting financial capability and inclusion.

Between 2015 and 2020, Portsmouth experienced steadily increasing levels of child poverty[10] and uptake of foodbank support. Foodbank demand more than doubled in the early months of the pandemic and remained above pre-pandemic levels until July 2021[11].

Long term issues of poverty and inequality in the city have been exacerbated by the impact of the pandemic on health, social networks and the economy. Increasing numbers of people will require assistance to cope with short term income shocks or longer and deeper periods of poverty.

**2** **Helping people access the right employability support at the right time**

- Ensuring people know where to find help and advice, to prepare for or find work.

- Providing additional support for those who may have greater barriers to work, such as people with a learning disability.

- Increase access to digital upskilling opportunities.

Unemployment levels rose steeply at the start of the pandemic, from 4,842 people looking for work and in receipt of an out of work benefit in March 2020, to 10,691 people in May 2020, before reducing to 9,326 in May 2021[12].

Action is required to help those furthest from employment, and support those seeking to re-train as employment opportunities change.



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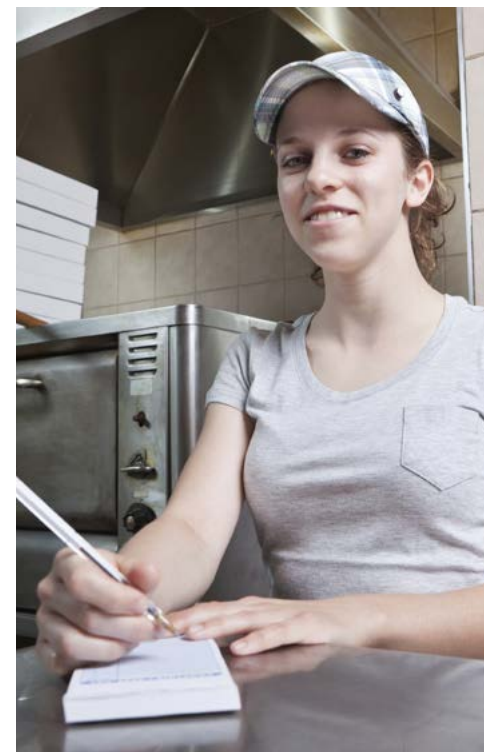
10  Children in low income families: local area statistics 2014 to 2020 – GOV.UK
11  Data provided by Portsmouth Foodbank, King's Church, September 2021
12  Department for Work and Pensions, Alternative Claimant Count

# 3 Supporting a community-level response to local needs

- Enabling communities to access resources, advice and support to meet their own needs.

- Offering support and coordination to make best use of the resources available.

- Facilitating the development of new services and activities to meet the needs of people in financial hardship.

The local response to the pandemic demonstrated the capacity of local communities to support one another, with the support of HIVE Portsmouth and its partners.

Pressure on public services, and the withdrawal of additional financial support to help people cope with the impact of the pandemic, means that the skills, knowledge and capacity in the community to support people in financial hardship will be increasingly important.



## Related partnerships, priorities and plans

This theme will be led for the HWB by the Director of Public Health. Tackling poverty underpins many of the people-focussed strategies for the city, and is specifically identified in the fuel poverty aspects of the Energy and Water at Home Strategy 2020 – 25, the Children's Public Health Strategy 2021 – 23, and the Homelessness Strategy 2018 – 23.

# Educational Attainment

## The causes of the causes – why educational attainment underpins outcomes across the Health and Wellbeing Strategy

The education that people receive is an important preparation for the rest of their lives, equipping them with many of the things they need to go on and lead successful lives. Attainment can be an important factor in the opportunities people can take up in later life, and in turn, these opportunities can be important determining factors for physical, mental and emotional health.

In many key measures of educational attainment, Portsmouth is ranked lower than other cities. There is a paradox that the city is strong in terms of Ofsted judgements, with 92% of inspected schools and 96% of early years settings assessed to be good or better, but the city has weak outcomes in terms of educational outcomes, particularly at the end of Key Stage 2 when children finish their primary school years and Key Stage 4 when they finish secondary schooling.

Efforts to improve attainment in the city are being led by the Portsmouth Education Partnership, who have identified a range of priorities to drive these improvements. Chief among these is the development of strong leadership and ambition at all levels within individual schools to improve effectiveness and

outcomes for children and young people, supported by peer review, national professional qualifications and subject networks for middle leaders. Others include the implementation of a digital learning strategy for the city that supports learning both at school and home, and efforts to improve pupil outcomes in literacy with a high priority on early language development.

Portsmouth prides itself on being an inclusive city. We received a very positive Local Area Inspection report from Ofsted/CQC in 2019 on the response for children with special educational needs and disabilities (SEND), and yet relative to other places we see poor outcomes for disadvantaged pupils, pupils on SEN support and children who are looked after.

Other areas that have been identified are about ensuring that children are ready to learn. This includes ensuring that they have good emotional health and wellbeing and that they are attending school regularly. There is also a focus on making sure that young people coming to the end of their compulsory education are still engaged, by considering the prevention and re-engagement offer

required to stop them falling out of any form of education, employment or training.

Whilst lots of this work needs to be done within schools and by teachers and the education community, there is a need for much wider, whole-system working to ensure that children and their families are supported to value education and participate in it so that they achieve their best possible outcomes. There are lots of complex reasons why people might be struggling to support their children in education. They may have had a difficult or traumatic experience of the system themselves. They simply might not realise the importance for learning of ensuring that their children have good diets, plenty of physical activity and enough sleep. Or for reasons beyond their own control, they might be unable to provide those things.
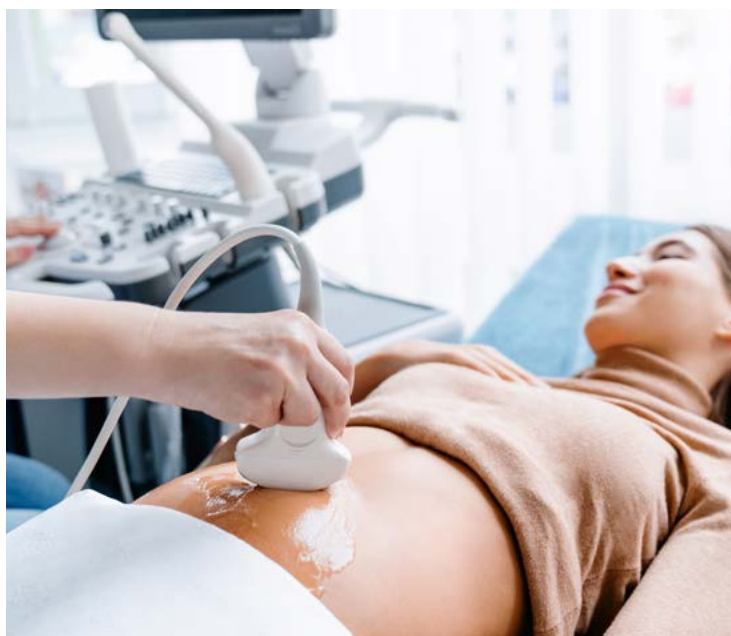
This priority represents a shared commitment across local public services that we will seek to support schools in providing the best educational experiences that they can for the children of Portsmouth, and that we will also support those children and their families to get the most out of their learning.

## Key activity in short term

Short term activity will focus on three key areas:

**1** **Supporting families in pregnancy and the early years to give children the best start**

- Implement the Best Start in Life Action Plan, focusing on improving early identification of vulnerable women and families

- Develop an Early Years and Childcare Service led programme to encourage families to access free and low-cost activities across the city, with a clear link to development of language and learning skills.

## Related partnerships, priorities and plans

This theme will be led by the Director of Children's Services, the statutory lead for children in the city.

The Portsmouth Education Partnership is the key body overseeing issues relating to educational attainment, but there are relationships to other strategies relating to children in the city, including the SEND strategy, the strategy for children's social, emotional and mental health, and the strategy for children's health.

**2** **Developing a citywide culture of aspiration and expectation, including consistent messages about what is needed to support children in their education**

- Develop and implement a "Portsmouth Deal" with parents

- Proactively support access to opportunity and experiences for young people to help them see the possibilities that exist for them, building on the citywide Aspirations Week

- Develop access to careers advice and support for young people including the Apprenticeship Hub and My Future in Portsmouth

**3** **Develop models to promote school attendance and inclusion**

- Continue to drive restorative and relational practices in schools and other services to address barriers to inclusion

- Continue to look at the service offer for families, children and young people that promotes positive engagement, including the holiday activities and food offer, youth and play provision

# Positive Relationships in Safer Communities

## The causes of the causes – why positive relationships underpin outcomes across the Health and Wellbeing Strategy

Connectedness with each other, family and community underpins many positive outcomes. We call this social capital. Evidence shows that communities with high levels of social connectedness have longer and happier lives and are less dependent on public services.[13] Relational capital – the positive relationships we have with those around us – underpins social capital.

Our approach is to enable people to develop their own relational capital to help address many of the biggest challenges we face, and this will underpin many areas covered by this strategy. For example, we know that people who experience trauma – in childhood and adulthood – struggle to develop and maintain positive relationships and connectedness due to what is known as 'blocked trust'. Restorative approaches[14], including listening to people's stories about how the way services are run affect them, are a key part of addressing this.

Restorative skills need to be embedded across the board, in our services and our communities. The work of Portsmouth Mediation Service, including with tenants and landlords, in education settings and with the community, show the value of applying relational approaches upstream – supporting the strategy's overall aim to enable people to thrive.

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13  Relationships in the 21st century. The forgotten foundation of mental health wellbeing – Mental Health Foundation
14  Restorative and relational practice is a way of being that equips us for building relationships, strengthening communities, resolving conflict and repairing harm. It is less what we do and more who we become. Restorative practice is applicable in every setting where there are people – the living room, the board room, the team room, the classroom, the conference room and the court room. Restorative practice – Portsmouth Safeguarding Children Board

## Key activity in short term

This priority represents a shared commitment across local public services that we will seek to support and enable individuals to grow their 'relational capital'. We will do this by:

**1** **Adopting restorative approaches that aim to repair relationships where appropriate to support our most vulnerable**

There are groups of residents who are particularly disconnected from their families and communities, for whom low levels of social and/or relational capital is both a causal and contributory factor to making them vulnerable and heavily reliant on public services:

- There are an estimated 400 adults experiencing multiple disadvantage (insecure housing, mental ill-health, violence and substance misuse) who we will support through our 'Changing Futures' programme

- Portsmouth has over 300 care leavers, many of whom experience long-term impacts from family separation, including isolation. We will revise and enhance the care leaver offer, focussing on enabling young people to develop supportive networks through into adulthood

- Up to 100 children and young people who are criminally exploited and/or involved in serious violence and repeat offending. Through the safeguarding partnership we will identify these and other young people at risk and disrupt unhealthy and unsafe relationships with exploiters. We will see to engage young people in positive relationships with peers, education and those who care for them

- Domestic abuse remains a major issue in the city. In addition to victim support and work on healthy relationships, we will increase our focus on enabling perpetrators of domestic abuse to change their behaviour

- We will focus on 'High Intensity Users' of acute hospital services, particularly substance misuse and mental health services, to meet their needs more effectively in the community

- We will identify very isolated older people and build their connectedness to their community

**2** **Giving front-line staff the permission and the power to find the right solutions for clients regardless of which agency they approach**

- Services will be commissioned and delivered in a joined-up way to ensure they are responsive to local needs

- Front-line staff will be empowered and equipped with the skills to meet clients' needs in ways that respect their needs, responsibilities and relationships

## 3 Engaging residents in community-based work to build social and relational capital in all areas of the city

Strong connected communities have better outcomes for citizens and often meet local need far more effectively than public services. 'Restorative practice' provides a framework for building relationships, building communities and reducing harm, hurt and conflict, and we will embed it further by:

- Funding Voluntary and Community Sector support to facilitate restorative conversations in the community to reduce conflict

- Promoting restorative approaches through the 'Portsmouth Deal with Parents' led by the Parent Board

- Addressing domestic abuse in all its forms by challenging cultural norms, promoting healthy relationships and changing the behaviour of perpetrators

- Implementing the PACE (Play, Acceptance, Curiosity and Empathy) model of relational practice with traumatised children



### Related partnerships, priorities and plans

This theme will be led for the HWB by the Portsmouth District Police Commander. It builds on, and supports, key partnership plans that are already in place in the city, including:

- Restorative Portsmouth: a vision for a city where the principles of restorative approaches are embedded in everyday life.

- The Safer Portsmouth Plan 2021 – 22 which sets out priorities based on a comprehensive Strategic Assessment of crime, ASB, Re-offending and Substance Misuse

- Portsmouth's Domestic Abuse Strategy

- The Children's Trust Plan 'Spine' – a Deal with Parents and Restorative Practice. Also includes the Portsmouth Youth Justice Plan under the Portsmouth Safeguarding Strategy

# Housing

## The causes of the causes – why housing underpins outcomes across the Health and Wellbeing Strategy

Portsmouth is a great place to live for most, but for an increasing number of people it is a challenge to do in a safe and healthy way due to issues related to their accommodation.

Unfortunately, more and more people sleep on the streets of this great city and many others, and the pandemic raised the profile of this issue. The reasons that people sleep on the streets are varied and complex, defying traditional service responses. Every person who sleeps rough has a different story. What unites them is the human cost of doing so – those who sleep rough die on average 30 years younger than the rest of the population.

The city should be rightly proud of the investment and support it has given to help people get off the streets and receiving the right housing support. Funding that became available as part of the pandemic response created a step change, but rough sleeping remains. The government have now set a target to end rough sleeping by 2027. However there are many more people who are homeless, as defined by legislation, than those who are simply seen to be sleeping on the streets. This includes

single people, couples and families who do not have a settled place to call their own, 'sofa surfers', and many who are in temporary accommodation without security of tenure. These situations can lead to serious impacts on people including stress, anxiety, poor diet and hygiene, risk from abuse and exploitation.

There has been a consistent growth since 2014 in people approaching the council for help as homeless, with over 2,000 homeless approaches to the council in 2020/21, 94% of whom were born in the city or with a long-term connection to it. Pandemic-related restrictions such as the eviction ban show no signs of easing the situation. Ensuring adequate and suitable homes in the city is a critical issue.

The nature of tenure is also an importance influence on people's experience of their housing. There are around 90,000 homes in the city and nearly 59% of these are owner occupied; 22% are rented in the private sector; 11% are rented from the Council and 8% are rented from other social landlords. The proportion of homes that are rented privately is increasing.

For many it is the right type of housing for them, either as something temporary, or as a place with long-term financial commitments, but as an overall sector, it could work better for those who rent, are landlords, or are neighbours. For some people they do not have the security they are looking for. Landlords, the majority of whom are small or accidental landlords, also need help and support to make the overall system work. We need to think about how we support landlords to provide safe, warm and healthy homes; and also how we support them to work in tenancy situations which might be challenging.

Many of the housing issues that impact on health are relevant for those who are owner occupiers as well as renting properties. Nearly half (compared to a fifth for England) of Portsmouth's housing is terraced and over a hundred years old. Some of these properties are in poor condition and present challenges for modern living, in particular for those with disability or mobility issues. For some people, homes that were once suitable might no longer work for them, but the overall housing system does not function in a way that gives them many other options.

The age and condition of some of the city's housing is also relevant as energy prices soar, because some older properties are inefficient in energy terms, resulting in high fuel bills which can lead to fuel poverty. There is a real prospect that some households will be faced with choices between eating, paying the electricity and gas bills or paying their rent. Thermal comfort is an important element to health, not only because people should be able to be warm, but because homes that are cold or damp contribute to other conditions, particularly respiratory illnesses.

This priority represents a shared commitment across local public services that we will seek to help people into safe and secure homes that are suitable for their circumstances and support providers of housing so that they can play their part in this too.

## Key activity in short term

Short term activity will focus on three key areas:

**1** **Implementing the Homelessness and Rough Sleeping Strategy to provide support for those vulnerable people in greatest need of housing**

- Working together as a city to take an "Accommodation First not Accommodation Only" approach to support and safeguard anyone at risk of sleeping on the streets of Portsmouth, including developing the homeless healthcare offer

- Working with vulnerable people to develop personal housing plans that make it possible for them to find and sustain housing

- Building on the learning from the pandemic response to street sleeping to create long term, sustainable support



*Patey Court*

**2** **Work to develop models of housing that suit people at different stages in their lives and reflect their needs**

- Ensuring people know where to find housing help and advice

- Developing solutions for people in need of homes that meet their needs, including through running a custom-build pilot scheme

- Building on success in creating supported housing by developing options for older and vulnerable people, including those with dementia, learning disabilities or mental health challenges

- Continuing to develop the offer around home adaptation and assistive technology to ensure that people can be safe and independent in their homes for as long as possible

- Continuing to develop the Switched On Portsmouth offer to help people reduce energy and water costs in their homes

**3** **Develop stronger models of support for landlords and tenants to support long term, successful tenancies**

- Building on the 'Rent it Right' model and the collaborative approach between the local authority and private landlords to develop opportunities to provide good quality, affordable accommodation across the city

- Putting learning into practice to inform how we commission and contract support provision to help people sustain accommodation

- Working to support the effective functioning of the private rented sector, looking at mediation models and access to landlord support

## Related partnerships, priorities and plans

The HWB lead for this theme will be the Chief Executive of Portsmouth City Council. Key to developing the theme of housing in the city will be the Local Plan, which will identify opportunities for creation of more homes in the city and ensure that these are constructed to a suitable standard. There are also strong relationships to the Rough Sleeping and Homelessness Strategy and the Private Rented Sector Strategy. The provision of appropriate housing options is a critical element of the city strategy for the development of Adult Social Care. There is a relationship to the city's engagement with the Government's One Public Estate Programme and a range of funded programmes related to homelessness.

# Active Travel and Air Quality

## Air pollution and health

Air pollution is the greatest environmental risk to public health in the UK[15], and it is known to have disproportionate effects on vulnerable groups. Air quality disproportionately affects the very old, the very young, and those with chronic conditions. It also has greater impact on those who live, work or go to school in more deprived areas.

The combined effect of long-term exposure to air pollution in the UK in 2013, from both NO2 and particulate matter (PM), has an effect equivalent to 28,000 to 36,000 deaths at typical ages, associated with a loss of 328,000 – 416,000 life years[16]. NO2, particularly at high concentrations, is a respiratory irritant that that can cause inflammation of the airways. There is currently no clear evidence of a threshold concentration of NO2 in ambient air below which there are no harmful effects for humans.

Data from the Public Health Outcomes Framework (PHOF)[17] indicates that in 2019, 5.6% of all premature deaths in Portsmouth could be attributed to air pollution (specifically long term exposure to particulate matter), compared to 5.1% of all early deaths in England, and 5.2% in the South East. The burden of disease attributed to poor air quality in Portsmouth is therefore estimated to be greater than the regional and national average.

As well as the link between concentrations of particulate matter and premature deaths, the impact of high concentrations of NO2 on health outcomes can be inferred from incidence of respiratory disease. The number of deaths from respiratory diseases in Portsmouth is highest in Charles Dickens ward, which contains the two air quality exceedance locations that have been introduced through the Portsmouth charging Clean Air Zone (CAZ), and has high levels of deprivation.

## Active travel and health

Active travel, such as walking, scooting or cycling directly contributes to physical, mental and neurological health benefits such as reducing the risk of all-cause mortality, reducing symptoms of depression and improved quality

15  Air Quality, A Briefing for Directors of Public Health – Defra and Public Health England
16  Associations of long-term average concentrations of nitrogen dioxide with mortality (2018): COMEAP summary – GOV.UK
17  *Public Health Profiles [air]* – Public Health England

of life[18]. Despite the benefits of active travel, in 2019 less than 5% of trips made in Portsmouth were cycled and only 18% of the total kilometres travelled within the city were walked[19]. This is reflected in the wider picture of low levels of physical activity in the city with 23% of adults being physically inactive[20] and in the prevalence of overweight and obesity amongst adults and children in the city which is above the regional and national averages[21].

## Identifying and addressing the challenges

Whilst there is a wealth of evidence to demonstrate the importance of reducing air pollution and encouraging active travel as well as a desire to take positive steps towards change, there are several common barriers to delivering improvements in these areas that this strategy will help to address.

## 1 Knowledge sharing and collaboration

Improvements in air quality and increased uptake of active travel cannot be achieved by any one organisation in isolation, and so we must work together to deliver improvements. We will:

- Empower existing partnerships to drive forward the air quality agenda in Portsmouth, including identifying additional opportunities for working collaboratively to improve air quality and encourage greater uptake of active travel

- Enable communities to access resources, advice and support to meet their own needs

18  Cycling and walking for individual and population health benefits – Public Health England
19  Environmental Insights Explorer – Google
20  *Public Health Profiles [physical]* – Public Health England
21  *Public Health Profiles [overweight]* – Public Health England

## 2 Building capability and opportunity of access

Uptake of active travel or reduction in air pollution is often easiest for those who feel they have a vested interest or who have resources to invest in committing to change. This strategy will consider issues of equity and equality by:

- Promoting inclusion in active travel improvement measures across the city and for different social and demographic groups

- Leading by example by ensuring our services reduce air pollution and promote active travel

- Providing additional support for those who may have greater barriers to taking up active travel or reducing emissions

## 3 Improving infrastructure

A key barrier to reducing the reliance on motorised vehicles or switching to active travel modes is safety or the perception of safety. Portsmouth continues to be ranked as one of the most dangerous places in England to cycle, and concerns about personal safety are often cited as a barrier to walking. The provision of high quality, safe infrastructure is essential for achieving our strategic aims. The HWB will therefore:

- Promote the use of planning, licensing and transport policies to deliver strategic aims for increasing active travel and reducing air pollution

- Support proposals that will deliver improvements in active travel and air quality

- Work collectively to influence local and national policy to meet our strategic objectives

## Related partnerships, priorities and plans

The HWB lead for this theme will be the Chief Executive of Portsmouth Hospitals University NHS Trust

There are many linked plans to this theme, and these include local NHS Green Plans, the Local Air Quality Plan and Air Quality Strategy, the Local Transport Plan, Local Cycling and Walking Infrastructure Plan, the Local Plan and the Economic Development and Regeneration Strategy.

HEALTH AND WELLBEING STRATEGY

# DELIVERY, MONITORING PROGRESS AND MEASURING SUCCESS

The issues this strategy addresses are each underpinned by a complex combination of risks and protective factors. Each will be impacted by a range of local activity and external influences e.g. changes in national policy. The role of the HWB in overseeing the strategy is to provide transparency about what is being done, whether progress is being made, and the impact this is having, and to find new ways to galvanise local organisations and communities to action.

Each priority has a named board-level sponsor, supported by an appropriate officer lead/leads. They will be responsible for providing an annual update to the HWB, on a rolling basis, that will give a narrative overview of system-wide efforts to address the issue, highlighting how partners are working together to achieve measurable change in these complex areas that underpin positive outcomes across the system. While the sponsor and lead will coordinate this reporting and convene groups where required, the strategy requires all organisations to be actively identifying where and how they can support this work through their own plans and strategies.

Wherever possible we will build on the strong local partnerships already in place in Portsmouth. This will also be an opportunity to bring new partners from the HWB and the wider system into those discussions, or to seek strategic-level buy-in from organisations where additional activity is required. For example, this could led to a new 'Memorandum of Understanding' that sets out the commitment each organisation is making to a topic.



This could then be extended to other organisations and sectors in the city, creating models that enable everyone to have their contribution to creating a healthy and happy city recognised. In addition, all partners on the HWB will have the opportunity to present an update on their organisation's progress as an 'anchor institution' in addressing the key place-based health and wellbeing challenges.

Partners and sectors represented on the board will all need to engage in developing new ways to achieve real change on the priorities set out in this strategy but much of the change we want to see will rely on the efforts of local people. We will explore the potential for a 'Principles-focussed evaluation' approach as part of our wider engagement with local communities around delivery of the strategy's priorities. This would require restating the priorities as a set of principles to create a sense of ownership of action that stems from these. The evaluation would then focus on assessing where these principles have or have not been lived out in HWB members' relationships and actions.

Over the longer-term, the ONS Health Index provides an objective framework for assessing the impact over time of the HWB's focus on the 'causes of the causes'. While there is a lag between activity and updated data, it gives

a good baseline of our population's health before the pandemic and will allow the board to assess:

- If we are making a measurable difference over time on the priorities the board identifies

- If that is having an effect on the overall health of the local population, over time and in comparison to other areas

This will be enhanced by tracking progress and trends against key measures used by HWB partners such as:

- Long-term indicators taken from the Public Health Outcomes Framework and other established frameworks

- Insights from regular city-wide resident surveys using the City Vision's themes and aspirations.

HEALTH AND
WELLBEING
STRATEGY

# CONSULTATION RESPONSES

Consultation responses

The HWB is grateful to the nearly 500 people and organisations that submitted responses to the consultation during December 2021 and January 2022. This showed clear support for the priorities and challenges that the board have identified with between 71% and 92% agreeing or strongly agreeing with the inclusion of each priority, and between just 3% and 6% disagreeing or strongly disagreeing with each.

Responses highlighted various work that is already underway that can be built on, and opportunities for the HWB to add value, as this strategy is implemented. These will be used by the leads for each area as they bring people together to facilitate new ways of addressing the deep-seated challenges this strategy aims to address. The suggestions for how we will know if we are making a change for the better will inform the reporting back to the board on progress in each area.

The range of suggestions of areas that need further improvement in the city highlights the scale of the challenge we face, and the role that everyone in the city has to play in that. We believe that by working together on these 'causes of the causes' of poor health and wellbeing we can make Portsmouth a healthier and happier city.

*"A waiting list is no good its how we get so many stories of a soul lost."*

*"Not just listen to local people, really HEAR them as well."*

*"Promote restorative and trauma informed approached. Promote collaboration between services – no wrong front door."*

*"Reconnecting communities is vital in creating happiness. It fosters a safe area to live, where people can be relaxed and connected to each other. They'll want to do their best for everyone."*

*"Portsmouth has incredibly knowledgeable, compassionate and dedicated housing officers who work tirelessly to support tenants in local authority, social housing and private tennancies but the honest truth is rents are generally too high for low incomes or those on benefits."*

*"Increasing biodiversity will help improve human health as well as wildlife."*

Responses have been edited for spelling and grammar

HEALTH AND
WELLBEING
STRATEGY

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## Table 1: Portsmouth's scores in the ONS Health Index, broken down by domain sub-domain and indicator, compared to England average

| Domain | Domain score | Sub-domain | Sub-domain score | Indicator | Indicator score |
|--------|--------------|------------|------------------|-----------|-----------------|
| Healthy lives | 99.2 | Risk factors for children | 95.2 | Infant mortality | 102 |
| | | | | Children's social, emotional and mental health | 95.1 |
| | | | | Overweight and obesity in children | 90 |
| | | | | Low birth weight | 98.8 |
| | | | | Teenage pregnancy | 102.7 |
| | | | | Child poverty | 94.8 |
| | | | | Children in state care | 85.7 |
| | | Behavioural risk factors | 95.5 | Alcohol misuse | 99.7 |
| | | | | Smoking | 98 |
| | | | | Drug misuse | 90.3 |
| | | | | Physical activity | 104.2 |
| | | | | Healthy eating | 86.2 |
| | | Children and young people's education | 94.4 | Young people's education, employment and training | 91.4 |
| | | | | Pupil absence | 81.2 |
| | | | | Early years development | 109 |
| | | | | GCSE achievement | 97.3 |
| | | Physiological risk factors | 102.4 | Diabetes | 104.4 |
| | | | | Overweight and obesity in adults | 94.3 |
| | | | | Hypertension | 110.5 |
| | | Working conditions | 108.4 | Job-related training | 104.4 |
| | | | | Low pay | 104.6 |
| | | | | Workplace safety | 116 |
| | | Protective measures | 95.2 | Cancer screening | 88.2 |
| | | | | Vaccination coverage | 106.8 |
| | | | | Sexual health | 92.3 |
| | | Unemployment | 103.5 | Unemployment | 103.5 |

| Domain | Domain score | Sub-domain | Sub-domain score | Indicator | Indicator score |
|---|---|---|---|---|---|
| Healthy people | 95.6 | Physical health conditions | 99 | Dementia | 106.1 |
| | | | | Musculoskeletal conditions | 75.8 |
| | | | | Respiratory conditions | 94.8 |
| | | | | Cardiovascular conditions | 103.5 |
| | | | | Cancer | 98 |
| | | | | Kidney disease | 110.9 |
| | | Personal well-being | 102.6 | Life satisfaction | 100.4 |
| | | | | Life worthwhileness | 95.9 |
| | | | | Happiness | 111.2 |
| | | | | Anxiety | 103.7 |
| | | Difficulties in daily life | 99.2 | Disability that impacts daily activities | 93.3 |
| | | | | Difficulty completing Activities of Daily Living (ADLs) | 101.9 |
| | | | | Frailty | 103.2 |
| | | Mental Health | 83.6 | Suicides | 85.6 |
| | | | | Depression | 87.1 |
| | | | | Self-harm | 80.3 |
| | | Mortality | 93.4 | Healthy Life expectancy | 97 |
| | | | | Avoidable deaths | 89.8 |
| Healthy places | 95 | Local environment | 85.4 | Air pollution | 76 |
| | | | | Transport noise | 87.1 |
| | | | | Neighbourhood noise | 88.2 |
| | | | | Road safety | 95 |
| | | | | Road traffic volume | 80.1 |
| | | Access to housing | 93.4 | Household overcrowding | 90.9 |
| | | | | Homelessness | 92.2 |
| | | | | Housing affordability | 96.5 |
| | | Access to services | 113.1 | Distance to GP services | 116.2 |
| | | | | Distance to pharmacies | 112.1 |
| | | | | Distance to sports or leisure facilities | 110.8 |
| | | Access to green space | 101.6 | Public green space | 108.8 |
| | | | | Private outdoor space | 94.4 |
| | | Crime | 81.3 | Personal crime | 81.3 |

**Portsmouth** CITY COUNCIL