

Joint Health and Wellbeing Strategy 2014-2017

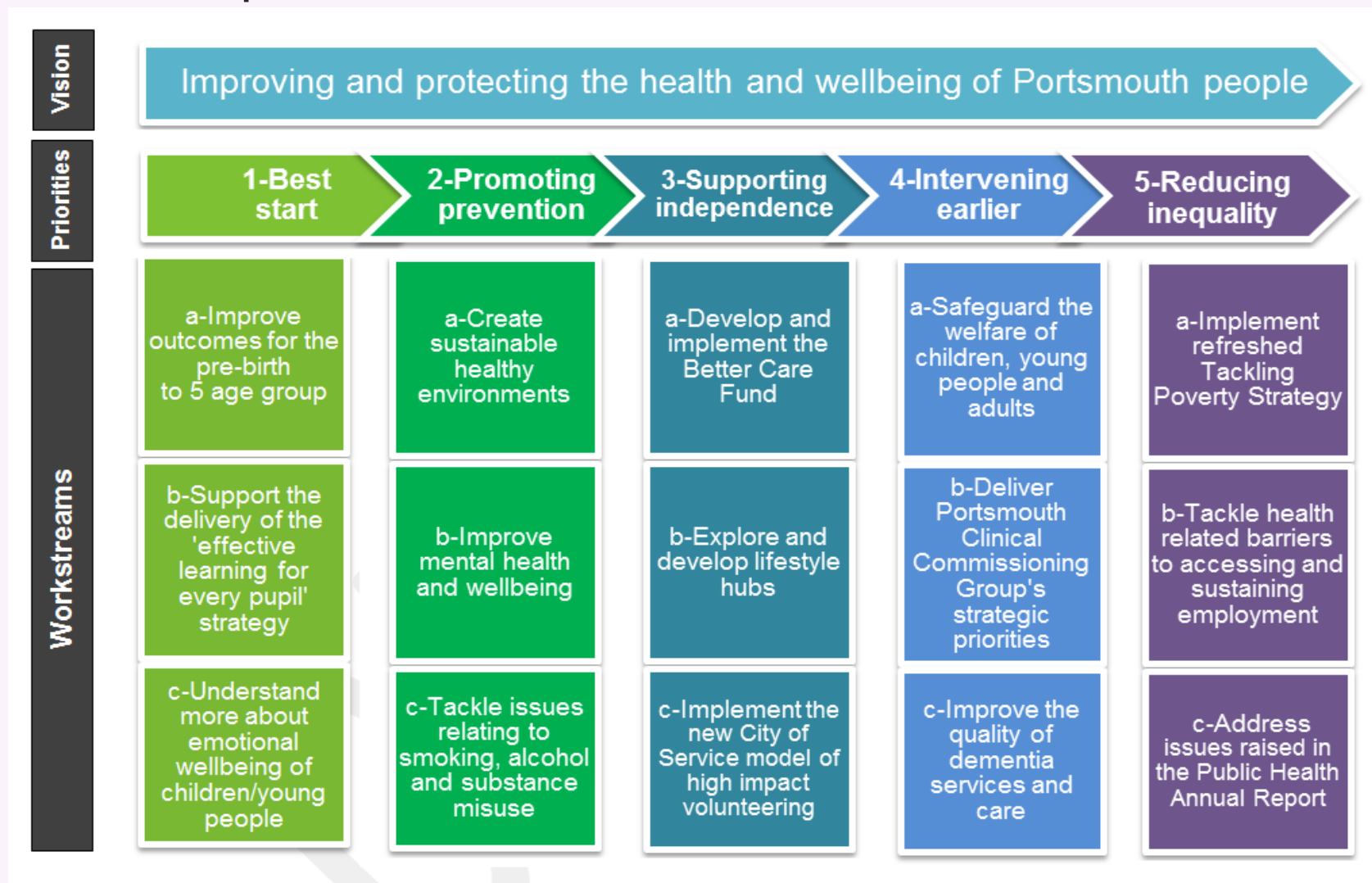
Working together to improve health and wellbeing in Portsmouth



Portsmouth
CITY COUNCIL



The draft Joint Health and Wellbeing Strategy comprises of **5 Priorities** and **15 Workstreams**



Priority 1

Giving children and young people the best start in life

Improve outcomes for the pre-birth to 5 age group

Lead: Jackie Charlesworth,

Deputy Head of Integrated Commissioning, ICU, PCC

This workstream supports the **Best Start** strategic priority:

- Reviewing the pre-birth to 5 pathway and service redesign to support delivery of healthy child pathway
- Supporting transfer of commissioning responsibility for Health Visiting into PCC in 2015
- Support delivery of outcomes based vision: *“High quality parenting is the key to good outcomes. By good outcomes we mean children who are healthy, safe, developing and ready for school”*

The current picture - progress to date:

- Service and pathway mapping carried out with a wide range of stakeholders across health, PCC, voluntary & community sector
- Consultation with families, carers and very young children
- Development of draft outcome-based measures based on current work of Priority A Board of Children's Trust and outcomes of consultation
- Research carried out into best practice, service models and outcomes across statistical neighbours

contd...

- 5 different models exist across 19 statistical neighbours, no one model is 'best'
- Outcomes of pathway/service mapping, consultation & research used to develop 2 options for consideration
- Option 1: continue with current separate commissioning arrangements, and consider options following the transfer-in of Health Visiting commissioning responsibility
- Option 2: with the support and approval of NHS England commission an integrated service model using the procurement process

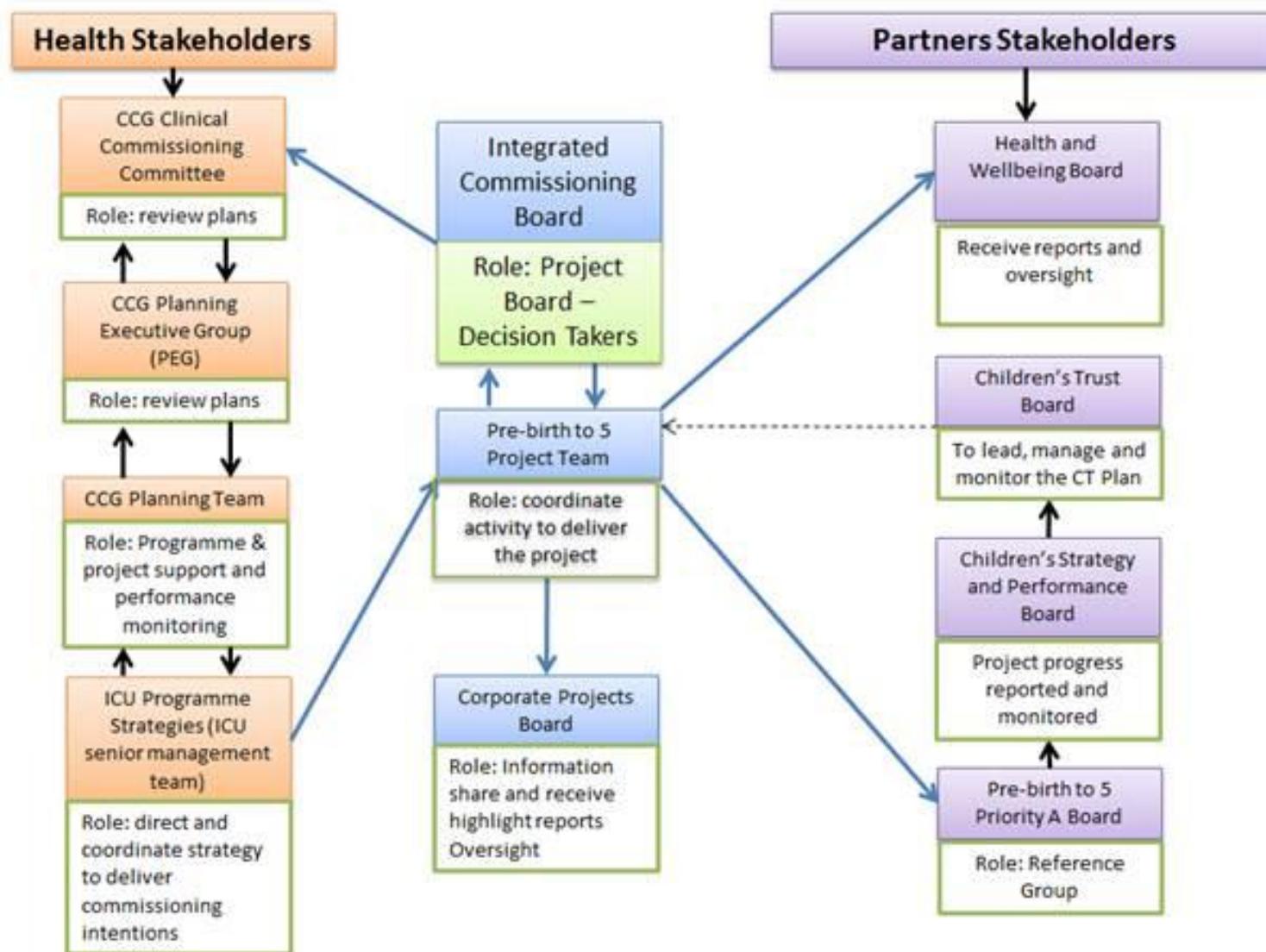
The journey – next steps:

- Complete Options Appraisal and finalise report
- Take through Governance framework within PCC and CCG
- Integrated Commissioning Board meeting in September 2014 for decision about service model going forward

The future – If we get this right, what outcomes will we see?

- **Our children are safe** - *Our children and their families are physically and emotionally well and free from emotional and physical harm or neglect*
- **Our children are healthy** - *Our children and their families are free of, and protected from, avoidable disease and lead healthy lifestyles*
- **Our children are developing** - *Our unborn and young children meet developmental milestones and early identification, assessment and support enables those with additional needs to be supported in their development*
- **Our children are ready for school** - *Our children are equipped with the social, emotional, behavioural and learning skills to be ready for school*

Performance Management



Support the delivery of the 'effective learning for every pupil' strategy

Lead: Marc Harder,

Education Improvement Commissioning Manager, PCC

This workstream supports the **Best Start** strategic priority by ensuring:

1. Children are ready for school
2. We have enough schools of the right quality, shape and size
3. Schools have good teaching, leadership and governance and a good curriculum offer
4. All children have appropriate support for their needs
5. Children attend school and behave well
6. Parents are engaged in children's learning
7. Education is everyone's business and the whole community contributes to learning

The current picture – Where are we now?



- Educationally, children start off well in Portsmouth at EYFS and KS1
- The progress pupils make between KS1 and KS2 is not as good as the national picture and as such, Portsmouth slips down the rankings at KS2
- At GCSE (KS4), Portsmouth is in the lower reaches of the national table
- The gap between children eligible for pupil premium and those not eligible is too wide

The journey –

How will we tackle the issue?

- The Priority C strategy includes a number of ‘building blocks’ to underpin an improvement in the city’s educational performance:
 - Effective governance strategy
 - Attendance strategy
 - Schools Organisational Plan
 - Effective Learning for every pupil
 - Parental & Community engagement

The future –

If we get this right what outcomes will we see?

- More effective governance in schools
- More pupils attending school regularly
- An inclusive school community
- Improvement in end of key stage results
- More Portsmouth pupils accessing jobs and opportunities

Performance management – **What will the monitoring/reporting arrangements look like?**

- Actions will be monitored quarterly through the Schools' Strategy Board (Priority C)
- Quarterly reports to Performance Group
- Progress fed through to the Children's Trust Joint Executive

Understand more about the emotional wellbeing of children and young people

Lead: Dawn Saunders,
Public Health Consultant, PCC

This workstream supports the **Best Start** strategic priority by

- Identifying the emotional needs of our children & young people
- Embedding the emotional wellbeing of children & young people in to local strategies and plans
- Up-skilling the workforce with the skills and knowledge to support children & young people where their emotional wellbeing is suffering

The current picture – Where are we now?



Recent survey of children and young people in Portsmouth showed that:

- Children's sense of well-being declines with age from year 5 onwards
- 10-13% reporting low overall wellbeing.
- Children who say they are disabled or have difficulties with learning, and those who are not living with their family report lower than average wellbeing.
- Children in Portsmouth appear happier than average with their money/things and prospects for the future but less happy with their health and appearance.
- They are slightly less happy than average with around feelings of safety at school and relationships with other young people at school.
- Teenage girls appear to be considerably more anxious about their appearance and less happy with how they look than elsewhere.
- 30% said that they had been bullied in the last year. Experiences of being bullied are linked with lower than average overall well-being.

The journey –

How will we tackle the issue?

- Delivery of the healthy child programme 0-5 and 5-19
- Development of pre birth to 19 lifestyle service
- Making Every Contact Count
- Delivery of PHSE
- Helping adult services to “think family”

The future –

If we get this right what outcomes will we see?

- Happy healthy children
- Improvement in child health outcomes
- Increase in attendance & attainment at schools
- Positive role modelling as these children become parents

Performance management – What will the monitoring/reporting arrangements look like?

- The Children's Trust Board will monitor progress on this cross-cutting theme across their priorities
- In addition, progress will be reported through:
 - Public Health Outcomes Framework
 - Child Health Profile
 - The Mental Health Alliance

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Best start priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
- Are there sufficient resources to deliver this work?

Priority 2

Promoting
prevention

Create sustainable healthy environments

Workstream Lead: Janet Maxwell,
Director of Public Health, PCC

This workstream supports the **Promoting Prevention** strategic priority by exploring how the physical environment can be improved to encourage/enable active travel. Creating sustainable and health environments will:

- Ensure children are provided with the best possible education and help them to engage with active travel in a safe, easy and fun way.
- Ensure residents regardless of age, sex, ethnicity and ability are able access to at least one method of active travel with the opportunity to access more.
- Ensure that the active travel network within the city is fit for purpose and allows our residents easy and safe access to the places they want to go.
- Explore how bye-laws can be used to address issues around location of fast food outlets, gambling shops, etc.

The current picture – Where are we now?



- Levels of physical activity are worse than the England average.
- Life expectancy for men is lower than the England average.
- Life expectancy is 10.8 years (men) and 6.1 years (women) lower in most deprived areas of Portsmouth than in least deprived areas.
- Estimated levels of adult 'healthy eating' are worse than the England average.
- 12.5% reception aged school children are classed as 'obese'
- 52% of Adults in Portsmouth are classed as 'obese'
- Pollution levels within the city are, on average, higher than other comparable sites within the UK.
- People want to cycle more but traffic, poor infrastructure and lack of cycling training and organised events acted as a barrier to cycling.

The journey –

How will we tackle the issue?

- Review what already exists to enable people to walk and cycle and barriers preventing people from using active modes of transport in Portsmouth.
- Develop and implement a refreshed active travel strategy.
- Explore the use of bye-laws to ensure suitable locations for fast-food outlets, gambling shops etc are suitable.

The future –

If we get this right what outcomes will we see?

- Increase in the number of people using active travel for everyday trips i.e. to and from work.
- Increase in the number of people using active travel for recreational use.
- Increase in the number of cyclists in the city and increase in the number of pedestrians in the city
- (baseline will need to be established).
- Increase in bike purchases (and uptake of support from the bike Dr).

Performance management – **What will the monitoring/reporting arrangements look like?**

- Frequency of monitoring to be confirmed following review, likely to include:
 - Quarterly reporting to Public Health Directorate Management Team
 - Annual monitoring of survey data

Improve mental health

Lead: Matthew Smith,
Public Health Consultant, PCC

This workstream supports the **Promoting Prevention** strategic priority by;

- Building resilient individuals and communities
- Embedding mental health into local strategies and plans
- Equipping the workforce with the skills and knowledge to support individuals and communities where their mental health is suffering

The current picture – Where are we now?



- Portsmouth has significantly higher rates of risk factors for mental ill health
- 21,800 Portsmouth residents (aged 16-64) predicted to be affected by at least one common mental disorder
- 6,000 people access Adult Mental services each year

Lots of work being done already e.g.:

- Mental Health First Aid & Youth Mental Health First Aid
- Talking Change for common mental health problems
- Community services (A2i)
- CAMHS (generic and targeted teams)

But no partnership providing oversight across the system

The journey –

How will we tackle the issue?

- Establish a mental health alliance in Portsmouth – reporting to the HWB and with a clear focus
- Develop and monitor an action plan to include:
 - Scoping against No Health Without Mental Health / Closing the Gap to identify priorities for the Alliance to address locally
 - Embedding mental wellbeing into all Portsmouth City Council strategies starting with Public Health
 - Looking at settings, including school and workplaces
 - Make full use of Making Every Contact Count (MECC)

The future –

If we get this right what outcomes will we see?

The new Alliance will agree its key outcomes but, for example, we would expect to see:

- Improved school attendance and educational attainment
- Fewer adults requiring specialist services

Performance management – **What will the monitoring/reporting arrangements look like?**

- The Mental Health Alliance will agree its key actions with progress monitored on a quarterly basis.
- Outcomes (agreed by the Alliance) will be monitored and reported on quarterly basis.

Tackle issues relating to smoking, alcohol and substance misuse

Lead: Matt Smith,
Public Health Consultant, PCC

- **Prevent** – Improve tobacco, alcohol and substance misuse education and awareness
- **Treat** – Increase access to improved treatment and support services
- **Enforce** – Using legislation and other measures to reduce the negative impact and consequences of tobacco, alcohol and substance misuse

The current picture – Where are we now?



- 23% of Portsmouth adults smoke; significantly higher than the estimated prevalence for the SE (18%) and for England (20%).
- 17% of women smoked at the time of delivery of their babies, which is considerably higher than the England average (13%).
- Portsmouth has 34,299 'increasing risk' drinkers; 9,155 'higher risk' drinkers and 8,852 dependent drinkers.
- Negative consequences of alcohol cost the health service, criminal justice services and employers £74 million p.a.
- Portsmouth has a higher prevalence of adults who binge-drink (24%) compared with the SE or England
- Estimated number of people using heroin or crack cocaine problematically has increased slightly to 1549 (Hay estimate, PHE).

The journey –

How will we tackle the issue?

- Develop a coordinated strategic approach through strong alliances of stakeholders and partners
- Continue to work with schools increasing PSHE delivery and peer support programmes
- Work with maternity services to reduce smoking in pregnancy by carbon monoxide monitoring of all pregnant
- Redesign services to deliver smoking and alcohol support through the development of a Public Health Integrated Lifestyle Service.
- Increase alcohol identification and brief advice in a range of non-specialist settings
- Re-model young people's drug and alcohol service.
- Continued development of peer-led recovery model, through recovery broker training and volunteering pathway.

The future –

If we get this right what outcomes will we see?

- Reduce adult smoking prevalence (aged 18 or over) in England to 18.5% or less by the end of 2015.
- Reduce the rate of smoking in pregnancy to 11% or less by the end of 2015 (measured at the time of giving birth).
- Reduce rates of smoking among 15 year olds in England to 12 per cent or less by the end of 2015.
- Alcohol Related Hospital admissions at the England average
- Fewer young people reporting having drunk alcohol or taken drugs;
- Increased proportion of the estimated number of problematic opiate and cocaine users in treatment
- Increased proportion of people successfully completing drug and alcohol treatment.

Performance management –

What will the monitoring/reporting arrangements look like?

- A tobacco control alliance is being set up which will oversee the strategy, plans and performance. It is envisaged that this group will report to the Health and Wellbeing Board.
- The development of the alcohol and drug strategies, plans and performance management is overseen by the SPP, with quarterly reports including commentary and comparative data

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Promoting prevention priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
- Are there sufficient resources to deliver this work?

Priority 3

Supporting independence

Develop and implement the Better Care Fund

Lead: Innes Richens, Chief Operating Officer and System Management,
and Jim Hogan, GP and Clinical Leader, NHS Portsmouth CCG

This workstream supports the **Supporting Independence** strategic priority by enabling the people of Portsmouth to:

- Receive effective services to meet their goals to manage their own health and stay well
- Receive responsive services which help them to maintain their independence in their community
- Have access to the right information and support to access services available at the right time

The current picture – Where are we now?



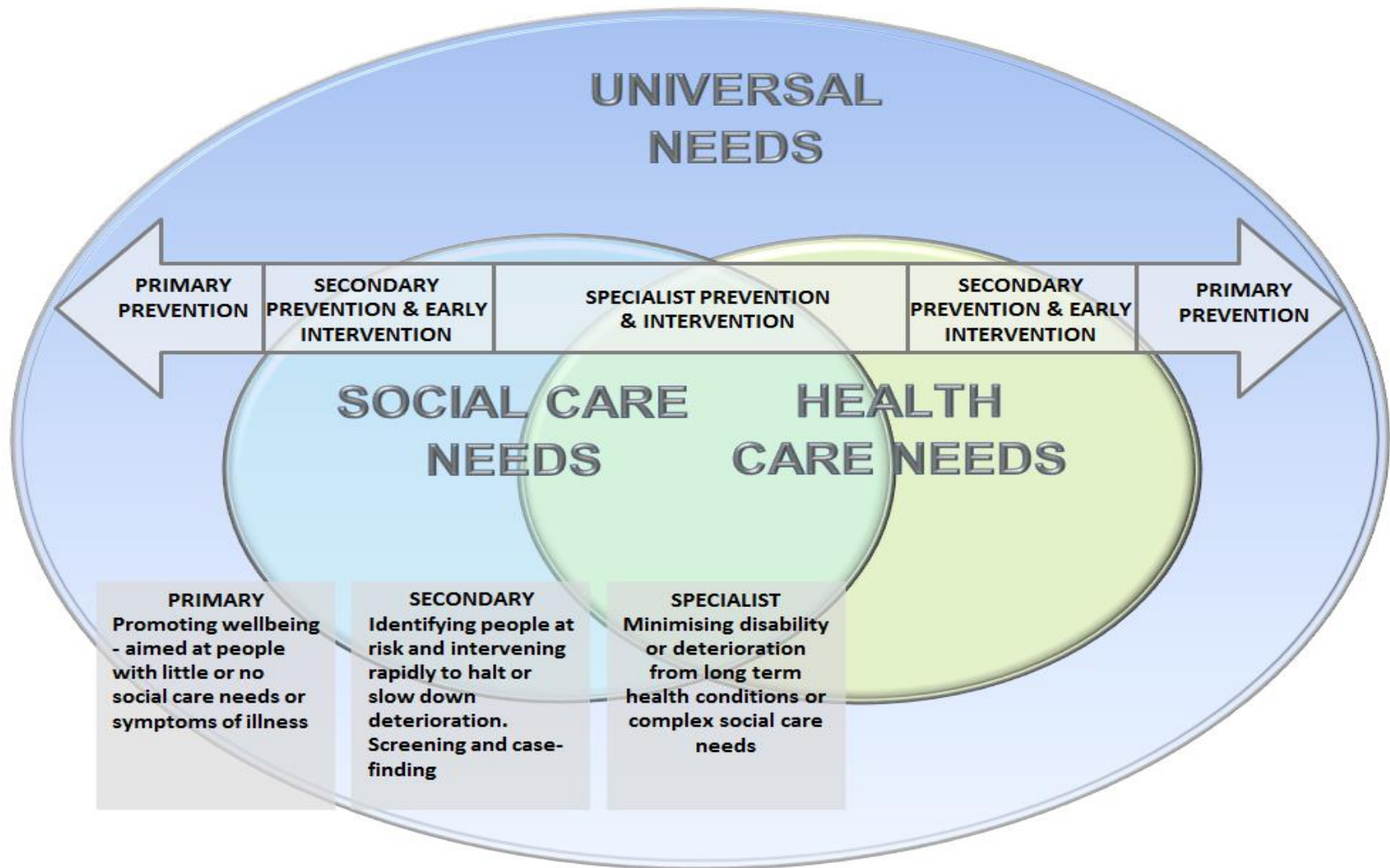
- Between 2014 and 2021 Portsmouth's usual resident population is projected to grow by nearly 4%,
- The 85+ years population is projected to see the greatest increase - by 17% (to 5,200).
- The health of people in Portsmouth is generally worse than the England average
- Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions. Compared to England, Portsmouth has significantly higher rates of mortality that is considered preventable (mainly by adopting healthier lifestyles) for all these conditions
- The increases in the older age ranges will impact on people caring for family and loved ones, and on our services.

The journey –

How will we tackle the issue?

- A shift to prevention and early intervention services
- Risk stratify the population/case-find to identify individuals with specific health conditions or events
- Identify people with low level social care needs
- Develop the workforce to deliver higher acuity care in the community
- All disciplines to be able to allocate to preventative resources
- Enhance reablement services to maximise functioning and independence
- Full integration of health and social care services

Shifting to prevention and early intervention



Three defined inter-connected projects

- **Project 1:** Integrated health and social care locality teams
- **Project 2:** Review of bed based provision
- **Project 3:** Increased reablement services to maximise independence

Project 1: Fully integrated health and social care locality teams

- Consisting of GP, social care staff, community nursing, community geriatrician, OPMH, allied professionals and the voluntary sector operating under single line management with strong clinical leadership
- The ethos will be to empower individuals to self-manage to maximise their independence, health and wellbeing
- Care co-ordination provided through a named worker and a single personalised care plan in place
- appropriate and rapid response to avoid unnecessary admission to hospital or residential care

ORGANISATIONAL IMPACT:

- Cultural change
- Resource allocation
- Earlier intervention
- Specialist service based in community
- Increase ambulatory care
- Greater role for voluntary sector
- Primary care working collaboratively and across different GP practices
- New models of commissioning & contracting to drive integration and collaboration

Project 2: Review of Bed Based Provision

This scheme is to review current bed resources to put in place the right types and numbers of beds in community settings. The review will ensure that future services work as part of an integrated community delivery model to:

- Promote independence and empower self-management
- Ensure a minimum length of stay as possible and undertake discharge planning at point of admission, ensuring decision making in line with current care plan
- Ensure appropriate and rapid access

ORGANISATIONAL IMPACT:

- Only acute interventions are undertaken within the acute setting
- Decisions about long term care not be undertaken within the acute environment
- Increased primary care medical cover and responsibility
- Shift of current bed based services from acute and 'step-down' beds towards an increase of 'step up' beds in a community environment
- Changes to care homes to accommodate potential estates implications for all organisations

Project 3: Increased reablement services to maximise independence

- Increased delivery of reablement services to support “people to do things for themselves rather than having things done to them”, building on existing approaches, e.g.. PRRT, Victory Unit and the reablement grant programme pilots

ORGANISATIONAL IMPACT:

- Significant culture change in the way services assess and review needs
- Services will need to respond swiftly to changes in need, to ensure care, support and treatment are reflective of that need.
- Greater role for voluntary sector to provide within the integrated care model
- Development of new ways to share and risk assess information from a variety of sources
- Domiciliary care organisations will need to deliver care through a more reablement focused approach

The future –

If we get this right what outcomes will we see?

- The Better Care Plan has a number of key measurable metric outcomes:
- A reduction in avoidable hospital emergency admissions
- Proportion of older people still at home 91 days after discharge will increase
- To maintain admissions to residential and nursing care in line with population growth
- Delayed transfers of care – high performance to be maintained and quality of discharge planning and process developed
- Service user and patient satisfaction – national metric under development

Performance management –

What will the monitoring/reporting arrangements look like?

- Progress on projects and the programme will be monitored on a six weekly basis at the Programme Delivery Board
- Better Care Head of Service programme lead

Formally reporting to:

- Integrated Commissioning Board
- Health and Wellbeing Board
- CCG Governing Body

Explore and develop lifestyle hubs

Lead: Rachael Dalby,

Head of Health, Safety and Licensing

This workstream supports the **Supporting Independence** strategic priority:

- We will **develop an integrated 'wellbeing' service** addressing not only key lifestyle issues: smoking, alcohol misuse and weight management; but also key wider determinants of health
- We will provide the wider workforce with the skills, knowledge and confidence to deliver health improvement advice to the individuals they come into contact with; maximising the opportunity to **Make Every Contact Count**

The current picture – Where are we now?



- Life expectancy in deprived communities significantly lower than least deprived

Gap in life expectancy strongly linked to:

- Higher than average prevalence of smoking
- Higher rates of people overweight and obese, especially children
- High rates of alcohol related harm, although improving
- The poorest are more likely to have multiple risk factors (smoking, alcohol misuse, lack of physical activity and poor diet)
- Public Health are currently planning to integrate our lifestyles services focusing on our most deprived communities, also addressing the wider determinants of health

The journey –

How will we tackle the issue?

- Develop an integrated wellbeing service, incorporating smoking, healthy weight and alcohol misuse
- This will also provide advice and signposting on the wider determinants of health: housing, education, employment, mental health first aid, social networks etc.
- Develop a Making Every Contact Count training and delivery plan. Roll out training across key workforce groups to use contacts with individual clients to deliver health improvement advice and onward referral.
- Engage with other Portsmouth City Council departments, and our partners, to promote public health in the work they do.

The future –

If we get this right what outcomes will we see?

- Increased life expectancy in our most deprived wards
- Reduced prevalence of smoking
- Reduced alcohol related hospital admissions
- Achieve England average for children overweight and obese
- 50% of clients for the integrated lifestyles service will come from our 4 most deprived wards

Performance management – **What will the monitoring/reporting arrangements look like?**

- Progress on actions will be monitored on a monthly basis to the Public Health Departmental Management Team
- Overall progress with developing Lifestyle Hubs will be reported to the Health and Wellbeing Board via this strategy

Implement the City of Service Model

Lead: Brian Bracher,
City of Service Chief Service Officer

- We will create positive learning experiences; how communities can expand their expectations of themselves and those around them through impactful volunteering
- We will build resilient communities; how volunteering can keep neighbourhoods safe, healthy and independent

The current picture – Where are we now?



- Portsmouth has had low attainment at secondary school – just 47% of Portsmouth pupils achieved 5+ A* to C GCSEs in 2013
- Less than 25% of Portsmouth resident working population are numerate to level 2 (A* to C GCSEs)
- Portsmouth has areas of high deprivation and significant health inequalities
- Portsmouth has the highest level of excess winter deaths of our comparator cities with similar levels of deprivation
- Experience from Portsmouth and evidence from elsewhere suggests volunteering can help address these issues

The journey –

How will we tackle the issue?

- Develop a 'Coaching and Mentoring' initiative working with year 10/11 pupils to increase their level of attainment in their GCSEs
- Support the National Numeracy Challenge by training 'numeracy challenge coaches' to support working age people to improve their numeracy
- Increase residents satisfaction with their neighbourhood as a place to live through 'Love your Street' initiative.
- Make more homes energy efficient through 'Love your Loft' initiative.

The future –

If we get this right what outcomes will we see?

- Increased levels of participants' attainment in GCSEs
- Increased levels of numeracy in resident working age population
- Increased resident voluntary involvement in their neighbourhoods
- Increase in the number of energy efficient homes and the resulting CO2 savings and reduced bills

Performance management –

What will the monitoring/reporting arrangements look like?

- The key principle of the Cities of Service programme is that the impact of volunteering can be measured.
- Each initiative has a comprehensive impact measurement that will be published
- Progress will be monitored through the Cities of Service Steering Group and formally reported to the Public Service Board.
- Quarterly reports will be submitted to the national 'Cities of Service UK' programme

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Supporting independence priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
- Are there sufficient resources to deliver this work?

Priority 4

Intervening
earlier

Safeguard the welfare of children, young people and adults

Lead: Julian Wooster

Director of Children's & Adults' Services

This workstream supports the **Intervening Earlier** strategic priority by:

- Ensuring that Safeguarding is everyone's business
- Hearing the voice of those at risk.
- Inclusion – focus on at risk groups accessing mainstream support.
- Ensuring effective partnership arrangements to support this work.

The current picture – Where are we now?



- Results from Inspections of institutions & services (CQC & Ofsted) and Safeguarding Peer Audits (Adults - June 2014)
- Performance Management
- Business Plans
- Multi-agency partnership protocol in place

The journey –

How will we tackle the issue?

- **Workforce** – trained and supported with policies, processes and supervision.
- **Communication** – improved understanding amongst staff and different communities.
- **Organisational Leadership** – to reduce the likelihood of institutional neglect and dealing with unsafe staff.
- **Effective systems** - to support intervention.

The future –

If we get this right what outcomes will we see?

- Increased safeguarding awareness amongst the community and general workforce of at risk groups – evidence from individual agencies
- Appropriate and timely interventions are put in place for the those adults, young people or children who are at risk of safeguarding concerns – quality audits
- Reduced incidents of harm – data
- Personalised Support– service recipient experience feedback

Performance management – **What will the monitoring/reporting arrangements look like?**

Progress on actions will be monitored:

- Portsmouth Safeguarding Children Board – quarterly
- Portsmouth Safeguarding Adults Board – quarterly
- Annual Reports to the Health & Wellbeing Board

Deliver the Portsmouth Clinical Commissioning Group strategic priorities

Lead: Innes Richens, Chief Operating Officer and System Management,
and Jim Hogan, GP and Clinical Leader, NHS Portsmouth CCG

This workstream supports the **Intervening Earlier** strategic priority by:

- Ensuring everyone to be able to access the right health services, in the right place, as and when they need them
- Ensuring that when people receive health services they are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality
- Joining up health and social care services so that people only have to tell their story once. People should not have unnecessary assessments of their needs, or go to hospital when they can be safely cared for at home or stay in hospital longer than they need to.
- Tackling the biggest causes of ill health and early death and promote wellbeing and positive mental health

The current picture – Where are we now?



- We are an ageing population who are living longer which will increase the demand on health services
- Too many people have poorer health and wellbeing than in other similar cities
- Almost half of all the deaths in Portsmouth are caused by heart disease, stroke, cancers and respiratory conditions. Heart disease is the most common cause of all early deaths.

The journey –

How will we tackle the issue?

- Design the best and most effective pathway for emergency care for adults and children
- Identify earlier when peoples' health and well-being is deteriorating and respond appropriately with the right support
- Join up GP, health and social care services
- Improve access to community services, 7 days a week
- Invest in IT systems which support information sharing and better communication

The future –

If we get this right what outcomes will we see?

- More people will be seen within 4 hours at the Emergency Department in Queen Alexandra Hospital
- The number of hospital appointments and admissions will reduce
- There will be less emergency admissions and readmissions to hospital
- More people will be supported to live at home independently

Performance management – **What will the monitoring/reporting arrangements look like?**

- Progress on actions will be monitored on a monthly basis internally within the CCG and formally reported to CCG Governing Board
- The CCG will publish an annual report card detailing the progress on achieving its 4 strategic priorities

Improve the quality of dementia services and care

Workstream lead: Jackie Charlesworth,
Deputy Head of Integrated Commissioning, ICU

This workstream supports the **Intervening Earlier** strategic priority by:

- Launching the new dementia adviser service pilot - April 2014
- Reviewing dementia pilots and pathway review recommendations to develop a commissioning strategy for future provision - September 2014
- Establishing a dementia action alliance - September 2014
- Independent review of the mapped dementia pathway by University of East London in partnership with Healthwatch Portsmouth and the University of Portsmouth – December 2014
- Programme of dementia friendly community initiatives, including awareness raising and training for businesses and communities and rolling out a dementia friendly community recognition process - March 2015

The current picture – Where are we now?



- 2186 residents will have some form of dementia - 55% (1202) will be mild, 32%(700) will be moderate, 13% (284) will be severe
- About a third (772) will be male and two thirds (1414) will be female
- 51 will be early onset (<65 years old) and 2135 will be late onset (>65 years old)
- 1703 will be living in the community and 483 will be living in residential care

Work undertaken in 2013/14 includes

- Pilots commissioned to explore ways of meeting the future needs of people with dementia and their carers. These include: Dementia Reablement Advisors, Dementia Voice Nurse, Dementia Cafes & Dementia Network
- Dementia Pathway mapped
- Dementia Friendly Community work with retailers and pharmacies
- Reviewed anti-psychotic prescribing for all patients in nursing/care homes and delivered a mental health prescribing event for GPs
- Consultation and self-assessment of training needs in care and nursing homes and improvement plan developed
- Roll out of "This is me" at QA Hospital - a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. Some local care homes have also adopted this tool
- Carers Centre reviewed support of carers of people diagnosed with dementia
- Kitbags and Berets – support group for veterans and families affected by dementia (Alzheimer's funded pilot)
- PHT – dementia friendly environment bid successful
- Portsmouth met the foundation criteria for the recognition process for working towards being a dementia friendly community

The journey –

How will we tackle the issue?

- Independent review of the mapped dementia pathway in 2014 will drive further improvements and recommendations to the dementia pathway over the next 3 years.
- Reviewing our existing pilots of dementia advisors and memory cafes and using the findings and the pathway review recommendations to develop a commissioning strategy for future provision
- Planning a programme of dementia friendly community initiatives, including awareness raising and training for businesses and communities and rolling out a dementia friendly community recognition process
- Establishing and maintaining a dementia action alliance - September 2014

The future –

If we get this right what outcomes will we see?

- A diagnosis rate for dementia of 80% of the predicted population by March 2015
- Dementia Friendly Community Status: Develop a training and awareness raising programme for communities, businesses & statutory organisations
- Dementia Action Alliance – work programme developed for the Portsmouth Dementia Action Alliance.

Performance management – **What will the monitoring/reporting arrangements look like?**

- The dementia action plan is monitored on a monthly basis by the Dementia Action Group.
- In addition there are regular updates reporting to the Portsmouth Clinical Commissioning Group.
- Updates have been given to the Health and Well-being board on a regular basis and this will continue
- Annual updates are monitored by the Cabinet Member for Health and Social Care Briefing

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Intervening earlier priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
- Are there sufficient resources to deliver this work?

Priority 5

Reducing health inequalities

Implement the refreshed Tackling Poverty Strategy

**Lead: Kate Kennard,
Tackling Poverty Coordinator**

- This workstream supports the **Reducing Inequality** strategic priority by
 - Ensuring children grow up believing that they can achieve in life, in a community where there are high expectations for them
 - Ensuring schools provide children with the best possible education to access good employment opportunities and thus achieve financial resilience

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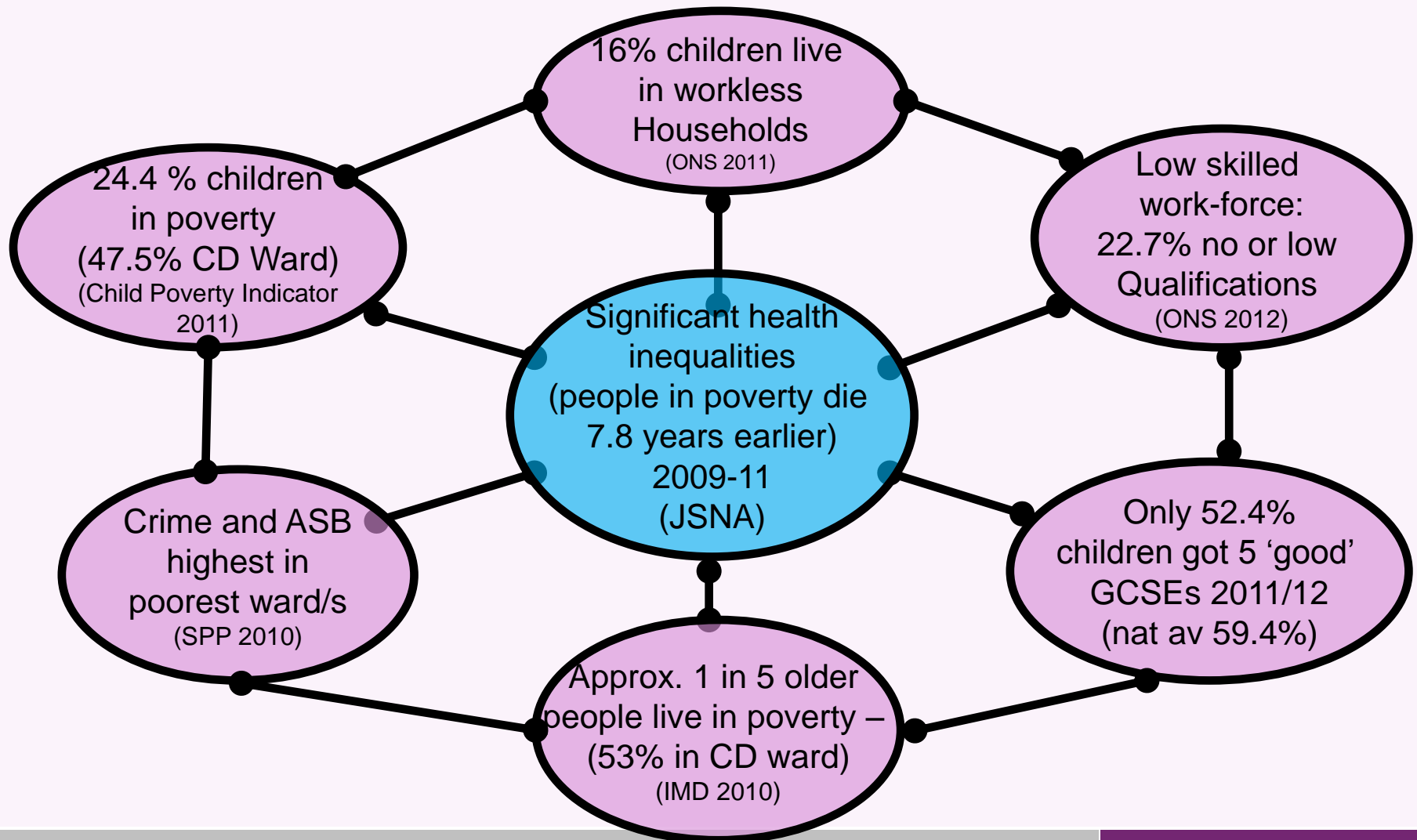
- Ensuring residents can achieve a reasonable standard of living, either through paid employment or through ensuring they are able to access an adequate welfare safety net when needed
- Ensuring that vulnerable people in the city are identified and guided through services in order to ensure that being vulnerable does not disadvantage people financially

(cont.)

This will improve and protect the health and wellbeing of Portsmouth people because:

- Poverty and health inequalities are inextricably linked
- Financial worries increase stress and depression which can in turn lead to higher levels of alcohol, cigarette and substance abuse
- People with mental health issues are less likely to ask for debt advice and yet more likely to need it
- Gaining adequately paid, sustainable employment is likely to improve people's overall health and well-being

The current picture – Where are we now?



The journey – **Work already underway**

- Re-designed PCC money advice service and work with wider advice services
- Multi-agency fuel poverty group and action plan
- Mitigating the impacts of the welfare reforms – implementation of city-wide risk assessment/action plan
- Significant program of workforce development around poverty, budgeting, fuel poverty, welfare reforms (linking with MECC)
- Work with 36 schools on the Changing Mindsets Project to build resilience in children ('growth mindsets' approach)

The journey –

How will we tackle the issue?

Next 3 years:

- Employability and budgeting – changing cultures (e.g.. workforce development, education)
- New Digital Inclusion Strategy – a co-ordinated approach to ensuring online access and skills critical to job search, job applications, benefit applications, gaining online discounts etc.
- Roll out of the Changing Mindsets approach
- Integrated work with public health on
 - **vulnerable people** through workforce development (MECC bolt ons)
 - **vulnerable geographic areas** e.g.. Somerstown, Paulsgrove
 - **common issues** e.g.. joined up messages and initiatives on health eating/budgeting/cooking skills

The future –

If we get this right what outcomes will we see?

- High expectations for children in Portsmouth schools
- Increased educational attainment
- Local people with good skills and qualifications being able to access sustainable, adequately paid employment
- A workforce who ‘make every contact count’ and thus prevent poverty and health inequalities
- Increased levels of financial resilience in the population
- Reduced demand at money advice services and support services in the city
- Overall improved health and wellbeing in the city
- *‘Where you start doesn’t determine where you end up’.*

Performance management – **What will the monitoring/reporting arrangements look like?**

- Progress on actions will be monitored on a quarterly basis and formally reported to the Tackling Poverty Strategy Group

Tackle health related barriers to employment

Lead: Janet Maxwell.

Director of Public Health, PCC

This workstream supports the **reducing inequality** strategic priority by:

- Helping long term unemployed people with health conditions into employment

The current picture – Where are we now?



- Unemployment rates are highest in the wards of; Charles Dickens (6.7% of working age population), Nelson (5.3%) and Fratton (4.6%), which is significantly greater than the England average (4.4%).

The journey –

How will we tackle the issue?

- A £6m “Fit to Compete” programme will be implemented across South Hampshire that will look to integrate support services for long term unemployed people

The future –

If we get this right what outcomes will we see?

- A target has been set for 15% of the cohort of 1,000 people on the Fit to Compete Programme to be in sustained employment
- Targets for youth programme to be agreed – will depend on nature of programme but should include 35 young people with traineeships in creative sector
- Target for RECRO 'life you want' to be sorted depending on commissioning decisions

Performance management –

What will the monitoring/reporting arrangements look like?

- Progress on actions will be monitored on a quarterly basis and formally reported to the Cabinet Office as part of the City Deal monitoring. This information will be interrogated to identify the Portsmouth clients on the 2 programmes.
- The RECRO proposal will be evaluated after its conclusion and will see whether it works and whether it should be incorporated into the City Deal programme.

Address issues raised in the Public Health Annual Report

**Workstream Lead: Janet Maxwell,
Director of Public Health**

- This workstream supports the **Reducing Inequality** strategic priority by narrowing the gap between male and female life expectancy.

The current picture – Where are we now?



- The latest data shows that Portsmouth males can expect to live 77.7 years with 62.2 years spent in “good” health (80% of life expectancy at birth). Portsmouth females can expect to live a further 82.8 years with 62.0 years spent in “good” health (75% of life expectancy at birth).
- Male life expectancy in Portsmouth is significantly shorter than the England average.
- Males in the most deprived areas

The journey –

How will we tackle the issue?

To increase male life expectancy, we need to tackle (greatest impact listed first):

- 1. Coronary heart disease
- 2. Chronic cirrhosis of the liver
- 3. Pneumonia
- 4. 'Other' cancers
- 5. Lung cancer.

The future –

If we get this right what outcomes will we see?

- Increase in male life expectancy in Portsmouth.
- Reduction in gap between men in Portsmouth and elsewhere
- Reduction in gaps in male life expectancy between different parts of the city.

Performance management –

What will the monitoring/reporting arrangements look like?

- Progress on actions will be monitored by the Director of Public Health and reported to the Health and Wellbeing Board

Questions for the Health and Wellbeing Board...



- Is the Health and Wellbeing Board happy to approve these workstreams under the **Reducing inequalities priority** within the refreshed Joint Health and Wellbeing Strategy?
- Is there anything missing?
- Are there sufficient resources to deliver this work?

Joint Health and Wellbeing Strategy 2014-17 – Next Steps

- HWB confirm these (or other) workstreams as set out in the recommendations to the report
- Workstream leads engage with partners, providers and local communities to shape plans, delivery etc and confirm the plans that will inform the strategy by September
- September's HWB approve the JHWS 2014-17
- Work continues to engage a range of partners and organisations in delivering the strategy