

## **Health and Care Portsmouth Joint Forward Plan**

### **Introduction to Health and Care Portsmouth**

**This document describes the shared priorities for NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Portsmouth City Council (PCC) along with other key partners in the city, for developing integrated responses to the health and care challenges that the city faces in the short to medium term.**

Health and Care Portsmouth is a long-standing partnership of six organisations, working together to improve the delivery of health and care services in the city. These are:

- Portsmouth City Council
- NHS Hampshire and Isle of Wight Integrated Care Board
- Portsmouth Primary Care Alliance
- Solent NHS Trust
- Portsmouth Hospitals University NHS Trust
- HIVE Portsmouth

The organisations work as partners in the Hampshire and Isle of Wight Integrated Care System (HIOW ICS) and with the local delivery system around the acute trust footprint to ensure the successful implementation of health and care services for Portsmouth, in line with the aims of the ICS.

In Portsmouth, our strong history of partnership means that we are well placed to deliver positive change in the new ways of working. Partners are committed to continuing our journey of integrated health and care so that people experience better care, seamless service provision and are better able to receive the support they need.

The basis of the partnership since 2015 has been the Blueprint for Health and Care in Portsmouth, and the document was recently refreshed to confirm the vision for services in the city, the principles that govern working together and the commitments that partners make to each other and to the residents of the city. The document also sets out the structures that enable decision-making and support good governance.

This document looks in more depth at the shared responses and actions that partners are developing over the next 5 years to address need in the city, and ensure that services are delivering efficiently and effectively, providing the best possible value for money as well as achieving the best possible outcomes.

### **Priorities for the ICB**

There are 4 stated aims of Integrated Care Systems:



Locally, the Integrated Care Board have defined four objectives to support these aims:

1. Delivering the best outcomes for our population
2. Building meaningful and impactful partnership and collaboration

3. Transforming health and care together
4. Making the best use of our resources

To deliver on these objectives, HIOWICB have developed a set of priorities that are shared across partners in the system:



These priorities are key influencing factors on the local priorities for Portsmouth that are set out in this local 5 year plan.

### Key issues in Portsmouth

In 2019 and 2020, partner organisations worked together on an exercise, “Imagine Portsmouth”, to create a shared vision for the city.

We worked with 2,500 people representing business and organisations who live and work in Portsmouth to talk about our hopes and dreams for our city. We created big bold plans for what we want in the future; for ourselves, our families, our communities, our businesses and our co-workers.

People described the values they wanted to see lived in the city and the things that are important to them:

#### We believe in:

- equality
- innovation
- collaboration
- respect
- community

#### By 2040, we want to see a:

- happy and healthy city
- city rich in culture and creativity
- city with a thriving economy

- city of lifelong learning
- green city
- city with easy travel.

In describing a vision for a happy and healthy city, people described a city where:

*“We do everything we can to enhance wellbeing for everyone in our city by offering the education, care and support that every individual needs for their physical and mental health. All our residents and communities live in good homes where they feel safe, feel like they belong, and can thrive.”*



Partners used the vision as a basis to refresh a joint **Health and Wellbeing Strategy for 2022-2030**. The strategy seeks to tackle the wider determinants of health in the city and looks at five key issues:

- Poverty
- Education
- Housing
- Positive relationships
- Active travel and air quality

The themes all have clear relationships between them, and support the idea of positive environments and facilities as drivers of wellbeing for the city.

These documents set a clear purpose for what Health and Care Portsmouth needs to achieve. However, the data about the city, collected in our Joint Strategic Needs Analysis, highlights some real challenges for the city:

**We have some significant inequalities in the city:**

- Life expectancy for men and women in Portsmouth is significantly lower than the England average; and it is 7.8 years lower for men in the most deprived areas of the city than in the least deprived. Rates of under-75 mortality rate from cardiovascular diseases, cancer, respiratory diseases and liver disease are worse than the England average. In school year 6 (at the end of primary school) 21.5% of children are classified as obese.

- The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. Portsmouth (along with Southampton) ranks as significantly more deprived than any other district within Hampshire and Isle of Wight. Of 317 LA districts in England, Portsmouth is the 57th most deprived by the average rank of each LSOA, the 59th most deprived by average score of LSOA, and 72nd most deprived by the proportion of its LSOAs that are in the most deprived 10% nationally. With only 2 LSOAs in the least deprived 10% nationally, and 15 in the most deprived 10%, Portsmouth has pockets of affluence rather than pockets of deprivation. This concentration of deprivation also means that the impact on the city of the current cost of living crisis is likely to be particularly acute.
- 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. On the last comparable data (before the pandemic struck), at Key Stage 2, 58% of children achieve the expected standard across Reading, Writing and Maths, compared with 65% of their peers nationally. At Key Stage 4, 35% achieved a strong pass in both English and Maths compared to 43% nationally, and 56% achieved a standard pass in these subjects compared to 65% nationally. For children meeting the expected standard in reading at KS2, the city ranks 148th out of 152 local authority areas; and 147th for the average Attainment 8 score at KS4.
- Educational outcomes have implications for achievement at further and higher education. The most recent statistics show that the proportion of young people not in education, employment or training has risen to 5.2%. There is also concern about the number of young people leaving post-16 without a positive destination. Despite being a university city, Portsmouth has relatively few people with degree level skills; this poses a challenge for residents looking to obtain highly paid work. Portsmouth also has a higher proportion of residents with no skills (6.9%) compared to the average for the south east (5.6%), though this remains lower than the national average (8.0%). Many higher paid and higher skilled jobs are being taken by employees commuting into Portsmouth and not by residents. Resident salaries are lower than the national average despite city workplace wages being higher – this indicates the lower skills level of the local workforce.

**There is significant pressure on health and care services:**

- Post-pandemic we are continuing to see considerable pressures in all sections of the health and care economy in the city. Demand for urgent care services in particular is rising, partly as a result of pressures on planned care services and increased waiting times, alongside some significant workforce challenges in the health and care sector.
- While our Primary Care services continue to increase the number of appointments offered, (86,656 in September 2022, compared to 83,800 in September 2021) the time people wait to be seen is longer (38% appointments on the same day and 65% within seven days in September 2022, compared to 42% seen on same day and 72% seen within seven days in September 2021).
- Patients are waiting longer for planned treatment than before the pandemic (in August 2022 - 15,762 people were waiting for a planned procedure, of whom 68% were treated in under 18 weeks. 427 people waited longer than 52 weeks, 24 people waited longer than 78 weeks and 1 patient waited longer than 104 weeks. In comparison, in August 2019 there were

13,759 patients waiting for a planned procedure, 84% were treated in under 18 weeks, and there was no one waiting over 52 weeks).

- While there are fewer Emergency Department (ED) attendances per head of the population at the main local provider of acute services, Portsmouth Hospitals University NHS Trust, there are:
  - More ambulances arriving at ED than the national average and local peers
  - A higher than national and regional average for the number of patients admitted to wards from ED
  - 65% of emergency inpatient bed days are for the over 65s
  - The highest proportion of readmissions in 75 years category compared to peers
- During 2022, contacts into the Multi Agency Safeguarding Hub for children have averaged around 1,236 children per month. Those children moving on into a service referral remains high, but it is in line with our statistical neighbours (other cities similar to Portsmouth). Referrals are 'appropriate' meaning that a high proportion of children and families are in need of a service - either statutory safeguarding or early help support, and re-referral rates are higher than historical trends.
- Since April 2022 there have been on average around 192 concerns per month referred to the Multi Agency Safeguarding Hub (MASH) for Adults. These are clients with specific safeguarding concerns (and not representative of the total number of referrals to the service which do not have safeguarding concerns). There is considerable pressure on the service and the time to assess clients (after initial triage) poses an increased risk to our residents. Around 170 children a month are being referred to Child and Adolescent Mental Health Services (CAMHS). This is higher than pre-pandemic levels, but with some early signs of this reducing following investment in early help initiatives. This means that only 67% of children are seen within 72 hours. There are currently 132 children waiting to be seen in long-term treatment teams, with only 25% seen within 18 weeks.
- Although the Adults psychology service has developed several innovative ways of meeting increasing demands, higher acuity, and recruitment challenges, more patients are waiting longer to be seen. As of September 2022, 70 people had waited more than two years and 74 people had waited more than one year.
- There are also significant challenges around mental health, dentistry, children in care and hospital admissions and length of stay for those aged 65+.
- The number of residents requiring 'Discharge to Assessment' (D2A) support has increased since August 2022. Around August 2022 we had approximately 50 residents waiting; by April 2023 this figure was approximately 87 residents, with the number often surpassing 100 residents in the months between. Since August 2022 the number of resident's assessments not completed within timescale (4 weeks) at month end regularly exceeded 20. D2A workforce remains a significant challenge, with approximately 8 vacant posts (out of a proposed workforce of 22).

**Financially, these continue to be challenging times for Portsmouth:**

- Financial pressure on health and care services are significant. Since 2011/12, overall central government funding to Portsmouth City Council has reduced significantly, as other financial pressures (mainly relating to inflation, COVID-19 recovery, the effects of an ageing population on care services and the increased requirements for safeguarding of vulnerable children) have emerged. Adult and children's social care (representing in excess of 50% of controllable spend) provide services to the most vulnerable, experience the greatest cost

pressures, and have historically received significant protection from savings. During the COVID pandemic, health funding increased to allow services to treat and protect people, rapidly transforming the way people are treated and then discharged from hospital. In 2022/23 and beyond this, additional funding has stopped and is expected to reduce further in 2023/24.

- Health and Care Portsmouth has had to make savings and efficiencies to ensure that spending remains in line with income and funding levels. For the council this equates to £104m over the past 11 years, this represents 48% of all controllable spending
- In 2022/23, the council budget proposals sought to ensure that the financial position of both adult and children's social care remains robust both in the short and medium term, and provided additional funding:
  - Children's social care - £3.9m to cover financial pressures relating to residential placements, care leavers, unaccompanied asylum seekers, inflation and to remove unachievable budget savings
  - Adult social care - £3.3m to cover the uplift in the national living wage of 6.6% that will be passported to care providers as well as all other inflationary pressures
- NHS organisations across Hampshire and Isle of Wight have a challenging combined deficit for 2023/2024. Partners across the Integrated Care System (ICS) are working together to bring the system back into financial balance and living within the allocations provided is a collective priority. Partnerships are already well established, and given the scale of the challenge, the Integrated Care Board (ICB) - along with Chief Executives from our NHS Trust providers - sought help from NHS England by proactively seeking to enter the national Recovery Support Programme (RSP). This has enabled the system to secure support from NHS England to help us deliver the scale and pace of transformation needed whilst also delivering other key commitments to improve access, reduce waiting times and reduce health inequalities.
- However, with significant funding reforms for social care imminent and health funding reducing in real terms and a care provider market destabilised by the pandemic and recruitment issues<sup>1</sup>, the outlook remains challenging, and the imperative to ensure that we are working as efficiently as possible to drive the greatest possible value out of the Portsmouth Pound remains.
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- The approach to system recovery consists of establishing both grip and control of cost within and across organisations, and the delivery of five transformation programmes to address the operational and financial challenges within the system:
  - Elective Care
  - Urgent and emergency care
  - Discharge
  - Local (primary and community) Care
  - Workforce
- In addition, each organisation has developed an individual organisation recovery plan. The combined intention of both the system recovery and the individual organisation recovery plans is to ensure financial recovery and longer-term sustainability across Hampshire and the Isle of Wight.
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<sup>1</sup> [Bailed out and burned out? The financial impact of COVID-19 on UK care homes for older people and their workforce](#)

## **How we will work together locally to tackle these issues**

By working together as a place based partnership within the HIOW Integrated Care System, Health and Care Portsmouth we will jointly plan and deliver services that focus on each individual, use every Portsmouth pound to best effect and create seamless services for our population.

Our Blueprint for Health and Care Portsmouth sets out the key principles that drive how all partners in Health and Care Portsmouth work together, and the commitments that all partners make to each other and the residents of the city.

The document also sets out the vision that all partners share for health and care in Portsmouth:

***Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.***

The priorities for action in Portsmouth identified by partners flow from the identified issues and challenges for the city, and from an understanding of what needs to happen to make the vision a reality for the city.

## **Our Pillars for Health and Care in Portsmouth**

Over the late summer and autumn of 2022, HIOW ICB facilitated a number of events to discuss how partners would continue to work together in an integrated way at place level in Portsmouth, and what the priorities for action should be. These discussions took account of the developing priorities at wider system level, the city vision for Portsmouth, and the newly-adopted Health and Wellbeing Strategy for the city, as well as the data and evidence that was available.

Five priority areas were identified for Portsmouth:

- Health improvement and reducing health inequalities
- Children's services 0-19 (and 0-25 for young people with special educational needs or disabilities)
- Adults with the most complex needs
- Integrated community care model
- Person centred care

These areas form the key pillars of the plan for Health and Care in Portsmouth, and guide how we will be working together to design and deliver services that meet the needs of our residents.

Underpinning this plan and the pillars is a section 75 agreement that enables us to bring together resources to tackle the shared priorities identified, and which sets out detailed performance metrics to enable us to track our performance.



## HCP Pillar 1: Health Improvement & Reducing Health Inequalities

### What this pillar is about:

**We want to address the stark health inequalities that exist for some of our communities in the city, including equality of access to services and equality of health outcomes, whilst improving overall outcomes across our whole population.** We will do this by increasing primary and secondary prevention opportunities to address, slow or prevent progression of disease in all population groups but target those most at risk. We will establish and embed a population health management approach across the locality, so that the system understands the local population and designs and delivers well-targeted interventions to prevent long-term conditions, ill-health and premature deterioration of health. The proactive case management approach will identify these high intensity users and provide frequent touchpoints to ensure the correct level of proactive, personalised care and support is being provided and rapid, priority access to community response services to support the person to remain safe and independent in their own home, avoiding the need for a higher level health and care response, including an admission to hospital.

We will seek to increase the provision of preventative support options to help people manage their own health and wellbeing, and simplify and increase the options for community based services and care, so that patients (and the health and care workforce) know where they can go to get the help and support they need. Key to this will be addressing challenges in the capacity and resilience of local primary care services.

### Key issues in health improvement and reducing health inequalities

- **There is close working across partners on issues relating to health improvement and reducing health inequalities.**
- **We have innovative practice around social prescribing, community champions and community connectors.**
- **Portsmouth has comparatively low GP-patient ratio**
- **Portsmouth has low number of dentists for the size of the population**
- **Portsmouth is a deprived area with pockets of affluence, with health inequalities embedded across the city - we are ranked 57<sup>th</sup> most deprived out of 317 areas.**
- **Life expectancy for males in Portsmouth is 78.5 years compared to a national average of 79.4; and for females it is 82.4 compared to 83.1. Healthy life expectancy is 15years shorter for men and 14 years shorter for women in the most deprived areas of the city compared to the least deprived.**
- **In Portsmouth in 2020, there were 254 deaths in people under the age of 75 from causes considered to be preventable.**
- **The main causes of the life expectancy gap are cardiovascular disease, cancer and respiratory disease, and rates of all of these are higher in Portsmouth than in England. They can be caused by environmental factors and risky behaviours, like smoking, alcohol, poor diet and inactivity.**
- **2/3 of adults are obese or overweight which leads to preventable heart disease and some cancers.**
- **1 in 5 people are drinking to unhealthy levels with up to 4400 adults in the city estimated to be alcohol dependent.**
- **14% of Portsmouth adults are estimated to be current smokers.**
- **Fewer than half of the population meet the recommended 5 a day on a usual day.**



- A lower proportion of cancers are diagnosed early in the city than is average for England and rates of screening breast, cervical and bowel cancers are lower in Portsmouth too.
- 12% of working age residents have a limiting long term illness or disability. In Charles Dickens Ward this rises to 18%.

### Our priorities for 23/24

We will:

- Establish and embed the population health management approach across the city, including proactive case management
- Increase provision of primary and secondary prevention services to improve health and wellbeing and reduce inequalities for all our communities through addressing slowing or preventing progression of disease
- Support and improve primary care resilience
- Develop integrated community based services

### What will we do?

Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

Priority	Our key responses in 23/24
Priority: Population Health Management	By April 2024, ensure all 5 PCNs are supported to use available PHM Analytic tools (due from September 2023 with TPP data) to understand their population profile as they develop their clinical strategies
	Proactive Case Management: Review learning from an initial pilot with Portsdown Group Practice and devise rollout plan to establish a consistent approach across all practices.
Priority: Preventative support options	Stop Smoking: Deliver programmes to increase numbers setting a quit date, in particular working with people with mental health challenges or misusing substances
	Weight Management: Redesign the adult's and children's weight management offer, and continue to develop the multidisciplinary team approach in the pilot of the new weight management hub.
	Physical Activity: Work through the Active Portsmouth Alliance to influence and develop the physical activity offer, particularly for the identified least active populations; and review the inclusion of physical activity within the weight management programmes, plus pilot and evaluate its inclusion within other lifestyle behaviour interventions e.g. smoking, to reach those currently not engaging.
	Sexual and reproductive health: Recommission an integrated sexual health offer; facilitate women's health hubs in general practice; and facilitate people to know their HIV status and access treatment early to reduce poorer health outcomes and reduce forward transmission.
	Health Checks (CVD) : Ensure that we annually Invite 20% of the eligible population (estimated total eligible population (TEP) for 2022/23 is 52,559)
	Develop the Wellbeing Service to take a 'no wrong door' approach in how this supports individuals holistically working collaboratively with colleagues in other services such as social prescribers, health champions and the Adult Social Care Independence and Wellbeing Service

	<p><b>Oral Dental Health Promotion:</b> Increase oral health promotion targeting children and key at risk groups (homeless and care homes) to ensure key messages are being given in a method receptive to the population group.</p> <p><b>Develop a plan to promote social connectedness within local communities</b></p> <p><b>Cost of living: Deliver a Cost of living crisis action plan to:</b></p> <ul style="list-style-type: none"> <li>- Increase access to money advice and other essential advice</li> <li>- Provide accessible information on employability support and skills</li> <li>- Reduce the risk of benefit sanctions</li> <li>- Reduce daily living costs</li> <li>- Ensure people don't have to go without essentials</li> </ul>
<p><b>Priority: Supporting primary care resilience</b></p>	<p><b>Review the GP training, recruitment, and retention pathway in order to simplify and support more GPs to work in the city. – This includes development of international recruitment pathways; scoping the possibility of joint roles across primary and secondary care ; and expanding GP trainee numbers in the city.</b></p>
	<p><b>Support the implementation of new national access requirements: practices to devise action and implementation plans to improve access to general practice.</b></p>
	<p><b>Easing Workload: Review potential for implementing automation in practices and develop rollout plan. Implement a concordat between primary and secondary care to ensure workload is undertaken in the most appropriate setting.</b></p>
	<p><b>General Practice Enhanced Access: Expand routine capability (phlebotomy, leg ulcer, diagnostics, etc) for evening and weekend appointments, and increase awareness of the service amongst the general population</b></p>
	<p><b>Skill Set &amp; Workforce Planning, Culture: ASP services to have the required workforce, skills and competencies to meet current and future demand, including review of static and rotational posts, T-Levels and registrant and non-registrant roles, induction processes</b></p>
	<p><b>Stabilise the position around dentistry locally</b></p>
	<p><b>Stabilise the position for community pharmacy locally, in line with the recommendations of the Pharmaceutical Needs Assessment</b></p>
<p><b>Priority: Community-based services</b></p>	<p><b>Explore potential rollout of the Acute Respiratory Infection Hub model to support urgent, same day care during winter</b></p>
	<p><b>Breathlessness Pathway: Refocus breathlessness pilot to accept referrals for patients with incidental findings from the Targeted Lung Health Check programme to support primary care pressures by completing diagnostic tests and treatment planning for patients with new findings of mild emphysema.</b></p>
	<p><b>Wait List Management: Plans to address post-COVID waiting lists in Speech &amp; Language Therapy and Bladder &amp; Bowel services</b></p>

## **HCP Pillar 2: Children's Services 0-25**

### **What this programme is about:**

We want to ensure that we have a well-developed integrated approach to commissioning and delivery for all of the city's children and young adults. We want to see all of our universal services and settings providing high quality preventative and early help support including maternity, sexual and reproductive health, health visiting, early years settings, schools and the youth offer. This co-ordinated approach to high quality, timely intervention will lead to improved outcomes across a range of domains for our children, young people and their families. There is a close link to the work of the wider ICP on the first 1001 days and the impact that focusing on this vital early stage can have.

### **Key issues in children's services**

- **Strong partnerships across the health and care Portsmouth and good relationships with schools.**
- **Portsmouth has 50 primary schools, 10 secondary schools and four special schools (including one multi-site provision). one maintained nursery school and a University Technical College (UTC), which is a school for young people aged 14-19 interested in pursuing a technical career.**
- **Free school meal eligibility is 32.1% (compared to 22.5% nationally) indicating high levels of deprivation.**
- **2076 children with Educational, Health and Care Plans and 5134 children on "SEN Support"**
- **1051 children receiving targeted early help; 880 children receiving statutory help and protection, 390 children in care and 363 care experienced young people.**
- **Over 1500 children and young people referred for mental health support from CAMHS, and an additional 2000 receiving lower levels of emotional wellbeing and support**
- **27.3% of children are assessed as obese in Year R and this rises to 42% in Year 6.**
- **5.2% of 16-19 year olds are not in education, employment or training.**
- **Portsmouth is ranked 148/152 local authorities for children meeting the expected reading standard by the end of primary school.**
- **Portsmouth is ranked 147/152 local authorities for children achieving 5 or more good GCSE passes at the end of secondary school.**
- **There are high levels of pupil absence, with attendance rates down on pre-pandemic levels.**

### **Our priorities for 23/24**

We will deliver on the priorities identified in the Children's Trust Strategic Plan, which are to improve:

- Educational outcomes (as detailed in the Education Strategy and reflected in the Health and Wellbeing Strategy )
- Early help and safeguarding (as set out in the Safeguarding Strategy)
- Children's health outcomes (as set out in the Children's Public Health Strategy including sexual and reproductive health)
- Social, emotional and mental health (as set out in the SEMH Strategy)
- Outcomes for children in care and care leavers (as set out in the Corporate Parenting Strategy)
- Outcomes for children with Special Educational Needs and Disabilities 0-25 (as set out in the SEND Strategy)

## What will we do?

Wider details of the activity relating to children, young people and families are set out in the strategies and associated plans referenced above. Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

<b>Priority</b>	<b>Our key responses in 23/24</b>
<b>Priority: Educational outcomes</b>	<b>individual schools and education settings to improve effectiveness and outcomes for children</b>
	<b>Implement a digital learning strategy for the city that supports learning both at school and at home</b>
	<b>Improve pupil outcomes in literacy (reading, writing and oral) with a high priority focus on early language development</b>
	<b>Recruit, retain and grow the best teachers, practitioners and leaders and provide high quality continuing professional development</b>
	<b>Promote emotional health, wellbeing and resilience in education</b>
	<b>Ensure all pupils regularly attend school</b>
	<b>Invest in school buildings to create additional school places, focusing on secondary, even more inclusive mainstream schools and a continuum of specialist provision for children with additional needs</b>
	<b>Reducing the proportion of young people not in education, employment or training (NEET) through NEET prevention and re-engagement activities</b>
<b>Priority: Early help and safeguarding</b>	<b>We will ensure that children's and family's needs are identified at the earliest point and that they will receive effective early support and help.</b>
	<b>We will make sure that families will receive effective and timely support when children are at risk of experiencing neglect.</b>
	<b>We will work to ensure that families receive effective and timely support when children are at risk of experiencing sexual abuse.</b>
	<b>We will seek to ensure that young people will be kept as safe as possible from all forms of extra-familial harm, and there will be effective transitional safeguarding arrangements in place to support vulnerable young adults.</b>
	<b>We will make sure that children and young people have access to appropriate support that recognises the impact of trauma resulting from adverse childhood experiences (ACEs).</b>
	<b>We will ensure that there is an effective response to safeguarding children with additional needs and those from diverse communities.</b>
	<b>We will ensure there is sufficient professional and organisational development to provide an effective response to safeguarding children within Portsmouth.</b>
	<b>We will make sure there is a good understanding of safeguarding risks for children within education settings and an effective response to these.</b>
<b>Priority: Children's health outcomes</b>	<b>The best start – first 1001 days: improve infant SEMH; reduce smoking in pregnancy ; improve healthy weight in pregnancy and improve breastfeeding initiation.</b>
	<b>Thriving parents - improve perinatal SEMH; increase take up of long-acting reversible contraception; reduce substance use.</b>
	<b>Reducing the impact of poverty - improve healthy weight at end of Year R and Year 6.</b>
	<b>Healthy places and the built environment - increase activity levels among children.</b>
<b>Priority: Social,</b>	<b>Secure strong early attachment in the first 1001 days of life</b>
	<b>Provide high quality advice, guidance and self-help</b>

<b>Emotional and Mental Health</b>	<b>Improve early help and develop digital solutions</b>
	<b>Improving wellbeing and resilience in education</b>
	<b>Improve mental health support for LAC and care leavers</b>
	<b>Improve the support for specific groups of vulnerable children and young people</b>
	<b>Develop the children and young people's workforce</b>
	<b>Develop CAMHS services to meet demand</b>
	<b>Prevent suicide and its impact on children, young people and families</b>
	<b>Improve transition and access for 16 – 25 year olds</b>
<b>Priority: Children in care and care leavers</b>	<b>Improve mechanisms for hearing the voice of young people</b>
	<b>Provide trusted, safe and stable homes for young people in our care</b>
	<b>Promote and develop relationships with the people that are important to young people we care for</b>
	<b>Support the emotional and physical health and wellbeing of young people we care for</b>
	<b>Promote your learning and employment opportunities</b>
	<b>Help young people</b>
<b>Priority: Special Educational Need and Disability</b>	<b>Inclusion: develop inclusive city and inclusive schools</b>
	<b>Develop the offer around social emotional and mental health (SEMH) in schools</b>
	<b>Develop work to help prepare young people with SEND and their families for their adulthood</b>
	<b>Continue to develop the city response and offer around neurodiversity</b>

### **HCP Pillar 3: Adults with the most complex needs**

#### **What this pillar is about:**

We will improve outcomes on mental health, for the neurodivergent and those with the most complex lives, including people who are homeless and those misusing substances. We want our universal services and settings to provide high quality preventative and early help support, and to ensure that targeted interventions are timely and effective, particularly for those in health inclusion groups, so that there are fewer escalations requiring intensive support (such as acute admissions).

#### **Key issues in for adults with the most complex lives**

- **There is a higher rate of emergency hospital admissions for intentional self-harm than is average for the rest of England.**
- **1842 households are owed a duty under the Homelessness Reduction Act**
- **Homeless people face several health inequalities and significantly reduced life expectancy. The average age of death among homeless people in the UK is 47 for a man and 43 for a woman.**
- **Only 5% of opiate users, and 17.6% of non-opiate users successfully completed drug treatment in 2021.**
- **Only 18.4% of service users successfully completed alcohol treatment**
- **12.9% of residents report having a long term mental health condition compared to 11% in England.**
- **There are 1010 active adult patients with an Autism (or similar) diagnosis on SystemOne and we know this is likely to be under-recorded.**

#### **Our priorities for 23/24**

We will:

- Improve the citywide response around mental health wellbeing
- Develop the approach to supporting neurodivergent adults, so that as a system we are assessing and meeting need effectively
- Implement the measures in the Suicide Prevention Plan to reduce suicide and self-harm
- Reducing harm caused by substance dependency including alcohol misuse
- Tackling recurring factors that lead to homelessness and rough sleeping, and the resultant poor outcomes for individuals
- Address the needs of our health inclusion groups
- Prevention
- Coproduction
- Trauma informed care and practice approach

#### **What will we do?**

Wider details of the activity relating to children, young people and families are set out in the strategies and associated plans referenced above. Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

Priority	Our key responses in 23/24
<p><b>Priority:</b> <b>Community Mental health Transformation</b></p>	<p>Establish a Mental health 'access' hub for the city of Portsmouth by the spring of 2023, and evaluate at 6 months</p>
	<p>The mental health workforce delivery of care will be personalised and guided by a trauma informed approach, and a training package will be delivered for MH access hub staff to ensure they are competent and confident to support personalisation and trauma informed and neuro diversity approaches.</p>
	<p>Agree the Portsmouth approach to enabling a universal MH MDT which reaches across primary and secondary care</p>
	<p>Implementation of the full roll out of the MH ARR's in all 5 PCN's and further development of MH ARRs and the Hub models to determine how to expand and strengthen links</p>
	<p>Work with the Hive Experts by Experience (EbE) Network to ensure that all transformational service changes to be co-produced with people with lived experience, and further develop protocols to ensure Hive EbE network is enabled to work with the transformation team influencing and shaping service design / changes.</p>
	<p>People with severe mental illness receiving a full annual physical health check and follow up interventions</p>
	<p>Work with the EIP team to ensure achievement of targets for 23/24 around First Episode Psychosis treatment with NICE recommended package of care within two weeks of referral</p>
	<p><b>Access to Individual Placement and Support Services:</b> review the current service provision to ensure meeting the core requirements of the fidelity model, and use recommendations from the review to develop an action plan to ensure clear timelines for delivery</p>
	<p><b>Local implementation of HIOW wide mental health improvement programmes such as</b></p> <ul style="list-style-type: none"> <li>• <b>Crisis Resolution and Home Treatment:</b> Review the current crisis service offer to ensure service is fit for purpose given increasing complexity and acuity across all caseloads and develop an action plan; and review short team therapeutical and recovery focused interventions to be delivered at the point of crisis.</li> <li>• <b>'All Age' Psychiatric Liaison Model:</b> Collaborate with OPMH, AMH and VCS to support development of an action plan, creating a uniformed approach and sustainable model, including development of transition protocols between CAMHS and Adult MH Services including CMHT, IAPT service and Primary Care mental health support such as the Enhanced Primary Care Teams</li> <li>• <b>IAPT expansion</b> to ensure increased access to psychological therapy in primary care, including developing further LTC modalities and pathways to increase the number of people with long term health conditions accessing talking therapies and improve clinical outcomes for this</li> </ul>
	<p><b>Dementia:</b> Provide early diagnosis to enable people with dementia to live independently in their own home for longer and develop a comms plan with the aim to increase awareness of the benefits of being diagnosed</p>
	<p><b>Dementia:</b> Review of the current VCSE Dementia support service with links to the carers support services to ensure an integrated offer, and use</p>



	<p>recommendations from the review to drive through changes needed in coordination with the Hive EbE network</p> <p>Dementia Action alliance – work with the providers to ensure Ports remains a dementia friendly city</p>
<p><b>Priority: Neuro- diversity</b></p>	<p>Develop Neuro diversity training package for all MH staff</p>
	<p>Transformed Service Model – Diagnostic Service: Design a service that fully meets current and projected demand and offers a response which is:</p> <ul style="list-style-type: none"> <li>- proportionate to need</li> <li>- meets the 12 week national waiting times target by maximising capacity and minimising waste</li> <li>- facilitates the smooth delivery of triage, assessment, diagnosis and prescribing services as well as signposting/referrals onto other services</li> <li>- ensures reassuring and safe transition/discharge</li> <li>- provides the infrastructure required to maintain safe and equitable shared care</li> <li>- manages patient expectations and reduces inequalities</li> </ul>
	<p>Transformed Service Model – Support and Intervention: identify gaps, areas of good practice and areas of risk in the current offer and implement sustainable shared care arrangements which match national policy, are locally agreed with Primary Care and are not diagnosis-reliant</p>
	<p>Moving people into the community and reducing reliance on inpatient care: Implement system wide protocol for early identification of autistic people in mental health inpatient units managed by local NHS providers. Improve transition arrangements for young people with learning disabilities and/or autism. Development of comprehensive system wide improvement plan to avoid admissions and reduce length of stay for people with learning disabilities and/or autism. Implement DSRs (Dynamic Support Registers) across HIOW LDAP area in a consistent, monitored approach.</p>
<p><b>Priority: Suicide prevention</b></p>	<p>Maintain city and sector-wide leadership for suicide prevention, including supporting research, data collection and monitoring</p>
	<p>Tailor approaches to improve mental health in specific groups</p>
	<p>Reduce access to the means of suicide</p>
	<p>Address the risk factors for suicide – specifically supporting parents/carers with responding to self-harm and undertaking quality improvement work with health and education services in responding to self-harm</p>
	<p>Support the media in delivering sensitive approaches to suicide and suicidal behaviour</p>
<p><b>Priority: Substance misuse</b></p>	<p>Ensure the treatment service attend each Operation Fortress meeting, supporting the police to target prolific offenders and support vulnerable adults</p>
	<p>Increase the number of people in treatment from 2020/21 baseline 1436 to 1785</p>
	<p>Improve engagement in community treatment following prison release from 31% to 45%</p>
	<p>Increase the number of people accessing residential rehabilitation from 30 to 39</p>
	<p>Increase the number of specialist young people substance misuse workers from 1 to 3.5</p>

	<p>Increase the proportion of under-18 referrals from a range of sources to the national average (including Education, Youth Offending Team and self-referral which are below the national average).</p> <p>Commence drugs education sessions in schools and other youth settings.</p> <p>Deliver drugs awareness training to over 40 professionals</p>
<p><b>Priority: Homelessness and rough sleeping</b></p>	<p>Tackling recurring factors that lead to homelessness and rough sleeping by developing a multi-disciplinary health inclusion service, including primary care; mental health</p>
	<p>Increase the amount of psychology hours /support available to rough sleepers or those at risk from 45 hours / week to 98 hours / week</p>
	<p>Increase the number of rough sleepers or those at risk of rough sleeping registered with a GP to 98%</p>
<p><b>Priority: address needs of health inclusion groups</b></p>	<p>Review the needs of health inclusion groups in the city and expand provision of the Health Inclusion Service, exploring opportunities to include asylum provision</p>
	<p>Expand the existing homeless healthcare team to include a broader range of hard to reach groups, including sex workers, substance misusers, Gypsies, Travellers and refugees.</p>
	<p>Explore co-location of key support services for rough sleepers, including the healthcare team and the rough sleeper drug and alcohol team</p>

## **HCP Pillar 4: Integrated community care model**

### **What this pillar is about:**

We want those in need of care in the city to be appropriately housed, warm, well fed individuals with their circumstances and conditions supported with timely well understood pathways to manage exacerbations. We want to achieve better patient outcomes through personalised care including retaining independence and maintaining individuals wellbeing.

We will help people maintain independence, and therefore reduce acute admissions, through proactive case management and robust care plans. Services will be fully joined up so that individuals clearly know who to contact, and are not just signposted.

People will be supported home from hospital, and there will be effective urgent care in the community, and rehabilitation and reablement support to avoid emergency admissions; to ensure no-one stays longer in an acute or community bed longer than they need to and reducing readmissions. Pro-active care – planned, pro-active integrated health and care management; focus on single assessment and truly integrated professional teams so people only have to tell their story once with services providing a holistic view of their individual needs.

Many of the interventions in this pillar will use the Better Care Fund, focusing on frailty and people with long term conditions. The driving principle is to ensure that we are providing the right care in the right place.

### **Key issues for integrated community care**

- **There are fewer emergency admissions due to falls in people 65 and over than nationally**
- **There are more emergency readmissions within 30 days of discharge from hospital than in most other areas.**
- **Between 2021 - 2030, the population of Portsmouth aged 65+ is expected to increase by 19%, and those aged 80+ by 28%. In 2043, 19% of the city's population are expected to be aged 65 years or over.**
- **There are 37 CQC registered homes in the city, with most of the providers small and medium enterprises.**
- **There continue to be challenges in meeting the most complex care needs in residential and nursing care, with only limited homes able to meet needs such as bariatric care, challenging behaviours and dementia.**
- **There are 30 active domiciliary care services registered in the city.**
- **On average, there are around 100 hours of care waiting to be sourced at any one time.**

### **Our priorities for 23/24**

We will:

- Drive early intervention and self-care for frail people and those with long term conditions
- Ensure Admission avoidance and effective discharge through the Integrated Community Programme and a proactive care model.

### **What will we do?**

Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

Priority	Our key responses in 23/24
<p><b>Priority: Early intervention and self-care</b></p>	<p><b>Technology Solutions / Auto Allocate</b> To implement digital solutions to enable effective caseload management, including implementation of Auto Allocate and a review of SystemOne requirements</p>
<p><b>Priority: Admission avoidance and effective discharge</b></p>	<p><b>Bedded Rehab Offer</b> To review and define the reablement and rehab offer for inpatients that supports discharge, admission avoidance and step up / down. To include your next patient / home for brunch schemes</p> <p><b>Review Discharge to Assessment (D2A) services</b></p> <p><b>Inpatient Workforce</b> Review of the medical model across inpatients, supporting clinical oversight in ToCT, 7 day therapy and assessment, etc.</p> <p><b>Improved Transfer of Care Offer</b> To review and increase daily discharges from PHU across 7 days, including early discharge planning</p> <p><b>Palliative Care Partnership Working</b> Working more closely with partners to deliver equitable, sustainable Palliative Care across the ICP, in line with our agreed joint vision to reduce inequality provision across PSEH</p> <p><b>Rehab and Reablement Offer</b> To provide a true single rehabilitation and reablement offer across Portsmouth city (including consideration of CIS, community physio and community OT)</p> <p><b>ECHT Care Home Education</b> To develop an education programme that can be delivered to all Care homes within Portsmouth. To consider opportunities to develop a Face to Face , Virtual and e-learning package of learning in order to upskill and enhance education in Care homes in order to enhance patient care and support and prevent unnecessary admissions.</p> <p><b>Develop the model for Integrated Urgent Care, including the co-location of our Urgent Treatment Centre (UTC), Out of Hours service (primary medical care), Clinical Assessment Service, and Urgent Community Response service. As part of this we will explore 2 way direct booking between the UTC and GP practices</b></p> <p><b>Front Door and Service Offer - Implementation of a 'no wrong door' approach to Portsmouth services with the aim of meeting the patient's needs, enabling an integrated process ensuring patients are seen by the most appropriate team/discipline at the right time, supporting patient flow across all services.</b></p> <p><b>To ensure Portsmouth service offers and SystemOne is responsive to demand and we are able to appropriately capture two hour, unplanned and routine activity, enabling an integrated health and care approach across the city</b></p> <p><b>Specialist Services and UCR Integration: To develop pathways for management of acute episodes for patients known to Specialist Services via the urgent community response hub</b></p> <p><b>Community physio waiting times - The service has successfully managed to reduce its waiting times to approx. 5-7 day turnaround for all referrals. Aligning with the UCR and admission avoidance demand this is likely to continue to increase and requires ongoing support to sustain current waiting times to meet the demand</b></p>

## HCP Pillar 5: Person-centred care

### What this pillar is about:

In Portsmouth, many years of broad and deep integration between health and care services mean that we have a person-centred model for the provision of care that takes down barriers between organisations to ensure that people receive the care and support that is right for them.

We have strong local models for the delivery of continuing health care responses, and for purchasing individual packages of care when required.

Our aims for this pillar are that we maintain the strong practice in Portsmouth, through developing and managing the market to respond to current and future demand, in a way that secures high quality support for our residents. We will ensure single, streamlined processes for assessing the support needs of individuals, and ensure that appropriate services are commissioned to meet these.

### Key issues for person-centred care

- **An integrated continuing healthcare team that focuses on needs and demonstrates strong financial management**
- **There are strong integrated commissioning arrangements across mental health and learning disability services.**
- **There is not enough dedicated accommodation support for autistic people and not enough accessible and bespoke accommodation for those with complex needs.**
- **Close working with colleagues in housing to design and build accommodation for residents with care and support needs**
- **Relatively low rate of take up of Direct Payments as an option, at less than 10% of eligible clients.**
- **Safeguarding concerns received by the Adult Multi-Agency Safeguarding Hub are increasing**

### Our priorities for 23/24

We will:

- Work with the market to develop a range of options to address the care and support the needs of individuals , based on understanding of local supply and demand
- Ensure single, streamlined processes for assessing the needs of individuals requiring support from health and social care, and making decisions on how that will be provided

### What will we do?

Key Health and Care Portsmouth joint priorities for action in 2023/24 are:

Priority	Our key responses in 23/24
Priority: Developing options to address care and support needs	<b>Develop an Accommodation Strategy and implementation plan, to ensure that the types of accommodation available in the city meet the care and support needs of the population.</b>
	<b>Develop a plan for digital transformation of care and support.</b>
	<b>Review and increase the Shared Lives service</b>
	<b>Develop the Direct Payments offer to improve take-up of this offer where it is an appropriate model)</b>
	<b>Review available Adult Social Care information, advice, and guidance (IAG) for residents of Portsmouth.</b>

	<p><b>Produce a Market Position Statement, market capacity plan (MSIF) and develop strategic commissioning intentions.</b></p>
	<p><b>Enhancing and building upon existing relationships with the VCS to improve our co-production approach and further embed the community connector approach to make best use of community assets.</b></p>
	<p><b>Review of 2022 Interim Portsmouth Plan for Carers (HCP system wide) to coproduce an expanded version.</b></p>
	<p><b>Review demand for complex needs day opportunities. Consider options to meet increased demand (inc. transition), taking account of PCC delivered services.</b></p>
	<p><b>Work to improve respite services, enabling more informal carers to have a provisional offer of respite.</b></p>
	<p><b>Roll out a Strengths-based working project</b></p>
<b>Priority : Assessment and decision- making</b>	<p><b>Improve our statutory reviews process, developing a more structured approach.</b></p>
	<p><b>Improve our approach to joint and combined assessments for residents and their carers, by reviewing practice guidance and updating to emphasise opportunity for joint assessments.</b></p>

## Themes running through our plan

There are a number of themes that run through all of the plans and are important to the way that we are delivering as a city:

**Fully integrated and needs led** - we continue to commit to a way of working in Portsmouth that is about joining up to deliver the services that residents need in the way that they need to be able to access them. We do not design or deliver services from the point of what would best suit delivery organisations, but think these through from the point of view of patients and services users. The high levels of trust that we have fostered in the city help us to take down organisational barriers. Examples of this approach would be our ways of working around continuing health care, where the local authority is empowered by the ICB to commission services on its behalf, because that makes sense in supporting the patient. Through our Blueprint, we commit to these ways of working across all health and care services in the city.

**Intelligence led** - We use data and evidence from our Joint Strategic Needs Assessment (JSNA) to inform our working, and to identify our priorities. In the pandemic, as a system we became used to focusing relentlessly on what the data was telling us about developing situations, and we have maintained that practice locally, developing a dataset to help us track the impact of the cost of living on residents, or taking a data-driven approach to our successful work around getting people home from hospital. Our work on population health management will be similarly data and evidence driven.

**Robust financial management** - Portsmouth has a strong track record of sound financial management and of taking effective actions to make savings when these are required. The local authority has over the last 10 years saved £104m from its controllable expenditure, and has been able to manage the impact of the economic shocks of recent years. Health spending in Portsmouth has traditionally been well controlled, but in the landscape of a larger, financially constrained Integrated Care Board operating across Hampshire and the Isle of Wight, there will be heightened challenges to identify efficiencies and financial savings within our health spend.

**Development of workforce** - none of the plans that we are putting in place will be deliverable without the workforce to deliver them, so we will be working with partners, including in higher and further education, to see how we can attract, retain and develop the staff that we need in the city to ensure high-quality, effective services.

**Quality and safeguarding** - We need to make sure that the services we are delivering are high-quality and help keep people safe. Partners to Health and Care Portsmouth are also partners to the safeguarding boards in the city overseeing responses for both adults and children, and play active roles in implementing the policies and practices that ensure people are kept safe from harm.

**Co-production** - We know that services are most likely to lead to successful outcomes if the people that will be using them and delivering them shape them. So we will ensure that all services are co-produced with service users and their families, experts by experience and with people working on the frontline so that they fully reflect the needs and experiences of the people that they need to serve.

**Digitally enabled** - for some people, the online world is a difficult and confusing thing to content with. For other people, there is an expectation that they can access any information and services they need through their phones. We need to ensure that we are being intelligent in how we are applying technology and digital capability to services, to make sure that when we can make things



more efficient and accessible we do, but that we also respect that some people - including members of the workforce - are less comfortable with digital solutions, and make sure they are supported.

### **Governance and resources**

In our Blueprint for Health and Care Portsmouth, we set out the governance arrangements that will ensure we are able to deliver the plans set out in this document and align resources to them.

Building on the section 75 (s75) arrangements that previously existed between NHS Portsmouth Clinical Commissioning Group and Portsmouth City Council (for Continuing Health Care, Better Care Fund and enabling functions delivered through Health and Care Portsmouth) an overarching s75 framework has been agreed, supported by 5 schedules, reflecting the pillars of the HCP plan.

Our ambition is to strengthen the integration arrangements and increase the aligned fund arrangements over time, to reflect the responsibilities of the place-based partnership, in line with broader approach of the ICS to planning and delivery of services.

These agreements will be managed by Partnership Management Groups, who will monitor the progress on plans and track finances to ensure that these are on track and well aligned with the priorities. On a quarterly basis, the PMGs will report to the Portsmouth Place-Based Partnership Board, as the group for oversight of resource allocation and service delivery in the city.

**Our Plan on a Page**

ICS priorities expressed through the ICP strategy and ICB plan



City Vision: "We do everything we can to enhance wellbeing for everyone in our city by offering the education, care and support that every individual needs for their physical and mental health. All our residents and communities live in good homes where they feel safe, feel like they belong, and can thrive."

Health and Wellbeing Strategy 2022-2030:

VISION - *Our vision is for everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting. We will do things because they matter to local people, we know that they work and we know that they will make a measurable difference to their lives.*

Health in Portsmouth - what our data and intelligence tells us

**Health and Care Portsmouth Plan for children and young people**

We will improve:

- Educational outcomes
- Early help and safeguarding
- Children's health outcomes
- Social, emotional and mental health (as set out in the SEMH Strategy)
- Outcomes for children in care and care leavers (as set out in the Corporate Parenting Strategy)
- Outcomes for children with Special Educational Needs and Disabilities 0-25

**Health Improvement and reducing health inequalities**

We will:

- Establish and embed the population health management across the city, including proactive case management
- Increase provision of primary and secondary prevention services
- Support primary care resilience
- Development community based services

**Health and Care Portsmouth Plan for adults with the most complex lives**

We will:

- Improve the citywide response around mental health
- Develop the approach to supporting neurodiverse adults, so that as a system we are assessing and meeting need effectively
- Implement the measures in the Suicide Prevention Plan to reduce suicide and self-harm
- Reducing harm caused by substance dependency including alcohol misuse
- Tackling recurring factors that lead to homelessness and rough sleeping, and the resultant poor outcomes for individuals

**Health and Care Portsmouth Plan for integrated community care**

We will:

- Drive early intervention and self care for frail people and those with long term conditions
- Ensure Admission avoidance and effective discharge through the Integrated Community Programme and a proactive care model.

**Health and Care Portsmouth Plan for person-centred care**

We will:

- Work with the market to develop a range of quality options to address the care and support needs of individuals, based on understanding of local supply and demand
- Ensure single, streamlined processes for assessing the needs of individuals requiring support from health and social care, and making decisions on how that will be provided

Blueprint for Health and Care Portsmouth (setting how we work together in the place)  
Section 75 agreements enabling pooling/alignment of resources to achieve the shared priorities