



## **Portsmouth Children's Trust**

# **Children's and Young People's Needs Assessment**

## **Strategic Summary**

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**Report to the Portsmouth Children's Trust Board**

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# Introduction

## Portsmouth Children's Trust

The Portsmouth Children's Trust was established in 2004. The Trust is led by a Children's Trust Board which has multi-agency representation at Director and Chief Executive level from all the major public service delivery partners in the city, as well as representation from the Youth Parliament and Voluntary Sector. The Children's Trust Board has the following purpose as outlined in its Terms of Reference:

1. To improve the well-being of all children and young people age 0 – 19 (or beyond for those with specific needs) in Portsmouth. Well-being means children and young people will be healthy, be safe, enjoy and achieve, make a positive contribution and achieve economic well-being.
2. To govern the commissioning of high quality, safe and effective universal, targeted and specialist services for children and young people.
3. To ensure service provision and service delivery is shaped so that all children, young people and families access the right services at the appropriate time. Service provision will be effectively integrated.
4. To ensure, through performance monitoring and challenge, that services are effective in delivering improved outcomes for children and young people in the City.
5. To ensure effective prevention and early intervention services and processes are embedded in the city including support for parenting.

## The Children's Trust Plan

A Children's Trust Plan is developed by the Children's Trust on a three yearly cycle. This is the strategic, multi-agency plan outlining how strategic partners intend to improve the lives of children and young people in the city.

## Children and Young People's Needs Assessment

The Children's Trust Plan and its commissioning strategies are informed by an assessment of children and young people's needs, providing a high level analysis of outcome data to identify key issues affecting children and young people in the city, and more detailed analyses for evidence-based service commissioning, as set out in the Commissioning Cycle at Appendix A.

- The Strategic Summary is a high level report which provides the Children's Trust Board with a review, analysis and interpretation of the outcome data every 3 years to help review their priorities.
- Commissioners also require specific in-depth needs assessments to inform commissioning. These are developed in response to specific needs, as part of the business planning / commissioning process.
- The Strategic Summary along with more in-depth analyses are available within the web based resource forming the overall Joint Strategic Needs Assessment (JSNA).

## About the Strategic Summary

The Strategic Summary provides a high level view of key outcomes for Children and Young People in Portsmouth and has been structured around five themes:

- Improving Health
- Keeping Safe
- Achieving in Education
- Positive Behaviours
- Economic Wellbeing

Each section begins with an overview of the strategic context and a summary of key headlines. These have been listed in three groups as described below:

- ✓ those showing positive progress in terms of trends or comparators
- those which are neither positive nor negative
- ✗ those which are causing concern

A diagram which gives a mapping of outcomes in terms of whether they have an improving or worsening medium term trend, and whether they are worse or better than national comparators, is included at Appendix B.

## Data Sources

The data used within this report has been obtained from two primary sources:

The Local Authority Interactive Tool (LAIT) published by the Department for Education:

<https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

The Child Health Profiles published by Public Health England:

<http://fingertips.phe.org.uk/profile/child-health-profiles>

In addition, local data has been used in a limited number of cases where other sources were not available.

# Improving Health

## Strategic Context

The Health and Social Care Act 2012 created a Health and Wellbeing Board (HWB) which is charged with improving local health and social care, and reducing health inequalities within the area. From April 2013 local authorities in England have had a statutory duty to take steps to improve the health of the people in their area, as well as other public health functions, although responsibilities for delivering many of its functions are shared between agencies.

From June 2012 the board began meeting formally as a committee of the city council. The membership includes six Elected Members, representatives of the Clinical Commissioning Group, council leads for public health and adults and children's services, and Healthwatch who represent the views of patients.

The board has statutory responsibility for the delivery of a local Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy, and for joining up commissioning across health, public health, social care and wider services that impact on health and wellbeing.

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## Key Headlines

- ✓ Portsmouth's infant mortality rate remains lower than the England average, but has increased within the last period.
  - ✓ Immunisations of children in care are higher than the England average.
  - ✓ MMR immunisation is slightly higher than the England average, and has historically shown an improving trend although dipping slightly in the last period.
  - ✓ There has been an improving trend in levels of obesity in Year 6 which are now in line with national. However nearly 1 in 5 Year 6 pupils are still classified as obese.
  - The percentage of low birthweight babies has increased but is in line with the national average.
  - Rates for Diphtheria, Tetanus, Polio, Pertussis and Hib immunisation are the same as those nationally.
  - Breastfeeding initiation rates are similar to national averages.
  - ✗ The proportions of children who are obese at Reception Year are slightly above the national average at around 1 in 10.
  - ✗ The number of A&E attendances for children age 0-4 years has historically been considerably below the national rate but has almost doubled in the last period.
  - ✗ Rates of smoking by pregnant women remain above the national average but have seen an improving trend in recent years at a faster rate than seen nationally.
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## Are children getting a healthy start in life?

The percentage of **women smoking at time of delivery** has shown a continuing declining trend nationally from 12.7% in 2012/13 to 11.4% in 2014/15. During the same period, rates within Portsmouth have fallen from 17.3% to 14.7%. Rates in Portsmouth remain above the national average but the gap has reduced from 4.6 percentage points to 3.3.

The percentage of **low birthweight babies** at term (under 2500g) has increased and in 2014 was 3.0% in Portsmouth which is in line with the national average of 2.9%.

Portsmouth has shown fluctuating rates of **breastfeeding initiation** over the past 3 years. In 2012/13, 75.4% of Portsmouth babies were breastfed within 48 hours of birth, this rate fell to 66.1% in 2013/14 and rose again to 74.6% in 2014/15. This rate is in line with the England average of 74.3%.

For the past two years, local data for **breastfeeding sustained at 6-8 weeks** has not been published due to data quality reasons. Historically, Portsmouth rates have been below the average for England. In 2012/13 46.5% of Portsmouth babies were still being breastfed at 6-8 weeks, compared to 47.2% nationally.

Portsmouth's **infant mortality rate** (deaths under 1 year per 1,000 live births) has been consistently below that nationally over recent years, and a continuing decline from 4.1 for 2007-9 to 2.2 for 2011-13. Latest data, however, has shown a rise to 2.9 for 2012-14, although still below the England average of 4.0.

The local rate of **MMR immunisation** is slightly higher than the England average with 93.3% of children immunised before the age of 2, compared to a national figure of 92.3% for 2014/15. This has shown a dip from a high of 94.8% in 2013/14, following an improving trend in Portsmouth in previous years.

Rates for **Diphtheria, Tetanus, Polio, Pertussis and Hib Immunisation** are in line with those nationally (95.7%), with 96.1% of children in Portsmouth immunised before the age of 2 in 2014/15. Both local and national trends have been fairly static in recent years.

**Immunisations of children in care** are higher than the England average with 95.1% having up-to-date immunisations in 2015, compared to the England average of 87.8%. This rate has fallen slightly from a high of 97.6% in 2013, following an improving trend in Portsmouth in previous years.

The **number of A&E attendances** per 1,000 children age 0-4 years has been consistently below the national rate in recent years, with a rate of 519.6 in Portsmouth compared to 540.5 nationally in 2014/15. However numbers have increased considerably in the past year, with the rate doubling from 252.7 in 2013/14, an increase from 3,439 children to 7,085.

## **Do children have a healthy weight?**

In 2014/15 the percentage of **Reception Year pupils who were obese** in Portsmouth was 9.9%. This measure has shown a fairly static trend in recent years. Compared to national levels, Portsmouth is slightly above the national rate of 9.1%.

The percentage of **Year 6 pupils who were obese** in 2014/15 was 19.1% in Portsmouth, equalling the national level. Portsmouth has seen an improvement in rates over recent years from 20.9% in 2012/13.

# Keeping Safe

## Strategic Context

Local Safeguarding Children Boards were established by the government to ensure that organisations work together effectively to safeguard children and promote their welfare. Portsmouth's Safeguarding Children Board (PSCB) includes Children's Services, Education, Police, Health, Probation, Faith Communities and the Voluntary Sector. The PSCB has two key statutory functions:

- To co-ordinate local work to safeguard and promote welfare of children;
- To ensure the effectiveness of that work.

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## Key Headlines

- ✓ The rate of Children in Need has fallen and is lower than the average for England.
  - ✓ Hospital admissions for mental health conditions have reduced and are considerably lower than the national rate.
  - ✓ Emergency hospital admissions due to injury have reduced and are lower than those nationally.
  - Numbers of Looked After Children have increased slightly in recent years.
  - The rate of Looked After Children per 10,000 population has increased slightly and remains above the national average, although lower than the average for statistical neighbours.
  - The number of children killed or seriously injured in road traffic accidents has shown an improving trend but is still 1.5 times the rate nationally.
  - Contacts into the MASH/JAT have increased over a two year period.
  - ✗ The rate of Child Protection Plans per 10,000 has increased and is above the national average.
  - ✗ The percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time has increased and is above both the national average and the average for statistical neighbours.
  - ✗ Hospital admissions as a result of self-harm have increased considerably over recent years and the local rate is over 1.5 times that nationally.
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## Are children cared for and safe?

The **numbers of looked after children** in Portsmouth have shown a slight increase in recent years, from 300 in 2012 to 322 in 2016.

The **rate of looked after children per 10,000 population aged under 18** has increased from 70 in 2012 to 74 in 2015 and remains above the national average of 60, although below the statistical neighbour average of 76. Local data for 2016 shows the rate has remained static at 74.

The rate of **Children subject to a Child Protection Plan** per 10,000 has increased in recent years, mirroring the national trend. Portsmouth's rate per 10,000 was 42.4 in 2012 and had increased to 53.5 in 2015, higher than the national rate of 42.9 but slightly below the statistical neighbour average of 54.7. Local data for 2016 shows a further increase to 63.4.

The percentage of children becoming the subject of a **Child Protection Plan for a second or subsequent time** has been fluctuating over recent years, with a dip down to 10.7% in 2014, below the national average, but then an increase in 2015 to 18.2%, taking Portsmouth's levels back above the national average of 16.6% and the statistical neighbour average of 14.6%. Local data for 2016 shows the rate has increased again to 20.2%.

The total number of **contacts into the Multi Agency Safeguarding Hub (MASH) and formerly the Joint Action Team (JAT)** has increased from 10,375 to 13,725 between 2013/14 and 2015/16. The numbers of individual children to which contacts related have increased from 5,654 to 6,414 in the same period.

Children in need are defined as children in need of local authority services to achieve or maintain a reasonable standard of health or development; or to prevent significant or further harm to health or development; or are disabled. The **overall rate of Children in Need** in Portsmouth has shown a slightly increasing trend over recent years and at March 2015 was 331 per 10,000 children, slightly lower than the average for England of 337 and considerably lower than the statistical neighbour average of 366. Local data for 2016 shows the rate has decreased back to 302 per 10,000 children.

The number of **children killed or seriously injured in road traffic accidents** in Portsmouth in the period 2009-11 was almost double the rate nationally (42.5 per 100,000 compared to an England average of 22.1). Since then there has been an improvement in local rates down to 28.7 in 2012-14, although still considerably above the national rate of 17.9.

The number of **emergency hospital admissions due to injury in under 14s** has reduced in recent years and in 2014/15 was 89 per 10,000 children, some way below the national rate of 110.

The number of **hospital admissions for mental health conditions** has reduced in recent years and in 2014/15 was 51 per 100,000 children aged under 18, some way below the national rate of 87.

The number of **hospital admissions as a result of self-harm for 10-24 year olds has increased considerably over recent years from 495 per 100,000 in 2012/13 to 628 in 2014/15 and is over 1.5 times the national rate of 399.**

# Achieving in Education

## Strategic Context

In 2012, a strategy for improving education in Portsmouth "Effective Learning for Every Pupil" was launched. This document set out how the challenge of securing education outcomes in Portsmouth would be approached, to ensure that every learner had the opportunity to be the best they could be. In the time since the strategy was launched, there have been some improvements in progress and attainment with strong performance at the start of pupils' education. However there remains too much variability in pupils' year-on-year outcomes, with overall results at Key Stage 2 and Key Stage 4 (GCSEs) not improving sufficiently and still lagging behind national averages and comparable areas across the country.

Since 2012, an increasing number of Portsmouth schools have transferred to academy status, with a third of Portsmouth's schools now academies. With the publication of the Education White Paper "Educational Excellence Everywhere" in March 2016, the Government set out its aspirations for all schools to become academies, and the changing role of the local authority. In response to this agenda, a new Education Partnership will be established for Portsmouth, bringing together Portsmouth schools, the local authority and other education partners, and a revised Education Strategy will be produced in Autumn 2016.

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## Key Headlines

- ✓ Children get off to a good start in Portsmouth with development levels at age 5 above the national level, and ranked second highest compared to our statistical neighbours.
- ✓ Standards in schools have shown a good rate of progress in Ofsted ratings, but there is still room for improvement particularly in secondaries.
- The proportion of 16-18 year olds who are NEET has improved and the gap to national has reduced. Portsmouth is now in line with its statistical neighbours' average.
- Rates of progress between Key Stages 1 and 2 have improved but are still lower than national levels.
- GCSE results in Portsmouth have consistently been below national and Portsmouth ranks low in its group of statistical neighbours. Provisional results for 2016 indicate a potential improvement in results at Key stage 4.
- ✗ In terms of achievement at the end of Key Stage 2, there had been steady improvement, closing the gap to national in 2015. However provisional results for 2016 show a widening of the gap.
- ✗ Progress in English between Key Stage 2 and Key Stage 4 has shown an improvement but was still some way short of national in 2015.
- ✗ Progress in Maths between Key Stage 2 and Key Stage 4 has shown a slight improvement but was still some way short of national in 2015.

## How well are children achieving in Portsmouth?

### Early Years

The Good Level of Development (GLD) measure is the most widely used single measure of child development in the early years, measuring development at the end of the academic year in which a child turns five.

Children get off to a good start in Portsmouth, with 68.6% of Portsmouth children judged to have a **good level of development** at the end of the Early Years Foundation Stage in 2015, compared to a national figure of 66.3%. In 2015, Portsmouth ranked second within its statistical neighbours for this outcome. Provisional results for 2016 indicate a further improvement with 69.8% of children achieving a good level of development this year.

### Key Stage 1

The percentage of pupils achieving Level 2+ in all three areas (Reading, Writing and Maths) has shown an improvement in recent years and results in all three areas were above national in 2015.

From 2016 a new accountability framework has been implemented with changes to performance measures for Key Stage 1. Provisional results indicate that the percentage of pupils achieving the expected standard in all three subjects has fallen below the provisional national average in 2016.

### Key Stage 2

At Key Stage 2, the percentage of children achieving **Level 4+ Reading, Writing & Maths** showed steady improvement from 70% in 2013 to 78% in 2015, bringing Portsmouth just under the statistical neighbour average of 78.7% and closing the gap to the national average of 80%.

From 2016 a new accountability framework has been implemented with changes to performance measures for Key Stage 2. Provisional results indicate that the percentage of pupils achieving the expected standard in Reading, Writing & Maths combined is 5.5 percentage points below the provisional national average in 2016.

### Key Stage 4

At the end of Key Stage 4, **5+ A\*-C GCSEs including English and Maths** has been the primary indicator for measuring pupils' and schools' success.

In 2015, 50.7% of Portsmouth pupils achieved this standard, compared to 53.8% nationally. When compared to statistical neighbours, Portsmouth was ranked 8<sup>th</sup> out of 11 authorities in 2015.

From 2016 a new accountability framework has been implemented with Attainment 8 and Progress 8 introduced as new headline measures for performance at Key Stage 4.

Provisional results for 2016 indicate that 58% of pupils achieved A\*-C in both English and maths, compared to 53% last year.

## **How well are children progressing in Portsmouth?**

In addition to measuring development and attainment levels, measuring the progress children have made at different stages helps to give a more rounded view of educational outcomes. A key measure when assessing performance is the progress children make between Key Stages.

### **Progress KS1 - KS2**

The percentage of pupils making expected progress from Key stage 1 to Key stage 2 in Reading, Writing and Maths has shown an improvement locally from 2013 to 2015 although still below national levels in all three areas.

From 2016 a new accountability framework has been implemented. Provisional progress data for 2016 is not yet known.

### **Progress KS2 - KS4**

The percentage of pupils making expected progress from Key stage 2 to Key stage 4 in English has shown an improvement locally from 2013 to 2015 and a slight improvement in Maths. Progress has remained consistently short of national levels in both subjects.

From 2016 a new accountability framework has been implemented. Provisional progress data for 2016 is not yet known.

## **Are standards in schools improving?**

Overall, Portsmouth schools have shown a good rate of progress in improving standards as judged by **Ofsted ratings**. In August 2012, the percentage of pupils attending schools rated by Ofsted as Good or Outstanding was 47%. In August 2016, 79% of pupils at inspected schools in Portsmouth attended a school rated Good or Outstanding. (A number of schools have become academies and have not yet been inspected).

In relation to secondary schools, in March 2016 Portsmouth ranked joint 9th out of 11 authorities in its statistical neighbour group in terms of the percentage of schools rated as good or outstanding.

## **How good are outcomes for young people post 16?**

The **proportion of 16-18 year olds who are NEET** (Not in Education, Employment or Training) decreased from 7.8% in 2012 to 5.6% in 2015 (340 young people out of a total cohort of 5,990). This reduction has brought Portsmouth's levels in line with

that of its statistical neighbours and has reduced the gap to the national average from 2 percentage points to 1.4 percentage points within the same period.

The **percentage of 16-18 year olds whose current activity is not known** has reduced dramatically from high levels recorded in recent years, peaking in 2014 at 20.9%. In 2015 the percentage of 'unknowns' in Portsmouth had been reduced to 4.7%, some margin below the national average of 8.4%.

# Positive Behaviours

## Strategic Context

The Safer Portsmouth Partnership works in partnership with the Children's Trust Board with both boards recognising the importance of supporting young people to achieve good outcomes. The Safer Portsmouth Partnership has identified young people at risk as one of their long term priorities.

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## Key Headlines

- ✓ The percentage of permanent exclusions from schools has fallen and is now below the national average.
  - ✓ The number of first time entrants to the Youth Justice System has dropped and is lower than national levels.
  - ✓ Portsmouth's custody rate has fallen and is now below the national average.
  - ✓ Conception rates for under 18s have shown a marked reduction and are now in line with the national average.
  - Overall absence rates for primary schools have improved but remain slightly above national levels.
  - Persistent absence rates for primary schools have also fallen but remain slightly above national levels.
  - Conception rates in those aged under 16 have shown a decrease but rates are above national.
  - Overall absence rates in secondary schools have declined in recent years, but remain above the national average.
  - Persistent absence rates in secondary schools have reduced and although still some way above national levels, the gap to national has closed.
  - The percentage of fixed term exclusions from schools has reduced but remains some way above the national average.
  - The rate of under 18's admitted to hospital with alcohol specific conditions has fallen in the last few years although is now slightly above the national average which has shown a steeper rate of improvement.
  - Findings from the local substance misuse survey of young people found that alcohol use was still on an overall downward trend, although smoking had increased slightly from last year.
  - ✗ The rate of hospital admissions due to substance misuse for 15-24 year olds has increased considerably in recent years, and Portsmouth's rate is now some way above the national average having previously been consistently below.
  - ✗ Re-offending rates in Portsmouth have remained high in recent years, and are above the national average and higher than all statistical neighbours.
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## How well do children attend school?

Evidence shows that children with poor attendance are unlikely to succeed academically and they are more likely not to be in education, employment or training (NEET) when they leave school. 2. There is a clear link between poor attendance at school and lower academic achievement. Of pupils who miss more than 50 per cent of school only three per cent manage to achieve five or more GCSEs at grades A\* to C including Maths and English. 73 per cent of pupils who have over 95 per cent attendance achieve five or more GCSEs at grades A\* to C. In 2015, 10% of persistent absentees achieved 5+ A\*-C including English & maths in Portsmouth compared to 55% of those not persistently absent.

Two main indicators are used for measuring school attendance. Overall Absence measures the numbers of sessions missed as a percentage of the total sessions in the school year. Persistent absence records the numbers of pupils who have missed more than 15% of the total school year.

In terms of **overall absence in primary schools**, Portsmouth has seen an improvement in recent years, from 4.9% in 2013 to 4.3% in 2015. Absence rates for primary schools remain slightly above national levels (4.0 in 2014/15). **Persistent absence rates for primary schools** have also fallen in recent years from 3.5% in 2012 to 2.3% in 2015. Rates for Portsmouth remain slightly above national (2.1% in 2015).

**Overall absence rates in secondary schools** have also declined in recent years, from 7.1% in 2013 to 6.4% in 2015, but remain above the national average of 5.3% (2015). **Persistent absence rates in secondary schools** have fallen from 10.5% to 7.3% during the period 2012 to 2015. Portsmouth remains some way above the national average of 5.4% (2015), but has closed the gap from 3.1 to 1.9 percentage points during this period.

Absence rates vary considerably across both primary and secondary schools, with some showing rates which are better than the national average. In 2014/15 overall absence for primary schools ranged from 2.8% to 6.2% (national for the same period was 4.0%). Secondary schools ranged from 4.4% to 9.1% (national was 5.3%). Around half of Portsmouth's primaries were better than the national average, with only one secondary school better than national.

A survey by the Youth Justice Board found that excluded pupils were twice as likely to be involved in crime when compared to other school children. Data from the last three years shows that the percentage of **fixed term exclusions from schools** reduced from 7.1% to 5% during the period 2012 to 2014 but increased again in 2015 to 5.7% and remains some way above the national average of 3.9%. The percentage of **permanent exclusions** has fallen from 0.1% in 2012 to 0.05% in 2015 and is now below the national average of 0.07%.

## Do young people make positive choices?

The **proportion of 16-18 year olds who are NEET** (Not in Education, Employment or Training) decreased from 7.8% in 2012 to 5.6% in 2015, bringing Portsmouth's levels in line with that of its statistical neighbours and reducing the gap to the national average from 2 percentage points to 1.4 percentage points within the same period.

The **number of first time entrants** (FTEs) to the Youth Justice System dropped in 2015 to 318 per 100,000 young people aged 10 to 17, following an increase in 2014 to 690. Portsmouth's levels are below the national average of 369.

Portsmouth's **custody rate** has fallen from 1.39 per 1,000 young people aged 10 to 17 in 2013, to 0.41 in 2015. This rate is now below the national average of 0.46.

Latest figures for **re-offending rates** in Portsmouth are higher than the national average and higher than all of its statistical neighbours, with 47.5% of young offenders re-offending during 2013, compared to 38% nationally.

## Do young people have healthy and safe behaviours?

The local substance misuse survey for young people - the 'You Say 2015' survey, found that alcohol use was still on an overall downward trend, but that smoking had increased slightly from last year. It was not possible to compare drug use due to a change in the questions. 1,231 pupils from years 8 and 10 responded to the survey. Some of the main findings were:

- Alcohol continues to be the most commonly used substance; 51% (n628) of respondents reported that they had had an alcoholic drink (a whole drink, not just a sip), which is a continuing decrease from 53% in 2014 and 2013, and 59% in 2012.
- 18% (222) had been drunk in the last four weeks, which is a slight increase from 16% in 2014 and 2013, but a decrease from 21% in 2012.
- 80% (n985) had never smoked tobacco (a slight decrease from 82% in 2014 and 83% in 2013).
- Cannabis was the most frequently tried drug: 24% (n295) had been offered cannabis and 11.7% (n144) had tried it at least once.

The rate of **under 18's admitted to hospital with alcohol specific conditions** has fallen in the last few years although is now slightly above the national average which has shown a steeper rate of improvement. In the period from 2011-13 to 2013-15 Portsmouth's rates have fallen from 38.7 to 37.3 per 100,000, whilst nationally there has been an improvement from 44.9 to 36.6 per 100,000. Portsmouth's rates are still considerably lower than its statistical neighbour average of 43.

The rate of **hospital admissions due to substance misuse for 15-24 year olds** has increased considerably in recent years, and Portsmouth's rate is now some way above the national average having previously been consistently below. The local rate was 74.1 per 100,000 for the period 2011-13 less than the England average of

75.2. However for the period 2013-15 the local rate had increased to 115.6 per 100,000, a steeper rise than that seen nationally (88.8 per 100,000).

The rate of **Chlamydia diagnoses** in the Portsmouth 15-24 population had fallen below the England averages in 2013 and 2014 but has risen again to above national in 2015. Portsmouth's rates are in line with its statistical neighbours. The Chlamydia detection rate is a measure of chlamydia control activity aimed at reducing the incidence of infection. An increased detection rate is indicative of increased control activity.

Nationally, **teenage pregnancy rates** have been falling steadily over a number of years, and Portsmouth has followed this trend. **Conception rates for under 18s** in Portsmouth are now in line with the national average, having reduced from 39.9 per 1000 in 2012 to 22.6 per 1000 in 2014. This is still above the rate for the South East region which was 18.8 in 2014.

**Conception rates in those aged under 16** have shown a decrease since 2012 having increased from national average levels in 2011. Rates are above national at 5.6 in 2014 compared to a national average of 4.4 per 1000.

# Economic Wellbeing

## Strategic Context

The Child Poverty Act 2010 placed a statutory duty on top tier local authorities, the police, youth offending teams, probation services, health and Jobcentre Plus to work together to reduce and mitigate the effects of child poverty.

A poverty needs assessment for Portsmouth was carried out and published in 2011. This provided an overview of the causes of poverty and its impacts, and helped to inform a Tackling Poverty Strategy for the city published in June 2011. The Strategy recognises that addressing child poverty is the long term aim for alleviating poverty across the whole population. However, it argues that it is not possible to eradicate child poverty without addressing all poverty, and therefore a single strategy has been created which aims to tackle poverty in the city with a holistic, cross-generational approach.

The introduction of the Welfare Reform Act and associated changes to the benefits system has brought new challenges for those on low incomes in the city. The city's food banks have seen a dramatic increase in usage during this time, spend has risen within the Local Welfare Assistance Scheme and advice services have reported record numbers of people asking for help.

The Tackling Poverty Needs Assessment was refreshed in 2015 and a revised Strategy and action plan for 2015-20 has been developed by the Tackling Poverty Steering Group, a multi-agency group with membership across statutory, voluntary and community sector services.

A regeneration strategy 'Shaping the Future of Portsmouth' was developed in 2010 and sets out a vision for Portsmouth to become 'a great waterfront city' with a leading edge economy supported by a highly skilled workforce. A key concern in the delivery of Portsmouth's regeneration is ensuring that the physical regeneration brings social and economic benefits to the city's resident communities.

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## Key Headlines

- ✘ The percentage of children living in poverty in Portsmouth is still consistently above the England average, although levels have fallen and the gap to national has reduced.
  - ✘ The proportions of children under 16 years experiencing income deprivation is highly variable across the city's wards. Levels range from a low level of 6.1% in Drayton and Farlington to 46.9% in Charles Dickens ward.
  - ✘ The rate of family homelessness per 1,000 households is higher than the national average although it has decreased in Portsmouth in recent years.
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## **Are children living in poverty?**

The level of **child poverty** in Portsmouth is worse than the England average with 22.5% of children aged under 16 years living in poverty in 2013, compared to a national average of 18.6%. However, levels have fallen from 25.2% in 2011 and the gap to national has reduced from 4.6 to 3.9 percentage points within this period.

The proportions of children under 16 years experiencing income deprivation is highly variable across the city's wards. Levels range from a low level of 6.1% in Drayton and Farlington to 46.9% in Charles Dickens ward.

The rate of **family homelessness** per 1,000 households has reduced in Portsmouth from 4.1 in 2012/13 to 3.4 in 2014/15. This reflects a decrease in numbers from 356 to 296 households (statutory homeless households with dependent children or pregnant women). Portsmouth's rate is higher than the England average which was 1.8 in 2014/15 and 1.7 in 2012/13.

<b>STAGE 9</b>
<b>DELIVERY</b>
<b>Implement the Commissioning Strategy</b>
E.g. Tendering, contract award, contract variation, formal ending of services etc. Key service performance measures identified. TUPE arrangements. Professional development plan for specific services or practitioners.

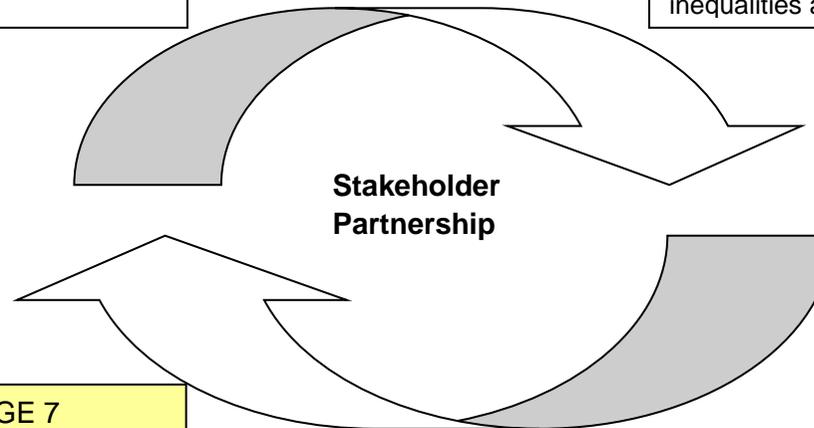
<b>STAGE 8</b>
<b>COMMISSIONING STRATEGY</b>
<b>What to make, buy, improve, change, end or integrate</b>
E.g. Identify and articulate which services or assets to outsource, tender, refocus, co-locate, integrate etc. Includes decommissioning intentions. Includes asset plan. Services and assets may be jointly procured. Workforce plan. May require formal consultation.

<b>STAGE 10</b>
<b>MONITOR AND EVALUATE</b>
<b>Are the services making an impact?</b>
E.g. Contract monitoring, inspection judgements, qualitative and quantitative evaluation, impact on target outputs and outcomes

<b>STAGE 1</b>
<b>OUTCOME DATA</b>
<b>What does the high level data tell us are the main issues?</b>
E.g. Educational attainment, obesity, quality housing, crime rates, mortality rates, unemployment

<b>STAGE 2</b>
<b>DATA ANALYSIS</b>
<b>Detailed analysis to determine causal and correlated factors</b>
E.g. Variance due to geography, gender, disability, other vulnerable groups. Co-morbidity of factors. Includes inequalities assessment.

<b>STAGE 3</b>
<b>CONSULTATION</b>
<b>Views of others about the issues, priorities and potential solutions</b>
E.g. Residents, children, patients, clinicians, practitioners, Members. Can include 'Turning the Curve' exercises, Neighbourhood Forums and resident surveys



<b>STAGE 7</b>
<b>SERVICE DESIGN</b>
<b>Designing and redesigning services that will make an</b>
E.g. Service specifications, asset design, care pathways, Includes workforce planning. Includes a focus on prevention, demand management and securing execution of statutory functions

<b>STAGE 6</b>
<b>RESOURCE MAPPING / MARKET DEV'TMENT</b>
<b>Detailed understanding of the service delivery, resources and market</b>
E.g. Universal, preventative, targeted and specialist services. Gap and market analysis. Finance, capital, workforce mapping. What can be freed up or used differently

<b>STAGE 5</b>
<b>EVIDENCE-BASE</b>
<b>Detailed understanding of what works (and doesn't) to improve target</b>
E.g. Research, systematic reviews, experience & service evaluation. Local, national and international knowledge

<b>STAGE 4</b>
<b>STRATEGIC PRIORITY-SETTING</b>
<b>Strategic Partnership agreement on</b>
E.g. Corporate Plan, Children and Young People's Plan, Safer Portsmouth Plan. Clarify and communicate target outcomes. Includes identification of the principal 'levers for

# Outcomes Mapping - August 2016

Portsmouth to England comparisons / Medium term trends (3 years)

