Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 3 FEBRUARY 2015 AT 9.30AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056
Email: jane.didino@portsmouthcc.gov.uk lisa.gallacher@portsmouthcc.gov.uk

Membership

Councillor David Horne (Chair)
Councillor Simon Bosher
Councillor Steve Hastings
Councillor Hannah Hockaday
Councillor Phil Smith
Councillor Lynne Stagg (Vice-Chair)
Councillor Gwen Blackett
Councillor Dorothy Denston
Councillor Peter Edgar
Councillor Keith Evans
Councillor David Keast
Councillor Mike Read

Standing Deputies

Councillor Margaret Adair
Councillor Margaret Foster
Councillor Sandra Stockdale
Councillor Julie Swan

(NB This agenda should be retained for future reference with the minutes of this meeting).

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

A G E N D A

1 Welcome and Apologies for Absence

2 Declarations of Members' Interests

3 Minutes of the Previous Meeting (Pages 1 - 4)

4 Solent NHS Trust - Update (Pages 5 - 8)

Mandy Rayani, Chief Nurse and Rob Steele, Director of infrastructure will answer questions on the attached report.

5 Reconfiguration of Vascular Services (Pages 9 - 14)

Sue Davies, Interim Director of Commissioning and Pauline Swan, Vascular Project Manager will answer questions on the attached report.

6 Portsmouth Clinical Commissioning Group - update (Pages 15 - 20)

Dr Jim Hogan will answer questions on the attached update.

7 Portsmouth Hospitals' NHS Trust - Update.

Peter Mellor, Director of Corporate Affairs and Business Development will answer questions on the report that will follow.

8 South Central Ambulance Service NHS Foundation Trust - update (Pages 21 - 22)

Neil Cook, Area Manager, Portsmouth and South East Hampshire will answer questions on the attached report.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 16 December 2014 at 9.30 am at the The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor David Horne (Chair)
Councillor Steve Hastings
Councillor Hannah Hockaday
Councillor Lynne Stagg
Councillor Dorothy Denston, East Hampshire District Council
Councillor Peter Edgar, Gosport Borough Council
Councillor Keith Evans, Fareham Borough Council

1. Welcome and Apologies for Absence (Al 1)

Apologies for absence had been received from Councillor Mike Read and Councillor Gwen Blackett.

2. Declarations of Members' Interests (Al 2)

Councillor Edgar declared a personal interest as he is an appointed governor of PHT Council of Governors.

3. Minutes of the Previous Meeting (Al 3)

RESOLVED that the minutes of the meeting held on 4 November be agreed as a correct record.

4. Better Care Fund. Deprivation of Liberty Safeguards and the Care Act 2014 (Al 4)

Rob Watt, Head of Adult Social Care introduced this item and said that the presentation today followed on from the panels meeting in October where a summary of the Care Act, Better Care Fund and Deprivation of Liberty Safeguards was given. The Department for Health want to ensure that all elected members are involved in these areas. Mr Watt introduced the other officers present: Angela Dryer (Assistant Head of Social Care), Gerard Whiteman (Finance Manager) and Paul Mitchell (Business Analyst) who would be presenting some of the slides and answering questions.

<u>The Care Act 2014</u>

Mr Watt showed the Panel a short video clip that introduced the Care Act. This explained that the old system was confusing and hard to manage and advised that the new Act provides a clearer and fairer system. Mr Watt and

the other officers present then gave a presentation to the panel, which would be published on the council's website shortly after the meeting.

At various points during the presentation, members were given the opportunity to ask questions, and the following points were clarified:

- The aim was to provide an online information and advice service by January 2015. This would be aligned with Healthwatch and was progressing however further promotion was needed.
- Due to the changes to the eligibility criteria it was anticipated that 2000 new carers would come forward in 2015.
- With regard to personal budgets, an example was given that if an LA gave £200 a week to a carer and they used this to employ a personal assistant, as an employee they are responsible for tax and National Insurance which would come out of the £200. If they bring in an agency to provide the care they do not have a responsibility as the agency is the employer. The LA has brought in a payroll company to help with this process.
- With regard to patients with mental health issues, some have relatives who managed their direct payments which the Care Act allows for.
- Review mechanisms are in place. The new pre-paid cards are being monitored more closely and there have only been a couple of occurrences of people abusing the system. The cards are designed to give people more flexibility.
- Councillor Denston said she had been made aware of some care groups who employ someone to visit elderly people for 30 minutes however often the travel time is included in this and therefore 30 minutes is not spent with the elderly person. Officers advised that if this is the case this should be reported and this would be picked up with the ICU and the contracts team. There is an amount of money in the city and the service should be provided as per the contract.
- In early 2015 the team would be looking at managed accounts where the money is deposited with a third party and this is designed for people who need assistance but do not have relatives to help them. The model for this will be considered and it was expected this would be in place during June/July 2015. People will be offered the direct pay however if they do not wish to have this it is not a requirement.
- The LA is responsible for overseeing these payments however it is no different to what has previously been the case; the only difference is that it is up to the individual how they wish to use the money.
- The LA has a statutory responsibility to ensure engagement with HMRC. The individuals are required to send their timesheets to the Payroll team who will work out the amount of tax with the HMRC. Therefore this should be less complex than previously.
- If a carer is looking after a number of individuals they become self-employed and the client will be responsible for paying the invoice.
- There are a suite of tools to help people for example an online calculator and there is a team of direct support workers in place to assist. However this will make an increasing workload for the LA. There are currently 2,500 cases and approximately 300 staff who are dealing with cases directly.
- If any individual does not go about the process correctly the HMRC will follow up with people if they have not sent their returns back and their direct payment will be stopped however their care will continue.

- The financial assessment is based on income and there is a sliding scale on the contribution the individual must pay. Therefore the more wealthy a person, the more they are required to contribute.
- The LA has a duty to ensure that needs are met and there was an important piece of work taking place around this at the moment.
- Councillor Edgar referred to the Short Breaks Scheme at Hampshire County Council which is being reviewed to provide a fairer scheme. Officers advised that at Portsmouth the scheme is not currently being reviewed as there has been good support from the CCG. Break services had been developed for carers where they were given a one off £50 award initially. This had now been reduced to £25 due to the demand and this is provided on the pre-paid cards.
- Portsmouth City Council is part of the SHIP (Southampton, Hampshire, Isle of Wight and Portsmouth) group on the Care Act and it was important to share best practice and learn from others.
- The LA cannot give financial advice but guidance only and will advise on the best way for the individual to get the best value for money.
- If a family decides that they will not pay for the care costs the Council will need to decide whether to pursue through the courts.
- Under the new Act customers will benefit as they have more rights, however local authorities will be worse off due to a loss in income and an increased workload. The government has advised that it will fund the difference.

Deprivation of Liberty Safeguards

- Mr Watt advised that the deprivation of Liberty Safeguards had been in place for a while and protects people's rights from actions that would be unlawful.
- It has been applied where people have dementia and assessments are taken to see whether patients are at risk to see whether they are allowed to leave. If it is felt that it is not in the patients interest would have to take out a deprivation of liberty.
- Previously 7 assessments a month, now at least 70 a month which had increased work load significantly and was a major cost pressure for the LA.
- In the Cheshire West case earlier this year, a judge ruled that all people in those environments including those who may not actively attempt to leave but would potentially be prevented from doing so, should also be assessed.

What Next towards implementation

Mr Mitchell explained that the following steps were due to take place:

- Need to consider the need for consultation on the Care Act.
- Consultation to take place with Healthwatch .
- Need to look at regional and national guidance.
- This is a big cultural change and how to bring the changes in line needed to be considered. All relevant staff would need to be trained and a different training plan would be needed for each team.
- The Department of Health thought that the Council was in a good position locally.
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RESOLVED
That the panel noted the presentation. Copies of the presentation slides and the link to the video clip would be circulated to the panel members.

The meeting ended at 11.05 am.

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Councillor David Horne
Chair

Solent NHS
NHS Trust

Chief Executive Office
Solent NHS Trust Headquarters
Adelaide Health Centre
William MacLeod Way
Southampton
SO16 4XE

Tel: 023 8060 8815
Fax: 023 8053 8740
www.solent.nhs.uk

21 January 2015

Councillor David Horne, Chair
Portsmouth HOSP
Conference Room A
Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

Dear Councillor Horne,

Re: Update letter from Solent NHS Trust

Please find below an update on activities at Solent NHS Trust ahead of the HOSP meeting on 3 February 2014. Mandy Rayani, Chief Nurse, and Robert Steele, Director of Infrastructure, will be attending the meeting to present on behalf of the Trust.

Board members update

As I'm sure you will be aware I joined the Trust as Chief Executive in September.

I have spent the past few months meeting with staff and really getting to grips with our services. I have been extremely impressed with what I have seen. Our staff are clearly very passionate about the services they provide and they really go the extra mile to ensure we provide the level of service that our patients should expect from us. I have also met with many of our key stakeholders including our partners in care. We have spoken about how we can work together to ensure we provide an effective health system for local people.

Many of you will have known Judy Hillier, Director of Nursing and Quality. Judy retired in July and was replaced by Mandy Rayani as our new Chief Nurse in the autumn. Mandy brings with her a wealth of experience and the skills to ensure we continue to deliver the care our patients should expect from us. In her role, Mandy provides professional leadership to nurses and allied health professionals. She also has particular responsibility for patient experience, quality governance, risk management and regulatory compliance to ensure we continue to deliver safe, effective and sustainable services.

You can find out more about members of our Trust Board and Executive Team on our website.

Foundation Trust update

Our focus over the next year will be on continuing to deliver quality services, improving our financial position and ensuring that we continue to play a critical part in the local economy. We anticipate that by delivering this, we will be ready to continue on our journey to Foundation Trust status.

We will be relooking at our strategy, in light of both the NHS England five year forward view and the Dalton Review, and will be working with you to ensure we play our part in the strategy for the local system.

Supporting system pressures

We have been working very hard to support the system with the pressures on urgent care, most acutely felt in the Emergency Department (ED) at Queen Alexandra (QA) Hospital.
Some examples of the support we have provided are outlined below:

- Our in-reach coordinators identify patients who could be discharged from hospital and make sure everything is in place to get people home quickly. We have increased the number of co-ordinators working at QA and extended their shifts. This has helped more patients get home quickly.
- We have increased the number of people working in our Portsmouth Rehab and Reablement Team (PRRT). The team, who provide nursing support to reduce the number of people who are admitted to hospital, have been working to increase GP awareness. This work resulted in 22 referrals, from out of hours GPs who felt that their patients could avoid being admitted to hospital if the right nursing care was immediately provided at home, in one night.
- We have improved the staffing on Jubilee Ward in Cosham so that more patients can benefit from this facility.
- Senior managers have been available in QA, 7 days a week. The managers have ensured that we are doing all we can to keep people safe and well at home, or to allow people to return home from hospital as soon as they are medically able to do so.
- We have increased the number of hours worked by staff in our Community Emergency Department Team (CEDT). The team work with the ED team to identify patients who can return home with the right community support in place, rather than being admitted to the QA.
- We have been working with our social care partners to integrate discharge processes. As a result of our joint initiatives, the number of medically fit patients in QA from Portsmouth City has remained very low.

Portsmouth estate changes

The Panel have been previously updated on the work we are undertaking to ensure that community health services in Portsmouth are delivered from the most suitable and cost-effective buildings and facilities available. This work involves rationalising the estate at St James' Hospital and developing St Mary's Community Health Campus (CHC) into the principal community care 'hub' site in Portsmouth. Since we last updated the Panel, we have progressed with our work to move services from the St James' Hospital to more suitable and cost effective locations. Over the next few months we will be moving the remaining services, currently housed in The Beeches at St James', into their new locations and the Child Development Centre from St James' to Battenburg Avenue Clinic.

In partnership with NHS Property Services, we also held our second drop-in event which was open to staff, as well as service users, members and local residents to attend and ask us about the plans for our services.

At the previous Panel, members asked Robert Steele, Director of Infrastructure, to be kept informed of the parking solution for St Mary's Community Health Campus (CHC). We would like to take this opportunity to share an update with you. We have been working with traffic consultant, Systra, to analyse the current parking situation. A survey was undertaken in October 2014. The information we have gathered has been fed into a proposal, which is being developed with architects, to design a multi-storey car park.

The plans for the multi-storey car park are being developed and will be submitted to Portsmouth City Council for planning permission in the near future. We hope to have a new car park available in June/July 2015. In the meantime, from March 2015, visitors to the site will be able to benefit from additional temporary 21 parking spaces situated next to the Disabled Services Unit.

We are also developing our Green Travel Plan in a bid to offer all users, visitors and staff working at the site, a number of different options to make their journey to and from the hospital as easy as possible. This includes the potential for off-site parking, as well as encouraging able bodied individuals to consider alternatives such as the benefits of travelling to work on foot, public transport or bicycle.

Membership update

We continue to recruit members. As at 9 January 2014, we have 7,330 public members.
We have been out and about in Portsmouth speaking with members of the public. In August we visited Victoria Park, in September we spoke with members of the public at the Old Portsmouth Festival of the Mind and in December we were delighted to recruit over 70 shoppers at the Port Solent Christmas market.
We will continue to recruit members over the next year. Focusses on achieving our extended target, in line with the 2010 census data, and ensuring we are representative.

We continue to engage with our membership. We regularly keep them informed through 'Shine', our newsletter for staff and members as well as via emails. I have attached the latest edition of 'Shine' for your information. In addition, our members often engage with us by responding to various surveys and market research activities and by attending events. During November, we held a 'Wellbeing for all' event which included a presentation with the latest news from the Trust and information about the Diabetic Foot from our Podiatry Team. In September, we asked our members to let us know what health topics they would be interested in hearing about at future 'Wellbeing for all' events. Our 2015/16 programme of events will be created using this feedback.

Members have also been asked to take part in a number of market research surveys to help us design our campaigns, including our sexual health campaign to increase the number of people over 40 who get tested for sexually transmitted infections, and our long acting reversible contraception campaign aimed at young women aged 16-25. Members also continue to review our patient information.

Shadow Council of Governors update

The Council of Governors continues to operate in shadow form until we are licenced as a Foundation Trust. The Governors continue to be actively engaged in our activities including: attending formal Shadow Council meetings, observing Board and Board committees, participating in monthly service visits and attending Board to Floor visits and Governor working groups. A number of Governors have also been trained as Patient- led assessments of the care environment (PLACE) inspectors.

Solent selected to continue to run Treetops

We are delighted to have been selected to continue to run Treetops, Hampshire and Isle of Wight's Sexual Assault Referral Centre, following a recent competitive tender process.

We work with others from Hampshire Constabulary and rape crisis services to ensure the centre, which is based in Portsmouth, provides a supportive environment. Victims of rape or serious sexual assault can receive expert care and support following their involvement in, what can only be described as, one of the most traumatic experiences a person can suffer.

Specially trained doctors and crisis workers, who saw 445 men and women at the centre in 2013, offer medical and emotional support, practical help and information. The service is available 24 hours a day, 7 days a week.

As the current provider, we have a deep understanding of the impact rape or sexual assault can have on a victim. Our skilled staff are extremely committed and offer a professional, high quality service to clients when they need it most.

We will build upon our excellent work to date by developing the service further. In particular, we are looking to increase awareness of the centre, and the support available, with members of the public, front line staff from all sectors and partner organisations.

The new contract will begin on 1 April 2015.

Yours sincerely,

Sue Harriman,

Chief Executive

Vascular Services Reconfiguration Southern Hampshire : NHS Wessex

Update Report 21/01/15

1. Purpose

The purpose of this report is to provide an interim update to Portsmouth Health Overview & Scrutiny Panel (HOSP) on progress of the first tranche of the NHS England (Wessex) Vascular Programme, the reconfiguration of vascular services across Southern Hampshire, provided by the two hospital sites of University Hospital Southampton NHS Foundation Trust (UHS) and Portsmouth Hospital Trust (PHT).

The original intention was to present a first draft of the Business Case at this meeting but further analysis is required in many areas and so this report provides a progress update. Whilst it is acknowledged that an update was given at the last meeting, and this paper contains some duplication with that, it has been decided to provide a consistent update across all stakeholder groups at this point. Section 3 contains an update on recent actions, including those since last report to this group.

Recipients are asked to note the progress made to date and the next steps to be taken. It is anticipated that the iterative feedback process and additional detailed analysis will culminate in a Final Business Case being produced in Spring 2015.

2. Background

a. The Vascunet 2008 report (cited in the Vascular National Service Specification (NSS)[1], identified that the UK had the highest mortality rates in Western Europe following elective abdominal aortic aneurysm (AAA) (7.9% vs 3.5% Europe). The Vascular Society of Great Britain and Ireland (VSGBI) initiated changes to improve clinical outcomes and in 2013 reported[2] that the mortality rate for elective AAA in the UK was now 2.4%. In 2013, the NSS published evidence-based models of care to continue to improve patient diagnosis and treatment, and ultimately improve patient mortality and morbidity rates associated with vascular disease.

b. There have been several vascular reviews since 2009, which have included Southern Hampshire although there has been no implementation of associated recommendations to date. During March and April 2014 NHS Wessex consulted with the requisite four Health Overview and Scrutiny Committees and Panels, on implementing and approach that became known as 'Option 4':

Option 4 - Establish a Southern Hampshire Vascular Network and move, on a phased basis, all major complex arterial vascular surgical procedures to Southampton. (Options for surgery following a TIA or stroke (such as carotid endarterectomy CEA) and major amputations will be considered at a later date following the successful implementation of the initial phases.)

c. Three of the four HOSCs/HASCs did not consider the plans to be a substantial change, the exception being Portsmouth HOSC which did view the proposed change as substantial and therefore requiring formal consultation.

[1] A04/S/a 2013/14 NHS Standard Contract For Specialised Vascular services (Adults)
[2] National Vascular Registry 2013 Report On Surgical Outcomes

d. Option 4, centralisation of vascular services at UHS has not had the support of all parties, and there has been considerable media and public opposition in Portsmouth, as this model was perceived as potentially destabilising to PHT with unintended consequences not fully understood. In order to clarify the impact on individuals and organisations, work has commenced on developing a Business Case.

e. A number of vascular reviews have signalled potential capacity issues in transferring the majority of vascular services to UHS. These issues will be worked through as part of the Business Case. During this period, close attention will be paid to the quality of service of both Trusts.

f. As part of the programme management arrangements put in place to oversee this work, it was agreed to explore collaborative opportunities in parallel to undertaking the business impact analysis of the options identified. A critical first step towards collaboration was an externally facilitated clinical meeting involving the clinical teams from both UHS and PHT, which took place on 1st July 2014. At this meeting a clinical lead was elected from each trust and it was agreed that clinicians would form a joint Multi-Disciplinary Team (MDT) to develop areas of joint working between the clinical teams.

g. At the time of writing, both Trusts are meeting key service outcome measures defined in the NSS for both elective AAA and CEA procedures although compliance with all NSS measures has not yet been fully achieved. Analysis has also identified that not all outcome data specified in the NSS is compiled by the Trusts; this will be included as a contractual obligation going forwards. A detailed review of each element of the NSS has mapped current capability and performance.

3. Current Position

a. In discussions, two possible models of care/strategic options have now been identified :

- UHS and PHT to remain as two arterial centres, but to collaborate to provide a single clinical service where possible; it should be noted that the number of complex vascular patients needed to be centralised is low.
- Centralise vascular services at UHS – Move on a phased basis all major complex arterial vascular surgical procedures to Southampton (UHS) (Option 4).

b. A strategic evaluation of both options listed above is currently underway to assess impact in terms of suitability, feasibility and acceptability and as an aid for effective decision making. A first draft has been prepared. This demonstrates the areas requiring further detailed work before a final Business Case can be developed. It is hoped to produce a final Business Case in Spring 2015.

c. NHS England (Wessex) has embraced this further opportunity to agree a model for implementation. There is renewed energy and transparency across the system and opportunities are emerging that should support both UHS and PHT as providers of optimized vascular care through collaborative working arrangements.

d. The collaboration is being treated as a pilot whilst the impact assessment and Full Business Case is developed. The collaborative pilot has been approved to continue until 31st March 2015, but it is anticipated that the pilot will continue until a strategic decision has been made.

e. An update was presented to the Wessex Senate in December 2014. The Senate agreed that the collaboration was a valuable step forward and reiterated its recommendation that there should be a single clinical service across both sites with one clinical director and one rota. The Senate expressed concern about aspects of diabetic care and emphasised the benefit of ensuring that current work on improving vascular services should also include reviewing links and pathways with diabetic services.

f. The Project approach and progress is being undertaken according to the NHSE Service Re-configuration Guidelines and the project structure which has been put in place is attached at Appendix A. A Gateway review of the process was also undertaken in October 2014. The aim was to review the basic project structure and progress to ensure that best practise processes are followed. The findings are detailed below:

Overall The Review Team considers the Delivery Confidence Assessment (DCA) to be: **AMBER-RED.**

A	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.

Below is a summary of the key Recommendations made by the Review Team:

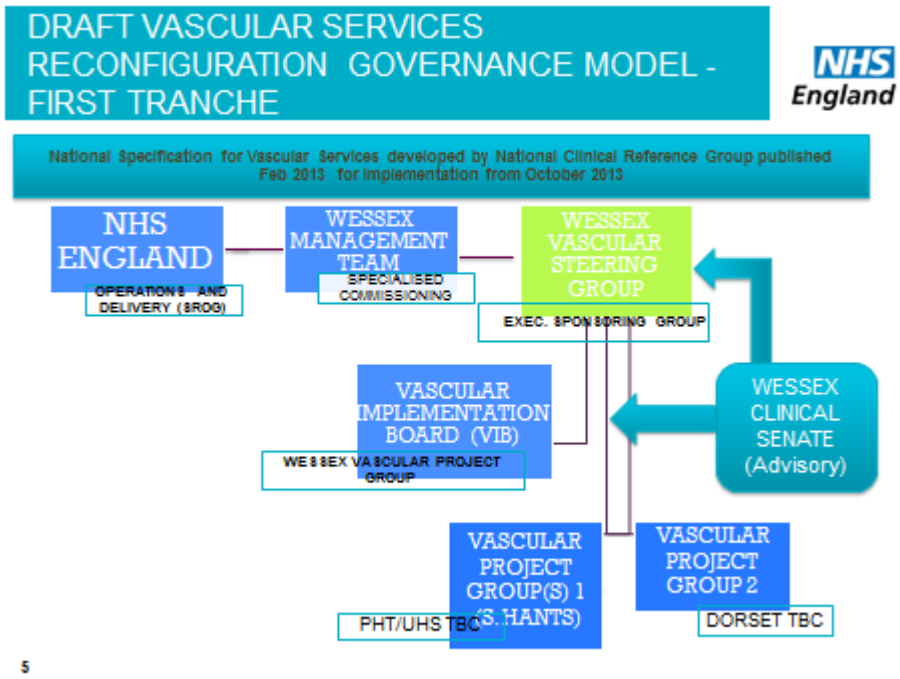
Ref. No.	**Recommendation**	**Timing**
1.	**Ensure that the Full Business Case is comprehensive and compelling, and follows a best practice format.**	Do Now
2.	**Review the current stakeholder analysis and create a comprehensive communication strategy and plan for Vascular Service reconfiguration.**	Do Now
3.	**Benefit realisation management plans should be developed.**	Do by end Jan 15
4.	**Any change of programme approach should be formally and expeditiously communicated to all external stakeholders, especially overview and scrutiny bodies.**	Do Now
5.	**The Programme's formal risk management processes should be reviewed and augmented.**	Do Now
6.	**A revised and detailed Programme plan should be formally communicated to stakeholders.**	Do by end Dec 14

4. **Next Steps**

A copy of the first draft of the Business Case has been shared with both hospitals and feedback has been requested by 14th January 2015. This will be incorporated with the on-going business analysis into a second draft. The team will work with both Trusts to develop a shared understanding of both models and their impacts, ensuring that this is done in sufficient detail to enable an informed discussion with all relevant partners, Oversight Groups and the public. The team will keep HOSCs/ HASCs updated on progress.

Appendix A Wessex Vascular Programme Governance:

1. NHS England (Wessex) has an established formal and transparent Vascular Programme governance structure for implementation of the agreed vascular services proposals. This has been agreed with our relevant stakeholders.



2. The Vascular Programme structure includes a Steering Group chaired by Dominic Hardy, Director of Commissioning Operations, with Accountable Officers from CCGs representing East and West Hampshire, and both UHS and PHT Chief Executives, as a minimum quorum.

3. Implementation of sanctioned proposals will be overseen by the Vascular Implementation Board, which is chaired by Susan Davies Interim Director of Commissioning, with both UHS and PHT Medical Directors as a minimum quorum. The Board also has patient representation in the form of Healthwatch.

4. The joint UHS/PHT Collaborative Pilot will report directly into the Vascular Implementation Board and the project team will ensure all plans are fully scrutinised.

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NHS
Portsmouth
Clinical Commissioning Group

CCG Headquarters
St James' Hospital
Locksway Road
Portsmouth
Hampshire
PO4 8LD

21st January 2015

Cllr. David Horne
Chair of HOSP
Member Services
The Civic Offices, Guildhall Square
Portsmouth
PO1 2AL

Dear Cllr Horne

CCG update for Portsmouth Health Overview and Scrutiny Panel

This letter is intended to update you and the members of the Portsmouth Health Overview and Scrutiny Panel on some of work the Clinical Commissioning Group has been involved with since our last update in November.

I have set out a brief summary of a few key issues within this letter but please do contact me if you need more information about any of these.

1 Five-year 'Forward View' for the NHS

It is worth noting that NHS England published its 'Five Year Forward View' towards the end of last year. This sets out a vision for how the NHS should evolve over the next few years and will therefore be influential in the way that local services are planned and developed. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery.

2 Member practice elections

Two Clinical Executive members have recently been re-elected to our Governing Board as part of a process designed to ensure that we have an effective succession planning structure in place in line with the CCG's Constitution, Standing Orders and Statement to Member Practices.

Two positions on the Governing Board were put forward for election at the end of last year with the remaining three to follow later in 2015. Existing members of the Clinical Executive are able to stand for re-election but nominations are also accepted from our wider practice membership. The process is administered for us independently by the Local Medical Committee (LMC.)

We are delighted to inform you that Dr Dapo Alalade and Dr Elizabeth Fellows have both been re-elected by member practices for a further three years commencing 1 April 2015 as

Clinical Executives. They have both made a significant contribution to the CCG since its inception and it is good news that we will be able to retain their knowledge, experience and enthusiasm for a further term.

3 Primary care co-commissioning

In May last year, NHS England invited CCGs to put forward expressions of interest to take on an increased role in the commissioning of primary care services. The intention behind this is to enable CCGs to improve primary care services locally for the benefit of patients and local communities. Responsibility for the commissioning of primary care services has resided with NHS England since 2013.

Following careful consideration of risks and benefits, and after taking on board the views of our member practices, we have submitted an application for delegated commissioning.

This essentially would allow us to have much greater levels of control over factors including:

- monitoring local GP practices;
- designing and influencing the additional services GP practices might take on, over and above their core responsibilities, linked to national or local priorities; and
- the ability to establish new practices in the area, approve mergers or changes to practice premises or boundaries.

We believe there will be a number of local benefits arising from delegation of primary care commissioning including:

- an opportunity for joined up commissioning, bringing primary care into our integrated care strategy with the ability to innovate, challenge and change models;
- greater opportunity to work with primary care in redesigning and improving services locally, including urgent care;
- the ability to support, encourage and enable faster pace of change within primary care;
- addressing the current separation of commissioning across organisations would lead to better understanding for commissioners, providers, their patients and the public.

The NHS England Wessex Area Team are required to assure themselves that CCGs have everything in place for arrangements to be implemented (including the necessary capacity and capability) and that the CCG has undertaken a robust risk assessment. We will also be talking further with our GP colleagues ahead of any proposed changes to ensure that they remain engaged in the process as it moves forward.

If approval is granted the changes will take place from 1st April 2015.

4 In-Vitro Fertilisation (IVF)

As we highlighted in our previous update to the Panel, Clinical Commissioning Groups from across Southampton, Hampshire, the Isle of Wight and Portsmouth have been asking their local residents for views about providing In-Vitro Fertilisation (IVF) in the future.

In February 2013 the National Institute for Health and Care Excellence (NICE) published updated clinical guidelines in relation to fertility services. As a result the NHS in the area

asked public health specialists to review the most recent evidence of clinical and cost effectiveness for IVF, and Intra-Cytoplasmic Sperm Injection (ICSI).

As part of that review process the CCGs also sought views from local people, their representatives, GPs and interest groups. That feedback has been considered alongside the recommendations of clinicians, with each CCG then making a decision about funding of, and eligibility for, NHS assisted conception services.

As a result of both the clinical evidence and cost modelling data, the Priorities Committee has recommended a change to the current SHIP access criteria. Currently, the local NHS only funds one fresh embryo transfer, whereas the recommendation of the Priorities Committee is that this be amended to cover up to two embryo transfers. The proposed access criteria therefore is:

One cycle of IVF treatment is defined as one cycle of ovarian stimulation, egg retrieval and fertilisation and up to 2 separate embryo transfers (fresh/frozen or frozen/frozen as clinically indicated). It includes appropriate diagnostic tests, scans and pharmacological therapy. It is anticipated that, rarely, patients who are not eligible for treatment because they do not fulfil these criteria may, by virtue of their personal circumstances, be considered an exceptional case for NHS funding. If this is thought to be applicable, the patients' GP or Hospital Consultant may contact the relevant CCG IFR panel which is responsible for considering funding for individual cases.

This would require an anticipated additional recurrent annual investment of £36,000 for Portsmouth CCG which could be expected to result in between five or six additional live births for the local population.

5 Urgent care

Performance within urgent care remains a central focus for the CCG and all partners across the local health system and Panel members will be aware that the topic has attracted considerable media interest both locally and nationally.

The situation locally is very much in line with the position nationally, with Trusts in all regions reporting difficulties reaching access targets, and enacting resilience plans to ensure the continued delivery of safe care.

Local health and social care organisations have been co-ordinating efforts to ensure safe care can continue to be delivered to those who need it most and particularly in urgent care situations. There have already been a series of actions and investment of additional funding, to ensure the resilience of the local health system throughout the winter months, and beyond.

These actions have included: the opening of additional community beds; opening escalation areas at QA Hospital; ensuring that nursing staff employed in non-clinical roles are available for clinical duties; the deployment of staff to facilitate effective handovers between ambulance crews and ED staff; primary care staff supporting ambulance crews to keep patients at home rather than taking them to ED; improved systems for the discharge of inpatients; and the deployment of new community-based teams to help both with admission avoidance, and timely discharge.

In addition all patients attending ED are now being reviewed by a senior doctor soon after arrival to assess whether they could be treated appropriately elsewhere, such as at the Urgent Care Centre, a minor injuries unit, or by their own GP.

We are also continuing to promote the range of urgent care alternatives looking to broaden the range of formats we use to try and get important messages about urgent care choices out to people in Portsmouth. These have included a series of short animated videos featuring 'Ed', a character who explores alternative options to the Emergency Department including self-care, pharmacy, NHS111 and minor injuries units. To date the videos have attracted well over 3500 views through the Urgent Care Pompey Facebook page, which, in itself is also proving to be a helpful resource in helping us promote urgent care messages using a less formal approach (www.facebook.com/urgentcarepompey)

The Facebook page, which operates across the local health system, is being used alongside our websites to promote specific information about urgent care, including the videos and our local Urgent Care guide. We have also been working on a month long campaign, teaming up with Wave 105FM, that runs from mid-January to mid-February and features a series of radio and video interviews with local staff promoting urgent care services as alternatives to ED, alongside other interactive content.

6 Investment in health proposals from the not for profit sector

We have once again been running an investment programme that invites not for profit organisations to bid for allocations from a non-recurring allocation we set aside to support innovative projects that help address local health priorities.

We were delighted with last year's response and the success of many of the schemes so we have repeated the exercise this year - with the result that 13 voluntary groups, supporting some of Portsmouth's most vulnerable people, are set to receive funds for new health-related schemes totalling some £260,000.

In fact, we increased the original sum we set aside as some of the bids were so good we really did not want to turn them down, as these are projects that could make a huge difference to the lives of so many people in Portsmouth.

Organisations could bid for funding up to £30,000 and successful schemes this time include:

- a counselling service for potentially marginalised individuals in Portsmouth;
- a scheme to survey the specific health needs and requirements of veterans and their families in the city;
- a cancer support centre for anyone with the illness regardless of age, stage of illness or type of cancer;
- a programme to support older people with low physical activity levels to improve their health;
- an innovative new reminiscence programme using Portsmouth FC memories linked to physical activity to enhance the quality of life for local people with dementia or who are lonely, isolated and vulnerable; and

- an awareness raising and engagement project working with black/Asian minority ethnic community groups, particularly those where there is a high level of male participation, to develop an increased understanding of health and wellbeing issues, the NHS and its services.

7 Diabetes care

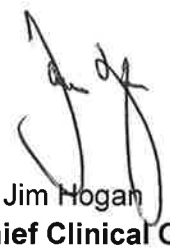
We were pleased that local diabetes care has been recognised in a Kings Fund report published at the end of October. The Kings Fund has published six case studies of 'specialists in out-of-hospital settings' and included the Portsmouth and South East Hampshire Diabetes service as one of these.

They recognised the work that has been undertaken to move much of the care for diabetes patients out into the community and primary care with the identification of the 'super six' patient groups who should continue to be managed in hospital, with the ongoing support for other patients with diabetes discharged to primary care.

The results of the six case studies have been used to establish some key findings for others to learn from and build upon and revealed huge potential in consultants working with primary, community and social care colleagues to improve the diagnosis and treatment of patients outside hospital.

Well-designed services of this type can help patients better manage their chronic conditions and can improve patient experience, care co-ordination, and waiting times. The benefits relate mainly to the quality of care rather than cost.

Yours sincerely



Dr Jim Hogan
Chief Clinical Officer and Clinical Leader, NHS Portsmouth CCG

South Central Ambulance Service NHS
NHS Foundation Trust

South Central Ambulance Service NHS Trust
HOSP Portsmouth update February 2015

Performance

It remains a challenging time for the whole health economy in the South East Hampshire area and South Central Ambulance Service has continued to work closely with our partners to maintain its service to the public.

As widely reported across the media hospitals and ambulance services up and down the country have seen unprecedented levels of demand for their services over the last couple of months and this reached a hiatus over the Christmas Period, this continued into early January 2015.

Our performance through the last quarter has been effected by the demand levels being placed on both ourselves and the acute trusts, however, we are can confirm that we reach the emergency response targets in South East Hants of 75.01% (75%) on the red 8 minute category and 96.5%(95%) against the red 19 target. Overall as SCAS we have achieved at 72.4% and 94.3% for quarter 3.

South Central Ambulance Service has continued to deliver a high level of non-conveyance in the area, currently at 48.43%, which is a key indicator that the staff are able to access and utilize the alternative pathways available to them which results in the patient getting the appropriate treatment in a timely fashion

In order to support the agenda for establishing and consolidating new pathways of care outside of the hospital arena we are, as aTrust, endeavouring to develop the specialist paramedic role and Emergency Care Practitioner into a larger cohort with additional skills to address conditions in the home and with the community teams. This is expected to take some time however, we feel that the phasing of such an initiative will see benefits as we progress.

Recruitment and Retention

Another area which has been widely reported is that of the recruitment and retention of staff and again something being experienced across the country is the shortage of paramedics.

We have experienced a loss of staff over the last 12 months to associated careers as the transition of skills are being recognized by other health care providers in both the public and private sectors. This has affected us as a Trust and we are actively looking at new initiatives in accessing staff.

We have recently engaged with Paramedics abroad to scope the options and possibilities for us to recruit and will be continuing to progress this in the near future.

111 Service

The performance for 111 over the last three months has increase by around 6% on last year but we have maintained the percentage to 999 and ED, which remains under the national target across the year, and we have actually identified a slight decrease in 999 and ED referrals over the last three months

Patient Transport Service

As mentioned South Central Ambulance service has secured Patient transport Services across Hampshire and commenced the service in South East Hampshire, which is a new delivery area for the Trust. We continue to work with the Portsmouth Hospital Trust and our fellow providers in ensuring that we meet the new terms of the contract in delivering this service to our patients. The transitional period of any contract often offers new challenges and we are keen to develop these as we progress.

It is an essential part of the service and our ability to provide this service along with the Emergency and Urgent contract is an extremely positive move and something the trust is looking forward to expanding over the coming years.

South Central continue to be committed to working with all partners and stakeholders in the South East Hampshire to both meet the challenges presented to us and to improve our delivery to patients and the public.

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