



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 7 MARCH 2017 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

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Membership

Councillor Jennie Brent (Chair)
Councillor David Tompkins (Vice-Chair)
Councillor Alicia Denny
Councillor Leo Madden
Councillor Gemma New
Councillor Lynne Stagg

Councillor Brian Bayford
Councillor Gwen Blackett
Councillor David Keast
Councillor Mike Read
Councillor Elaine Tickell
Councillor Philip Raffaelli

Standing Deputies

Councillor Dave Ashmore
Councillor Ben Dowling
Councillor Hannah Hockaday

Councillor Lee Hunt
Councillor Ian Lyon

(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 3 - 8)

RECOMMENDED that the minutes of the previous meeting on 24 January 2017 be agreed as a correct record.

4 Director of Public Health - update (Pages 9 - 22)

Dr Jason Horsley, Director of Public Health will answer questions on the attached report and presentation.

5 Solent NHS Trust - Update on Falcon House/Battenburg Clinic (Pages 23 - 38)

Mark Paine, Transformation Manager will answer questions on the attached report.

6 Solent/ NHSPS update on Phase 2 St James (Pages 39 - 40)

The following representatives from Solent NHS Trust will answer questions on the attached report:

- Chris Box, Associate Director of Estates and Facilities
- Geoff Lewis, Portsmouth Phase 2 Programme Manager,
- Nicola Booth, Senior Transaction Manager

7 Portsmouth Hospitals Trust - Update

Peter Mellor, Director of Corporate Affairs will answer questions on the update that will follow.

8 Portsmouth Clinical Commissioning Group - Update (Pages 41 - 46)

Dr Elizabeth Fellows, Chair of the CCG Board will answer questions on the attached update.

9 St Mary's NHS Treatment Centre Update

The following representatives from Care UK will answer questions on the report that will follow:

- Deb Jeavons-Fellows, Operational Manager
- Paul Hayllar, Service Manager
- Mark Friend, Lead Nurse
- Penny Daniels, Hospital Director

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.

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 24 January 2017 at 9.30 am in The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Jennie Brent (Chair)
Councillor David Tompkins
Councillor Alicia Denny
Councillor Leo Madden
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough Council
Councillor Mike Read, Winchester City Council
Councillor Elaine Tickell, East Hampshire District Council
Councillor Philip Raffaelli, Gosport Borough Council

1. Welcome and Apologies for Absence (AI 1)

The Chair welcomed everyone to the meeting and asked members to introduce themselves for the benefit of those in the public gallery.

Apologies for absence were received from Councillor Gemma New.

2. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 6 December 2016 were agreed as a correct record.

4. Hampshire and Isle of Wight Sustainability and Transformation Plan (AI 4)

The Chair advised that a deputation request had been received from Mr Jerry Brown however as Mr Brown was unable to attend the meeting today, Councillor Luke Stubbs would be reading out his deputation. She invited Councillor Stubbs to read out the deputation and copies of this were circulated to the panel.

Mark Smith, STP Programme Director and Innes Richens, Chief Operating Officer introduced the Sustainability and Transformation Plan.

Mark summarised the case for change and said there are a number of challenging problems in Hampshire and the Isle of Wight including:

- Funding is outstripped by demand

- Workforce pressures
- Navigability of the system
- Too much variation across the area
- Pace of technological change
- The healthcare system is too reactive

He advised the STP's goal was to meet the many opportunities and challenges facing the local health and care system around the need to empower people to stay well and to provide safe, high quality, consistent and affordable health and care to everyone.

Mark then went on to explain the six core programmes and said that these would be delivered in an integrated way.

The STP is currently in the third phase which is implementation and the team are making sure it is ready to deliver and putting plans in place. There are two more boards of the STP in this financial year. At the February Board the resource planning will be completed. At the March board the programme and project delivery plan will be in place then this will move in earnest to delivery from 1 April 2017. There is a network of four Health and Wellbeing boards which the executive delivery group reports to.

Innes Richens added that the Portsmouth Blueprint and Health Care Portsmouth (HCP) are still relevant and remain the core plans for the city.

In response to questions, the following points were clarified:

- Financial provision had been made available for the new housing developments due in Hampshire and there is a sustainability transformation fund which the programme leads are currently bidding for. Resources should be in place by the March STP board. The figures within the STP are based on population modelling of new homes however there will be further financial implications as a result of the programmes. Innes Richens added that the NHS gets a settlement for growth however this does not meet the cost of delivering service. Part of the STP is how we live within the money available.
- With regard to the phrase on page 4 of the STP that 'people are empowered to take a responsibility for their own health and wellbeing' Mark advised that this was partly information about their own health and looking after their own health and wellbeing for example taking steps to avoid the exacerbation of conditions. It was also about tools including using digital tools to enable patients to have a dialogue with health to have some responsibility for their health. This would be through the NHS and also the voluntary sector to provide a wider backdrop of care, support groups and carers to support each other electronically. The trend of self-diagnosis using the internet is a good thing however it is not without risk as people can get the wrong message.
- One of the objectives of the STP is to release money from the acute sector to invest in primarily community services. This can only be achieved if the precise question of how the money is released. This

has been set as an aspiration and PHT, UHS and the Isle of Wight hospital are looking at this.

- The mental health alliance is working on the best way to provide mental health services. The number of people with mental health issues is increasing and the voluntary sector has a role to play as many of the mental health issues are caused by stress of debt, housing etc. This will help to take the burden from the NHS mental health services. Innes confirmed that some of the STP money would be invested in mental health services and this should help to reduce the waiting time for patients with mental health issues to be treated.
- The Panel raised concern about the relatively short timescale to close the £577m gap by 2020/21 and felt that it would be a challenge to get everything in place. Mark advised that this would be a challenge and they are putting pressure on to ensure this is met. In addition they also need to have conversations with partners and there needs to be movement around the STP to mobilise this to ensure this is more than just an academic exercise.
- With regard to managing risk, Mark said that the infrastructure and architecture of the plan is in place but the detail was now required. Conversations were happening locally with commissioners and providers and he was positive that good work was taking place. He said it was difficult to show tangible benefits however.
- The STP needs engagement and consultation. The public are stakeholders also need detailed construction on patient experience patient and carer voices will be feeding into reviews.
- One of the STP's cases for change is the fact that all councils are under budget pressures which will affect social care. Innes Richens said that there is no doubt there is a significant national issue for social care and he was pleased that this is now being recognised. The recent government decision to allow councils who provide social care to adults to increase their council tax by up to 2% has helped, but it does not go far enough. The Better Care Fund is looking at both NHS and social care resources collectively.
- The STP published on 21 October is a final document but does not specify any changes to service. Mark explained that the full detail of the £577m or the reduction in bed capacity was not yet known as more work is required. Innes added that it is an evolving document. It was anticipated that by the February Board all resource planning would be complete so there would be some minor revisions to the plan, but it would not significantly alter. The document would be consulted on again after February.
- Innes advised that the CCG's are drawing up a piece of engagement work which would seek feedback and implications. It was anticipated this would start in the next few months. If there is a significant part of the STP that suggests a change in service then this will be consulted on separately.

The panel agreed that it would be helpful to have the STP come to their meeting after March when it was hoped that more information on risk

management.

RESOLVED that the Hampshire and Isle of Wight Sustainability and Transformation Plan be noted and that this will return to HOSP after March 2017.

6. Deprivation of Liberty Safeguards update from Adult Social Care (AI 6)

Angela Dryer asked whether agenda items 5 and 6 could be heard in reverse order. The chair agreed to this.

Cher Brazier, AMHP/Dols Team Manager introduced the report. She referred to the Supreme Court decision last week and advised that a lot of work was required to work out what this will mean for Dols to ensure that this is delivered properly. Once officers have had time to assess the implications of this, there may be a need for the council to make a representation to government. Cher gave an example to the panel of how Dols has helped improve the situation for an elderly resident.

In response to questions the following points were clarified:

- When someone is placed in a care home, local authorities have a responsibility to place them in a home near to their family, even if this is in a different local authority area. However, families are now much more dispersed and a lot of families do not have a good relationship, therefore this can place more pressure on the local authority if there is no family support network. The team were always work to a person's wishes before they lose capacity. There had been two cases within the last month where the patients' family had not agreed with the decision so the team will work with the family to reach a solution that is agreeable to all parties if possible. If a patient does not have any family support, the team must pay for an independent advocate.
- Angela said that she was not confident that the service had enough money to manage the number of Dols assessments required. The government grant was given to local authorities based on the previous year's referral rate however as the numbers have risen significantly there will not be enough to cover the referrals for this year. Independent best interest assessors are expensive so ASC have trained all Approved Mental Health professionals to carry out these assessments and there is a rolling program in place for training other ASC staff. Cher added that the independent best interest assessors are only used for the care homes that Portsmouth City Council are the owners of.
- With regard waiting lists there are two types. Urgent referrals must be actioned within 7 days and standard referrals within 21 days. The figures in the report relate to standard referrals. There are currently no urgent referrals outstanding.
- Referral timelines are not being impacted by the discharge to assess initiative.

RESOLVED that the report be noted.

5. Adult Social Care Update (AI 5)

Angela Dryer, Deputy Director Adult Services introduced the report. With regard to the performance she explained that 969 questionnaires were sent to carers and 55% responded. The intention is to share the results of the survey with carers during Carers Week in June. With regard to the OPPD assessment service intervention, Angela advised that the first set of data will be available this month and suggested that a practical, on-screen demonstration could be brought to a future meeting as part of the ASC update to demonstrate how the new measures will work

In response to questions the following points were clarified:

- With regard to the learning disability service, the new services would start during the next 2-3 months.
- As of the beginning of January 2017, there was a full establishment of staff within the ASC hospital social work team. 2016 had been difficult with recruitment and getting the right quality of staff in place.
- There are sometimes cases where a patient refuses the care package offered to them. There is a particular challenge with domiciliary care packages, especially where double up care several times a day or specialist care is needed.
- The national carers survey was a national survey and therefore did not include a question on the carers centre. A decision was yet to be made on the carers centre and a review will be taking place on this before any decisions are made. A review of the Carers Service including the carers centre was recommended following the Peer Review.
- Councillor Raffaelli advised that Fareham and Gosport CCG had recently started having community health specialists accompanying the crews and said this was something that Portsmouth may wish to consider. Angela added that as part of the community independent services, occupational therapists are sent out to assess service users. The team are looking to have a quick response to people in community to reduce unnecessary hospital admissions.

The panel wished to pass on their congratulations to the Independence and Wellbeing Team for their excellent work. Angela said she would pass this onto the team. The collaboration of getting people out of hospital and the establishment of a 24-hour care at home service for up to two weeks has seen positive outcomes for people and their families as well as making a saving to the social care budget in the long run as number of admissions to care homes have reduced. Angela advised that she is looking to extend this service and there has been interest from other local authorities.

RESOLVED that the report be noted.

7. Substance Misuse Service Update. (AI 7)

Mike Taylor, Operations Director introduced the report and explained that in November 2016 the Society of St James was awarded the Integrated Substance Misuse and Housing contract from Portsmouth City Council.

In response to questions the following points were clarified:

- The refit is not sustainable. A minimum of £40,000 investment was needed to sustain this and this would be sought through grants.
- The Winter Beds Project was a very challenging project as funding was limited. There was originally provision for 28 beds however this was extended to 40 due to the number of people queuing for a bed. There was a zero tolerance approach to any poor behaviour as it jeopardises the scheme. There are three members of staff and one additional member of staff to help control. The project was due to cease on 12 March.
- The majority of service users were residents of Portsmouth aged between 30 and 50 years old, although there were a few migrants.
- Mike advised that he was not aware of service users being redirected from other local authority areas.
- The Portsmouth counselling service had open ended arrangements and there was a 50% DNA (did not attend) rate so there had been scope to reduce provision. There were now referrals to psychoactive one to one counselling.
- It was too early to know how successful the new service had been, this would not be known until the completion of 6 months. Mike said that the team were under pressure as there were a lot of people wanting to use the service, and it was hard to run the service under a reduced budget.
- The clinical team was spread throughout the team rather than under the Operations Director as suggested by the staff model.

RESOLVED that the report be noted.

The formal meeting ended at 11.40 am.

Councillor Jennie Brent
Chair

Agenda Item 4

THIS ITEM IS FOR INFORMATION ONLY

(Please note that "Information Only" reports do not require Equality Impact Assessments, Legal or Finance Comments as no decision is being taken)



Portsmouth
CITY COUNCIL

Title of meeting: Health Overview and Scrutiny Panel

Subject: Public Health Update

Date of meeting: 7 March 2017

Report by: Dr Jason Horsley, Director of Public Health

Wards affected: All

1. Requested by
The Health Overview & Oversight Panel

2. Purpose
Information

3. Information Requested

Update on Public Health since new director arrived

My approach to public health and main priorities

1. Review the role of public health to focus more heavily on what we can do to change the environments within which people make lifestyle decisions (when we consciously or subconsciously make a decision that can impact on our health, what is the role of the physical, social and legislative environment around this, and how can we shape these environments to help us make the decisions that best improve our health)
2. Focus on interventions that have the greatest ability to improve the populations health
 - a. Reducing smoking
 - b. Reduce physical inactivity
 - i. Main method of doing this - Achieving a modal shift in transport (getting people out of cars wherever possible)

Actions since arriving in post

1. Meeting team and internal / external partners
2. Aligning action plans against priorities as above
3. Reviewing structures of the public health team and how well they align with outcomes we are expecting, and putting capacity against priority areas.
4. Looking at where our main priorities are and what we should be aiming to achieve with reduced capacity.
5. Looking at areas where there are possibilities to benefit from joint appointment

THIS ITEM IS FOR INFORMATION ONLY
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- a. Immediate examples - combining resources of both sites to refresh the pharmacy needs assessment (statutory requirement)
 - b. Using existing expertise in Southampton around designing combined children's / young person's services to apply to the process here in Portsmouth.
 - c. Using expertise in commissioning substance misuse services
6. Appointed to consultant posts to replace proportion of senior leaders who left during last 12 months - new appointments hopefully arriving soon will give more capacity for senior leadership on population health.
7. Scoping joint working within the council and with partners

What do the data suggest are big problems in Portsmouth relative to the rest of the country? (Data from Public Health Outcomes Framework)

- Dying young from cancer / cardiovascular disease / respiratory disease
- Children's health - child poverty, low school attendance, high levels of NEETs
- High levels of social isolation
- High smoking prevalence in adults and young people
- High admissions for self-harm
- High levels of Killed / Seriously injured on the roads
- High levels of injuries from falls (high hip fractures too)
- Poor screening levels for cancer screening

Challenges

- Capacity (joint appointment, smaller team)
- Budget shrinking (PH grant cuts, need to consider business rates implications)
- Team recently reorganised - still emerging roles
- Need to prioritise

Opportunities

- Using best bits from both sites (Southampton and Portsmouth)
- Ability to develop strong links
- Capturing economic growth to improve health (good employment)

.....
Signed by (Director)

Appendices: None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Public Health Outcomes Framework for Portsmouth	http://www.phoutcomes.info/

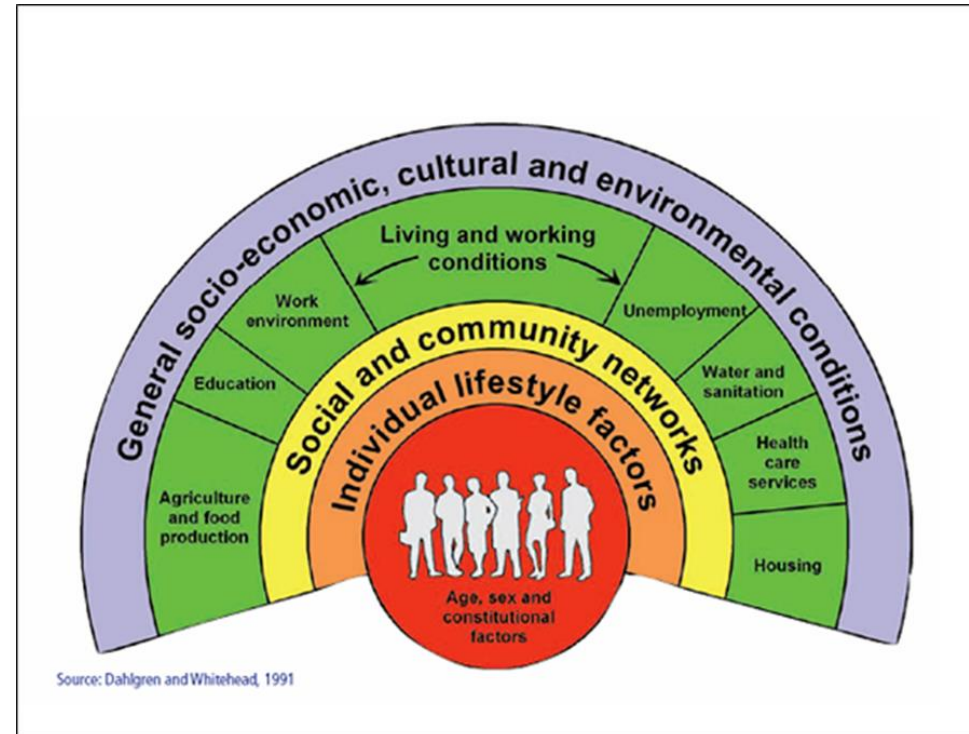
Public Health Update and New Director Approach

Dr Jason Horsley

Director of Public Health

What is health, and what impacts on it?

- More than the absence of disease
- More than just living longer
- Healthcare services contribute a fraction to health (National Illness Service)



Where do we “lose” health?

- Huge amount lost to lifestyles in industrialised countries
 - Smoking
 - Physical inactivity
 - Drinking alcohol, other substances
 - Diet
 - Collectively, these risk factors will knock ~23 years off an average males life expectancy
- Huge economic burden (11bn to NHS – probably equivalent cost to rest of society when you consider people dying young and lost productivity)

What is “Public Health”

- Generally, a service to promote prevention
 - Stopping disease / illness before it starts (health promotion)
 - Preventing the spread of disease (health protection)
- Working to improve the efficiency of services (healthcare public health)

Where Public Health has been

- Journey of the last two decades was increasingly focussed on doing things with individuals
 - NHS type focus
 - Weight management services, smoking cessation services
- I would argue this has become increasingly futile when tackling issues where the drivers remain the same or get worse
 - Eg ~62% of population locally are obese or overweight
 - Approx 170,000 people...

What we've learned about changing behaviours

- People are rational, but their rationale is sometimes not conducive to long term gains
- Having information about what is good for us is a weak predictor of what we will do
- Most of our behaviours are ingrained – we make decisions through intuition or based on routine / convenience
- We like doing what we want to, and we don't like doing something that makes us look “abnormal”

Environments that influence behaviours

- Physical environment
 - Eg distance to the nearest junk food, layout of supermarket shelves, ability to see the cigarettes, availability of safe cycle paths etc
- Social environment
 - What is “normal” in our society – eg how socially acceptable it is to smoke in a public place
- Legislative environment
 - What the law says we must (or mustn’t do)

Delivering gains to population health in the future

- Recognise key role of health improvement, but take a different path

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Shift from individual interventions to ones which change the environment in which decisions are made

- Build the “healthy” infrastructure
- Align the economic drivers
- Change the social norms

Where to start?

- Smoking – still the major killer
- Physical inactivity is not far behind

Also need to recognise importance of starting young – very high levels of child poverty

Challenges

- Usual ones
 - Not enough time in the day
 - Shrinking budgets
- Special ones
 - Team emerging from major reorganisation
 - Need development
 - (Still) Need embedding in LA
- Focussing on what is achievable

Opportunities

- Using resources across two sites
 - Joint learning
 - Specialism
 - Attracting good staff

Strong links (eg with children's teams)

- Economic growth
 - Capturing this to push “right” jobs
- Harnessing potential spend of LA/CCG/other employers

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Agenda Item 5

Report for Health Overview and Scrutiny Panel March 2017

Subject: Battenburg Clinic / Falcon House Estates Rationalisation and creation of a Portsmouth Better Care Centre

1. Purpose:

- 1.1 The intention for Solent NHS Trust to create a children and family Better Care Centre on the Battenburg Child Development Clinic (BCDC) site in Battenburg Avenue by combining the current clinical delivery of Child and Adolescent Mental Health Services (CAMHS) with specialist medical health services already operating at BCDC was introduced to the Health Overview Scrutiny Panel at its meeting held in December 2016. The Panel requested a further update on engagement activity to be brought back to the March 2017 meeting. This brief update outlines stakeholder engagement planning and activity undertaken up to end February 2017.

2. Public Transport Routes and general accessibility for service users

- 2.1 The HOSP of December 2016 questioned what would be the impact on parents and children in relation to the availability of public transport serving the Battenburg site for those that currently attend clinics at Falcon House on the St.James Hospital campus.
- 2.2 Information on the availability of public transport has been collated and is presented in Appendix A. In summary the Battenburg Clinic is much better served by buses than Falcon House. There are 6 bus routes serving the roads surrounding Battenburg Avenue running every 10 minutes, whereas one bus serves the St.James Hospital surrounds running hourly. This information is being included in an information leaflet being produced for service users.
- 2.3 The Battenburg Avenue site is more centrally placed in the City than Falcon House. CAMHS previously operated from Battenburg CDC before moving to Falcon House and was felt to be well situated for clinic access serving the City. An on-line survey is going live in March 2017 which asks current service users and referrers into the services a range of questions including modes of transport, preferred days and timings to attend clinics and whether the creation of one Centre at Battenburg CDC will have any other impact on their attendance. The question set for the on-line survey is presented in Appendix B. As with all engagement materials being produced, the content of the survey has been shared with Portsmouth HealthWatch and any suggestions have been included in the finalised materials. The survey will remain open for 3 months. Hard copies of the survey will be available at the reception and waiting areas in Battenburg CDC and Falcon House for service users who do not have computer access. These can be taken away or completed whilst children attend appointments.

3. Stakeholder Engagement and planning materials

- 3.1 The stakeholder engagement plan has now been finalised with the support of Solent NHS Trust Communications and Marketing Department with external scrutiny from Portsmouth HealthWatch. The overall plan is presented in Appendix C. Materials being produced include briefing notes for professional organisations, information leaflet for parents, young people and the general public, a set of Frequency Asked Questions (Appendix D), the survey questions and

media briefing note. Portsmouth Parent Voice and Dynamite organisations are being approached to explore how by using their parental and young people networks, the voice of service users can be captured directly. The materials are also being circulated to the range of Voluntary and Community Sector organisations and Primary Health Care professionals (GPs) via Portsmouth's Integrated Commissioning Unit (ICU). The ICU has also been apprised of the project as it is the key commissioner of all the services involved.

- 3.2 A key group of stakeholders are the Solent NHS Trust children and family clinicians working in all the services within the scope of this project. The task group has been formed of senior clinicians across all disciplines to inform the detailed clinical room designs for the new Centre.

Appendix A – Public Transport Routes

Stakeholder Research – Battenburg / Falcon House Bus Routes

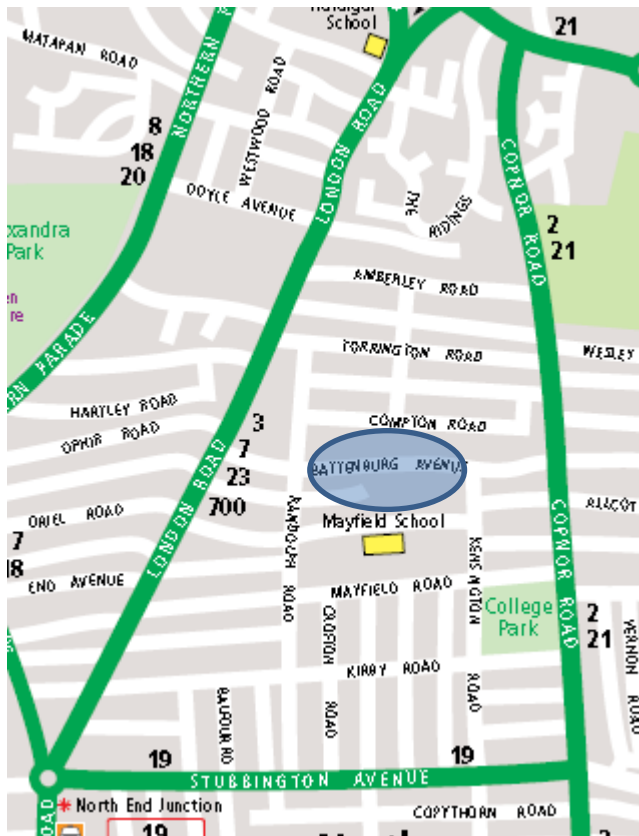
<https://www.portsmouth.gov.uk/ext/documents-external/trv-bus-route-map.pdf>

Falcon House on St.James Campus is served by Number 13 every 60mins

Route: The Hard – Commercial Road – Fratton – Milton – Langstone – Portsmouth College



Battenburg Avenue is served by Numbers 3,7, 23 & 700 (London Road) & Numbers 2 & 21 (Copnor Road)



Report for Health Overview and Scrutiny Panel March 2017

Number	Frequency	Route
2	10 mins	Paulsgrove – The Hard
21	10 mins	Havant – Farlington – The Hard
3	10 mins	Fareham – Paulsgrove – Cosham – The Hard
7	10 mins	Waterlooville – Cosham - Southsea
23	10 mins	Leigh Park – Drayton – Cosham - Southsea
700	20 mins	Havant – Hilsea – The Hard

Appendix B – Survey Questions

Creating a Better Care Centre in Portsmouth

We value your views on these plans. Please take time to answer the questions below.

Solent NHS Trust is intending to bring together Child and Adolescent Mental Health Services (CAMHS) delivered at Falcon House on the St James Hospital site, Portsmouth, with the children's health teams that run at Battenburg Child Development Centre (CDC) to provide one location for all these services to work closer and better together.

A number of different teams already work at Battenburg CDC including Speech & Language Therapy, Physiotherapy, Occupational Therapy, Podiatry, Specialist Health Visitors and Community Paediatricians. These teams will continue to work at Battenburg CDC so parents and carers should see no change to the staff that are supporting their children.

We would value your answers to the following questions so that we can shape the services at Battenburg CDC to meet the needs of children and young people requiring these services.

1. About you.

You are a ...

- ☐ Parent/Carer
- ☐ Child/Young Person
- ☐ Solent NHS Trust staff member
- ☐ A referrrer into child health services
- ☐ A member of the public
- ☐ Other (please specify and state your organisation in the box below)

2. Would bringing together children and young people's specialist health services at Battenburg CDC make a difference to you, your organisation or your child?

- ☐ Yes
- ☐ No
- ☐ Please give a reason for your answer



3. Do you think having specialist children's health services in one place is a good idea?

- ☐ Yes
- ☐ No
- ☐ Please give a reason for your answer

4. Will travelling to Battenburg CDC make a difference to you?

- ☐ Yes
- ☐ No
- ☐ Not applicable (please give a reason for your answer)

5. For service users:

If you or your children currently attend Battenburg CDC or Falcon House, please answer the following questions so we can learn from your experience.

Would you describe the service you receive as:

- ☐ Very good
- ☐ Good
- ☐ Not good
- ☐ Please write the reason for your answer in the box below

6. Is there anything you would change about the service?

- ☐ Yes
- ☐ No
- ☐ What would you change if your answer was 'yes'

7. If you or your child have appointments at Falcon House or Battenburg CDC when do you prefer them?

(Tick all that apply to you)

- ☐ Early morning (before 9:00am)
- ☐ Morning (9:00am – 12:00pm)
- ☐ Afternoon (12:00pm – 5:00pm)
- ☐ Early Evening (5:00pm – 7:00pm)

- 8. Please tick the days you are happy to have an appointment**

- ## 9. How do you get to appointments?

- [illegible]

Appendix C – Stakeholder Engagement Plan

Portsmouth Better Care Centre for Children Communication and Engagement Plan

Introduction

Solent NHS Trust is seeking to relocate children and family services from the Solent NHS Trust owned Falcon House building on the St James' Hospital Campus in Portsmouth to the Battenburg Avenue site in Portsmouth.

Relocating the services will create a co-located Better Care Centre for Child & Family Services in Portsmouth.

Anticipated benefits of the creation of a Portsmouth Better Care Centre for children will include:

- Enabling integration of key specialist children's health services and promote joined up working
- Promote more integrated working within services and drive efficiencies
- Contribute to a sustainable staff structure
- Provide an improved experience for children and families requiring complex assessment and treatment
- Reduce the Solent NHS Trust estate footprint and associated costs by vacating surplus property
- Deliver a key component of the Solent NHS Trust Child and Family Service Business Plan, in transforming the delivery of children's health services provided by Solent

Key milestone for this project are:

- | | |
|-----------------------|--|
| ○ August 2016 | Outline Business Case Approved by Solent NHS Trust |
| ○ November – Dec 2016 | Estates project team set up to produce a high level design for |
| | Battenburg CDC |
| ○ Jan – Feb 2017 | Detailed design involving clinicians |
| ○ March – June 2017 | User stakeholder engagement |
| ○ May 2017 | Final Solent Approvals |
| ○ June 2017 | Building contractor mobilisation |
| ○ July 2017 | Building works begin |
| ○ November 2017 | Launch of new Integrated Centre for Children at |
| Battenburg | CDC |

It is important that we communicate and engage with key stakeholders of Battenburg Clinic and Falcon House.

The purpose of this document is to:

Report for Health Overview and Scrutiny Panel March 2017

- Ensure a consistent approach to communications and engagement activity
- Outline engagement and communication plans to ensure stakeholders are heard when developing our proposals
- Effectively communicate the way stakeholders can share their thoughts, asks questions and comment.

Key stakeholders

Solent NHS Trust, Battenburg Child Development Centre and Falcon House (CAMHS) delivery sites have a wide range of stakeholders. By stakeholders we mean anybody who has an interest in the proposed changes.

Key stakeholders are outlined below:

- Battenburg CDC and Falcon House clinical and administrative staff
- Wider Solent staff and senior leaders
- Portsmouth City Council inc. schools/ special schools / pre-schools
- Portsmouth Health Overview and Scrutiny Committee
- Local health service commissioners including:
 - Portsmouth City CCG / Portsmouth Integrated Commissioning Unit (ICU)
 - Fareham and Gosport and SE Hants CCG
- Current service users/ Families / Carers
- Wider public
- Portsmouth Hospitals NHS Trust
- Primary Care providers - GPs
- MPs
- Healthwatch – Portsmouth
- Media
- Voluntary & Community Sector organisations

Key messages

Solent NHS Trust's Children and Families Service has a strategic vision to reduce health inequalities and improve child health outcomes.

There is increasing demand and complexity in presentations to the service. The number of families in the most vulnerable and complex categories persist.

The current Children's Service Business Plan proposes to address this by delivering the right service, in the right place, at the right time, by the right person and will deliver this through a transformation programmes that enables;

- Integrated teams that work together to deliver health interventions, assessment and treatment in a coordinated way
- Working with our partners to achieve early intervention

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- The desired outcomes for children, young people and their families, i.e. the service they received was what they needed, when they needed it and that they were treated with respect.

To achieve improved care for our service users we are developing integrated pathways.

Integration will be achieved through:

- Developing a Single Point of Access (SPA), which provides triage to enable referrers to be directed to the most appropriate service to meet their needs, allowing early assessment, consistent operations standards and daily access to closely connected children service pathways.
- An integrated 'front door' which simplifies referrals into Children Services Solent, using a multi-disciplinary team to triage and allocate work, enabling specialist supervision and support to staff in locality teams.
- Creating an integrated Better Care Centre for children & families in Portsmouth that brings together, in one place, the more specialised services we provide, such as CAMHS, Community Paediatric, Specialist Health Visiting and Paediatric Therapy services. Providing enhanced opportunities for multi-disciplinary assessment and treatment.
- Currently Portsmouth CCGs commissioned Child and Adolescent Mental Services (CAMHS) operate from Falcon House on the St. James' Hospital campus. This service includes a successful CAMHS Single Point of Access (SPA) process that offers clinically led triage for referrals into CAMHS.
- Portsmouth's CCG commission the Community Paediatric Medical Service, Paediatric Therapy services and Specialist Health Visiting services all of whom operate from the Battenburg Child Development Centre Clinic (BCDC)
- With some adaptations to clinical rooms at the BCDC site and the creation of a more open plan hot-desking environment for administrative functions, the BCDC site has the capacity to host all of these services and consequently support the development of integrated service delivery and pathways.
- We are undertaking on-site parking audits to assess the capacity of the site to provide sufficient parking for staff and clients.

One of the key drivers for this proposal is the need to demonstrate financial responsibility and sustainability and seek reductions in the cost of Estate in support of this. This proposal seeks:

- To enable identified Child & Family Better Care Centre services to operate in an integrated manner as a result of the long term Child & Family service line development plan and structural service transformation that has been evolved over the last two years
- To comply with the broader Portsmouth Estates Rationalisation (Phase 2) work that is being undertaken, namely the rationalisation of estates owned by Solent NHS Trust on the St.James' Hospital campus
- To deliver Solent East Child and Family Service identified Cost Improvement Plans

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- To support delivery of the NHS 5 year Forward View (holistic patient centred community care provision)

Action plan

Will be updated on an ongoing basis as activities arise

Date	Audience	Type of comms/engagement event/ approach	Lead	Progress
August 2016 onward		Business Case & leadership reporting		
	Solent Exec	Outline Business Plan Approval	Mark Young	Complete
	Solent C&F senior leadership	Regular monthly reporting to Solent Children's Board & Portsmouth Care Group Committee	Mark Paine	Ongoing
August 2016 onward		Stakeholder engagement		
Jan 2017	Commissioners	Contact made with Commissioners regarding proposed changes: Portsmouth CCG	Mark Paine	On going + briefing meeting being arranged
Aug 2016 onward	Battenburg Clinic and Falcon House Staff	Attendance at team meetings Regular briefings to service managers to cascade Monthly team briefing newsletter Survey monkey to obtain staff views – still open	Mark Paine	On going
Jan 2017	Healthwatch	Share engagement plan with Healthwatch organisations	Mark Paine Elton Dizikiti	Meeting arranged
Jan – Feb 2017	Clients & carers Listed stakeholders	Develop materials for external stakeholders, leaflets, posters, letters	Mark Paine Elton Dizikiti	In development

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	above			
Mar- April 2017	Clients & carers	<ol style="list-style-type: none"> 1. Leaflets to current service users parents / carers distributed with appointments letters to encourage them to express their views through online survey, paper based opportunities and invitation to engagement meetings 2. Engagement meetings with parents, children & young people 3. Provide opportunities for service users and their families to get involved in the build. – through user group discussions 	Mark Paine Elton Dizikiti	<ol style="list-style-type: none"> 1. In development 2. To be planned, by making use of service line current user groups – to be identified 3. As above
Dec 2016 March 2017	HOSC	Presentations to the Committee	Mark Paine	Ongoing
March 2017	Wider Public	Solent NHS Trust website information, including FAQs and responses – ‘You said – We did’	Mark Paine Elton Dizikiti	To be developed
March 2017	Solent NHS Trust members	Email members	Elton Dizikiti	
April 2017	Wider Solent NHS Trust staff	Information in Staff News	Elton Dizikiti	
March 2017	MPS	Send information to MPs	Elton Dizikiti	
April – May 2017	Solent stakeholders	Include information in stakeholder newsletter	Elton Dizikiti	
March 2017 onward	Comms leads at partner organisations	Send information to comms leads at partner organisations for inclusion in internal newsletters. And request retweet social media	Elton Dizikiti	
	Public	Include information on social media	Elton Dizikiti	
Nov 2017		Launch of new integrated centre for Children at Battenburg Clinic		
Dec 2017		Launch event – following staff mobilisation into new re-designed		

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		building		
Dec 2017	Portsmouth News	Brief local media in advance and invite to launch	Elton Dizikiti	
Dec 2017	Families	Walk round with relatives of current patients when appropriate		

Appendix D – Frequently Asked Questions

Developing a Children and Families Better Care Centre for Portsmouth

Your questions and the answers

- Why do you need to move from Falcon House?
So that we can deliver integrated specialist children's health services in one place at Battenburg Child Development Centre including CAMHS, Community Paediatric Medical Services and Therapy Services all working together for children and young people.

To free up estate on the St.James Hospital campus that is being sold to help Solent Trust's overall financial position and re-invest in services

- Wasn't the Child and Adolescent Mental Health Service (CAMHS) originally at Battenburg?
CAMHS services did operate previously at Battenburg and at the time of the move to Falcon House there was no Solent Trust strategy to release the estate owned by Solent on the St.James Hospital campus. The Trust made a decision to release St. James estate as a significant financial saving to the Trust to help balance the books in times of great budgetary pressures; much of the estate being surplus to service requirements.

- How will benefits be realised / measured? How will you know if the move has worked?

We will ask both service users and staff about the experience of attending and working in the new setting

We will know from the on-going collection of performance data required by our commissioners

- How will the proposals contribute to a sustainable staff structure?
Saving money on estate means that staff levels can be maintained in an on-going context of reducing budgets and released money can be re-invested in services
- What are you aiming to achieve from this / what can users and stakeholders really impact and influence?
We listen to staff, service users and external partners. We are asking clinical staff about the facilities that are required to deliver their services and these are being incorporated into the design. We are asking service users about what makes attending Solent services a good experience and when they prefer appointments.

- Does the service receive referrals from Fareham & Gosport?
- The services that operate here to not include Fareham and Gosport.

- Do you need to engage with specific sections of the community?– eg are there users from refugee/asylum seeking families? Learning disabilities? Adopted/fostered children? The Carers' Centre?

- We will liaise with as many community groups as possible and will use the broad range to current service users, which includes the examples suggested to gather views

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- How is proposal to change the Single Point of Access (SPA) different to current CAMHS SPA?
The strategy is to extend the scope of the SPA to include the whole range of referrals, not just CAMHS clients. This will help referrers receive the right response from the right service
- What about transport links / buses, etc?
A leaflet has been produced which give the bus routes to Battenburg Avenue. It is much better served by public transport than Falcon House which may encourage less car use
- Is this a cost saving activity rather than to improve services?
It is both. Yes, this is about saving money, but recycling that money into maintaining staff levels and quality of services by reducing unnecessary estate costs. We must use public money wisely and not continue to use buildings that are not used fully. We firmly believe that bringing these services together in one place will enable health professionals to work better together on behalf of children and young people.
- How often will there be updates about this work?
We will provide further information as the project progresses when there is new information to share.

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Portsmouth Community Care Estate Review (Phase 2) Update for the Health Overview and Scrutiny Panel on planned service moves

7 March 2017

1. Background

- 1.1 NHS Property Services (NHSPS), Portsmouth Clinical Commissioning Group (CCG) and Solent NHS Trust are working in partnership with Portsmouth City Council and other system stakeholders on a two phase programme of work aimed at ensuring that community health services in Portsmouth are being delivered from the most suitable and cost-effective buildings and facilities available.
- 1.2 Phase 1 of this two phase programme was completed in 2015 and saw the relocation of multiple services from the St James' site to various locations, including St Mary's Hospital. These relocations have enabled the disposal of part of the St James' site, which has now transferred ownership to the Homes and Communities Agency (HCA).
- 1.3 At the previous HOSP update in February 2016, we reported that a Phase 2 Business Case had been submitted and approved by the Solent NHS and Portsmouth CCG Boards. This outlined the scope and model for delivery of a programme of works to enable the release of a further area the St James' site and completion of the overall programme.
- 1.4 This programme will result in major improvements at St Mary's and generate significant revenue savings for the Portsmouth healthcare system overall that can be re-directed towards patient care in the city.
- 1.5 The approval of this Business Case allowed the detailed design work, tendering and planning approvals for the Phase 2 schemes to progress. This work has now been completed. The current status of each project under Phase 2 is as follows:
 - a) St Marys B Block Refurbishment
This scheme is fully designed and has been tendered. A preferred contractor has been identified. All necessary planning approvals are in place.
 - b) Junior Drs Mess Relocation
It is now planned to relocate the Junior Doctors Mess into a residential property to be purchased for this purpose, close to the St James' site. Work is underway with the service to identify a suitable property.
 - c) St James' Infrastructure
This scheme has been designed and tendered, and a preferred contractor identified. A proposal to share the scope between NHS Property Services and Solent NHS Trust is being discussed. Planning approval for the new service yard was granted on 8 February 2017.

d) St James's ICT Infrastructure

Detailed planning is underway with our ICT provider, covering the demobilisation of the ICT within the St James' main site, and re-provision of services to allow the Limes and Orchards to become independent of the main site.

e) Catering

Detailed designs are in place for a new catering facility to be located within the ground floor of Block A at St Mary's to replace the existing facility in the St James' main building. In parallel, alternative locations are also being considered, which may prove more beneficial to the health economy in Portsmouth.

f) Parking at St Mary's

The proposed new multi storey car park did not receive planning approval. Instead, new parking controls at the site have considerably improved the availability of parking spaces for essential staff and visitors. Discussions are taking place to secure additional parking off site within a short walking distance of the site.

- 1.6 The detailed design work has progressed, and schemes have been tendered as noted above. In September 2016 the Business Case was updated, based on capital funding by NHS Improvements (NHSI) loan. Following various detailed discussions with NHSI over the business case, a final version was produced and submitted in November 2016. This was approved by Solent Board in December 2016.
- 1.7 The final loan required has been subject to agreement between NHSPS and Solent over the level of funding contribution by NHSPS towards the St James' Infrastructure. These discussions are well advanced and expected to conclude shortly. Once agreed, the loan application to NHSI can be completed, expected in March 2017.
- 1.8 NHSI have advised that loan funding will be available in the next financial year. Works are anticipated to commence in April 2017, with the target date for disposal of the land by NHSPS by the end of March 2018.
- 1.9 In line with the Solent project process and NHSI guidelines, this detailed design development has included both staff and patient consultation and consideration as an inherent contributor to final proposals. Patient engagement has taken the form of a series of presentations and informal meetings. The aspirations of staff to provide high quality facilities are supported by the Trust Board and in line with national NHS guidance.
- 1.10 The investment and rationalisation proposals under Portsmouth Community Care programme will continue to improve local facilities and patient care ensuring that more financial resources are dedicated to meeting the needs of patients rather than maintaining buildings that are no longer required.

Agenda Item 8

Portsmouth CCG Headquarters
4th Floor, 1 Guildhall Square
Portsmouth
PO1 2GJ

22 February 2017

Cllr J. Brent
Chair
Portsmouth Health Overview & Scrutiny Panel
Member Services
Civic Offices
Portsmouth PO1 2AL

Dear Cllr Brent,

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 the work the Clinical Commissioning Group has been involved with over the past few months.

This formal update is in addition to the regular informal meetings with your panel colleagues which CCG colleagues and I attend, and which I hope continue to be useful for all concerned. Our website – www.portsmouthccg.nhs.uk – may provide some further details about what we do if members are interested, but of course we are always happy to facilitate direct discussions if there are particular issues which are of interest to the panel.

1 Sustainability and Transformation Plan/Your Big Health Conversation

As you know the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP) was discussed at the Health Overview and Scrutiny Meeting in January.

It is fair to say that STPs have generated much debate up and down the country over the past few months and you will also no doubt have seen the series of articles recently published in The News focusing on the local plan, as part of a wider piece of scrutiny work undertaken by Johnston Press involving their other local and national titles. You may also be aware that the local STP was a main agenda item for discussion and debate at the recent Healthwatch board meeting in public earlier this month.

We are keen to ensure that people in Portsmouth have a chance to have their say on the challenges and opportunities that face the local NHS as many of the issues highlighted in the STP are familiar considerations for us here.

With that in mind we have recently kicked off a programme of engagement called ‘Your Big Health Conversation.’

The first part of the programme is to ask people broad-based questions about how they see the future of the NHS, and how the NHS could serve them more effectively. At this stage we are seeking views of local people on some of the ‘big picture’ issues which the NHS must consider – how to balance investment between community care and acute care, for example or identifying the priorities for mental health care. We are running this first piece of engagement for two months until March 31st and we are doing this in partnership with our neighbouring CCGs in South Eastern Hampshire and Fareham/Gosport.

At that point we will pause to consider what we have heard – both from the public, and the emerging thinking from within the NHS system as well – and then move into a new phase of more targeted engagement activity. We envisage this will focus more directly on health services in the city and for the city, and may involve us in further discussions with local people about specific issues that will support the ongoing work of our Health and Care Portsmouth programme.

We will, of course, be looking to ensure that we continue to give everyone an opportunity to feed in their views and especially those who may be affected the most by any proposed development of change.

Members of the Panel can find more information about the initial survey on the CCG’s website here: <http://www.portsmouthccg.nhs.uk/your-big-health-conversation>

2 Health and care Portsmouth update

Health and Care Portsmouth (the ‘Portsmouth Blueprint’) has seen some positive progress since its launch in 2015 and our Governing Board recently heard about how the programme is helping to drive change in the way we plan and provide health and social care in the city.

The programme continues to build on the work delivered through The Better Care Fund, which enables us to improve services for residents in the city by joining up health and care resources and funding. A number of jointly funded projects are starting to show real benefits in improving outcomes, as well reducing hospital and long term care admissions. These include:

- Adult Social Care Intervention, which has worked on simplifying assessment processes and reducing waiting times.
- Choice and control, which are key aspects of the Health and Care programme, and this has been demonstrated in a completed Personal Budgets pilot with older residents, with a children's pilot also underway. Approval was granted by NHS England as well as local partners for the 2016/17 Better Care Fund plan and we have achieved shared governance and financial agreements.

- The co-location of members of the Adult Services teams from PCC and community nursing teams from Solent NHS Trust means that health and social care staff are now based in the same buildings within three different locality teams. This has brought together professionals who all share the desire to improve the care on offer for individuals, to help people to stay well and live as independently as possible for as long as they can.
- The Living Well project, in partnership with Age UK, helps to improve health and wellbeing for people aged over 50, living with long-term health conditions in Portsmouth. It has helped 300 people in the last 18 months and now funding has been extended so they will continue to work towards improving the quality of care and support they receive.
- A service designed to increase the number of GP home visits in the city, to help improve care and reduce pressure on A&E, has also recently been extended. The Acute Visiting Service (AVS) was initially set up as a pilot scheme, allowing people to be referred for a home visit by a doctor working for the dedicated service. At first the service ran during weekday mornings, but in the autumn of 2016 it was extended to be available 9am – 5pm, Mondays to Fridays and to have additional GPs working in the service. The AVS does not replace the normal home visits carried out by GPs to their registered patients – it operates in addition to that. It means that patients felt to be in need of an urgent assessment can be seen sooner, perhaps benefiting from a longer visit than might otherwise be the case, and have support or treatment put in place more quickly. The service is delivered by the Portsmouth Primary Care Alliance and early signs are that the introduction of the AVS has coincided with a fall in the number of emergency hospital admissions for people aged over 65.

Over the next few months we will continue our work on developing some other new initiatives that will also illustrate how agencies can work together in new ways for the benefit of patients.

This will include an integrated management and delivery structure between the community nursing teams from Solent NHS and the social care team from Portsmouth City Council.

We will be working with Portsmouth Hospitals NHS Trust to fully implement proposals for 'Discharge to Assess' and 'Frailty' services which have been planned with wider system partners and form part of our response to managing urgent care in the city.

And we will be finalising our first phase plans for the Portsmouth Primary Care Alliance and NHS Solent 'community hub' as part of building a 'Multi-specialty Community Provider' (MCP) for the City. Our initial aim is to improve in-hours capacity for urgent demand in GP practices and in NHS community services.

3 General Practice Forward View Plan

The General Practice Forward View (GPFV), published in April 2016, sets out the national commitments to strengthen general practice in the short term and support sustainable transformation of primary care for the future.

We have developed a programme of work in response to this national planning guidance as one of our responsibilities as a CCG is to commission effective primary care for our local population.

The challenges facing primary care have been well rehearsed and the GPFV sets out a vision for how some of these might be addressed. Our plan, therefore, outlines the key pieces of work being undertaken in Portsmouth to implement the requirements of the GPFV and it will also feed into much of the work we are doing within the Health and Care Portsmouth programme. It sets out how we plan to deliver new ways of working that will sustain an effective working model for primary care services in the city, working closely with primary care providers and patients

It is built around five key themes: investment, workforce, workload, practice infrastructure and care redesign. Each of these themes has a main objective, as follows:

1	Investment	To increase the levels of investment in primary care in order to stabilise general practice and accelerate work on new models of care.
2	Workforce	To support the current primary care workforce to work in different ways and to develop skill-mix in, and wrapped around, general practice in order to create capacity and provide efficacious care.
3	Workload	To support delivery of the ‘making time in general practice’ recommendations in order to reduce or better manage the workload burden.
4	Practice infrastructure	To support primary care and general practice to make improvements in premises and in technology.
5	Care redesign	To support general practice to work at scale and develop new models of care in order to achieve the vision for Primary Care as outlined in the NHS Five Year Forward View and GPFV.

It also highlights the measures of success we would expect to see when these objectives are achieved and the milestones we will need to meet to reach those. Without question, the pressures facing our primary care practitioners are significant and it is important that we work together, within the city and potentially across wider communities, so that we can develop new models of care, and new ways of working, to support primary care in future.

The report can be viewed on our website in the ‘downloads’ section here:

<http://www.portsmouthccg.nhs.uk/About-Us/primary-care-commissioning-committee-jan-2017.htm>

4 Surgery moves and mergers

Derby Road Group Practice and Portsdown Group Practice

We are working with our local GP practices to ensure that, wherever possible, surgery mergers and changes take place in a managed way and in line with our broader primary care plans.

Derby Road Group Practice and Portsdown Group Practice have announced that they will merge from April 2017, with the approval of the CCG. The merger allows both practices to share resources and this will help to maintain existing services at Derby Road for now with an aim to improve the overall range of services on offer. Practices with a larger clinical workforce can generally be more flexible and responsive to patients' needs.

Patients will still be able to see their usual GP or nurse, but this move will allow a more flexible response to any future changes that happen in the local NHS, including the potential for seven-day working.

The Derby Road surgery will remain open for now but patients have been advised that it may close at some time in the future. If Derby Road were to close, the nearest Portsdown site is at Kingston Crescent which is a much more accessible and fit-for-purpose building, especially for wheelchair users. Kingston Crescent also has a car park and bus services which stop outside.

However, there is no date as yet for Derby Road to close and patients would be given plenty of warning if and when that decision is made. The Derby Road branch surgery in Copnor Road is also part of the merger and this site will remain open.

The proposed plans have been well received by Patient Participation Groups at both practices and engagement with patients has been carried out in line with the CCG's guidelines.

Milton Park Surgery to Cotswold House

Practice staff at the Milton Park surgery are in the process of moving to the newly refurbished Cotswold House, in the grounds of the St Mary's Community Health campus. The Baffins and Milton Park practices merged last year to become the East Shore Partnership and the intention was always to close Goldsmith Avenue and move into a fully refurbished Cotswold House once works were completed.

These larger, new premises will help the practice deliver higher quality care and services to its patients. The Baffins site remains open as usual.

5 Work to support veterans' healthcare needs in the city

Since our last update we have been continuing our work to understand from ex-servicemen and women how we can ensure that we adapt health services to respond more effectively to their particular needs. We have published a report into the results of a major survey of the healthcare needs of nearly 1,800 veterans across the Portsmouth area, carried out on our behalf by the Company of Makers.

One of the recommendations of the report was to hold a healthcare event specifically for veterans and we staged this in November – so that they could hear the feedback from the survey and our plans, at first hand.

Former members of the Armed Services community, including their relatives, can have particular issues as a result of service to their country – and this is something local GPs

need to know about. But this is not about giving them priority, it is much more about ensuring that we signpost them to services that can best help them, which means they get a better service and the wider health and social care system makes the best use of its available resources.

We are looking to establish a city-wide Veterans' Patient Participation Group to give ex-Servicemen and women a platform for their views and Company of Makers hope to be involved in a marketing campaign to encourage more ex-soldiers, airmen and sailors to register as veterans. Patients enrolling at GP practices now are routinely asked if they are veterans, but many people who have been with the same doctor for years are not recorded as veterans, and this is information we very much want and need to know.

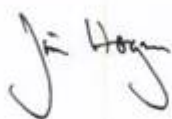
Other recommendations from the report relate to military resettlement procedures, training staff at GP practices, veterans managing their healthcare and mental health support.

More about the report, and the event, can be viewed here:

<http://www.portsmouthccg.nhs.uk/ccgnews/VeteransHealthcareSurvey.htm>

I will, of course, be happy to provide clarification on any of the above updates either before, or at, your March meeting.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jim Hogan', with a stylized flourish at the end.

Dr Jim Hogan
Chief Clinical Officer & Clinical Leader
NHS Portsmouth Clinical Commissioning Group