

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

Tel: 023 9268 4513

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Cllr J Ferrett
HOSP Chair
Members Services
The Civic Offices
Guildhall Square
Portsmouth
PO2 2AL

#### Dear Cllr Ferrett,

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.

## **Portsmouth Blueprint**

Members will be aware that the document 'A Proposal for Portsmouth: A Blueprint for Health and Care in Portsmouth' (September 2015) was presented to and endorsed by the Portsmouth Health and Wellbeing Board (as well as the CCG's Governing Board) in September 2015 and has also been reviewed by the Portsmouth City Council Cabinet.

The document essentially sets out a strategic blueprint for how health and care could look in the city at the end of the next five years. It has been developed through the work of the Portsmouth Health and Care Executive (PHCE) comprising senior representatives from the following city partners:

- NHS Portsmouth Clinical Commissioning Group
- Portsmouth City Council
- Solent NHS Trust
- Portsmouth Hospitals NHS Trust
- Portsmouth Primary Care Alliance

At its meeting in December 2015 the Health and Wellbeing Board received an update on progress to date in a paper which also looked at proposed next steps for the programme.

Whilst many details of the Blueprint are still being developed, there is a strong desire by the partners to make progress where we can to achieve better services for the public and greater efficiency for the public purse. Momentum and the demonstration of our commitment to improve local delivery are powerful drivers and need to come from the top to empower the local health and wellbeing system. Considerable progress can be made within the existing legal provisions and the collaborative approach adopted by the partners, and we are already looking at financial and governance arrangements locally to see what scope there might be to align approaches more closely and thus provide a framework through which we can explore further developments over the next few months.

Given the significance of this project, representatives of the CCG would of course be happy to return to HOSP as and when appropriate, to ensure that panel members are fully briefed as progress is made.

## Primary care – sustaining viability for the future

Members will be aware of the pressures facing primary care both locally and nationally – demand for services, the number of GPs nearing retirement, and fewer medical students choosing general practice to take their place. A key element for the Portsmouth Blueprint is the consideration of how out of hospital care, and in particular, primary care services can move forward in a sensible, sustainable way over the next few years. As commissioners of these services, we are engaging with our GP members on developing new approaches for the future that can help alleviate these pressures.

The Blueprint proposes a different way of working for primary care services, one that retains the GP as the basis for the service but with a wider workforce which sees individual GP practices working together or merging to provide services collectively for the City.

For that to happen we will need to work with local GPs, our NHS partners and the local community to develop commissioning models to support this.

While this work continues, however, it is likely that we will continue to see local GP practices put forward solutions and proposals to deal with more immediate pressures that some now face. This may see some working together on an informal 'alliance' basis or more formally through a merger. Practices are required to engage with their patient population before any decision about mergers is taken and the proposals are considered fully by the CCG through its Governing Board and/or Primary Care Commissioning Committee.

Information about recent merger proposals can be found on our Governing Board papers or, if Panel members prefer, we can provide a more comprehensive update in a future briefing.

## **Guildhall Walk Healthcare Centre**

As the Panel will be aware the formal consultation process runs until Friday 19<sup>th</sup> February. We expect to present a proposal on the future of Guildhall Walk, which will include a full, independent analysis of the feedback we have received, to the Panel on Tuesday 15<sup>th</sup> March, and to our Governing Board on Wednesday 16<sup>th</sup> March.

# Services for people with long term conditions

We have now moved into the second phase of our work to seek the views of patients and service users locally about their experiences of living with a long term health condition, how they feel about the health services in place to support them and how they would like models of care

to be provided in future. We are undertaking this work in conjunction with Fareham/Gosport and South Eastern Hampshire CCGs.

The first phase of this project was a survey which brought us over 700 responses, around half of which were from people who had been living with a long term condition for more than ten years. The results make interesting reading and a summary is available here:

http://www.portsmouthccg.nhs.uk/Downloads/Consultations/Long%20Term%20Conditions/LTCs%20Final%20Results%20Nov%202015.pdf

#### In headline terms:

- In terms of being involved: 59% reported feeling 'Very' or 'Quite' involved in their care. But that does mean, of course, that 40% currently don't feel able to say that although some would indicate that it varies.
- Receiving 'joined up' care: again around 40% of respondents didn't feel able to say
  that the care they received was provided through organisations working in a joined up
  way
- People wanted to see: more information, to help them manage their condition
  themselves, and convenient consultations with longer appointments there was also
  support for an approach in future that focused on supported being provided in the
  community and at primary care level rather than in an acute hospital setting, although a
  strong cohort of people still were in favour of regular hospital appointments.

There is much for us to consider here and so the next phase of this work is to run some focus groups that will provide us with the opportunity to discuss these findings in a lot more detail. We are now running a few of these working with local groups such as Breathe Easy, diabetes groups and others.

# Mental health services for veterans - NHS England engagement

A period of engagement regarding mental health services for veterans has been started by NHS England.

The survey is aimed specifically at CCGs, veterans and their acquaintances, charities and support groups, and mental health professionals, however anyone with an interest in the field can participate.

All of the supporting information is here: <a href="https://www.engage.england.nhs.uk/survey/veterans-mental-health-services">https://www.engage.england.nhs.uk/survey/veterans-mental-health-services</a>.

The deadline for responses is 5pm on 31 March 2016.

All responses to the engagement will be reviewed and analysed to help inform a report that will be made available on the NHS England website and shared with interested groups. This will help to inform decisions on commissioning arrangements for future veterans' mental health services.

## City leads Wessex in dementia diagnoses

Since our last update we have learned that Portsmouth continues to lead the way locally in terms of dementia diagnosis in primary care.

The latest figures from NHS England show that, in November 2015, the estimated dementia diagnosis rate in Portsmouth for December 2015 was 72.1%, the highest score in the NHS England Wessex area.

The average dementia diagnosis rate across the whole country in that period was 67.2%. Other diagnosis rates from Wessex areas include: Fareham and Gosport (64.1%); South Eastern Hampshire (66.1%); Southampton (71.4%), and the Isle of Wight (64.3%). The positive figures reflect a huge amount of hard work which has been put in by local practices and partners - supported by CCG staff.

The diagnosis rates, of course, are based on an estimated number of people who have dementia - in Portsmouth for November that estimate was just over 2,000 people. Work goes on to ensure that a still great proportion of people who are affected by forms of dementia are identified at the earliest possible point, to ensure that they can be offered the best available support.

### **CCG** relocation

The CCG HQ office is relocating to in the Civic Offices from Monday 15 February.

Our full address will be:

CCG headquarters 4<sup>th</sup> Floor 1 Guildhall Square Portsmouth PO1 2GJ Phone: 023 9289 9500.

Moving to the Civic Offices has many advantages for us – not least because of the close working relationship we already enjoy with the City Council, and our two organisations have many combined priorities and a shared vision for future health and social care provision in Portsmouth. Our future Governing Board meetings will now be held in the Civic Offices and will be advertised on the CCG website and elsewhere.

#### **New CCG chair**

Dr Elizabeth Fellows has been appointed as the new chair of the CCG. The move follows Dr Tim Wilkinson's decision to step down after years of service to the boards of the CCG and its predecessor commissioning organisation, the Portsmouth City Teaching Primary Care Trust.

Dr Fellows, a GP in Southsea, has been on the CCG Executive since its inception and will take up the post from April 1<sup>st</sup>, for an initial period of three years.

With best wishes

Dr Jim Hogan
Chief Clinical Officer