NHS
Portsmouth
Clinical Commissioning Group

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22 September 2016

Cllr Jennie Brent
Chair of HOSP
C/o Members' Services
Floor 3, Civic Offices
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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 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 Urgent care

At the last formal HOSP meeting, members received an update on the plans which have been developed following the publication of the Care Quality Commission (CQC) report into Portsmouth Hospitals NHS Trust, earlier this year.

Since that last meeting there has been good progress in implementing the agreed actions, both within Queen Alexandra Hospital, and across the wider health system. Having said that, demand for urgent and emergency care continues to be high, and rising, and concerns remain regarding capacity across the NHS and social care as the winter period approaches. In terms of the progress being made, some specific highlights include:

Discharge to assess – two of the three workstreams will be going ‘live’ across the local health and social care system on Monday 26 September, with the third in development. The first two elements involve discharging patients from an acute setting either to go home, or to

a community bed, after their immediate, acute care need has been addressed. When at home, or in the community bed, the patient can then be properly assessed in a more natural, less pressurised environment, and more appropriate care planning can be enacted. The third element, where more complex patients are assessed in nursing homes, is being prepared for. All of this work is supported by the integrated discharge service, which brings together both health and social care staff, to identify patients suitable for 'discharge to assess' and then to proactively plan their post-acute care at the earliest possible opportunity.

Frailty Intervention Team – this team (known as "FIT") had just begun its work at the time of the last HOSP meeting. The team is working well, and although the programme is still in its very early stages the early signs are that the team is having a positive impact. The FIT works in the Emergency Department (ED) to identify and support elderly people, on arrival, for frailty. This allows a rapid assessment of a person's wider needs – including social, and environmental issues, for example – rather than a simply medical approach, and enables staff to take a more holistic view of the patient.

The 'Pitstop' initiative is also focused on deploying resources to the 'front door' of the ED, but is focused specifically on Minors. Staff are working to triage patients at the earliest possible opportunity, and to move them towards the most appropriate treatment. The early signs are positive – in terms of patients getting a first assessment of their needs within 15 minutes, the PHT baseline was 62%, but that has now moved up to 69% for August. There has also been good progress made with regard to the specific requirements set out by the CQC following the publication of its inspection report.

As required, there has been no further use of the multi-person vehicle known as the 'jumbulance', the Trust has appointed a senior clinical leader to oversee the emergency care pathway, and the CQC has been provided with weekly reports regarding performance. For the fourth requirement, improving the triage process, initiatives such as Pitstop (see above) have begun to show positive results.

As a result of these changes, and others, the CCGs consider that the risk of avoidable patient harm within the Emergency Department has reduced since the inspection report was published – in other words, the department is safer than it was previously.

The national standard for Emergency Department access remains that 95% of patients should be seen, treated, admitted or discharged within four hours. An increasing number of Trusts are falling short of achieving that standard, and PHT performance has stayed at approximately 80% in recent months.

The entire health and social care system is working hard to deliver performance which is more closely in line with the national standard. However, this work is not taking place in a vacuum - the context is that ED attendances are rising, and that increase is also leading to higher numbers of medical and elderly care admissions - so progress becomes harder to deliver all the time. In addition, not all improvements necessarily result in a reduction in waiting times – making the department safer is essential, but the impact of that will not necessarily be captured in the figures showing performance against the four-hour access standard.

2 Health and Care Portsmouth

Our programme of work to deliver the Portsmouth Blueprint continues with our partners in the city.

We have identified the senior leaders for the key pieces of work:

- Innes Richens: lead for the work on single commissioning and governance arrangements
- Alison Jeffries, Director of Children's Services (Portsmouth City Council): lead for developing a different approach to commissioning earlier intervention
- Michael Lawther, Deputy Chief Executive (Portsmouth City Council): lead on the work to bring together enabling functions (such as estate, IT, HR)
- Sarah Austin, Chief Operating Officer (NHS Solent): lead on the work bringing together front-line health and social care services

Good progress has been made on co-locating health and social care teams for both adults and children. The Portsmouth Primary Care Alliance, NHS Solent and the CCG have also developed proposals for the delivery of in-hours primary care services specifically aiming to meet urgent care demand. This has informed the CCG's recent applications for capital resourcing for primary care, via the Estates and Technology Transformation Fund, and supports the development of community based hubs of services in the City.

At a recent workshop for the Health and Care Portsmouth partners, the legal and organisational options for enabling the integration of health and care were discussed with input from legal expertise drawn from the national NHS Vanguard programme. The option to form alliance agreements amongst existing provider organisations drew significant support from partners as a potential immediate step to deliver health and care integration, whilst avoiding organisational reconfiguration which can distract focus from delivering services for people in the city.

Our CCG team, in partnership with Action Portsmouth, recently delivered a one-day workshop. This saw representatives from multiple community and voluntary sector agencies discussing how this sector could form a part of future delivery of health and care in Portsmouth. There will be a series of follow-up meetings with community sector organisations focusing on specific aspects of care (eg long term conditions, social isolation, self-care).

3 Changes to minor injuries services/Guildhall Walk

As panel members will know, changes to the way in which urgent care walk-in services are delivered in the city were implemented from 1 July.

There are now GPs working alongside nurses at the St Mary's NHS Treatment Centre in Milton, offering patients an enhanced minor injury and minor illness service, with diagnostic and other facilities on hand to support their treatment. At the same time, 'walk-in' appointments continue to be offered at Guildhall Walk Healthcare Centre, but they are now only available to people who are registered at that practice for their ongoing care.

The CCG believes that bringing together GPs and nurses at St Mary's Treatment Centre in this way delivers the strongest alternative yet to A&E for local people – the clinical teams there can support almost anyone who feels that they need urgent help for either a minor illness or a minor injury.

It is too early for firm conclusions to be drawn as to the impact of these changes, but the CCG is seeking reassurance regarding two issues in particular – whether or not, as a result of the changes, significant numbers of people are simply losing access to the urgent care support they feel they need, or whether people are in fact bypassing the available urgent care options entirely and instead presenting at A&E with minor complaints.

The early signs are positive. Since 1 July, staff at St Mary's Treatment Centre are indeed seeing a significant amount of additional activity, as would have been expected. At the same time, there is no evidence of any increase in A&E attendances which might be attributable to the changes on that date. It is still relatively early days, of course, and the situation is being kept under review.

4 Primary care changes

As explained in previous updates, the GP Forward View recognises the need for practices to come together to explore new, innovative ways of delivering primary care at scale, and this process is already underway in the city.

In the June update, we highlighted the proposed practice merger of Northern Road surgery (a single-handed practice), and the Portsdown Group Practice. The CCG's Primary Care Commissioning Committee has now approved this merger, and the subsequent simultaneous branch site closure of the Northern Road premises. The creation of the larger practice is designed to help to create more sustainable primary care services in this area of the city.

The same Primary Care Commissioning Committee also approved the closure of the Ramillies surgery as branch premises of the Trafalgar Medical Group Practice.
Both of these changes were approved following engagement with both the registered patient lists, and the affected staff.

Looking slightly further ahead, patients have recently been communicated with regarding a proposed merger between the Portsdown Group and the Derby Road Practice. The proposal envisages the merger potentially taking place in April 2017, and it is also proposed that the Derby Road practice, which is close to the existing Portsdown Practice Kingston Crescent surgery, should close later in that year, perhaps by October 2017.

5 Sustainability and Transformation Plans (STPs)

The NHS Shared Planning Guidance, published in December 2015, asked every health and care system in England to create their own local plans for implementing the Five Year Forward View (5YFV).

The 5YFV sets out a future vision of health care, which includes a more engaged relationship with patients, carers and citizens, and a greater focus on promoting wellbeing and preventing ill-health. To deliver this vision, we need to change the way we do things so that local services work together to close the health and social care funding gaps by 2020/21.

There are 44 STP areas in England, known for the purpose of this work as 'footprints'. The STP will enable health and social care leaders to work together to improve the health and wellbeing of their local communities. They do not replace existing local bodies, or change local accountabilities. Neighbouring footprints will need to work together to plan specialised or ambulance services and when working with multiple local government authorities. Devolution proposals which share the same geography as STP footprints will need to work through the implications together.

The STP for Portsmouth, Hampshire, Southampton and the Isle of Wight (HIOW) is being developed by the Clinical Commissioning Groups (CCGs), GPs, NHS Trusts and other health and care services within this area. It will cover a period of five years (from 2016 to 2021) and the full report is due to be submitted to NHS England on 21 October 2016. The plan will set out the practical steps needed to deliver the 5YFV and improve the quality of care, health and NHS finance and efficiency in our area. It will also describe how it will deliver the NHS Mandate, as set by the Department of Health.

Each footprint has been asked to set out governance arrangements for agreeing and implementing their local plans. For Hampshire and the Isle of Wight, the STP Chair is Karen Baker (Chief Executive of Isle of Wight NHS Trust) and the STP Lead is Richard Samuel (Chief Executive of South Eastern Hampshire & Fareham and Gosport CCGs). The Executive Steering Group includes representatives of all 30 organisations involved in creating the STP.

Progress to date:

In July 2016, initial draft plans were submitted, and discussed with the national health and social care bodies. We are now working on an update draft plan to submit on the national deadline date of 21 October.

The programme of work taking us through to this next submission deadline covers the following areas:

- Effective Patient Flows: Aim – to ensure that no patient stays longer in an acute or community-based bed than their clinical condition and care programme demands
- Mental Health Alliance: Aim – to improve capacity, quality of care and access to mental health services across the area
- Prevention and Well-being: Aim – to improve the health and wellbeing of our population so that people live longer, healthier lives
- Solent Acute Alliance: Aim – to ensure the best outcomes and safest care for patients, 24 hours a day, seven days a week, focusing on Southampton, Portsmouth and the Isle of Wight.

- North and Mid Hampshire Acute: Aim – to reach a conclusion on the right configuration of acute services in north and mid Hampshire to meet the needs of the population
- New Models of Care: Aim - to improve the health, well-being and independence of people by delivering higher quality, more accessible and more sustainable out-of-hospital care, supporting them to take a more active role in self-managing their care and offering access to improved care when needed.

These areas are supported by enabling workstreams focused on workforce, commissioning, estates and digital.

It is important to emphasise that very little of this activity is entirely new; the NHS community in Hampshire and the Isle of Wight has been working on ways of meeting these challenges for a while, and is already developing new models of care locally, for example, through Health and Care Portsmouth. Most of the proposals for achieving the aims outlined above have been developed with the input of local people and patient groups.

The difference this time is that the plan is bringing together all parts of the NHS locally, including GPs, to make the most out of working at scale rather than in our own local systems. That will ensure that everyone living in our area has access to consistent, high-level care and services.

Once all STPs have submitted updated plans in October, NHS England then expects the plans to be published, and then following further development the preparations for implementation will begin in the New Year. Any specific proposals for significant future service changes which do emerge from our STP will go through a rigorous period of both clinical and public engagement, and indeed formal public consultation if that is appropriate, before any decisions are taken.

Yours sincerely

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