

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 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	To support primary care and general practice to make improvements in
	infrastructure	premises and in technology.
5	Care redesign	To support general practice to work at scale and develop new models
	J	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.

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,

Dr Jim Hogan

Chief Clinical Officer & Clinical Leader NHS Portsmouth Clinical Commissioning Group