



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 8 JULY 2014 AT 9.30 AM

CONFERENCE ROOM A, SECOND FLOOR, THE CIVIC OFFICES

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Membership

Councillor David Horne (Chair)
Councillor Simon Boshier
Councillor Steve Hastings
Councillor Hannah Hockaday
Councillor Phil Smith
Councillor Lynne Stagg

Councillor Gwen Blackett
Councillor Dorothy Denston
Councillor Peter Edgar
Councillor Keith Evans
Councillor David Keast
Councillor Mike Read

Standing Deputies

Councillor Margaret Adair
Councillor Margaret Foster
Councillor Lee Mason

Councillor Sandra Stockdale
Councillor Julie Swan

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

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

AGENDA

1 Welcome and Apologies for Absence

2 Appointment of Vice Chair

Nominations will be sought for the position of Vice Chair of the panel and members asked to vote

- 3** **Declarations of Members' Interests**

- 4** **Minutes of the Previous Meeting** (Pages 1 - 8)

- 5** **Amputation rates for diabetics**

Graham Bowen, Head of Podiatry, Solent NHS Trust and Dr Partha Kar, Clinical Director, Diabetes & Endocrinology will give a verbal update.

- 6** **Vascular Services - update.**

Peter Mellor, Director of Corporate Affairs Portsmouth Hospitals' NHS Trust will provide a verbal update on the progress of the review of vascular services.

- 7** **Portsmouth Hospitals' NHS Trust - update**

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

- 8** **Care UK - update**

Joe Chadwick-Bell, Regional Director, Justin Cankalis, Operations Manager and Dr Tim Wright, Medical Director will answer questions on the report that will follow.

- 9** **St Mary's and St James' Hospital Service Review.** (Pages 9 - 12)

Robert Steele, Associate Director of Estates, Aileen Patterson, Operational Director for Child and Family Services and Graham Bowen, Service Manager for Podiatry will answer questions on the attached report.

- 10** **Solent NHS Foundation Trust - update.** (Pages 13 - 54)

Judy Hillier, Director of Quality and Nursing will answer questions on the attached report.

- 11** **Portsmouth Clinical Commissioning Group - update** (Pages 55 - 60)

Dr Tim Wilkins the Chair of the Governing Board and Innes Richens, Chief Operating Officer will present the attached report.

- 12** **Director of Public Health - update** (Pages 61 - 68)

Janet Maxwell, the Director of Public Health will answer questions on the attached report.

Agenda Item 4

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 20 March 2014 at 9.30 am at the Executive Meeting Room - Third Floor, The Guildhall.

Present

Portsmouth Members.

Councillors Peter Eddis (Chair)
David Horne (Vice Chair)
Michael Andrewes (deputising for Jacqui Hancock)
Margaret Adair
Mike Park

Co-opted Members.

Councillors Dorothy Denston, East Hampshire District Council
Keith Evans, Fareham Borough Council
Mike Read, Winchester Borough Council

Also in Attendance

NHS England (Wessex)

Simon Jupp, Director of Commissioning
Stuart Ward, Medical Director and Member of the Wessex Clinical Senate.

Portsmouth Hospitals' NHS Trust

Peter Mellor, Director of Corporate Affairs & Business Development
Graham Sutton, Vascular Consultant
Perbinder Grewal, Vascular Consultant.

University Hospital Southampton NHS Foundation Trust.

Cliff Sherman, Vascular Consultant

NHS Portsmouth Clinical Commissioning Group.

Dr Jim Hogan, Clinical Lead.
Innes Richens, Chief Operating Officer.

Portsmouth City Council

Dr Janet Maxwell, Director of Public Health.
Jackie Charlesworth, Deputy Head of Integrated Commissioning, Integrated Commissioning Unit
Maggie Vilkas, Operations Manager

16. Welcome and Apologies for Absence (AI 1)

Apologies were received from Councillors Gwen Blackett, Peter Edgar, Margaret Foster, Jacqui Hancock and David Keast.

17. Declarations of Members' Interests (AI 2)

No interests were declared.

18. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the previous meeting were agreed as a correct record.

19. Proposal to Close the Lowry Unit (AI 4)

Jackie Charlesworth, Innes Richens and Maggie Vilkas presented the report and then in response to questions from the panel clarified the following points:

- The closure would generate approximately £300,000 savings, which includes staffing, facilities and building costs.
- The proposed closure is driven by an increase in the number of referrals to community services and a steady decrease in attendees.
- It is estimated that 3 or 4 service users would be transferred to the Royal Albert Centre, Lake Road which is run by Portsmouth City Council. This provides the same sort of support as used to be provided at St James' Hospital by the Community Mental Health Team. The Head of Adult Services has reassured them that there is adequate capacity to accommodate new clients from the Lowry Centre and the Patey Centre if required. Staff will accompany service users to the Royal Albert Centre for a handover.
- Nationally, very few day services are still provided in hospital settings.
- Twenty people visit the Lowry Unit; most of them once a week.
- People have generally been referred to the unit to facilitate early discharge from hospitals.
- It is estimated that more than £300,000 has been invested in developing community services over the last 18-24 months.
- The same level of care would be provided for Lowry Centre users but with a community focus.
- The savings would be made in the next financial year and could enable existing services to be maintained. It is not possible to say how much will be invested in community support in the future until the level of need is determined. Telecare plays an important part of this support.
- The two Dementia Cafés are located at The Link, Havant Road and Southsea Community Centre. These are run by the Alzheimer's Society and provide a point of contact for people with dementia and their carers. Support workers and advisors are on hand and speakers regularly attend.
- The Carers Information and Support Programme is a six-week course for carers which helps them learn how to cope with a dementia diagnosis.
- After a diagnosis, the patient and carer are assigned a Dementia Advisor who can signpost them to service when they need them. They are funded by the Clinical Commissioning Group.
- Staff at the Lowry Centre are valued and redeployment to other posts in the organisation will be sought so that their skills are not lost.
- Feedback from service users and family has shown that the service is valued but no particular concerns were raised.

Action.

If the closure goes ahead, details of the impact on service users will be brought to a future meeting.

RESOLVED that the report on the proposed closure of the Lowry Centre be noted and a further report be brought to a future meeting on the impact of the closure, if it goes ahead.

20. Options for the provision of Vascular Surgery for Southern Hampshire (AI 5)

Councillor Eddis explained reminded the panel that:

- The purpose of the meeting was for the panel to hear the proposals from NHS England (Wessex) for vascular services in South Hampshire.
- Southampton, Hampshire and the Isle of Wight HOSPs would also consider these proposals for vascular services at their meetings in March and April and will each decide if it feels these constitute a substantial variation of services. If one HOSP considers the proposed changes to be substantial, NHS England (Wessex) will launch a public consultation (from the end of May to the end of August). The HOSP would then scrutinise the consultation process and plans. If more than one HOSP considers the proposed changes to be substantial, they must form a joint HOSP to scrutinise the process and plans. We will know by 5 April what the four HOSPs have decided.
- Once all evidence has been heard the panel needs to come to a decision about whether this constitutes a substantial variation. The key feature of a substantial variation or development is that there is a major change to services experienced by patients and future patients. Guidance suggests that in deciding whether a proposal is substantial, the following issues should be considered:
 - In considering whether the proposal is substantial, NHS bodies, committees and stakeholders should consider generally the impact of the change upon patients, carers and the public who use a service, or may use it in the future. An important consideration should be whether the majority of patients using the service would notice a significant material change in how they receive that service, particularly in terms of access or location.
 - More specifically they should take into account:
 - a) Permanent changes in accessibility of services;
 - b) The impact of proposal on the wider community and other services;
 - c) The number of patients affected, changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). There should be an informed discussion about whether this is the case and which level of impact is considered substantial;
 - d) Methods of service delivery, for example moving a particular service into community settings rather than being entirely hospital-based.

Maria Cole, a Southsea resident gave a deputation expressing her concerns about the potential impact of longer travel times for friends and relatives to visit patients in Southampton.

Simon Jupp introduced the report outlining the proposals and emphasised that the most important considerations are achieving the best outcomes for patients, minimising patient travel and ensuring that services are sustainable.

Graham Sutton gave a presentation to the panel, which would be published on the website shortly after the meeting.

A discussion involving all parties then ensued and the panel was asked to note the following points.

Graham Sutton explained that:

- PHT meets or exceeds all the standards set out in the national specification.
- Queen Alexandra Hospital is the largest hyper acute heart attack centre in the region and provides an award-winning diabetes service.
- Arterial surgery is a key feature of dialysis. The Specialist Commissioners stated that 24/7 onsite Intervention Radiologists and expert vascular surgeons are required for renal patients.
- The most common serious complications for diabetics are foot disease and limb loss; Interventions to improve blood supply can significantly improve the quality of life for these patients but it is not as easy to measure these outcomes.
- Interventional Radiologists (IRs) are taking over a significant amount of the work of cardiologists, renal surgeons and vascular surgeons and are an integral part of the services provided for vascular and non-vascular patients. Over time, these IRs would be lost if option 4 in NHS England (Wessex)'s proposals were to be adopted.
- PHT wants to work more closely with University Hospital Southampton NHS Foundation Trust by sharing expertise and trainees.
- It also wants to work closely with West Sussex as it does for other services.
- If vascular services were moved to Southampton, the impact on other services caused by uncertainty should not be underestimated. Having vascular consultants on site in case of an emergency is reassuring for other surgeons.
- QA operated in a network with Chichester for four years until this was reviewed.

Cliff Sherman explained that:

- Southampton General Hospital (SGH) is fully compliant with the national service specifications.
- In 2007 poor results were identified in the UK and as result purpose built facilities were installed at SGH.
- It is important that results are improved.
- The cardio vascular strategy document recommends seven days a week access and a maximum wait of 24 hours for carotid surgery. Neither hospital currently achieves this.
- There are not sufficient vascular surgeons at either hospital.
- The pressure on consultants will increase as seven days a week working is introduced across the NHS in all departments. There will be a need to recruit more consultants generally.

- He is the Chair of National Training which has identified that it is a struggle to recruit vascular trainees in this region because of the low number of operations carried out.
- Having one team working on one team is a better use of resources. Not all patients would have to travel across the sites.
- The introduction of phases 1 and 2 of option 4, would create more pressure on SGH but that would be manageable provided that the implementation of the third phase does not stall. Therefore a clear plan of progression is required.
- SGH has a paediatric cardiology unit.
- UHS wants better joint working with PHT.
- A 'Surgeon of the Week' is on duty to deal with referrals.
- QA has a very strong diabetes unit and USH would benefit from closer joint working.
- SGH cannot provide seven day week cover with the current number of staff.
- There are currently 72 units providing vascular services. It is anticipated that this would decrease to 50 in time because they are not carrying out the required number of operations.
- A relatively old study showed that there was no increase in mortality for patients with abdominal aortic aneurysms (AAAs) whose travel to hospital was less than one hour.
- Patients in rural areas are likely to experience longer travel time to hospital by ambulance, so helicopters are used where appropriate.
- Patients with AAAs represent a very small number of vascular patients, who in turn are a very small percentage of the general population.
- Results for aortic surgery are OK at both units at the moment.
- As a trauma centre, SGH requires a vascular unit on site.
- The National Specification Commissioning Reference Group laid down the minimum standards required in order for sites to be vascular units. QA does not meet the standard regarding the size of its catchment area.
- Southampton has a network for other services with the Isle of Wight and Winchester.

Peter Mellor commented that:

- NHS England (Wessex)'s report shows data until December 2012; in PHT's presentation the data is current.
- More detail is required to explain how option 4 would deliver improvements for patients.
- PHT's record of 1 death in 200 occasions would be difficult to improve on.
- The fact that the proposals in option 4 would be phased is irrelevant; the outcome would have a significant financial effect on PHT.
- If services were moved to Southampton, the fixed overheads, the PFI, building, equipment and dedicated theatres would remain. It would be the start of a slippery slope for the hospital.
- Renal services would be affected.
- PHT has six surgeons as required in the national specification.
- He recognises the benefits of a network and proposes the following network as set out in the presentation:

- The present network arrangements for screen detected aneurysms be continued.
- Shared MDT for complex cases
- Shared training in vascular surgery (replicating IR model)
- Shared research
- Two way movement of complex cases
- Complex EVAR to UHS
- Renal compromise cases to PHT
- Create the environment where a regional emergency endovascular service could be developed
- Minimum size of population was set to ensure that a minimum number of operations would be carried out. Portsmouth - meets the number of operations despite having a smaller population.
- Optimistic that will be able to broker a network solution. No need for a consultation.

Janet Maxwell explained that:

- She had been involved in discussions with the Public Health Directors in the North South Central region about vascular services. The group would support the recommendation to have one centre to achieve the best results and having a phased approach to developing the network. The changes would only affect a small number of people.
- It is important to look at the wider health questions; Cardio Vascular Disease is largely preventable. Therefore whilst it is important to treat acute cases, investment in preventing new cases by educating people about smoking, nutrition and lifestyle.

Dr Hogan commented that:

- The debate regarding commissioning vascular services started with Primary Care Trusts; when these were abolished responsibility was transferred to NHS England.
- The Portsmouth, Fareham & Gosport and South Eastern Hampshire Clinical Commissioning Groups (CCGs) were asked to comment on the proposals with the focus on patients' outcomes and concluded that option 4 is their preferred option.

Stuart Ward explained that:

- East Hampshire area is complicated, with different CCGs and residents in the North travelling to Frimley Park for vascular services.
- More investment in helicopter services to transport patients to hospital for specialised services is required as travel by ambulance is taking longer. This is the case for the Isle of Wight.
- Diabetics often have renal problems which are dealt with at QA.
- The expectation is that all significant vascular surgery (open and endovascular surgery) would be undertaken at one centre. As much as possible would be done elsewhere.
- When cardiology was moved to specialist centres, concern was expressed because it was thought that open heart surgeons were required to be on hand for other surgery. This concern has proven to be unfounded.

- SGH and QA hospitals are not sufficiently large to create fully-functional vascular units independently. It would be a challenge to maintain competency of staff.

Simon Jupp added that:

- It is important to have this debate with the Health Overview & Scrutiny Panels in the region.
- The proposals would affect fewer than 1 patient per week
- Consideration has been given to the potential financial impact on PHT of the preferred proposal and on other services.
- The details of the proposals, including funding have yet to be worked through.
- Removal of some services from QA would lead to a loss of income but also a reduction in costs.
- The network would involve PHT and USH in the first instance.
- The Clinical Senate was asked to review the options available and in doing so considered the potential effect on co-dependent services. Although more members were from Southampton, all clinicians were invited to apply.
- The national service specification states that 'the network must cover a population of at least 800,000 people in order that each surgeon is able to perform at least 10 AAA procedures per year.' However, he recognised that QA does perform the required number of procedures despite having a smaller catchment area and therefore, future reports will reflect this.
- HOSPs have a significant influence on the decision-making process.
- He felt for any unit that has felt under threat for the last four years (as mentioned by PHT in its presentation). It is therefore important that this issue be resolved as soon as possible.

Councillor Eddis commented that area boundaries were not always helpful and that residents with AAAs in Chichester are required to travel to Brighton for treatment (with a travel time of at least one hour) rather than to QA which would only take ten minutes.

RESOVLED that:

- 1. The proposals for the provision of vascular surgery constitute a substantial variation in services.**
- 2. The Chair and Vice Chair (or if not available other members may substitute) will represent the Portsmouth HOSP on a Joint Health Overview & Scrutiny Committee (HOSC) which will be convened if one or more of the other affected HOSCs (Southampton, Hampshire and the Isle of Wight) consider the proposals to be substantial in nature.**
- 3. NHS England (Wessex) be asked to consider initiating further discussions with NHS England (Surrey and Sussex) to consider if St Richard's Hospital should be part of a network with Portsmouth and Southampton rather than with Brighton.**

The meeting ended at 12.25pm.

Councillor Peter Eddis
Chair

Agenda Item 9

Portsmouth Community Care Estate Review **Update for the Health Overview and Scrutiny Panel on planned service moves**

June 2014

1. Background

- 1.1 This paper has been produced to update members of the Health Overview and Scrutiny Panel on developments over planned service moves concerning St James' Hospital, St Mary's Community Health campus and Battenburg Avenue Clinic. It follows on from the presentation given at the HOSP meeting in February 2014 at which the initial plans were broadly welcomed by the panel.
- 1.2 NHS Property Services, Community Health Partnerships and Solent NHS Trust are working in partnership with NHS Portsmouth CCG, the City Council and other system stakeholders to ensure that community health services in Portsmouth are being delivered from the most suitable and cost-effective buildings and facilities available.
- 1.3 A Project Steering Committee, with executive representation from all involved organisations was set up late in 2013. Chaired by Tom Morton, a CCG lay member, the Committee oversees the production of investment proposals to rationalise the services and community care estate at St James' Hospital and St Mary's Community Health Campus.
- 1.4 The multi-disciplinary project team, established with NHS England and Department of Health support, successfully produced an Outline Business Case (OBC) for rationalisation proposals, which was approved by all stakeholders, including the CCG, in March 2014. The investment case was predicated on the fundamental principle that maintaining and running surplus, outdated and under-utilised buildings is a significant and unnecessary financial drain on the local health economy, and that the current arrangement of having services split between two under-utilised and costly sites so close to each other, was un-economic, unsustainable and increasingly inappropriate given prevailing and projected financial pressures and quality of care expectations.
- 1.5 St Mary's Community Health Campus and St James' Hospital are only about half a mile apart. There has been significant investment in both hospitals over the last few years - £20m in refurbishing part of St Mary's and the building of new mental health facilities at Orchards and The Limes on the St James' Hospital campus. However, both hospitals still have large amounts of surplus space; 3,000 sq metres is currently vacant at St Mary's, while several buildings at St James' are not suitable for the delivery of

modern health services and the main block at St James' is now largely an administrative centre with significant vacant and underused space. Clinical activity within the main block of St James' is estimated to be less than 5%, with the Lowry Day Centre being the main clinical use – but this service too is currently being remodelled away from the facilities at St James, through separate arrangements with the CCG.

- 1.6 The investment and rationalisation proposals being developed will improve local facilities and patient care and ensure that more financial resources are dedicated to meeting the needs of patients rather than maintaining buildings that are no longer required.

2. Proposals Overview

- 2.1 Portsmouth CCG has confirmed that St Mary's Community Health Campus is the principal community care 'Hub' site in Portsmouth. The proposals set out and approved within the OBC are therefore focused on maximising use of this facility, in particular, bringing back into use the two floors of Block B that have been empty since 2009, and in so doing moving and consolidating a range of community services from St James Hospital into refurbished accommodation.
- 2.2 As part of the rationalisation plans, surplus land and buildings at St James' Hospital will be released for redevelopment; this would take place over two phases. Full Business Cases (FBC) are now in production for each of the reconfiguration phases.
- 2.3 Within the OBC, the proposals for phase 1 included plans to relocate the existing Child Development Centre (CDC) at St James' (along with complementary child and family services at Battenburg Avenue Clinic) into the vacant space in level 1 of Block B at St Mary's Community Health Campus. Since the approval of OBC, and as a consequence of feedback from staff and clinicians, a revised option to relocate the CDC services to Battenburg Avenue Clinic (BAC) has been considered, and found to be a more preferable and beneficial option. This solution would see the existing child and family services currently at Battenburg remain in that location, the current CDC based at St James' move to Battenburg – and the creation of a new Child Development Centre. This will bring paediatric and therapy services together, creating a focus for children's services. It will also optimise multi-disciplinary working, improving the experience for children and their families. The more service-user-friendly community setting of the clinic, its established child and family presence, and operational and physical adjacencies with The Willows Centre for Children and day-nursery, makes this option a much better proposition for children and their families.
- 2.4 Some other minor adjustments to the original reconfiguration plans are required to enable the CDC relocation to Battenburg, including moving the Adult Continence Service and Community Podiatry Services from Battenburg to St Mary's. In addition, the Child and Adolescent Mental Health Service (CAMHS) Primary Mental Health Worker Team will move to Falcon House. This will provide them with the opportunity to integrate with the specialist CAMHS team currently based there. Temporarily, while adaptation works take place at Battenburg, there will be a requirement to redirect some of the speech and language therapy activity to a nearby alternative location such

as Lake Road Health Centre and/ or Cosham Health Centre. This will be a short-term move effective from the beginning of September 2014 until the end of November 2014.

- 2.5 The relocation of the community Podiatry Service is part of a wider service improvement plan which will see the creation of a dedicated podiatry suite in level 2 of Block B at St Mary's. This facility will bring together the expertise and services currently provided at St James' Hospital (Turner Centre), as well as the podiatry services currently delivered at St Mary's, at Battenburg and possibly Eastney Health Centre. The new Podiatry Centre at St Mary's will allow the podiatry services to move to providing clinics six days a week. This will enhance the quality and range of services available and improve accessibility to other specialists and complementary services (eg at risk foot ulcer clinics). The new centre will also offer improved facilities for more specialist diagnostics and treatments.
- 2.6 As part of the Phase 1 proposals, Pain Clinic Services, currently located at The Beeches at St James', will relocate to 600m² of refurbished void space on the ground floor of Block A at St Mary's. A new section 136 suite will be re-provided on the retained site portion of St James', and a new community resource centre for service users with mental health conditions will be provided at St James' as part of Phase 2.
- 2.7 It is anticipated that the CDC, Beeches and Suite 136 projects will be completed prior to end of March 2015 and the surplus land and buildings be released by June 2015.
- 2.8 The vision of the main provider on the site at St James', Solent NHS Trust, is for a more compact, modern and efficient health campus, centred in the north east of the site, around Solent's existing modern buildings (Orchards and Limes). These would be retained along with Falcon House, Baytrees, The Kite Unit and Oakdene, and ensure the long-term provision of health activity on the St James' campus. The project team is also considering the second phase, which is focused on the future of the main block and the re-provision of Turner/Langstone and Kestrel buildings at St James'. The main block is listed and relatively costly to maintain. It is also not really suitable for the provision of modern health services.
- 2.9 The investment of a new facility at St James' and the potential disposal of the main block are on a longer timetable and are unlikely to occur before 2016/17.
- 2.10 Although analysis is ongoing, it is expected that the rationalisation programme will deliver significant patient benefits, notably:
 1. The creation of a CDC at Battenburg Avenue Clinic, with staff from the CDC and Battenburg being co-located in modern refurbished space.
 2. Greater accessibility to the pain clinic owing to the more central location of St Mary's and better public transport links.
 3. A significant investment at St Mary's, which confirms its status as the core strategic community care site in Portsmouth. The programme could result in up to 3,000m² of space at St Mary's being refurbished and brought back into use.

- 2.11 It is recognised that there is some concern that the additional activity at St Mary's will make car parking on site difficult. This is being reviewed and options are being considered, including working with the City Council to identify nearby parking sites for staff and the potential to create additional parking places at St Mary's.
- 2.12 Whilst this is an update about service changes (to fit the remit of the Panel) it is also recognised that residents living in the areas adjacent to these sites, and in particular those living close to St James' Hospital, may have concerns about some of the proposals being put forward. To that end Solent NHS Trust, NHS Property Services and the CCG have been keen to proactively update local people on developments, delivering a letter outlining the plans to 2300 homes in the area and attending the Milton Neighbourhood Forum meeting in June to present an update.
- 2.13 Solent NHS Trust is meaningfully engaging with service users around the changes to services. An engagement plan has been developed and work has already begun to communicate and engage with staff and service users. .

Agenda Item 10

Chief Executive Office

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25 June 2014

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Councillor David Horne, Chair

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Dear Councillor Horne,

Re: Update letter from Solent NHS Trust

Please find below an update on activities at Solent NHS Trust ahead of the HOSP meeting on 8 July 2014. Judy Hillier, Director of Nursing and Quality, will be attending the meeting to present on behalf of the Trust.

Board members update

As I'm sure you will be aware Our Chief Executive (CEO), Dr Ros Tolcher recently left the Trust to take up her new role as CEO of Harrogate and District NHS Foundation Trust. Sue Harriman, who is currently the Deputy Chief Executive at Southern Health NHS Foundation Trust, has been appointed as Ros' successor.

I have been asked to act as interim CEO, as well as Medical Director, until Sue starts with us later in the year. I will ensure I continue to provide the Trust with strong leadership, and that we continue to provide the highest quality of care to the people who use our services.

Judy Hillier, our Director of Nursing and Quality, announced her retirement earlier in the year. Judy will leave us in July. We have recently appointed Mandy Rayani as our new Chief Nurse. Mandy is currently Deputy to the Executive Nurse Director of Cardiff and Vale Health Board, a fully integrated healthcare organisation providing primary, community, secondary mental health and tertiary services.

Care Quality Commission inspection

During March of this year, the Care Quality Commission (CQC) visited the Trust as part of our application to become an NHS Foundation Trust (FT). We were one of the first specialist providers of community and

mental health services to be inspected under CQC's new approach to inspections. On 4 June 2014, England's Chief Inspector of Hospitals published his first report on the quality of care provided by the Trust.

In their overall report, CQC concluded that the services we provide are safe and effective services, and that our staff treat patients with compassion, kindness, dignity and respect. The summary report stated that "patients were overwhelmingly positive about the quality of service that they receive". Our services were found to be accessible and responsive to the needs of patients.

There were three areas which the inspectors asked us to review and take action on:

- Patients being turned away from Sexual Health Services because of the demand for services.
- The layout of the Kite Unit, a specialist brain injury unit at St James' Hospital, which needs to be reviewed to comply with guidance on segregating male and female patients as well as managing risks from fixtures and fittings that could potentially be used as ligature points.
- Ensuring that we support caseloads of each adult mental health community team with enough skilled and experienced staff, including consultant psychiatrists.

We already have active action plans in place which address these areas for improvement. Judy Hillier, Director of Nursing, can bring you up to date with these at the meeting should you wish. We will be submitting a response to the CQC on 2 July. Having completed the inspection we are in a position to continue with our application for Foundation Trust status and will agree a timeline for this with Monitor in due course.

Our Plan 2014-16, a summary version of our Operating Plan

Attached to this update is a summary version of our Operating Plan, 'Our Plan 2014-16'.

The Operating Plan describes the work we will do to ensure we continue to provide safe, effective and timely community and mental health services. The plan is set in the context of our long term goals:

- to improve health outcomes and reduce health inequalities
- to work in partnership to provide joined up care
- to make sure our services are safe and sustainable.

We have developed our plans following consultation with our staff, commissioners, partners-in-care and our members and governors.

We hope you find the summary useful and that it provides with you a good overview of our plans for the coming year.

Membership recruitment and engagement

We were delighted to achieve our initial target to recruit 7,000 public members by December 2013.

Following the publication of the 2011 Census, we have recently reviewed our membership targets. The review has led to an increase to our overall membership figures across all three constituencies (Portsmouth, Southampton and Hampshire). By increasing our membership figures, in line with the Census data, we will ensure we continue to be representative of the population. We are now required to recruit an additional 840 members. Our recruitment activity for 2014/15 is focussed on ensuring we are representative across all key groups.

We continue to engage with our membership. We regularly keep them informed through 'Shine', our newsletter for staff and members as well as via emails. I have attached the latest edition of 'Shine' for your information.

Our members continue to engage with us by taking part in various panels and by attending events. During Mental Health Awareness Week in May, a number of members came along to our 'Wellbeing for all' event which included a presentation with the latest news from the Trust and an interactive session on anxiety given by two of our community mental health service occupational therapists.

Members have also recently been asked to comment on our key priorities for the year ahead. You can read the feedback we received and our response to this here: www.solent.nhs.uk/page-service.asp?fldArea=21&fldMenu=8&fldSubMenu=1&fldKey=736

Shadow Council of Governors update

Our Council of Governors, led by Michael North, continues to operate in shadow form until we are licensed as an NHS Foundation Trust.

The Council has now established the statutory Nomination and Remuneration Committee (which recognises the role the Council will have in appointing/removing and remunerating non-executive director members of the Board, including the Chair). They have also established working groups focussing on governor development, quality and patient experience, membership recruitment and engagement and planning and strategy.

The Council have defined terms of reference, which details the roles and duties of the Council and this is underpinned by the Scheme of Delegation and Reservation of powers which distinguishes the types of decisions made by the Council, and separately the Board of Directors.

Portsmouth estate changes

Representatives from the Trust will be presenting on the various service moves from St James' Hospital site under a separate item on the agenda.

Changes to Adult Mental Health Services community provision

Our Access 2 Intervention (A2i) Team, who offer fast access to assessment and brief intervention, has been running for nearly two years. Thanks to the work of the team around 600 more people, with moderate mental health problems and who would not have previously received a service, have been seen in a year. As A2i has developed, it has become clear that we need to increase the amount of medical staffing time devoted to assessing new patients. This has led to a review of our two other community teams (the Intensive Engagement Team (IET) and Recovery Teams in the North and South) to see if there was another way of providing care to people with the most severe mental health problems, with fewer separate teams.

The IET offer care to two groups of people: those with very high level care needs, and young people who may be at risk of developing psychosis. As part of our review we consulted with our community staff who came to the consensus that people with very high levels of care needs could be looked after within the Recovery Team. The review also highlighted that there are as many service users, with very high levels of need, being looked after by the Recovery Teams as by the IET. The outcome of the review has led to the proposal is that staff and service users from IET will transfer to the two Recovery Teams in the Autumn and that the IET will no longer exist independently.

These changes will allow an additional half a consultant psychiatrist, a team manager and a staff grade psychiatrist to focus on A2i. It is likely that IET patients will continue to be seen by the same nursing, occupational therapy and social work care staff. However, the current psychiatrist will change as our

locum, Dr Abounu is leaving the Trust shortly. The care of young people, at risk of developing psychosis, will not be affected by the proposed changes as the specific care delivered to them can be delivered by the Recovery Team, as well as the IET.

We have already engaged with a number of carers, and will continue to work with them and our service users between now and the Autumn to make sure any questions are addressed.

Matthew Hall, our Operational Director for Adult Mental Health Services would be more than happy to attend a future meeting to provide more information on the proposals.

Musculoskeletal (MSK) and Persistent Pain Management Services

Following a competitive tender process, we were delighted to be selected as preferred bidder for the provision of MSK and Persistent Pain Management Services for people in South East Hampshire and Fareham and Gosport. We are currently mobilising the services which are accessed by GP referral.

Better Care Fund

As a Trust, we help people stay safe and well at, or close to, home and help to avoid people spending unnecessary time in hospital. We are therefore committed to working with local partners on the Better Care Fund – a programme which aims to provide seamless health and social care for local patients.

We are working closely with local authorities, commissioners, and primary care and are committed to working in a way that shares our different skills and avoids duplication. The shared budget provides our staff with the opportunity to work more closely with primary and social care.

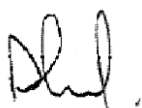
Sarah Austin, our Director of Strategy, who is leading on this work on behalf of the Trust, is the Executive Sponsor for two of the connected projects: Need and Demand Profiling, Risk Stratification and Community Capacity and Review of Bed Based Provision. The purpose of these two projects is to determine the capacity we require both now and in the future, to deliver health and social care to our elderly and frail population, and to assess what opportunities we have to change the profile of this capacity to help more people stay independent for longer.

Wheelchair Services

In 2012 we served notice to our commissioners on the provision of wheelchair services to people living in Portsmouth, Southampton, South East Hampshire, and in some parts of West Hampshire. Our contract to provide these services ended at the end of the 2013/14 financial year. This service is now provided by Millbrook Healthcare Ltd. All patients have been made aware of the change of provider and all cases have been handed over to Millbrook Healthcare Ltd.

If you have any questions regarding any of the subjects mentioned in this letter, please contact Andrea Hewitt on 023 8060 8935 or email andrea.hewitt@solent.nhs.uk or contact me direct as above

Yours sincerely,



Dr Tony Snell

Interim Chief Executive and Medical Director



Our Plan

2014-2016



Welcome

I am delighted to present to you our Plan for 2014-2016. This sets out our priorities for the next two years to ensure we continue to provide safe, effective and timely community and mental health services.

This plan is set in the context of our long-term goals:

- to improve health outcomes and reduce health inequalities
- to work in partnership to provide joined-up care
- to make sure our services are sustainable.

We have developed our plans following consultation with our staff, commissioners, partners-in-care and our members and governors.

The next two years presents both opportunities and challenges for the Trust as we continue to maintain our focus on quality whilst facing substantial financial pressures.

It will be more important, than ever before, to work closely with social services and GPs so that your care is joined up and organised around you.

We will also ensure our staff have more time to care for you by improving the technology they use and by making sure our services are provided in the right place.

We will continue to use your feedback to improve the quality of the services we provide and involve you in future services changes.

I hope you enjoy reading about our plans.

Dr Ros Tolcher
Chief Executive



About Solent NHS Trust

We were established on **1 April 2011** as a community and mental health NHS provider.

Solent **NHS**
NHS Trust



We have a turnover of **£177m.**



We have over **1.5 million** patient contacts a year.

We employ over **3,500** staff.



We are planning to be licensed as a **Foundation Trust** during 2014/15.



The area we currently serve



We provide community and mental health services to people living in **Southampton, Portsmouth and wider Hampshire.**

What we do

We provide specialist community and mental health services to local people of all ages.

Our goal is to help you stay safe and well at, or close to, home. We do this by supporting families to ensure children get the best start in life, providing services for people with complex care needs and helping older people keep their independence. We also provide screening and health promotion services which support people to lead a healthier lifestyle.

We work closely with other trusts, primary care, social care providers and the voluntary sector to make sure your care is joined-up and organised around you.

Our eight services lines:



Our services

Page 20

Our services are organised into eight service lines. Each service line is led by a clinician and supported by a senior operational manager. This structure gives clinicians a leading role in the development, performance and quality of their services.

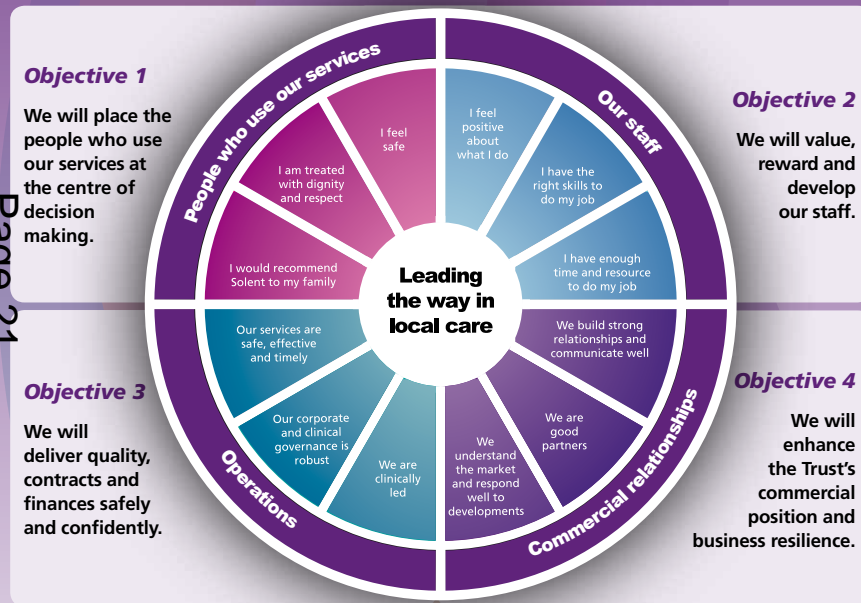
Our finances

Our income for 2014/15 will be £177 million. During the year, we are planning to achieve a 1.2% surplus which includes £9.3 million savings. To help us achieve this target we will be looking at rationalising our estate. We will also look at the way in which we buy products and services, and will be reducing our overall management costs.



Our plans for 2014-2016

Our plan includes four key objectives. These are shown in the Solent Wheel below. The objectives are reflected in service-line business plans and in individual staff appraisals.



Our vision

To lead the way in local care.

Our mission

To work in partnership to deliver better health and local care.



Involved



Nurturing Talent



Striving for excellence



Passionate



Innovative



Respectful



Empowered

Objective 1

We will place the people who use our services at the centre of decision-making.

The quality of your care is very important to us. We will make sure that all of our decisions are made with the needs of patients, carers and families in mind.

We will focus on:

Ensuring that when you are in our care, your safety is our top priority.

To achieve this we will:

- put in place improved quality information for services which means they can react quickly to any changes
- ensure safe staffing levels in all services
- make sure all high risk and serious incidents are audited, reviewed and have action plans communicated to those affected by the incident
- deliver actions arising from the Francis Report and other key reports
- plan to meet all relevant NICE guidelines.



We will focus on:

Working to improve health outcomes for all our service users.

To achieve this we will:

- assess our delivery against the NHS Outcomes Framework and set targets to improve further
- agree and measure clinical outcomes for all services focusing on reducing inequality
- make our work on reducing inequality a key focus of external communications
- work with commissioners to ensure all contracts are focused on clinical outcomes and reducing health inequalities.



We will focus on:

Listening to what you tell us about our services and acting swiftly on your feedback.

To achieve this we will:

- improve systems to capture service user feedback and our response to it
- roll-out of the Friends and Family Test (FFT) to all of our services
- develop new ways to involve service users and carers in planning service developments
- develop Patient Reported Outcome Measures (PROMs) across all services
- refresh our 'Getting the Basics Right' programme and deliver our 'Compassion in Practice' action plan to ensure the 6Cs (Care, Compassion, Competence, Communication, Commitment and Courage) are practised across the Trust
- make sure we remain compliant with the rights and pledges of the NHS Constitution. This includes giving you the information you need to be involved in decisions about your care.



We will focus on:

Making sure our services are easy to find and available when you need them most.

To achieve this we will:

- continue to improve access to our services, exploring with commissioners where these can, and should be, available 24/7
- develop staffing and service models to deliver seven day care where this is agreed
- continue to develop our Single Point of Access to simplify access to Solent services for you and healthcare professionals
- expand the use of telehealth and telecare to support you to remain safe, well and supported at home 24/7.

**We will focus on:**

Working with all the other organisations involved in your care to make it more joined up.

To achieve this we will:

- continue to join up health and social care services in Portsmouth and Southampton
- develop effective partnerships with primary care and the voluntary sector to better organise care around you
- deliver our estates plans, focussing on locating services in the same place in the right locations.

Objective 2

We will value, reward and develop our staff.

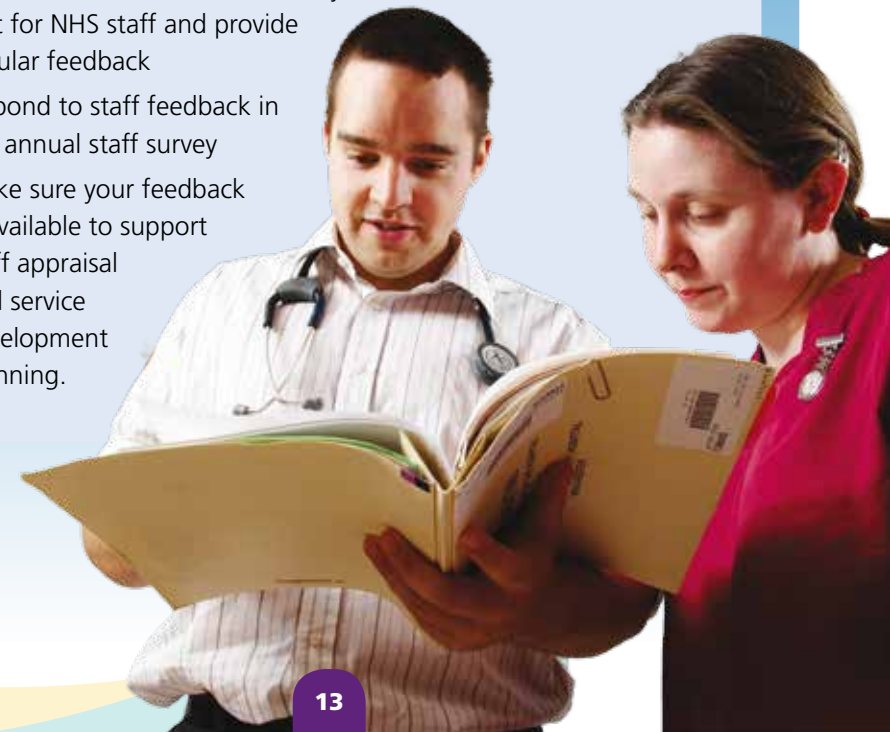
We want the best staff to deliver your care. We will attract highly skilled people to work for us.

We will focus on:

Making sure our staff are happy, healthy and here, and enabled to deliver high quality services.

To achieve this we will:

- implement an employee engagement programme to win the hearts and minds of our people
- maintain a strong focus on the health and wellbeing of our staff with a focus on reducing sickness absence
- implement the Friends and Family Test for NHS staff and provide regular feedback
- respond to staff feedback in the annual staff survey
- make sure your feedback is available to support staff appraisal and service development planning.



We will focus on:

Making sure that we have the right numbers of staff, with the right skills, working in the most efficient way.

To achieve this we will:

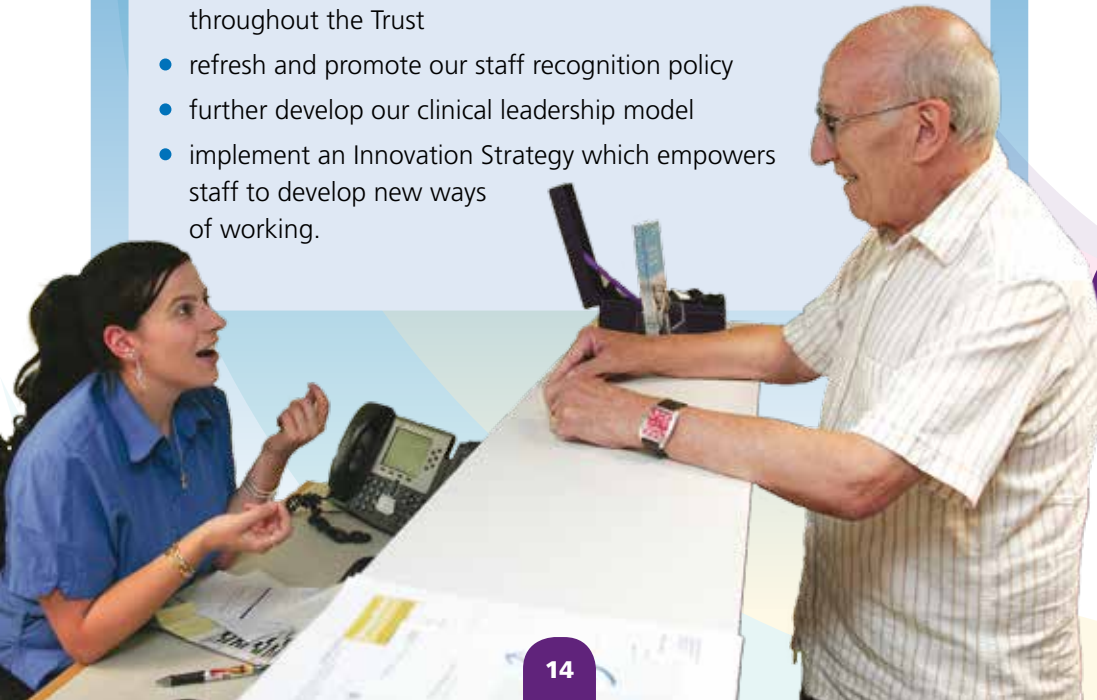
- increase productivity to deliver necessary cost savings, whilst maintaining safe staffing levels and appropriate skill mix
- upskill our clinical workforce and develop new ways of working using mobile technologies and better use of our estate.

We will focus on:

Developing a culture of performance excellence where staff can develop new ideas which improve your care.

To achieve this we will:

- embed our Performance Excellence and Appraisal tool throughout the Trust
- refresh and promote our staff recognition policy
- further develop our clinical leadership model
- implement an Innovation Strategy which empowers staff to develop new ways of working.



We will focus on:

Developing and retaining our staff to ensure you are provided with sustainable quality services.

To achieve this we will:

- introduce a talent management and succession planning framework for senior managers
- develop career pathways and competency frameworks for key staff groups to ensure safe service delivery
- implement minimum training standards for clinical support workers
- continue to invest in learning and development
- develop workforce and training plans to ensure we have the right staff, with the right skills to meet future business needs.



Objective 3

We will deliver quality, finance and contracts safely and confidently.

We will run our business properly to make sure that we deliver services which are safe, effective and financially stable.

We will focus on:

Organising our services so that clinical staff have a greater say in how they are run.

To achieve this we will:

- provide each service line with a clear understanding of its income and costs to support service management and future planning
- organise corporate services to better support service line delivery
- make sure each service line has access to performance information to support decision-making.

We will focus on:

Making sure that we have strong contracts in place with the organisations who buy our services.

To achieve this we will:

- work with commissioners to ensure service specifications are clearly defined, achievable and focused on clinical outcomes
- improve data capture and reporting to support existing and new contractual models.

We will focus on:

Ensuring that the buildings we use are fit-for-purpose and your care is delivered in the most appropriate place.

To achieve this we will:

- increase clinical use of the Adelaide Health Centre and complete the reconfiguration of community hospital sites in Portsmouth
- improve IT infrastructure in our sites to support better care delivery
- deliver our sustainability plan to reduce our carbon footprint by 10% by 2016.

We will focus on:

Making our services more efficient in order to deliver high quality care that is value for money.

To achieve this we will:

- reduce the number of sites we deliver from, and increase the use of our sites through leasing to other healthcare providers where this improves patient care
- increase use of mobile technologies to support a more flexible use of our estate
- explore opportunities to generate income.



We will focus on:

Continually measuring and monitoring the quality of the care you receive, and responding quickly if something goes wrong.

To achieve this we will:

- make sure we monitor service quality during change programmes to ensure the care provided is not affected
- benchmark our performance against national and local quality indicators and set clear goals for improvement
- improve quality requirements in all contracts and sub-contracts with clear mechanisms to monitor and take action when required.



We will focus on:

Ensuring that our Information Technology (IT) system works properly and we make the best use of new technology to improve your care.

To achieve this we will:

- modernise our IT infrastructure through the successful move to a new provider (CGI)
- purchase a new clinical records system in 2014/15 and have it up and running by 2015/16.

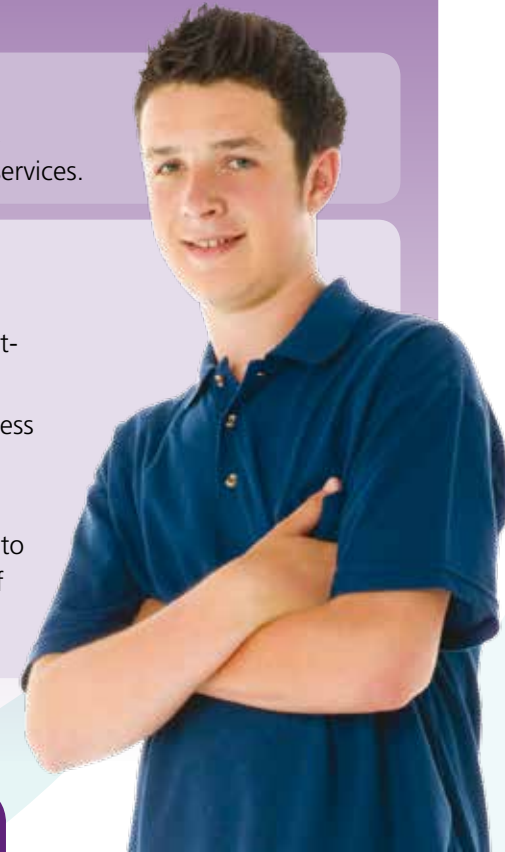


We will focus on:

Making sure that we use good project management to plan changes to our services.

To achieve this we will:

- establish a Corporate Programme Management Office to provide Trust-wide overview of all key projects
- implement a clear process for business case development, sign-off and approval
- embed service reviews as a process to drive improvement or divestment of underperforming services.



Objective 4

We will enhance the Trust's commercial position and business resilience.

We will make sure that we are the first choice of provider for community and mental health services across Hampshire, working in partnership with other organisations involved in your care.

We will focus on:

Making sure we have the right skills in place to respond to changes in the NHS market place.

To achieve this we will:

- increase skills and resources to develop and manage more complex contractual models
- improve systems to understand the market and raise our awareness of competitors
- develop partnership strategies and a framework of potential partners to support new business opportunities
- further develop excellent marketing processes from market warming and bidding, to service mobilisation and contract delivery.



We will focus on:

Delivering current services to the best of our ability, and expanding our services where we are the best placed provider to do so.

To achieve this we will:

- deliver individual service line market plans and associated marketing communication activities to achieve agreed market targets
- provide more services in the cities and in Hampshire, and expand to new markets where it is right to do so.

We will focus on:

Making sure we maintain good relationships with our commissioners, who buy services on your behalf, and other partners in the health system.

To achieve this we will:

- maintain and improve commissioner perception of the Trust through improved data quality and delivery of targets
- confirm our partnership arrangements with local authorities and describe our common purpose
- develop effective partnership arrangements with others
- continue to seek and learn from the feedback of people who have an interest in our Trust.



We will focus on:

Joining up the care you receive from our Trust with other organisations so that you get the best care and the best experience possible.

To achieve this we will:

- implement clear plans for integrated pathways within our Trust and with other providers
- further develop locality teams in both cities, working alongside GP practices and integrated with social care
- where appropriate, improve our ability to share information about your care securely with other providers
- maintain a leading role in the transformation of community services locally, working with commissioners and other providers to achieve large scale improvements in local care.

We will focus on:

Making sure we participate in research so we can bring innovative new ideas into everyday care.

To achieve this we will:

- develop partnerships with higher education and commercial providers to ensure we are a host for both research grants and studies
- increase the number of service users and staff involved in research projects
- ensure outcomes from research, evaluation and clinical audit are used to improve the care we provide
- raise our profile nationally in community research.

Our service plans

Our service line business plans are written with our four objectives in mind. Each business plan is developed and signed off by the clinical director and operational director.

The key objectives from our service line business plans are summarised on the following pages:

Adult Mental Health Services

- Improve access to appropriate advice, signposting and treatment including employers, educational advisors and family support.
 - Improve outcomes by reducing the length of time people unnecessarily spend in hospital and providing more care in service users' own homes.
 - Carry out at least four surveys per year on the areas service users highlight for improvement and publish all results, actions and outcomes.
 - For each service, make improvements in three areas highlighted by the staff survey.
 - Remain in the lowest cost quartile per head of population.
- Meet all contractual and quality targets, including targets for social inclusion.
 - Maintain our position as the lead provider of mental health services in Portsmouth.
 - Expand service provision where we can offer increased value and quality to local commissioners.



Primary Care and Long Term Condition Services

- Improve the links between services and integrate care pathways so that service users receive joined-up care.
- Increase access to health promotion, health information, self-management and improved care planning.
- Look at the possibility of, and develop, primary care delivery centres in key strategic sites.
- Expand the role of outpatient services in supporting out of hospital care through care co-ordination roles.
- Test and implement opportunities for telehealth and teleconferencing as a way to improve experience and health outcomes.
- Increase the number of patients registered with Solent GP practices.

Child and Family Services

- Improve systems to collect feedback from children and families to inform service delivery and development.
- Improve Family and Friends Test ratings.
- Co-locate more children's services in the cities to improve care and deliver a more cost-effective estates model.
- Implement the Productive Community Services toolkit in all areas to improve service efficiency and delivery.
- Continue to provide existing quality services and grow our business.



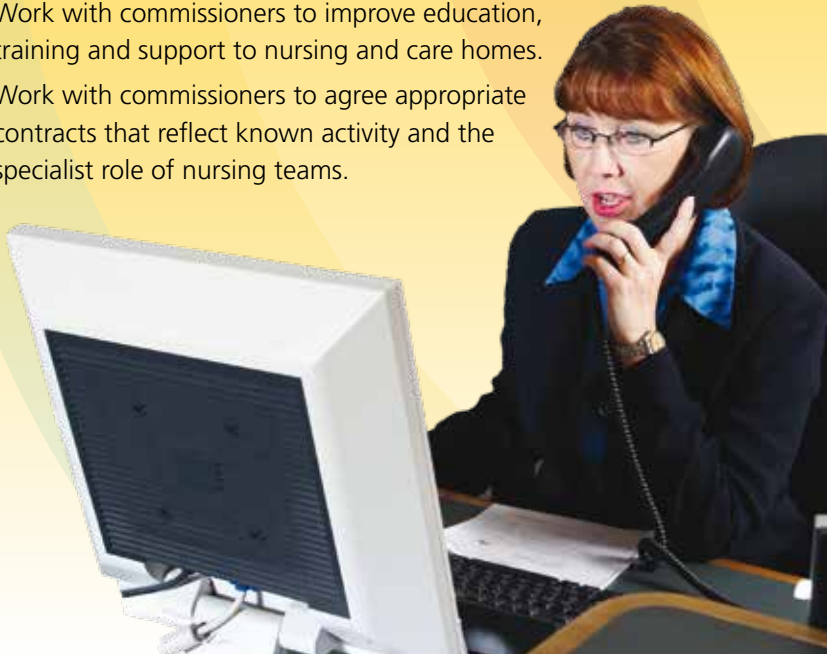
Adult Services, Portsmouth

- Develop 24/7 community, inpatient and home-based care models to reduce the need for hospital attendance and/or admission.
- Work in partnership with local GPs and social services to provide joined up care built around GP practices.
- Undertake earlier thorough community assessments of frail elderly people at risk of ill-health and hospitalisation.
- Expand the role of in-reach co-ordinators, who work with hospital staff, to reduce the length of time people unnecessarily spend in hospital by supporting earlier transfer to community settings.
- Develop partnerships with voluntary organisations to support older people and those with long-term conditions to stay safe and well at home.
- Develop workforce plans to make sure we have the right staffing capacity and capability to deliver increasing demands on community services.
- Work with Wessex Deanery to explore the creation of geriatrician (doctors who specialise in older people's health) training posts at registrar level to support the development of community geriatrics in the future.



Adult Services, Southampton

- Work with the acute trust to develop the Community Assessment Lounge, and increase the use of in-reach co-ordinators to reduce the length of time frail elderly people unnecessarily spend in hospital and reduce hospital admissions.
- Provide seven day therapy services on community inpatient wards to remove unnecessary delays in care and reduce the amount of time people need to spend in hospital.
- Develop work-based solutions for service users of neuro-rehabilitation services.
- Develop shared care plans with other health and social care providers for service users whose care spans more than one organisation.
- Increase the use of telehealth and telecommunications to support people to remain safe and well at home.
- Improve care pathways between community and primary care through increased locality and practice-based working.
- Work with commissioners to improve education, training and support to nursing and care homes.
- Work with commissioners to agree appropriate contracts that reflect known activity and the specialist role of nursing teams.



Specialist Dental Services

- Improve access to services for older people in residential care or for those who are housebound.
- Improve the oral health of older people in residential care or for those who are housebound.
- Improve services to people with learning disabilities through training staff and making closer links with Learning Disability Services.
- Ensure patients requiring a general anaesthetic for dental treatment are able to access services.
- Deliver oral health improvement programmes in areas with high dental need.
- Work with community and older persons mental health nursing teams to provide holistic packages of care.
- Establish a high quality training programme for staff within community dental settings.



Substance Misuse Services

- Implement the Foundations of Recovery model, providing a clear care pathway for service users which will result in better health outcomes and fewer representations.
- Develop and implement systems to ensure service user feedback is used to drive change.
- Implement integration of nurse prescribers (safe initiation of treatment).
- Increase venues to develop recovery in the community.
- Improve the number of services users who successfully complete treatment and reduce the number of re-presentations within six months.
- Make sure we are the partner of choice for the delivery of substance misuse services regionally.

Sexual Health Services

- Improve access to services through fully integrated 'wait to be seen' clinics, on-line appointment booking and the same day text service
- Maximise the use of skill-mix within teams to deliver responsive services
- Develop out-reach nursing services to ensure vulnerable young people and under-represented groups can access services
- Be a proactive partner locally to reduce teenage pregnancy, late diagnosis of HIV and sexual health inequalities
- Publish a skills escalator and career pathway for all staff in service.



Measuring our success

We monitor our plans throughout the year. We assess the progress we have made and the impact these changes have had on our service users, our staff, our business and our relationships with other organisations.

Each service line routinely monitors progress against its own plan. Progress against our wider Trust plan is reviewed each quarter by our Trust Board.

We will share our progress with you throughout the year.

Find out more

 You can read more about the work of our Trust at www.solent.nhs.uk/ourdocuments

Download copies of our:

- **Annual Report**
- **5 year Summary Integrated Business Plan**
- **Quality Account**
- **Carers' Strategy**
- **Latest stakeholder newsletter, Solent News**



Have your say

To assist us in delivering these plans, we would like to hear from you. What do you think of our plans?

To have your say

✉ **Solent NHS Trust Marketing Communications Team**
Adelaide Health Centre, Western Community Hospital,
William Macleod Way, Millbrook, Southampton, SO16 4XE

@ **communications@solent.nhs.uk**

☎ **023 8060 8889**

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 sign up today

To become a member of Solent NHS Trust, please visit
www.solent.nhs.uk/membership



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or



please contact  **023 8082 5300**

www.solent.nhs.uk

We're supporting

time to change

let's end mental health discrimination

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Meet the stars in our
VIP awards pull-out

Solent **NHS**
NHS Trust

Shine

Spring issue 2014

Magazine for staff and members

✓ **Your**
Solent
NHS Trust

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What's been happening?

All the latest news from the Trust

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Royal visit

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Supporting young patients

Children's spring party fun!

page 11

Falls classes

1,000 falls prevented

Supporting young patients

Children's spring party fun!



Follow us on Facebook and Twitter to keep up to date with the latest news.
www.facebook.com/solentnhs @solentnhs

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Better health, local care



Welcome from Ros

Welcome to our Spring edition of Shine

In this edition I am delighted to share with you the results of this year's Valued, Involved and Proud (VIP) awards. These are our way of celebrating the amazing work and outstanding contribution of so many of our staff. We have included a four page supplement with all the details of the event.



We also hosted another 'red carpet' event when HRH the Duchess of Cornwall visited The Treetops Centre in Cosham. Her Royal Highness admired the great work the team does to support victims of rape and sexual assault. You can read more about this on page 6.

As with so many of our services, the royal visit was an opportunity to showcase the quality care we provide and the professionalism of our staff. It's very fitting therefore for me to be able to announce that we are now an accredited Living Wage employer, committed to paying our staff more than the minimum wage.

2014 has been a very challenging year so far. I would particularly like to thank everyone for going the extra mile during the Care Quality Commission inspection. Following on from the inspection team's initial feedback, we are now awaiting a more formal outcome which will, I hope, allow us to move forward on the final part of our journey to become a Foundation Trust.

Finally, I would like to take the opportunity to say a fond farewell. I will be leaving the Trust in July to take up my new role as Chief Executive Officer (CEO) of Harrogate and District NHS Foundation Trust. I would like to thank each and every member of Solent NHS Trust staff for your hard work and continued support over the years. It has been an amazing journey so far and I feel privileged to have worked with such a professional and dedicated team. I would also like to thank our public members for your support during this time. While I am sad to say goodbye, I am confident I am leaving the Trust in a strong position and that the Board of Directors will continue to lead the Trust in the right direction. I wish you all continued success.

Ros Tolcher.

Dr Ros Tolcher
Chief Executive

Something to share?

Do you have a story which you would like us to include in Shine? Have you raised money for charity, won an award or have something you would like to share with our staff and public members?

If so, we would love to hear from you. Please contact the membership team on 023 8060 8889 or email membership@solent.nhs.uk. Don't forget that a picture tells a thousand words, so if you have any photos to support your article, please send these through to us!

The deadline for inclusion in the Summer issue is 4 July 2014.



Prefer to receive this newsletter by email?

Contact the membership team with your email address
Email: membership@solent.nhs.uk
Tel: 023 8060 8889

What's been happening?

We are pleased to announce that we became an accredited Living Wage employer at the beginning of April. This means that every member of staff in our organisation now earns the Living Wage, which is significantly higher than those on the minimum wage.



In March our Sexual Health Service provided a new way for people to access HIV testing, providing residents with their result in just 60 seconds. Rapid HIV testing is now offered at various community settings across Hampshire. Providing HIV testing away from clinical settings makes it easier for people to be tested and quickly access support and care if needed. For more information, visit www.letstalkaboutit.nhs.uk.



Our new Bank Staffing Service (BSS) attended the Daily Echo jobs fair in March. More than 1,300 job searchers visited the Southampton event and many visited our BSS stand. Since its spring launch, the BSS has successfully recruited bank staff to provide valuable services when demand for temporary workers is high. The BSS are looking for people to join our bank of temporary staff. Contact bss@solent.nhs.uk or call 023 8060 8809 for details.



On 1 May we launched our new Children's Therapy Services (Speech and Language Therapy, Physiotherapy and Occupational Therapy Services) to children and young people across Hampshire. We already provide this service in Southampton, Portsmouth and parts of South Hampshire. We would like to welcome staff from Hampshire Hospitals NHS Foundation Trust, Southern Health NHS Foundation Trust and Salisbury NHS Foundation Trust, who joined us on 1 May.

If you would like to find out more please contact Pippa Cook, Children's Therapy Service Manager on 0300 300 2019 or visit our website www.solent.nhs.uk/childrenstherapies.



Over 3,639 patients using our services took part in research during 2012/13. To mark International Clinical Trials Day on 20 May, we attended special events in Portsmouth and Southampton to say thank you.

If you would like to become involved in our research or find out more visit our website www.solent.nhs.uk/research. Alternatively contact our Patient and Public Involvement Facilitator Francesca Lambert@solent.nhs.uk or phone her on 023 8060 8842.

Congratulations to staff from our Hampshire Special and Occasional Dental Services who celebrated the service's first anniversary on 1 April. Staff from the service work with people who require a more specialised approach to their care and are unable to receive this in a general dental practice.



In the autumn issue of Shine, we announced the launch of the Solent Recovery College (SRC). In February, we were delighted to hold our first certificate ceremony for students. The college supports the recovery of people with mental health problems in Portsmouth and results so far are very encouraging. 94% of students feel that SRC has helped them make positive changes to their lives and more than half have gone on to attend other SRC courses. The course is run in partnership with Richmond Fellowship and Highbury College.

The big interview



with Barbara Sharp Musculoskeletal (MSK) Service Manager

What is your profession?

I qualified as a physiotherapist and started working for the NHS in 1983. I've also worked for the Ministry of Defence, independent organisations and I ran my own private practice before returning to the NHS in Southampton in 1996.

What are your key responsibilities as MSK Service Manager?

To manage our services to ensure we provide all patients with a diagnosis and treatment, and improve their quality of life - all within the service's budget.

What's the best thing about your job?

My staff: they are dedicated, enthusiastic and really keen to give patients individual high-quality care.

What do you enjoy doing in your spare time?

I love swimming and go three times a week at 6.30am in the morning. My husband and I are National Trust (NT) members and enjoy visiting NT properties. We like walking and adore Cornwall. We are also involved with our local church and Totton Twinning - the town is twinned with Loire-Divatte in France and Amt Trittau in Germany.

If you won the lottery, what would you spend it on?

I would probably move to Cornwall and buy an apartment in Italy. If it was lots of money I would also set up a chronic pain and spine unit. This would be to research, identify and manage injury-related pain.

If you could take one thing with you to a desert island, what would it be and why?

My husband; for company and common sense!

What was the first song you ever bought?

Sugar Sugar by the Archies. I remember calling our gerbils Honey and Sugar after the song!



Is there anything else?

I couldn't do what I do without the support from the clinical leads who support me in this job. It's a team and not just me.

Members can make a difference

We have been out and about promoting the Trust's services in Hampshire to get more people actively involved in our work. By feeding back and having a voice on our services, our members shape the future of healthcare locally.

This year we have visited Tesco superstore in Southampton and Southsea Library in Portsmouth to discuss our services with local people. We also visited Fareham College and Richard Taunton Sixth Form College, Southampton, to encourage young people to join our Trust. These college visits were also opportunities to discuss NHS careers and showcase our services. Donna Ravening, from the Integrated Learning Disabilities Team, impressed students with an interactive makaton demonstration at the Southampton college's diversity event. Makaton is a language programme using signs and symbols to help people to communicate.

Thanks to everyone who has joined this year and those who allowed us to visit their premises to talk about the benefits of membership.

Remember, if they haven't already, your family and friends can sign up online at www.solent.nhs.uk/membership or by emailing membership@solent.nhs.uk.

Focus on Musculoskeletal Services

Our Musculoskeletal (MSK) Service is provided by a multi-professional team who work to improve pain and disability for people with conditions related to their bones, muscles, joints and nerves. The team includes physiotherapists, occupational therapists, rheumatologists, GPs and clinical psychologists. When treating patients the team also consider the social and psychological issues associated with a condition, for example a person with sciatica or back pain may suffer from anxiety or insomnia.

Our MSK teams include:

- MSK physio
- Specialist Assessment Team (orthopaedic)
- Rheumatology
- Pain
- Chronic fatigue

The majority of these services are run in out-patient clinics. All patients have the opportunity to discuss their condition with a qualified professional and a treatment plan is devised accordingly. Depending on the team, this may be a series of individual appointments, group work or a home exercise plan; often a combination of all three.

Where do we run our MSK Services?

We provide services at various sites in Southampton, including the Adelaide Health Centre and Moorgreen Hospital, plus St James' Hospital, the Queen Alexandra Hospital and St Mary's Community Health Campus in Portsmouth.

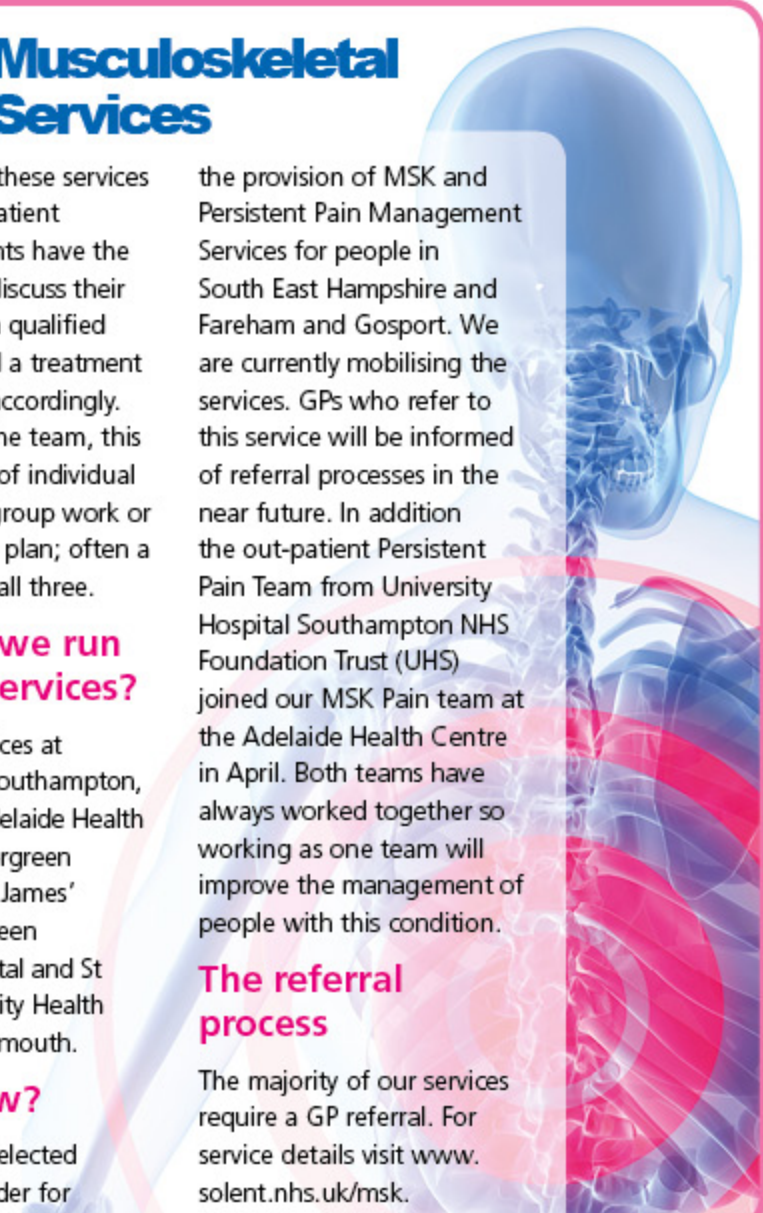
What's new?

We have been selected as preferred bidder for

the provision of MSK and Persistent Pain Management Services for people in South East Hampshire and Fareham and Gosport. We are currently mobilising the services. GPs who refer to this service will be informed of referral processes in the near future. In addition the out-patient Persistent Pain Team from University Hospital Southampton NHS Foundation Trust (UHS) joined our MSK Pain team at the Adelaide Health Centre in April. Both teams have always worked together so working as one team will improve the management of people with this condition.

The referral process

The majority of our services require a GP referral. For service details visit www.solent.nhs.uk/msk.



Black and Minority Ethnic staff network

Did you know we are working jointly with the Portsmouth Hospitals NHS Trust (PHT) to support Black and Minority Ethnic (BME) staff at work?

The BME staff network aims to support minority ethnic workers by creating a positive, inclusive place to work. It provides a process to support, educate and develop the workplace for minority ethnic staff.

By promoting respect for all staff and an inclusive work environment, the network fosters good relations across the trusts.



For details email mabel.fan@solent.nhs.uk at Solent NHS Trust and Smarajit.Dutta@porthosp.nhs.uk at PHT.



The Duchess of Cornwall visits Treetops

Staff at Treetops, our Sexual Assault Referral Centre in Cosham, were delighted to welcome The Duchess of Cornwall to the centre as part of her recent visit to Portsmouth.

Charlotte Bemand, Operational Director for Sexual Health Services, welcomed The Duchess to the centre in February where she met our staff and representatives of partner organisations. She was then given a grand tour of the facility which works with victims of rape and sexual assault.

Following the tour, The Duchess was invited to speak to our staff to learn more about sexual violence and how they work together with partners to provide this important service. Solent staff she met included crisis workers, a young person's worker and a forensic physician.

Speaking after the visit, Charlotte said: "We were delighted to welcome The Duchess of Cornwall to Treetops. Her Royal Highness was keen to hear about how the centre works and talk with the staff about their experiences of providing services to rape victims. It was a pleasure to meet The Duchess and we were delighted to hear that she wants to raise awareness and help those affected by rape and sexual abuse."

Colleagues from the police and voluntary organisations including Hidden Violence and Young People Service, Abuse and Rape Counselling Service and Home Group also met The Duchess.



About Treetops

Treetops is a Sexual Assault Referral Centre available to males and females who have been a victim of rape or serious sexual assault. It provides services for people living in Hampshire and the Isle of Wight.



The Treetops Centre provides:

- a supportive environment
- specially trained female doctors and project workers
- signposting to other services
- support to people to make an informed choice about whether or not they would like to report a rape or sexual assault to the police.

You can find out more about Treetops at www.treetopscentre.co.uk.

Pictures: The News Portsmouth



3.03.2014

PLEDGE • SHARE • DO • INSPIRE

Making a difference

In our last edition of Shine we featured staff who had pledged to do something different at work to improve the NHS as part of NHS Change Day. Many more of our staff pledged throughout March. Pledges included improving communication to staff, responding promptly to enquiries and listening to service-users to find out what really matters to them.

Chief Executive, Ros Tolcher pledged to shadow a member of staff once a month.

Shine caught up with Ros following the day she spent with Adult Speech and Language Therapy Team Lead for Portsmouth, Dr Clare Mander.

“Clare took me out on her visits to a number of vulnerable adults, who had either communication difficulties and/or swallowing problems. I was able to see first-hand how use of technology - in this case an iPad with a specialist app for adults with learning disabilities - had opened up communication for a gentleman who had lost the only person he could communicate with when his elderly mother died.

“We also visited a lady with both swallowing and accessible information needs, and a severely disabled young man with extreme communication

problems. Clare and her team were testing out whether an innovative movement sensor could be used to allow this young man to indicate his wishes through head movements. It was quite moving to see the potential opportunity, for someone with such profound disability, to gain a small amount of control in a difficult world.

“Shadowing front line staff is one of the best ways for me to keep a sense of perspective and stay tuned to what matters for service users and staff. As a doctor it is easy for me to slip back into clinician mode, and I really enjoy keeping in touch in this way. I have a few more sessions booked to enjoy before I move on to my new Trust in August and I have already made plans to start shadowing staff in Harrogate and North Yorkshire.”

“It was quite moving to see the potential opportunities for someone with such profound disability to gain a small amount of control in a difficult world.”



Children's Easter party fun!

"Play really does help to improve health experiences for children and the support of charities like Starlight is invaluable to us."

It was smiles all round when children from our Children's Community Nursing Team (Complex Care) were treated to a spring party at the Ageas Bowl in Southampton.

The party in April offered young people with learning disabilities or chronic illnesses the chance to celebrate Easter by enjoying an afternoon of fun and watching the Hampshire versus Worcestershire cricket match.

Entertainment provided by national children's charity, Starlight included Timmy the Clown, Peppa Pig, the Easter Bunny and a Minion from the film 'Despicable Me'. There were also plenty of hands-on activities, including face-painting, soft play and art and crafts.

Lauren Woodley from the service said that children really benefit from these events: "It is great to be able to offer our children and young people some entertainment and activities which give them something to look forward to during their episode of care with us. We are very grateful to Starlight for providing this lovely Easter event. Play really does help to improve health experiences for children and the support of charities like Starlight is invaluable to us."

Starlight work throughout the year to ensure poorly children in hospitals don't miss out on having fun. They also entertained children from our service when they performed 'Sleeping Beauty' at our Christmas panto last December.

Neil Swan, Chief Executive of Starlight Children's Foundation, said, "All Starlight's activities are aimed at brightening the lives of very poorly children and our year-round programme of hospital entertainment is an important part of our work. We are delighted to be able to provide a party for the children who access the Complex Care Team – we hope it brought lots of smiles to them and their families this Easter."



For more information on the Starlight Children's Foundation, visit www.starlight.org.uk.

Community bulletin

Staff from our Snowdon Neuro rehab unit raised £100 with their charity Easter raffle. Well done!



Well done to Hayley Stockford who successfully ran the Virgin 2014 London Marathon for charity in April.

Our Resuscitation Officer completed the 26.2 miles in 6 hours 44 minutes. So far Hayley has raised over £2,000 for Cardiac Risk in the Young (CRY). The charity raises awareness of conditions that can lead to sudden death in children and young people.

Visit <http://uk.virginmoneygiving.com/HayleyStockford> to make a donation.

Many of you will have known Maggie Pointing as a colleague or patient. Maggie, who was a much respected and loved member of staff, had been poorly for some time. She sadly passed away in hospital at the beginning of spring.

Maggie worked in the local NHS for many years. Her career included working as a nurse at Southampton General Hospital and in management positions for Southampton City Primary Care Trust and Solent NHS Trust. She was previously head of service for sexual health and also for unscheduled care before joining our Marketing Team. During April, we were delighted to be able to gather with Maggie's family including her son Tom, to share some of our memories of working with Maggie.

Maggie was a friend, confidant and voice of reason to many and will be sadly missed by all who knew her.



We also raised £220 for Southampton Hospital Charity

Staff from The Western Community Hospital Catering department made handmade sweets for patients and visitors who were booked in the restaurant on Mother's Day.

Hilary Lyford, Catering Supervisor, said they handmade and gift-wrapped their delicious gifts and gave them out to service-users at the Western Catering department.

breast cancer care

Two adventurous administrators are training for The Ben Nevis Challenge 2014 in September.

Jayne Williams, a personal assistant, and Jane Palmer, a bank receptionist, will be scaling Britain's highest mountain peak to fundraise for the charity Breast Cancer Care.

They are taking up this huge challenge because breast cancer affects so many people. Many of us know someone who has been affected by this disease. Contact Jayne. Williams@solent.nhs.uk if you would like to sponsor them.

Free home safety visits for older people



The vast majority of fire fatalities in Hampshire involve people over the age of 65.

To improve home safety and reduce the risk of fire to our most vulnerable people, Hampshire Fire and Rescue Service (HFRS) has introduced its Home Safety Project.

Older people are most at risk of having a fire at home and the threat dramatically increases for those who live alone, smoke or have a physical and/or learning disability.

If you're aware of anyone who fits the above criteria refer them to HFRS for a free home safety visit.

Contact the HFRS Community Safety Team on 023 8062 6809 or email them at community.firesafety@hantsfire.gov.uk for details.

Solent supports fair pay

We have been an accredited Living Wage employer since the beginning of April. This means that every member of staff in our organisation now earns the Living Wage, which is significantly higher than those on the minimum wage.

The Living Wage is currently £7.65 per hour, or £14,958.53 per annum (for a full time employee). That's £1.14 more an hour than the £6.31 adults on the minimum wage get paid.

The Living Wage is an hourly rate which is set independently by the Centre for Research in Social Policy every November. It is based on the cost of living in the UK, and, unlike the minimum wage, is not legally enforceable.

However, at Solent we believe that every member of staff deserves a Living Wage. You can find out more about the Living Wage by visiting www.livingwageorg.uk.



Ros Tolcher, CEO pledges her support for becoming an accredited Living Wage employer

ICT upgrade

In the Autumn issue of Shine, we reported on the Information Communication Technology (ICT) project, which is currently underway in the Trust. Since then, a lot has been going on behind the scenes. We have launched a new help desk for our staff. This is providing a faster and more efficient service for colleagues across the organisation, delivering speedy ICT support 24 hours a day, seven days a week.

The next stage of the process is to move our ICT systems across to a new single, secure network managed by CGI, who has been appointed to provide our ICT solution. This will be a staged process throughout 2014. We are currently testing the process of moving staff over to the new network, which is known as migration, and will be migrating teams according to a managed

schedule to be agreed with services. New software and, in some instances new equipment, will be available. All our staff will move to the new network and those currently working with Windows XP and older versions of Microsoft Office will be upgraded to Windows 7 and Microsoft Office 2010.

Michael Parr, Director of Finance, said

"This is a key programme for the Trust, which will provide our staff with faster networks, a secure data centre and a more reliable ICT support service. We are working with our services to ensure their clinical needs are taken into account during the migration process with the aim of having all staff on the new network by late 2014."

Staff can keep up to date with the changes via the weekly Staff News emails and the intranet.

Portsmouth supports breastfeeding

The Portsmouth Supports Breastfeeding Action Group held their annual action planning workshop in March.

Health professionals, volunteers, city council workers and parents from across Portsmouth came together to celebrate the successes of its members' work and discuss what they will do in the future to increase the number of mothers breastfeeding in the city.

Many members of the group agreed that breastfeeding is not as widely accepted as it should be owing to public misconceptions. They will now be focusing on working with fathers to find ways for them to support mothers with breastfeeding, as well as continuing to support mothers via social media.

We are about to launch a new health visiting and school nursing website to provide more information. See our Summer issue for details.



At the Board

Each month we hold public Board meetings, which are open to anyone to attend and hear what we have been doing over the last month and what we are planning to do.

Date	Time	Venue
Monday 23 June 2014	10.30 start	Goddard Centre, St James' Hospital, Locksway Road, Portsmouth PO4 8LD
Monday 28 July 2014	10.30 start	Boardroom A and B, Adelaide Health Centre, William Macleod Way, Southampton SO16 4XE
Tuesday 26 August 2014	10.30 start	Goddard Centre, St James' Hospital, Locksway Road, Portsmouth PO4 8LD

Falls prevention classes prevent 1,000 falls



Frank Lattimer said the classes had helped him get back on his feet after falling twice.

“Now I’ve got a lot more confidence. It’s got my balance back up and I’m walking with one crutch instead of two. Hopefully I’ll get rid of them altogether.”

David Brimicombe said the exercises are simple to practise at home. He said,

“They’ve really helped me improve my balance and especially with getting up and down the stairs.”

Patients attending our falls prevention exercise classes are enjoying the health benefits.

Thanks to the classes, the Falls Prevention Exercise Team in Portsmouth has prevented 1,000 falls by older people, helping them to stay well and out of hospital and keep their independence.

The team see older people who have fallen, who are at risk of falling, or who are afraid of falling. They provide activity classes and tailored programmes to help, and show people exercises to regain strength and balance. They also teach participants how to safely

get up from the floor if they do fall. At the end of the classes people are signposted to other activities within the city to maintain the strength and balance they have built up.

The team consists of three associate practitioners, who are physiotherapy support staff trained in specialist exercises, and a senior physiotherapist. Service users we spoke to were full of praise for them.

The team takes referrals from Portsmouth City GPs and other healthcare professionals working within the Trust. All patients must be registered with a Portsmouth GP.



Coming up...

National Falls Awareness Week
National Breastfeeding Week
Carers Week

JUNE

2014

National Childhood Obesity Week
International Day of Disability Awareness

JULY

2014

World Breastfeeding Week

AUGUST

2014

Our Plan 2014-2016



Our Plan

Our Plan includes four key objectives within the Solent Wheel. Within each objective we have set out our priorities. These priorities are supported by key actions to ensure that we are delivering as we should. The key actions are shown within our Summary Operating Plan which you can download from www.solent.nhs.uk/ourdocuments.

Each year we set out our priorities for the next two years so that we are clear about what we are trying to achieve, how we will get there, what we need to do and how we will measure success.



Our Plan, which is developed with staff, commissioners, partners in care and our members and governors, is set in the context of our long-term goals:

- to improve health outcomes and reduce health inequalities
- to work in partnership to provide joined-up care
- to make sure our services are sustainable

Our opportunities and challenges

The next two years present us with both opportunities and challenges:

- We must continue to maintain focus on quality whilst facing substantial financial pressures.
- It will be more important than ever before to work closely with social services and GPs, so that our services users experience care that is organised around them and joined up.
- We will also need to ensure our staff have more time to care by improving the technology they use and by ensuring our buildings are fit-for-purpose.



You said, we did!

Back in February we asked you to tell us what you thought of our priorities to help us shape our Plan. Find out how we used your feedback at www.solent.nhs.uk/membership/yourviews.

What happens next?

We are putting our Plan into action. Our services and corporate teams have developed plans aligned to each of the four objectives, and each member of staff will have objectives which link to these plans.

We monitor our plans throughout the year. Progress against our Plan is reviewed each quarter by our Trust Board. We will share updates with you about our progress throughout the year.

Objective 1:

We will place the people who use our services at the centre of decision-making.

The quality of your care is very important to us. We will make sure that all of our decisions are made with the needs of patients, carers and families in mind.

We will focus on:

- Ensuring that when you are in our care, your safety is our top priority
- Working to improve health outcomes for all our service users
- Listening to what you tell us about our services and acting swiftly on your feedback
- Making sure our services are easy to find and available when you need them most
- Working with all the other organisations involved in your care to make it more joined up



Objective 2:

We will value, reward and develop our staff.

We want the best staff to deliver your care. We will attract highly skilled people to work for us, by treating our staff well.

We will focus on:

- Making sure our staff are happy and healthy and enabled to deliver high quality services
- Developing a culture of performance excellence where staff can develop new ideas which improve your care
- Focusing on developing and retaining our staff to ensure sustainable quality service is delivered to service users
- Making sure that we have the right numbers of staff with the right skills working in the most efficient way



Objective 3

We will deliver quality, finance and contracts safely and confidently.

We will run our business properly to make sure that we deliver services which are safe, effective and financially stable.

We will focus on:

- Organising our services so that clinical staff have a greater say in how they are run
- Making sure that we have strong contracts in place with the organisations who buy our services
- Ensuring that the buildings we use are fit-for-purpose and your care is delivered in the most appropriate place
- Making our services more efficient in order to deliver high quality care that is value for money
- Continually measuring and monitoring the quality of the care you receive, and responding quickly if something goes wrong
- Ensuring that our Information Technology (IT) system works properly and we make the best use of new technology to improve your care
- Making sure that we use good project management to plan changes to our services

Objective 4:

We will enhance the Trust's commercial position and business resilience.

We will make sure that we are the first choice of provider for community and mental health services across Hampshire, working in partnership with other organisations involved in your care.

We will focus on:

- Making sure we have the right skills in place to respond to changes in the NHS market place
- Delivering current services to the best of our ability, and expanding our services where we are the best placed provider to do so
- Making sure we maintain good relationships with the commissioners who buy services for you, and other partners in the health system
- Joining up the care you receive from Solent NHS Trust with other organisations so that you get the best care and the best experience possible
- Making sure we participate in research so we can bring innovative new ideas into everyday care

Get to know your governors



Governors are elected to represent you, our members.



They link our directors and membership and help us to communicate with and understand our members' views.



They also hold our executives to account and can help shape the future of the Trust.



Once we receive our Foundation Trust status our governors will be fully empowered to do their jobs.



They develop our membership plans and increase our membership base.



Remember they are here to listen and ensure your views are heard as the Trust moves forward.

The Council of Governors is made up of 25 governors.

Of these 14 are public governors from Hampshire, Southampton and Portsmouth, five are staff and six are appointed from partner organisations.

To help you find out more about the governors read our guide.

Appointed governors



David Williams, Portsmouth City Council

- Chief Executive of Portsmouth City Council
- Chaired various committees including the Health and Wellbeing Board



Councillor Dave Shields, Southampton City Council

- Works proactively to improve people's health and wellbeing
- Cabinet member for health and social care



Dr Elizabeth Fellows, Portsmouth City Clinical Commissioning Group

- A GP partner at Milton Park Practice
- Interested in safeguarding, prescribing and practice development



Dr Chris Stephens, University of Southampton

- A GP partner
- Associate Dean for Education at the Faculty of Medicine



Councillor Patricia Stallard, Hampshire County Council

- Previously ran teacher training at the University of Portsmouth
- Has served as parish, district and county councillor



Dr Elizabeth Palmer, Southampton City CCG

- A GP at Portswold Solent Surgery
- Clinical lead for supporting families

Hampshire public constituency



Robert Blackman

- A management consultant with previous governor experience
- Keen to improve mental health services



Sharon Collins

- Runs a management consultancy specialising in social housing
- Wants to improve our healthcare services



Harry Hellier

- Worked in the navy and IT Industries
- Has worked with vulnerable adults



Pearl Elizabeth Dell May

- Worked in the Medical Research Library
- Interested in general practice and member of a patient participation group



Southampton public constituency



Christine Cassell

- A retired nurse
- Passionate about preserving the NHS



Jon Clark

- A civil engineer specialised in working with service-based organisations
- Passionate about high quality healthcare



Clive Clifford

- International business background
- Passionate about social welfare and the interests of children and young people



Hope Jackman

- Has direct experience of several local NHS trust facilities
- Her key interest is mental health



David Lickman

- A retired engineer who has worked in hospitals
- Active volunteer including coaching children's football

Portsmouth public constituency



David Stephen Butler

- A former Baptist Minister with extensive public service as a councillor
- Passionate about equality and diversity issues



Narcisse Kamga

- Accountancy background specialising in the community/voluntary sector
- Worked with people from diverse ethnicities and with learning difficulties



Michael North

- A disabled Royal Navy veteran currently working as a business consultant
- The delivery of high quality local NHS care is a priority



Paul Rolfe

- A chartered IT professional /Head of college Technology and Innovation department
- Studying for an MBA at the University of Portsmouth



Sharon Ward

- A champion of disabled issues
- Passionate to ensure patient needs are met

Staff governors



Jenny Ford

- 24 years' experience in the facilities department
- Branch secretary of Unison's Regional Health Committee



Fran Williams

- 32 years' nursing/ managerial experience in healthcare
- Believes quality should be at the heart of everything we do



Teresa Freeman

- A registered nurse with experience in healthcare
- Believes in putting patients at the centre of our work



Sarah Osborne

- A nurse who works in training and development
- Passionate about patient safety and clinical governance



Lucy Foord

- A community dental services manager
- Particularly interested in mental health services

To find out more about your governors visit www.solent.nhs.uk/membership or ring the membership team on 023 8060 8889.

Thanks a bunch

Why not thank a colleague who makes a difference to your team or service users with a bouquet of flowers?

If someone you work with goes above and beyond their job role and deserves special recognition then we want to hear from you.

Simply send your 'Thanks a Bunch' nomination to communications@solent.nhs.uk. Please tell us your name, their name, the service and a brief summary of why you are nominating them.

The following are the latest exceptional stars to win this award.



Carol Martin,
Team Receptionist,
Dental Team,
Basingstoke

Fiona Kinnaird,
Heart Failure Nurse
Cardiac Services Team,
Bitterne Health Centre



Connie Porter and Ashleigh
McCaffrey, Central Office
Receptionists, Adelaide
Health Centre

All nominations are short-listed for final selection by Ros Tolcher, Chief Executive.

Member get member

Please help us spread the word about membership and ask your family and friends to get involved

Ask your family and friends to become members today!

Please encourage people you know to become a member of Solent NHS Trust. They will get a copy of this newsletter and have an even bigger say about local health services. Members can attend events, take part in questionnaires and focus groups.

Find more information online at www.solent.nhs.uk/membership or call 023 8060 8889.

To sign up today, please complete the short form below and pop in an envelope back to us at:

Freepost RSRU-ARZH-ACBZ, Membership Team, Solent NHS Trust, Adelaide Health Centre, William Madeod Way, Southampton, SO16 4XE

*Title: _____ *Full name: _____ *Address: _____

_____ *Postcode: _____

*Date of birth: _____ Telephone: _____ Email: _____

Ethnicity (please circle):

White British/ White Irish/ White Other/ White and Black Caribbean/ White and Black African/ White and Asian/ Mixed Other/ Chinese/ Indian/ Bangladeshi/ Pakistani/ Asian or Asian British Other/ Caribbean/ African/ Black or Black Other/ Any other ethnic group

Declaration

I can confirm that the information provided on this form is accurate, that I am at least 14 years old and that I have not been involved in the previous five years in an act of assault, violence or harassment against any Trust staff or registered volunteers of the Trust or been convicted of offences against children or vulnerable adults.

*Signature: _____ *Date: _____

Data protection and the Public Registers

The information on this form will be kept by Solent NHS Trust and only used in connection with membership and public involvement.

This is in accordance with the Data Protection Act 1998. Page 50

Please tick this box if you do not want your name to be included on the public register of members * These fields are mandatory



VIP 2014

During March, we held our fourth VIP (Valued, Involved, and Proud) Awards ceremony to celebrate the outstanding achievements of staff and teams from across the Trust. Nomination winners came together at the Solent Hotel in Whiteley where they were thanked for all their hard work, and for going above and beyond.

A total of 18 awards, spanning 16 categories, were presented to the winners, and for the first year Chairman, Alistair Stokes presented the 'Chairman's Award' to Eastleigh Substance Misuse Recovery Service and Pam Campbell from the Homeless Healthcare Team. This is the chairman's choice which he chooses from all our VIP winners and faced with tough competition he decided to share it between two winners.

Ros Tolcher, Chief Executive said she was delighted to celebrate the successes of so many staff. Speaking at the ceremony Ros said, "The VIP Awards is a chance to say thank you for the hard work, dedication and selflessness that every individual shows. I am bursting with pride to be able to congratulate many hard working individuals, who have gone above and beyond to provide support for their patients, families and work colleagues, and services which have provided outstanding care for their service users."

The 16 award categories included the Putting the Patient First Award, the Exceptional Leadership Award, Apprentice of the Year and Team of the Year Awards. Alistair Stokes said he was impressed with the standard of this year's nominations, in particular the ones for the Team of the Year Award. "Team work is at the epitome of Solent's ethos", he said.

We received an incredible number of nominations across all the categories. Ros Tolcher said she was extremely proud. "All our hard work is uplifting for the soul and we should never stop caring. I am truly proud of the Trust and I know it will continue to get better."

A beautiful selection of tasty treats and refreshments were served at the end when all of those attending had a chance to mingle.



...and the winners were!

We would like to congratulate everyone who was nominated and of course the winners of this year's VIP 2014 Awards:

Putting the Patient First Award

This award recognises the team or individual that places patients at the centre of their decision-making.

Pam Campbell:
Homeless Healthcare Team



Made a Difference Award

This award is all about using feedback from our service users and carers to make service improvements.

Releasing Time to Care Team



Outstanding Innovation Award

This award recognises the team or individual who has implemented a new system of working or an idea into a service which has made a significant difference within the Trust.

Toni King:
Specialist and Community Mental Health Services



Solent Star Award

This award recognises the impact an individual has made during the first two years of working at Solent. They are someone who is growing rapidly within the organisation and has potential to continue to make an enormous contribution to Solent in achieving their objectives.

Tracey Deadman: Research and Clinical Audit Team



Team of the Year Award

This award recognises the hard work and pressures that every team faces and how they overcome it by supporting and encouraging one another.

Eastleigh Substance Misuse Recovery Service



Outstanding Volunteer Award

This award recognises a volunteer who makes an outstanding contribution to our services and patients and works on a voluntary basis, giving their time to others to support our services.

Gary Bricknell:
The Orchards Day Treatment Centre



Role Model Award

This is an award for an individual who is highly regarded as an excellent role model and/or mentor and someone who consistently lives the Solent Values.

Sue Spraggs:
Community Neurological
Rehabilitation Team



Education and Excellence in Practice Award

This award recognises someone or a team who has demonstrated how the education they have participated in has impacted on improvements to patient care and how they cascade and share best practice and learning to impact on the practice of others.

Associate Practitioners, Portsmouth



Exceptional Leadership Award

This award recognises an excellent manager in Solent. This individual has demonstrated exceptional leadership skills and shown that they value people as individuals and have inspired and motivated staff in their area of work to improve services for patients and colleagues.

Simon Brook: Unscheduled Care Team



Outstanding Supervision of Students in Practice Award

This award recognises someone who has demonstrated outstanding clinical and supervision of practice skills, enabling the learner to have developed their role with knowledge, practical competence, and confidence and has acted as a role model to the trainee/student.

Sally Pascal: Snowdon Neurological Rehab Unit



Apprentice of the Year Award

This award recognises an apprentice who has demonstrated an outstanding contribution to the team or service where they have worked and demonstrated enthusiasm and commitment to learning.

Luxury Bell:
Performance Team



Outstanding Contribution to Vocational Learning

This award recognises someone who has demonstrated their commitment and enthusiasm to education and learning and how this has impacted on improving their practice for service users and colleagues.

Debbie Foxwell and Karen Hughes:
Solent Neurological Rehab Services



Aspire Award in Leadership

This award recognises an employee who has attended one of Solent's core management development programmes in 2013 and has made an impact on Solent NHS Trust as a result of their learning and development.

Kim Barnes: Child Health Team



Unsung Hero Award

This award recognises the contribution made behind the scenes by a support worker or other staff member, either clinical or non-clinical who consistently goes above and beyond to provide essential support to their team, service or individual.

Susan Hayward: Snowdon Neurological Rehab Unit



Community Partnership Award

This award recognises the team or individual who has worked effectively with external stakeholders to drive the quality agenda and ensure continued excellence in patient care.

**Suzanne Hogg: Health and Social Care
Portsmouth Rehab and Reablement Team**



Chairman's Award

Alistair Stokes selected 2 winners from all our VIP 2014 winners.

**Pam Campbell: Homeless
Healthcare Team
Eastleigh Substance Misuse
Recovery Service**



Photos and reflections from the day

"It is a big achievement and definitely made the hard work over the year feel worth it. The Performance & Information Team were fantastic and supported me a lot throughout my apprenticeship, so I am very grateful to all of them."

Luxury Bell



"I wanted them to know they are valued for going above and beyond what you should expect of a team. They pulled together and supported each other through a lot of changes without ever showing any signs of giving up."

Jood Gibbins: Clinical Manager of Eastleigh Substance Misuse Recovery Service

"I felt inspired by the whole event on 10th March. It was amazing to hear the breadth of innovative work going on within Solent. It made me feel very humble to be a part of it and at the same time very proud as being recognised by the organisation one works for is an honour."

Pam Campbell

Agenda Item 11

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

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

26 June 2014

Dear Cllr Horne,

CCG update for Portsmouth Health Overview and Scrutiny Panel

This letter is intended to update you and the members of the Portsmouth Health Overview and Scrutiny Panel on some of work that Portsmouth Clinical Commissioning Group has been involved with over the past few months.

I am aware that since my last letter there have been a number of changes to the composition of the Panel so please do let me know if you would like us to set up a briefing for members on the role of the CCG. We would be happy to facilitate such a session.

In the meantime we hope that our website – www.portsmouthccg.nhs.uk – may provide some further details about what we do.

1 Annual report and five year strategy

Still on the theme of background information, we have recently produced two documents that will certainly give you a flavour of our progress in our first year as an organisation and our plans for the next few years. All NHS organisations are required to publish an annual report and ours for the year 2013-2014 is now available on our website. There are a number of things that we are required to report on and, whilst this is necessary, it does mean that the document is quite substantial in size and quite complex in terms of content. We will be producing a summary 'headline' version soon, which we hope will be easier to digest.

We have also recently submitted our five year strategy document to NHS England for approval. All CCGs must do this and again there is an expectation that these are published once they have been accepted by NHS England. We expect that to happen in July. The strategy sets out our priorities for the next few years and these have been developed with the help of local people as we very much see the strategy as 'about Portsmouth people for Portsmouth people.'

Patient participation groups, our partners, GP member practices and Healthwatch have all helped us shape the proposals using different means of engagement – including survey work and a special event run for us by Healthwatch.

We have now settled on four organisational priorities which will form the basis for everything we plan to do over the next few years and against which we will judge our progress as an organisation.

Priority 1:

We want everyone to be able to access the right health services, in the right place, as and when they need them.

Priority 2:

We want to ensure that when people receive health services they are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality.

Priority 3:

We want health and social care services to be joined up so that people only have to tell their story once. People should not have unnecessary assessments of their needs, or go to hospital when they can be safely cared for at home or stay in hospital longer than they need to.

Priority 4:

With our partners, we will tackle the biggest causes of ill health and early death and promote wellbeing and positive mental health.

2 Urgent care

Members will be aware that urgent care services (how and where people access health services when they need help urgently or in an emergency) continue to experience heavy demand and the issue remains a key point of focus for the local health system. There are a number of different strands to the work that we are doing: one is to ensure that as quickly as possible Portsmouth Hospitals NHS Trust is able to meet the 4 hour A&E wait target on a consistent basis; another is to regularly review and, where possible, improve the way that urgent care patients are managed through the hospital from the moment they are assessed on arrival, through admission (if it applies), discharge and follow up care.

We will also soon be moving into the final year of the contract with Care UK for the running of the St Mary's NHS Treatment Centre. This covers both the planned (elective) care, which is unlikely to change significantly at St Mary's from what is provided now (although additional services may be made available at Oak Park in Havant and Chase Hospital in Whitehill and Bordon) and unplanned care, such as the minor injuries service.

Where the minor injuries service is concerned, we are currently looking at whether there is a need to alter the specification of the new contract, prior to re-tender, given the pressures on demand and finance within the system and continuing evidence that people are bypassing

urgent care and accessing the Emergency Department when there are perhaps more appropriate alternatives available.

We know that there is currently a degree of uncertainty around people's understanding of the walk in services available at St Mary's and at the Guildhall Walk Health Care Centre and we would be keen to use the work we are doing around the new contract to simplify the urgent care choices open to people, thereby helping us put in place more effective demand management arrangements in support of the Emergency Department. We are currently conducting some further engagement work around this topic.

We are also working with our neighbouring CCGs (Fareham and Gosport and South Eastern Hampshire) to ensure that information is available to help people choose the right option when they need health care in a hurry.

Following our week long Under Pressure campaign run in conjunction with The News in January, which was well supported by all our NHS partners, we have produced a colourful and informative '*What to know, when to go*' guide to urgent care services. This was given out free with The News at Easter and we may well run a version later in the year in Flagship. An online version has already been downloaded around 1500 times across the area in the past couple of months.

We are now planning to do some work with Portsmouth University on how the messages contained within the guide can best be modified to suit a younger audience.

3 St James' Hospital/St Mary's Healthcare Campus site rationalisation

Members may recall the presentation given to the Panel at the meeting in February over plans to make better use of the St Mary's Healthcare Campus and rationalise the NHS' use of the St James' Hospital site.

Following Outline Business Case approval in March, we have been working with Solent NHS Trust (the land owner for the campus and provider of most of the services at both St Mary's and St James') and NHS Property Services, the national body that owns the St James' site, to move on to the Full Business Case stage.

The three organisations have contacted local residents about the plans, with a letter being sent to over 2000 homes, a presentation provided to the Milton Neighbourhood Forum in June and a drop-in event at St James' arranged for 1st July.

We understand that Solent NHS Trust will be updating the Panel on the work being undertaken to relocate some health services from St James', including the Child Development Centre.

4 The Lowry Centre

At the March meeting of the Panel, members were provided with a report which contained details about a consultation with service users over a proposal to close the Lowry Centre, a day unit for older people with mental health problems.

Following the 12 week consultation the decision has been taken to close the unit at the end of June.

The decision has been taken mainly because of the falling numbers using the service – around 12 people – and because of other existing community facilities across the city. The decision was not taken lightly and we fully recognise that the Lowry Unit and its staff have been highly regarded by those using the centre.

However an equally strong consideration for us in making this decision is the growth of other community services across Portsmouth such as the dementia cafes in the south and north of the city which provide information and support for people living with dementia and their carers.

Other initiatives include the appointment of dementia advisers; a carer information and support programme run by the Alzheimer's Society; a network of 18 dementia friendly pharmacies; and an enhanced service for GP practices to support the early identification of dementia and carer support.

We have been working on a one to one basis with each patient and their carers to find the most appropriate solution for each person moving forward.

5 CCG ongoing engagement mechanisms

We are grateful to Healthwatch for the support we have had from them in running some engagement activities on our behalf recently, notably the work in support of our five year strategy. Whilst we will continue to develop our relationship with Healthwatch it is important that the CCG is also able to engage with interested parties directly when necessary.

To that end we are further building on our work with Patient Participation Groups locally using a network that brings together patient representatives from GP practices on a quarterly basis to meet with GPs and chief officers from the CCG. We are trying to ensure that agenda items for this network are driven by the patient members and have recently established an online forum for them to use, via our website, for follow up discussions between members. This is in its early days but may offer us some useful engagement opportunities in future.

We are also continuing to offer people the chance to sign up to our Healthy Discussions programme. This invites people to register with the CCG online, choosing whether they wish to be contacted about a wide range of health topics or just those they specify. We have around 60 people signed up so far and we email them whenever we need to seek their views on a topic. To date they have helped us with the design of the urgent care guide and the development of our strategy.

I hope you find the contents of this update helpful. I will, of course, be happy to answer any questions that members have at the meeting on Tuesday 8th July.

Yours sincerely



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

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Agenda Item 12

THIS ITEM IS FOR INFORMATION ONLY



Portsmouth
CITY COUNCIL

Agenda item:

Title of meeting: Health Overview and Scrutiny Panel

Subject: Update on Public Health progress following transfer of responsibility and health information

Date of meeting: 8 July 2014

Report by: Dr Janet Maxwell, Director of Public Health

Wards affected: All

-
1. **Requested by Health Overview and Scrutiny Panel**
 2. **Purpose: To provide the Panel with a progress report on establishing public health responsibilities in Portsmouth City Council.**
 3. **Background**
 - 3.1 As previously reported, the council now has responsibility for five mandated and 16 other public services linked to the Department of Health Public Health Outcomes Framework (Appendix 1). Funding for these responsibilities is provided through a ring-fenced, central government grant which, for 2014/15 has been set at £16.1M.
 - 3.2 The public health grant is therefore to be used to:
 - significantly improve the health and wellbeing of local populations
 - carry out health protection functions delegated from the Secretary of State
 - reduce health inequalities across the life course, including within hard to each groups
 - ensure the provision of population healthcare advice to Clinical Commissioning Groups.
 - 3.3 Whilst the grant has been provided to deliver better health outcomes for the people of Portsmouth the financial pressure on the council has required that we explore ways of releasing some of the grant to support other services where they contribute to public health outcomes, and therefore help toward the overall council savings target.
 - 3.4 With the majority of the public health grant wrapped up in inherited prevention and health improvement contracts, all of which contribute to the council's new responsibilities, there will inevitably have to be a reduction in the current level of investment in these prevention and health improvement services to achieve the savings required. The risks associated with this reduction are potentially significant if not carefully managed.

4. Integration of public health services

- 4.1 Achieving the reductions and, therefore the savings, requires reviewing and redesigning a significant number of contracts, some of which are complex and high value, e.g. sexual health and substance misuse. Given the scale and breadth of the work this has, and will continue to be, a major focus of the public health team throughout 2014/15 and into 2015/16. Our aim, however, is to achieve more with the resources available, add value to the council's overall offer and that of partner organisations and to ensure more services are provided in a "joined-up" way (e.g. pathways of care).
- 4.2 In particular we have been exploring how best to integrate the key healthy lifestyle services, mainly smoking, drug and alcohol misuse, weight management and sexual health. This is because people often have a range of inter-related behavioural and health issues, but to get support and/or treatment they have to access services which have been commissioned independent of one another, operate in isolation and therefore are unable to provide a holistic approach to the needs of the person.
- 4.3 To provide more responsive and integrated support for residents we have commenced work on the development of an Integrated Healthy Lifestyles Service. This would integrate the current contracted activity of healthy weight, smoking, alcohol misuse services, health checks, health trainers and possibly sexual health promotion and drug misuse. In addition the service would enable access to other services which impact on health, including housing and debt advice.
- 4.4 The model would see multi-skilled staff based in 'hubs' in the city, located in the three areas outlined in Appendix 2. These localities potentially mirror the locality areas being operated by partner services, e.g. police, fire, CCG. From these hubs staff and volunteers would reach out to community locations, including GP practices, Children's Centres, Job Centres, etc. and would be targeted at those with the greatest health inequalities.
- 4.5 Most of the staff within the service will work generically across the range of lifestyle issues, rather than currently where often only single issues are addressed. Where there is a requirement to refer service users with more complex and high needs these generic workers will be supported by a small number of staff who are specialists in alcohol, smoking, weight management etc. By pooling services together we envisage economies of scale and reduction in cost.

5. Strategic development

- 5.1 In parallel with the remodelling of services, and linked to the delivery of the new integrated service, we are also developing a strategic health outcomes plan which reaches into and across council services to create opportunities to work more upstream by addressing the wider determinants of health. The focus will be to reach a wider section of the population to achieve greater health gain and a reduction in council spend on other services. The funding released from implementing the integrated healthy lifestyles service will be used to underpin this strategic plan. However, as we implement this work it is imperative that we do not adversely affect

the health outcomes currently being achieved and that any change in service provision should always aim to improve health outcomes.

5.2 Although very much in the development stage, this strategic plan will underpin and align with the refreshed Joint Health and Wellbeing strategy which is currently being drafted. This strategic plan is centred on the Marmot Review policy objectives and recommendations for action¹ and the recently published King's Fund paper² which provides business cases for nine key areas where public health investment could be made:

- The best start in life
- Healthy schools and pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services
- Health and spatial planning

5.4 The refreshed Health and Wellbeing strategy incorporates several areas of work the public health team including the development of lifestyle hubs and the redesign of services. Additionally, the strategy also includes work streams which focus on some of the areas included in the developing public health strategic plan. A condensed version of the draft Health and Wellbeing Board priorities is at Appendix 3.

.....
Signed by Director of Public Health

Appendices:

- Appendix 1: Local authority responsibilities in the new public health system (England)
- Appendix 2: Proposed locality areas for Integrated Lifestyle Service hubs
- Appendix 3: Condensed version of the draft Health and Wellbeing Board priorities

¹ Fair Society, Healthy Lives - The Marmot Review (Feb 2010) chaired by Professor Sir Michael Marmot.
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-executive-summary.pdf>

² Improving the public's health - A resource for local authorities (King's Fund 2013)
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

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:

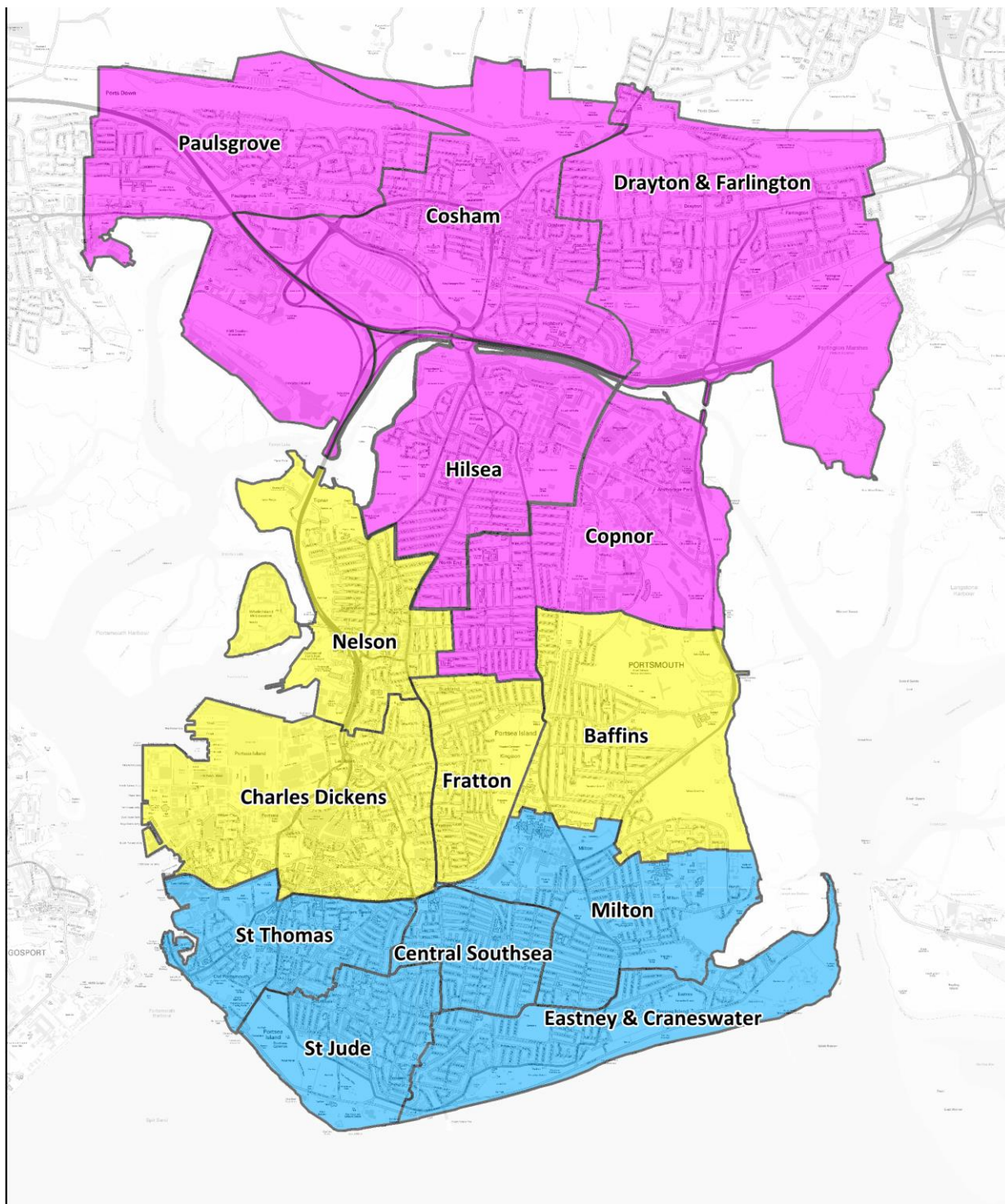
Title of document	Location

Local authority responsibilities in the new public health system (England)

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks



Proposed locality areas for Integrated Lifestyle Service hubs



Title: **Portsmouth City Council Localities**

Drg No:



**Portsmouth
CITY COUNCIL**

Prepared for:

Scale: 1:50000

Prepared by: **Geographic Information Service**

Date: 30/05/2014



Priority	Proposed Workstreams ((sections highlighted in grey are led by another strategic partnership) Emboldened workstreams are Public Health Lead
1. Best Start: Ensure Portsmouth is a city where all young people get the best possible start in life, focussing on the crucial pre-birth to five years and achieve their full potential	a) Children's Trust Priority A - 'Improve outcomes for the pre-birth to 5 age group through effective and integrated support'. The work stream will focus on reducing childhood obesity; improving scores at foundation stage and reducing the number of children under the age of 5 who are subject to a child protection plan.
	b) Children's Trust Priority C - 'Ensure all schools are good or outstanding' by supporting the delivery of the 'Effective learning for every pupil' strategy.
	Children's Trust Plan - An action plan to improve overall emotional wellbeing and increase emotional resilience of children and young people. Ensure healthy sustainable and affordable food is available for all.
2. Promoting Prevention: PCC, PCCG and other partners supporting individuals and communities to lead healthy and fulfilling lives	a) Create sustainable healthy environments - explore how the built environment, (housing, planning and open spaces and transport) can support healthy lives and local people can benefit from the economic regeneration of the city.
	b) Improve mental health by putting actions in place to address known issues in the City.
	c) Reduce the prevalence of smoking, alcohol and substance misuse.
3. Supporting Independence: Developing and implementing new models of care that empower people in Portsmouth and communities to support themselves preventing costlier more specialist interventions in the future	a) Develop and implement the Better Care Fund plan, delivering integrated health and social care services including a fully integrated locality based health and social care community teams; a review of the current bed based provision; and increased delivery of reablement services.
	b) Explore and develop lifestyle hubs as a one stop shop working with lifestyle issues such as smoking, healthy weight and alcohol.
	c) City of Service (CoS) - a new model of high impact volunteering in which local people and communities are engaged in addressing some of the city's key challenges.
4. Intervening Earlier: Delivering the right services of the right quality, at the right time and in the right setting, recognising that by intervening earlier we achieve better outcomes for local people	a) Ensure that all key strategic plans include safeguarding as a cross-cutting theme to take account of the impact on safeguarding arrangements in the city.
	b) Deliver Portsmouth Clinical Commissioning Group's strategic priorities: <ul style="list-style-type: none"> • Everyone to be able to access the right health services, in the right place, as and when they need them • Ensure that people are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality • Join up health and social care services so that people only have to tell their story once and avoid unnecessary assessments • Work with our partners to tackle the biggest causes of ill health and early death
	c) Prioritise improving the quality of dementia services and the care that those with dementia receive.
5. Reducing Inequality: Making Portsmouth a city where all people have the opportunity to have a healthy life, by improving the health of the poorest fastest and reducing health inequalities	a) Ensure that no-one is prevented from achieving a happy, productive and health life through the effects of poverty or financial hardship.
	b) Tackling health-related barriers to accessing and sustaining employment.
	c) Targeted work to address the issues raised in the Public Health Annual Report.

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