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Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 24 MARCH 2015 AT 9.30 AM

CONFERENCE ROOM A - SECOND FLOOR, CIVIC OFFICES

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056
Email: jane.didino@portsmouthcc.gov.uk lisa.gallacher@portsmouthcc.gov.uk

Membership

Councillor David Horne (Chair)
Councillor Simon Bosher
Councillor Steve Hastings
Councillor Hannah Hockaday
Councillor Phil Smith
Councillor Lynne Stagg (Vice-Chair)
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 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

A G E N D A

1 Welcome and Apologies for Absence

2 Declarations of Members' Interests

3 Minutes of the Previous Meeting (Pages 1 - 6)

4 Local Dentists Committee - update

Keith Percival, Honorary Secretary, Hampshire and Isle of Wight Local Dentists Committee, Dr Janet Maxwell, Director of Public Health and Dr Jeyanthi John, Consultant in Dental Public Health, will answer questions on his report which is to follow.

5 Director of Public Health - update (Pages 7 - 8)

Janet Maxwell, Director of Public Health will give a presentation on the work of the Public Health Team.

6 Cervical Screening update from NHS England (Pages 9 - 12)

Susan Davies, Interim Director of Commissioning (Wessex) NHS England will present the attached report.

7 Southern Health - update (Pages 13 - 28)

Angela O'Brien, Locality General Manager will attend and present the attached report.

8 Dementia update (Pages 29 - 36)

Mark Paine, Senior Project Manager, Integrated Commissioning Unit will answer questions on the attached report.

9 Healthy Weight Strategy and challenges around obesity report (Pages 37 - 42)

Andrea Wright, Health Development Manager and Janet Maxwell, Director of Public Health will answer questions on the attached report.

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

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HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 3 February 2015 at 9.30 am in the Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor David Horne (Chair)
Steve Hastings
Phil Smith
Lynne Stagg
Gwen Blackett, Havant Borough Council
Peter Edgar, Gosport Borough Council
Mike Read, Winchester Borough Council

1. Welcome and Apologies for Absence (AI 1)

Councillors Dorothy Denston, Keith Evans and David Keast sent their apologies for absence.

2. Declarations of Members' Interests (AI 2)

- Councillor Phil Smith declared a personal interest as his partner is a Public Governor of Solent NHS Trust.
- Councillor Peter Edgar declared a personal interest; he is on the council of governors at Portsmouth Hospitals' NHS Trust.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 16 December 2014 be confirmed as a correct record.

4. Solent NHS Trust - Update (AI 4)

Mandy Rayani, Chief Nurse and Rob Steele, Director of infrastructure introduced the report and in response to questions from the panel, clarified the following points:

- A Patient Experience Strategy Framework is being drafted to shape how services are delivered. A new patient experience forum has been created and members are being sought. The framework will go out to consultation.
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- The trust takes its responsibility to provide mental health provision very seriously and is working with third sector organisations. They are not aware of any reduction in service. A lot of innovative work is being carried out in the Children and Adolescent Mental Health Service

- Discussions are currently taking place about how to improve integration of organisations to ensure a seamless process for the service users.

- The rapid response team aims to prevent unnecessary admissions and ensure that patients are discharged from hospital as soon as possible.

- The trust is working towards becoming a foundation trust which would enable them to deliver services more flexibly to continue providing quality services. They did not know whether more money would be available as a Foundation Trust.

- The services being transferred from St James' Hospital site will be enhanced not reduced e.g. the current building for Child Development Centre is too small; patients have to visit other sites for different services. All the specialists will be in place at the Battenburg Centre.

- Peripatetic staff do not require clinical space as such.

- Substance misuse services are being reviewed.

- The district nursing team is being reviewed. Recently there has been a high staff turnover this might be as a consequence of the service being changed to 7 days a week 365 days a year.

- A comprehensive review of parking needs has been carried out at St Mary's Healthcare Campus to identify the number of staff and patients transferred from St James' site, the number of staff travelling in from outside the city (58%) and the number of peripatetic staff based there. The staff parking policy has been updated to make it clear that staff who travel less than three miles to work are not entitled to park in spaces reserved for patients and to give priority for parking to peripatetic staff. Green travel options have been widely promoted. The possibility of providing either a multi-storey car park or a one or two deck car park has been discussed with the council's planning department. The former would provide more than 200 spaces. The deck parking previously at the site was sold to the University Hospitals Southampton.

- Services provided by different organisation are co-located at Healthy Living Centres with the main organisation providing the reception service. However, patients should receive a seamless service.

Councillor Horne expressed concern regarding the podiatry service at the Paulsgrove and Wymering Healthy Living Centre where service users are expected to arrange their own appointments. This can be confusing for some people.

Actions

The panel requested that updates on the review of substance misuse services and the review of district nursing be sent to the panel.

5. Reconfiguration of Vascular Services (AI 5)

Sue Davies, Interim Director of Commissioning introduced the report and in response to questions, clarified the following points:

- NHS England (Wessex) is working towards producing the business case by the end of March and the discussions in early May.
- It is anticipated that the pilot will continue until decisions are made.

- The Senate Council encourages services come together and appreciates that joint governance is required in both possible models of care with one clinical lead to help provide direction.
- The potential impact on care pathways for other services for both options, the outcomes required and the population numbers will be explained in the business case.
- Vascular services include day services, planned operations and emergency surgery. There was never any intention to move the outpatients' and some of the planned services.
- At the moment, clinicians discuss complex cases, some of which are transferred between hospitals.
- The Senate Council's Steering Group includes the chief executives of both trusts and representatives from the Clinical Commissioning Groups.
- In the south, there has been variable progress in centralising services with similar debates being held.
- If one or more HOSPs in the Southampton, Hants and Isle of Wight area consider the proposals to represent a significant change, a public consultation would be triggered.
- The reconfiguration of services was triggered after it was reported in 2008 that England has the highest mortality rate in Europe for patients with AAAs.

Councillor Edgar expressed his disappointment about the length of time the review was taking. He noted that the staff at QA were very good and had told him of their concerns about the potential impact of transferring vascular services on other services e.g. renal, stroke, cancer and diabetes. He added that it was understandable that some services would be located at one hospital.

Councillor Blackett noted that QA is one of the finest hospitals for kidney transplants and that she was very angry that the review of vascular services had been brought into the political arena. She noted that the review had a detrimental effect on staff morale. She hoped that NHS England kept in mind that the area just outside the city had one of the biggest building programmes with plans for an additional 5,000 homes.

Members asked NHS England to note that QA serves a population that has a disproportionately high morbidity rate and that at a previous meeting the Chair of the Chichester Health Overview & Scrutiny Panel had expressed concern about residents having to travel to Brighton.

<u>Actions</u>
That the following documents will be sent to the panel:
- An extract of the minutes of the Senate Council meeting on 4 December regarding vascular services.
- The updated programme plan when it is signed off.

6. Portsmouth Clinical Commissioning Group - update (AI 6)

Tim Wilkinson, CCG Clinical Executive and Chair of the CCG Governing Board and Innes Richens, Chief Operating Officer introduced the report and in response to questions, clarified the following points:

- Social media is being used to spread the Choose Well message. Generally it is working well, but more must be done to target people who do not understand or are not interested.
- Publications are available in other languages.
- Since the initial six to ten months settling-in period, the 111 service has been running very well and has the lowest ambulance despatch rate in the country despite the increase in demand. This is probably due to the fact that is located next to the 999 centre and operators have access to clinical advice.
- The GP out of hours' service makes home visits when necessary. Education and self-care are key to people accessing the appropriate service.
- The investment in health proposals from the not for profit sector is working well. Voluntary organisations can find innovative ways of working as the boundaries are less fixed. If the programme's outcomes fit with the CCG's programme it is more likely to be funded. This scheme is advertised in many places including through the Community Active Network and on the CCG's website.
- There are problems locally and nationally with recruitment and retention of GPs and Practice Nurses. Plans to address this include forming a federation of practices across the city to ensure that the right skill mix is available to deal with residents' needs.
- The local population due to increase by 4%.
- All practices are required to have patient participation groups.

Councillor Edgar praised the local 111 service.

7. Portsmouth Hospitals' NHS Trust - Update. (AI 7)

Peter Mellor introduced the report and in response to questions, clarified the following points:

- Members were reminded about the CQC listening event on 10 February where the public is encouraged to give their experiences of the hospital. They can also give their views by telephone or via the website.
- There are very few complaints about clinical care. Lack of communication seems to be one of the most common complaints from patients and staff.
- There are very few occasions when patients have to wait in ambulances before being admitted.
- Patients wait in bays now, not corridors.
- The hospital has a duty of care to treat people who are under the influence of alcohol. Although physical assaults on staff are very rare, verbal abuse is not. When this occurs all is done to support staff.

Members made the following comments:

- Breeches of waiting time targets have received a significant amount of publicity locally and nationally but the situation has improved at QA. It is important to remember that the Emergency Department accounts for less

than 16% of hospital activity and that whilst the hospital should strive to meet waiting targets, saving lives is more important. The staff at the Emergency Department should be recognised for the fantastic work that they do.
- Members had been very impressed with the staff's expertise when they observed a surgeon operating with the aid of state of the art robotic equipment. Upgrading this would involve a significant commitment.

Councillor Horne informed the panel that there was a Health & Wellbeing Board the next day at the Guildhall.

8. South Central Ambulance Service NHS Foundation Trust - update (AI 8)

In the absence of a representative from South Central Ambulance Service to answer questions, members asked that the following information be sent to them:

- The number of staff that have left over the last twelve months as a percentage of the total workforce.
- An update on the setting up of a paramedics' association.

The meeting ended at 11.35am.

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Councillor David Horne
Chair

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Longer

4 main risk factors

Tobacco
Alcohol
Poor diet
Lack of physical activity

4 main causes of avoidable early deaths

Cancer
Cardiovascular disease
Respiratory disease
Liver disease

Contribution to reduction in life expectancy and health inequalities

64%

Healthier

Long term Condition Pathways, Co-morbidity

Primary prevention | Early identification | Self-care | Primary care | Community care | Specialist care | Inpatient care | EOL care

Cancer. CVD, Stroke. Diabetes. COPD. Liver disease. Fragility, falls and fractures. Dementia Neurological

Mental health and wellbeing

Sexual Health , Community Safety . Drugs and Alcohol. Learning disabilities. Health Protection / Public Protection

Relationship problems & family breakdown | Domestic violence | Positive Family Futures Troubled Families | Offender health | Safeguarding

Fairer

Health inequalities

Marmot Principles, Fairer Society, Healthy Lives

Best start in life | Education Parenting | Employment, Skills, Training | Tackling Poverty strategy | Workplace health | Older people Social isolation

Wider determinants of health

Sustainability | Housing | Transport | Planning | Economy | Arts & Culture

Building social capital

- Asset Based Community development, Rapid Participatory HNA
- Sharing data / intelligence in localities
- Developing Locality Profiles for JSNA
- Agreeing priorities for action, Targeting areas of need
- Multi-agency Locality working
- Development of the Third Sector
- Volunteer programme / Portsmouth Together

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Southampton, Hampshire, Isle of Wight and Portsmouth Cervical Cytology Laboratory Provision

Health Overview and Scrutiny Committee Briefing Paper

1. Introduction

1.1. This briefing paper is to inform the health overview and scrutiny committee about plans for cervical cytology laboratory provision in Wessex. The intended outcome is the optimum distribution of cervical samples processed through laboratories within the Wessex area in order to maintain/improve quality and achieve expected performance standards for the whole population in the medium term.

2. Background

2.1. The aim of the NHS Cervical Screening Programme is to reduce the incidence of and mortality from, cervical cancer by delivering a systematic, quality assured population-based screening programme to eligible women resident in England. Successful delivery of the cervical screening programme is dependent on a seamless, multi-disciplinary integrated care pathway, which meets quality standards as set out by the national screening committee and national programme service specification[1].

2.2. The national screening programme service specification requires laboratories to process a minimum of 35,000 cervical cytology samples per year in order to maintain competence/ quality. However, the volume of cervical cytology samples is declining nationally as a result of two main factors:

- a gradual decline in the number of women taking up the offer of cervical screening
- the introduction of Human Papilloma Virus (HPV) 'Triage and Test of Cure'

2.3. Across Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP), cervical samples are processed as follows:

Southampton	University Hospitals Southampton (UHS) NHS Foundation Trust

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192976/25_Cervical_Screening_programme_service_specification_VARIATION_130415_new_template_-_NA.pdf

Hampshire	• University Hospitals Southampton (UHS) NHS Foundation Trust • Hampshire Hospitals NHS Foundation Trust (HHFT). • samples from some practices in North East Hampshire are processed in Ashford St Peters to whence they are transported via Frimley Park and the Royal Surrey County Hospital in Guildford. • a single practice in Havant sends samples to St Richards in Chichester for processing.
Isle of Wight	Portsmouth Hospital NHS Trust (PHT)
Portsmouth	Portsmouth Hospital NHS Trust (PHT)

2.4. Two of the three laboratories within the SHIP area (UHS and HHFT) no longer process sufficient samples to fulfil the minimum requirements of the national cervical screening programme service specification, and another is close to the minimum limit. The table below shows the distribution of samples in laboratories serving Wessex patients in 2013/14. These are total samples processed not just those for the Wessex population

Provider	**PHT**	**UHS**	**HHFT**
Number of Samples	42,848	30,251	32,813

2.5. At the same time, staff recruitment and retention problems have impacted on the ability of providers to meet the standard specified by the programme to process samples and produce results (turnaround times) consistently. In particular, a key performance indicator of the programme is that a minimum of 98% of women should receive their results within 14 days. In order to achieve this, the laboratories must process samples within 9 days. HHFT and UHS have been unable to achieve this indicator consistently in the past 18 months, as have neighbouring laboratories in Surrey and Sussex. Annex 1 shows turnaround times by laboratory and CCG

2.6. The current model of service delivery via three laboratories in the SHIP area is, therefore, unsustainable: whilst resolution of staffing issues would improve turnaround times, it would not address the problem of falling sample numbers. It had been anticipated both by commissioners and providers that a mutually acceptable solution would be reached through a planned provider pathology consortium project led by the previous South Central Strategic Health Authority. Following the breakdown of these plans, the public health team commenced a review of the options for the way forward.

2.7. Under the 2014/15 contract, commissioners asked providers to undertake a detailed self-assessment against the service specification and programme standards. As a result both of the self-assessment and the situation described above, University Hospital Southampton NHS Foundation Trust (UHS) concluded that it is no longer able to meet the performance targets of the service and is unable to rectify this position. It therefore took the decision to withdraw from provision to allow another solution to be put in place.

2.8. In determining the way forward, the Wessex area team has been guided by the overall aim of maintaining a safe, effective service for the whole eligible population which meets minimum standards in the short to medium term, whilst planning for the longer term.

2.9. Consideration was given to a number of options including:
- open procurement to replace UHS capacity
- reprocurement of both UHS and HHFT laboratories
- reprocurement of all three laboratories

2.10. A key factor is that all GP practices and laboratories in SHIP use the same system for liquid based cytology, whereas those to the east (Surrey/Sussex) and west (Dorset) use a different system: a shift of activity to laboratories outside of SHIP would require a change of system and retraining for all GP practice staff. Significant changes to the process of transporting samples would also be necessary, incurring additional cost.

2.11. The preferred option is for all samples currently processed at University Hospitals Southampton Foundation Trust, to be transferred to Portsmouth Hospital Trust and Hampshire Hospitals Foundation Trust. All three providers have committed to pursuing this option. The precise split of activity will be determined by the commissioners as part of the project.

2.12. Procurement advice in relation to this project is that, as long as it is made clear to the market that the service will be market tested within a reasonable timescale (e.g. within 5 – 7 years), and have a clear rationale for not doing so immediately, it is acceptable to offer the work to the other local laboratories.

2.13. There are TUPE implications with around 7 - 8 staff employed by UHS affected.

3. Logistical Issues and Risks

3.1. The key issues to be addressed in changing laboratory provision are:
- GP transport and 'hubbing' of samples – this may lead to additional costs and delays in samples reaching the laboratory
- information flows and IT including:

- electronic reporting from the 'new' laboratory to GP practices
- access to historical screening systems/records in the 'old' laboratory for comparative purposes
- smooth transfer of referrals back to UHS colposcopy department

- costs particularly in relation to the above
- ensuring adequate staff capacity in the new laboratories and staff retention

3.2. Advice from the QA Reference Team is that there may be deterioration in turnaround times immediately following a laboratory merger.

4. **Key Points of Note**

4.1. Women will experience no difference in service. They will continue to attend their GP practice to have their cervical sample taken.

4.2. There will be no change to any other pathology activity at UHS nor to colposcopy services. Referrals will continue to be directed to the woman's local provider.

4.3. The area team will continue to work closely with partners in CCGs and local authority public health teams with an overall aim of increasing cervical screening take-up in the community.

Conclusion

The Health Overview and Scrutiny Committee is asked to note the content of this report and support the proposal which will safeguard cervical cytology programme standards for women in Southampton, Hampshire, Isle of Wight and Portsmouth.

Authors: Nikki Osborne, Head of Public Health, NHS England (Wessex)
Nick Hurlock, Laboratory Manager, University Hospital Southampton NHS Foundation Trust

Southern Health NHS
NHS Foundation Trust

Briefing document for Portsmouth Health and Overview Scrutiny Panel meeting 24.03.15

This document provides an update on service developments within South East Hampshire over the last six months. The East Integrated Service Division does not provide any specific services within the city of Portsmouth, however does provide care and support for many residents in the local area.

Care Quality Commission report

In February the CQC published a report into Southern Health services following a comprehensive inspection process, which took place in October 2014. The Trust received an overall rating of 'requires improvement', however of 17 core services visited, with each rated in five different domains, we were pleased to see that over 70% of the individual scores were 'good'.

In every part of the report, staff were recognised as being caring and responsive, with best practice highlighted in a number of areas, such as research and innovation, as well as leadership development.

There were also a number of areas highlighted for improvement in the report, which for the South East area included staffing levels, accurate record keeping, medicines management and end of life care. The Trust has a detailed action plan (available on request), and the vast majority of the actions detailed here have been completed or progressed already.

The Trust will provide a final copy of this action plan to the CQC at the end of March, after which the next comprehensive inspection will not take place for around three years. Smaller spot check inspections, both planned and unannounced, will continue to take place to ensure progress on the action plan and developments of services more generally.

Integrated Care Teams

We are embarking on a proposal to redesign our community services in order to build services which better meet the needs of the local population, and fully integrate physical and mental health care for older people.

The Integrated Community Teams (ICTs) will have clear clinical and managerial leadership to enable change to take place while maintaining the delivery of high quality, safe services. The proposed ICTs have been designed in line with the new service specification detailed on our contract for 2015/16, and in consultation with our commissioners.

We are redesigning the nine existing community teams to create four larger ICTs. The minimal change in staff is about reviewing our skill mix and providing equity around all ICTs. The four larger teams will be based around clusters of GP practices and therefore centred around natural communities across Fareham, Gosport and East Hampshire. This means our services would be better aligned with both our primary and social care partners, with the aim of offering GPs more consistency and better assurance of maintaining an equitable service across the geographical area.

Following a period of consultation with our staff, we are currently working with local GPs in order to ensure there is understanding and support for the project, and the opportunity for primary care colleagues to provide any suggestions or feedback.

Enhanced Recovery and Support at Home
The ERS@H team has been active in South East Hampshire since October, enabled by additional winter funding, and helps patients with complex health and social care needs. It is run by Southern Health in partnership with Hampshire County Council and has been a vital component in enabling patient flow through the healthcare system. The team supports people to live independently following a hospital stay or provides the care they need to avoid being admitted in the first place.

Support for the health system
There has been a significant increase in demand across the health and social care system in recent months, and particularly at the beginning of the new year. During this period we stationed very senior managers and/or an executive director in all of our acute hospital providers in order to help facilitate swift senior communications and decision making.

We also undertook a range of activity to further support colleagues, including delivering more services and in-patient capacity within community hospitals at a non-commissioned level, and prioritising caseloads by cancelling or re-scheduling identified routine visits where appropriate. We placed extra staff into community hospitals and community teams and more experienced and trained staff into hospitals to assess patients and establish their needs to ensure support packages were in place upon discharge.

We opened additional beds in our community hospitals to provide improved rehabilitation and re-ablement provision, and provided increased support through our social care service, TQ at Home, enabling patients to be moved out of hospital and into the community. Finally, we brought community matrons into some of the hospitals to help maintain patient flow by identifying where we could work in partnership with our social care colleagues, with the aim of reducing delays in transfers of care.

We have continued some of this activity, where necessary, as the system pressures have continued, and we are working closely with acute care colleagues and commissioners to provide support where required.

Petersfield development group
We are actively engaged in the Petersfield development group, which is examining the options available to make the best use of services within the hospital, particularly in relation to older people's mental health and adult mental health services. We are keen to ensure that we work with our commissioning and service colleagues, as well as staff, patients and local interested groups, to ensure the hospital is able to best meet the needs of the local community.

Southern Health NHS
NHS Foundation Trust

Southern Health NHS Foundation Trust

Response to inspection findings

(CQC comprehensive inspection October 2014)

Southern Health NHS
NHS Foundation Trust

Response to Inspection Findings
Katrina Percy, Chief Executive

- Trust perspective on reports
- Positive findings
- Plans for improvement
- Way forward
- Questions and clarifications

Trust perspective on reports

Southern Health NHS
NHS Foundation Trust

Core Service	S	C	E	R	W-L
Acute MH wards and PICU					
MH community - adults					
MH community - OPMH					
MH crisis/s136 services					
MH inpatient - OPMH					
MH long stay/rehab					
MH secure/forensic					
MH CAMHS					
LD community					
LD inpatients					
Community in-patients					
Community children					
Community adults					
Community EOL care					
Community urgent care					
MH Perinatal	☆	☆	☆	☆	☆
MH Eating Disorders					

Core Service

S – safe

C – caring

E – effective

R – responsive

W-L – well led

Key

Green & star - Outstanding

Green - Good

Amber - Requires Improvement

Red - Inadequate

Please note the red panel refers to building requirements at Ravenswood House.

Southern Health contacted CQC prior to its inspection to describe robust action already taking place to refurbish the building as part of a £1.7m investment in improving security, security and the environment for patients.

Southern Health NHS
NHS Foundation Trust

Trust perspective on inspection reports

- Accept findings
- Confirms our own improvement priorities
- Useful information to add to Trust's internal intelligence monitoring
- Grateful for collaborative approach of Chair/Lead inspector
- Some challenges for inspectors to understand breadth of service provision
- Factual accuracy process ongoing

Southern Health NHS
NHS Foundation Trust

Positive findings

- Overwhelmingly positive about committed, enthusiastic, caring staff
- Patients treated with kindness and provided with patient-centred and holistic care
- Effective evidence-based care with valued research programme
- Strong recovery focus
- Perinatal services ‘outstanding’. Eight others ‘good’.
- Number of groups/support for patients/carers
- Peer review programme collaborative and inclusive

Southern Health NHS
NHS Foundation Trust

Positive findings

- Integrated working showing benefits
- Innovative working in non-traditional settings
- Clear vision/goals which staff were sighted on
- Leadership development programmes delivering benefits and endorsed by staff
- Use of performance dashboards ahead of national picture

Southern Health NHS
NHS Foundation Trust

Plans for improvement

129 'must' or 'should do' recommendations

34 actions already completed

Antelope House

Work on track to assess seclusion room and make necessary adjustments

Work underway to improve handling of episodes of restraint, including employing a consultant practitioner for patient safety to lead and oversee programme on reducing episodes of prone restraint

Observation recording sheets being amended to allow more accurate recording of observations on mental health wards, and training revised where appropriate to ensure more accurate recording of observations

On Hamturn ward work done to ensure no restriction of phone or bathroom use

Capital bid made for a drinks machine for Hamturn ward patients. Meanwhile a dedicated staff member responsible for providing drinks to patients to meet their needs

Southern Health NHS
NHS Foundation Trust

Plans for improvement

Ravenswood patients decanted to Woodhaven – Estate work underway

Elmleigh staffing/resus equipment/ligature removal and assessment.

New seclusion paperwork and 20% reduction in use of seclusion

Increased uptake of PRISS training and 20% decrease in use of prone restraint

Windows obscured with film (privacy and dignity)

OPMH single sex zoning

Targeted bespoke training

Estates work allocated as part of 2015/16 capital programme

Southern Health NHS
NHS Foundation Trust

Plans for improvement

76 further actions begun and on track. Will be driven and monitored through the Quality Programme.

Reporting and learning

Record keeping & care planning

Peer Review

Patient Experience

Workforce

Divisional Governance Structures

Medicines Management

Estates

Southern Health NHS
NHS Foundation Trust

Plans for improvement

Quality Programme Executive Director led

Corporate and Divisional membership

Increased scrutiny by Board Committee

Validation of delivery through use of peer review programme (includes external stakeholders) and performance dashboards

Southern Health NHS
NHS Foundation Trust

Stakeholder support

A number of actions require stakeholder support:

- Ravenswood House
- Mental Health Crisis care and out of area beds
- Staffing levels in community teams
- Therapy waiting times
- Oxfordshire LD provision
- End of Life Care
- Minor Injuries Units
- Timeliness of Equipment Provision

Southern Health NHS
NHS Foundation Trust

Way Forward

- Action Plan already completed and in final draft stage
- Individual meetings to be organised with stakeholders from whom support is required to enable delivery of plans
- Will share final action plan with stakeholders prior to submission to CQC within the required timeframe

Southern Health NHS
NHS Foundation Trust

Questions & Clarification

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Portsmouth CITY COUNCIL

THIS ITEM IS FOR INFORMATION ONLY

Title of meeting:
Health Overview and Scrutiny Panel

Subject: Dementia

Date of meeting: 24.03.15

Report by:
Integrated Commissioning Unit

Wards affected: All

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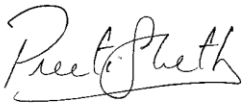
1. **Requested by:** Health Overview and Scrutiny Panel

2. **Purpose:** The Health Overall and Scrutiny Panel (HOSP) of 20th February 2014 received a report from the Integrated Commissioning Unit and Adult Social Care regarding development to support people with Dementia in Portsmouth. The HOSP requested that it received an annual update.

3. **Information Requested**

   The Dementia annual report is appended.



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Signed by (Head of Service)

Appendices:
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
None	

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Integrated Commissioning Unit

Report to Health Overview and Scrutiny Panel 24th March 2015

1. Purpose:

The Health Overall and Scrutiny Panel (HOSP) of 20th February 2014 received a report from the Integrated Commissioning Unit and Adult Social Care regarding developments to support people with Dementia in Portsmouth. The HOSP requested that it received an annual update. The following report provides this.

2. Background

Vision for Portsmouth Dementia Services

Portsmouth aspires to be a dementia friendly city where people with dementia will be treated with respect and feel included in our local communities. We want everyone to be able to find information and advice regarding memory problems and dementia easily and quickly alongside a diagnosis of dementia as early as possible. We want to see dementia services offering people greater choice and control over their care, enabling individuals to remain independent in their own home for longer and minimising the crises that have previously resulted in lengthy acute hospital stays or admission to long term care.

We aim to have advisory services and peer support networks available to support people with dementia and help their carers and families to access support throughout their journey as and when required. There will need to be a shift away from acute care towards primary and community based service provision, including rehabilitation and reablement.

Portsmouth is signed up to achieving Dementia Friendly Communities recognition as a city. This is a national initiative supported by the Prime Minister's call to action on Dementia. Engaging in this initiative enables us to use the 'becoming dementia friendly' branding in our work for, and on behalf of people with dementia. Portsmouth is one year into the recognition process and is awaiting a response to a recently submitted annual progress assessment. One self-assessed issue is the resource requirement needed to lead this process. A Dementia Friendly Communities coordination function is required. This is planned to be built into a future service specification for community dementia services.

3. Dementia prevalence and diagnosis in Portsmouth

Excellent diagnosis rates are the first element of the Dementia pathway.

The latest analysis of Dementia diagnosis rates confirms that Portsmouth Clinical Commissioning Group (CCG) has already exceeded the national target of two thirds of the predicted prevalence. As at January 2015 Portsmouth's Dementia diagnosis rate stood at 66.13% with 1535 people on Quality Outcome Framework (QOF) Dementia registers. Our estimated Dementia prevalence stands at 2321. We have the best diagnosis rate in the Wessex region and are among the top 10 CCGs across the country. We have been recognised as a beacon CCG both within the Wessex region and nationally. The Portsmouth CCG Primary Engagement Team continues to encourage GP Practices to continue to increase diagnosis to achieve Portsmouth's current ambition of 70% diagnosis.

4. Dementia pathway pilots

The Integrated Commissioning Unit on behalf of the CCG commissioned two Dementia service pilots from the non-current CCG funding stream. These were developed to test elements of a community orientated dementia care pathway to meet the needs of people newly diagnosed with dementia and support them and their carers through the course of their illness.

Two further pilots dementia pilots have been running concurrently with the CCG funded pilots which were initiated through Department of Health non-recurrent reablement grant funding.

The table below summaries all of these pilot projects;

Provider	Project	Commenced	Ending	Cost (annual)	Funded by:
Alzheimer's Society	Dementia Advisers	May 2014	30th April 2015	£162k	CCG non-recurrent funding
Alzheimer's Society	Dementia Memory Cafes, Dementia Network, CRISP Training (training for carers)	October 2013	30th April 2015	£79k (this pilot has had one extension of 6 months	CCG non-recurrent funding
Housing 21	Dementia Voice Nurse End of Life and complex dementia care	2013	June 2015	£63,250k	DoH reablement grant funding stream
Solent Mind	Dementia reablement advisers	2013	June 2015	£92,880k	DoH reablement grant funding stream

The CCG funded pilots were due to end in April 2015. At the CCG's Clinical Strategic Committee meeting of the 4th March 2015 it was agreed that funding for the Alzheimer's Society pilot projects should be extended until the end of 2015 in order to undertake service design activity based on the learning from the experience and successes of the pilots, with a view to commissioning a longer term community Dementia support service from January 2016.

Funding for the Reablement Dementia pilots is due to end in June 2015 and current providers have been encouraged to submit applications for further funding for the 2015/16 round of reablement grant funding.

5. University of East London Dementia Pathway Review Report January 2015

To support future decisions as to the shape of the Dementia service pathway, the University of East London was commissioned to review current services. The Final Report was received in January 2015.

This review report was commissioned by the Integrated Commissioning Unit and funded by the CCG. It aimed to independently inform commissioners and stakeholders by developing a knowledge base and a critical understanding of how dementia services are experienced in Portsmouth.

The review took place between May 2014 and January 2015.

Key headlines from the main findings of the report are;

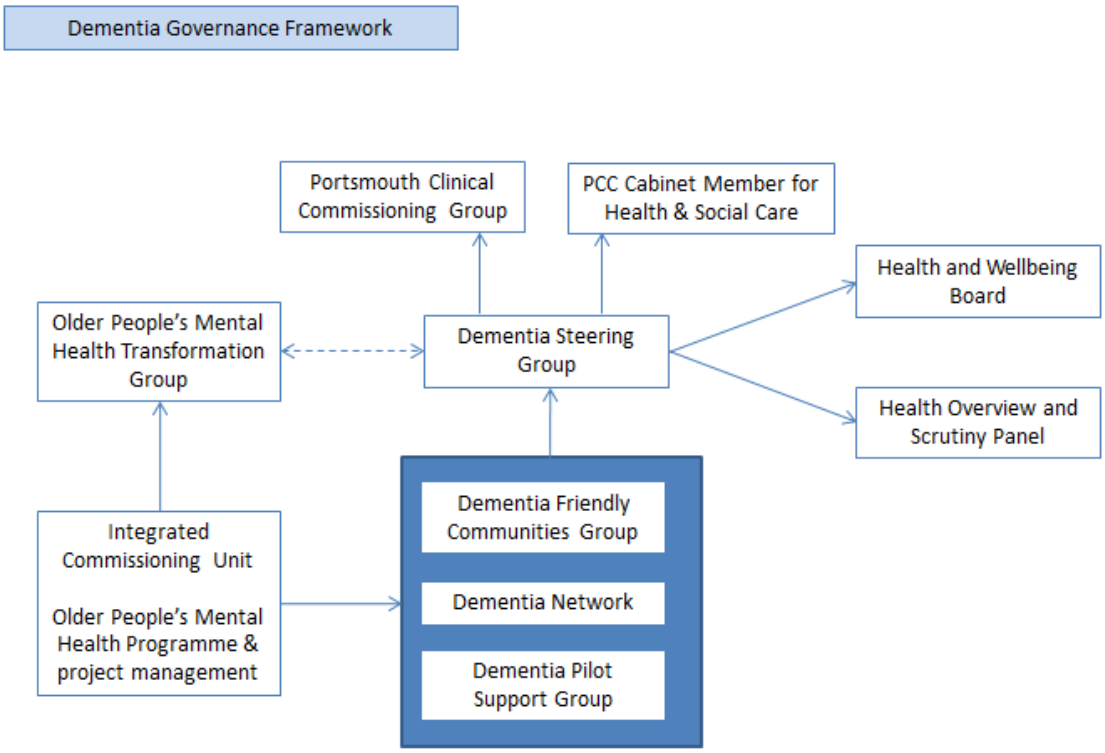
- Practice overlap arising from lack of clarity of function and roles across the different pilots
- Questionable as to whether people with Dementia are currently on a 'service pathway' - which would signify an explicit route to follow
- The pathway has evolved into a collection of services that are difficult to access outside of crisis
- The ultimate challenge is to meet the needs of increasing numbers of people with dementia, whilst moving away from a disjointed, reactive provision that focuses on crisis resolution
- Local provision needs to proactively engage with and accompany people throughout their dementia journeys providing help to identify resources that will enable them to live well as possible with dementia
- Reluctance of people to engage with dementia services until crisis

Major recommendations include:

- More focus on prevention rather than interceding at crisis points
- Proactive following of people with dementia and their carers throughout the course of the illness
- A re-branded Dementia Adviser service having an integral role in service delivery
- Reconfiguration of Dementia memory cafes
- Building on the success of the Dementia Voice Nurse
- Longer term contracts for chosen service providers coordinated or delivered by one provider to ensure continuity and avoidance of role and function duplication and competitive styles of working.

6. Dementia Action Group

The Dementia Action Group (DAG) continues to lead on the coordination of activity to progress and develop our response as a city to supporting people with Dementia, their carers and becoming a Dementia Friendly Community. The Group at its meeting of 11th March 2015 reviewed its terms of reference and is now evolving into a more strategic group which oversees the Dementia Action Plan with a view that 'action' itself happens and is coordinated within the Dementia Network which will itself evolve into a citywide Dementia Action Alliance. The proposed new governance framework being as follows;



7. Next Steps

During 2015 the Integrated Commissioning Unit will continue working with all stakeholders to develop the Dementia service pathway and commission services from January 2016 to deliver the following high level outcomes;

- People with Dementia will be supported during their Dementia journey
- Carers of People with Dementia will be supported
- Portsmouth will become a Dementia Friendly Community

We will require any commissioned service(s) to respond to, and delivery the following 10 expectations;

1. The service will provide opportunities in groups for meaningful activities for People with Dementia and carers that enable social interaction, cognitive stimulation and information to be sought and shared.

2. The service will develop processes and information sharing protocols with primary and secondary health services to proactively ensure that People with Dementia and their carers are offered ongoing support.

3. The service will provide a named contact for People with Dementia and their carers who will be available to support identified and emerging needs of both during the course of the condition.

4. Such named contacts will coordinate services on behalf of the Person with Dementia and their carer irrespective of the location of the clients - i.e. whether living at home, care home or during hospital episodes. During the latter the named contact will coordinate services to enable timely discharge and support to continue living well in the community.

5. The service will work with primary care to ensure maximum awareness of the service, to develop Dementia aware General Practices and support the increase in Dementia diagnosis.

6. The service will work with specialist secondary care providers of services for people with Dementia and social care staff to ensure good information sharing, liaison, coordination and support for People with Dementia

7. The service will have the skill and capability to respond to coordinating the support needs of the spectrum of people with Dementia from mild to severe.

8. The service will be responsible for developing Portsmouth as a Dementia Friendly city.

9. The delivery model will need to align with the emerging locality approach to the delivery of Portsmouth's adult health and social care services, i.e. the development of North, Central and South localities

10. The service will develop innovative and cost saving approaches to ensure maximum value and excellent use of resources and be able a demonstrate real difference to the wellbeing of People with Dementia and their carers

Report prepared by:

Mark Paine, Senior Project Manager ICU (Dementia Lead) & Kerry Pearson, Senior Programme Manager (OPMH Lead)

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Portsmouth CITY COUNCIL

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Title of meeting: HOSP

Subject: Obesity and healthy weight overview

Date of meeting: 24 March 2015

Report by: Andrea Wright, Public Health Portsmouth

Wards affected: All

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1. Requested by: HOSP

2. Purpose: Up-date of current situation

3. Information Requested:

3.1 Context

As a nation each generation is becoming heavier (passive obesity), with weight creeping up without us consciously realising it so that obesity is now a global epidemic[1]**.** Reducing obesity is a national aim[2] and a local priority. However there needs to be a shift in focus away from obesity to healthy weight in its widest sense as overweight/obesity is a symptom of the underlying factors that need addressing i.e. poor nutrition and physical inactivity.

As a whole a large percentage of Portsmouth residents both adults and children sit outside the healthy weight category and the challenges associated with obesity for the individual, their family, our communities, society and economy are ever increasing. Therefore we are committed to working together to achieve our vision:

"Portsmouth is a healthy city that empowers and supports individuals, families and communities to achieve and maintain a healthy weight".

The healthy weight agenda encompasses individuals who are underweight, those who are overweight/obese and those who are a healthy weight and trying to maintain it. Therefore, in its widest sense, healthy weight affects each and every resident of our city, with nutrition

[1] Foresight, 2007
[2] DH, 2011

and physical activity the two key influential factors in weight management, underpinned by mental and emotional wellbeing.

3.2 Data

The table below shows the current picture of weight amongst our children.

Year R	Under weight	Healthy weight	Over weight	Obese
Portsmouth	0.59	75.48	14.42	9.51
Southampton (stat. neighbour)	1.15	76.66	12.66	9.54
England	0.88	76.89	12.96	9.27
Year 6	**Under weight**	**Healthy weight**	**Over weight**	**Obese**
Portsmouth	1.13	63.59	14.42	20.86
Southampton (stat. neighbour)	1.96	64.83	13.87	20.33
England	1.33	65.35	14.40	18.92
Source: NCMP 2012/13 data set				

Comments

Portsmouth child residents at local authority schools have the **lowest rates of healthy weight in both Year R and Year 6** and have the highest levels of overweight and obesity in both Year R and Year 6.

23.9% of Portsmouth resident children were overweight/obese on joining primary school compared to 22.2% nationally, and **this increased to 35.28% on leaving primary school** compared to 33.3% nationally.

The table below is a proxy measure of weight on our adult population based on applying the national percentage categories by weight against our population.

2012	% by weight category	Estimated Portsmouth residents aged over 16 years, by weight category
Underweight	2.5	4,127
Healthy weight	39.6	66,896
Overweight	32.9	55,547
Obese	25.1	42,322
Source: Prevalence from Active People's Survey via National Obesity Observatory, Public Health England applied to 2012-based Subnational Population Projections (ONS)		

This equates to approx. **97,868** of Portsmouth adult residents being overweight/obese and Public Health England predicts the current estimate of 64% overweight/obese is going to rise to 30% by 2034. Therefore this issue isn't going away and the fact is if children become overweight/obese they are almost certain to continue on this projection into adulthood, hence the increase in overweight/obesity from 23.9% Year R, to 35.3% in Year 6, to 64% in adults, therefore the only way to tackle the issue is to intervene early within families and invest in prevention.

Physical activity or the lack of it, is a major contributory factor to health inequalities and Portsmouth has a high percentage of inactive population as the table below shows, we are above the national average in relation to inactivity and quite significantly behind

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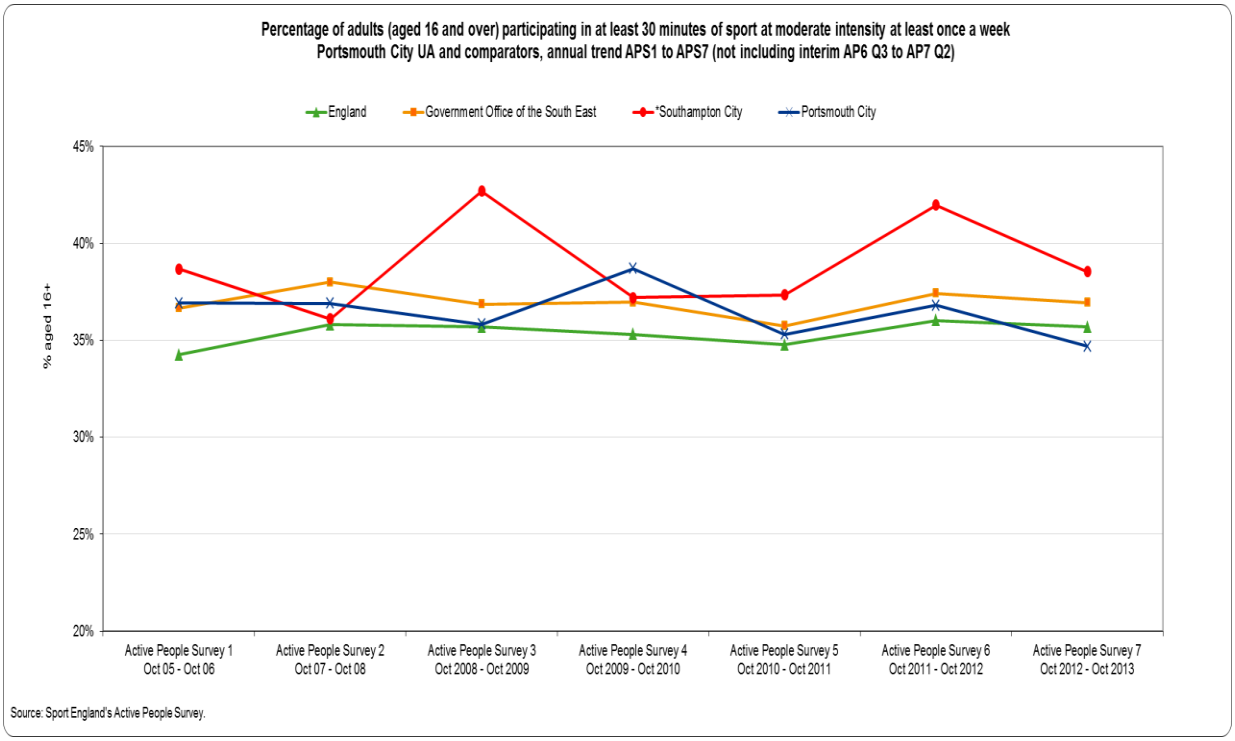
Southampton our comparator city.



Therefore we need to tackle inactivity as an issue in its own right, in addition to improving poor diets and ultimately this will help to improve our overweight/obesity levels within the city and have a general positive impact on our residents' health and wellbeing.

3.3 Consequences

The consequences of overweight and obesity is both sever and life-limiting and impact on not only the individual but also their family, community, economy and wider society in both the short and long-term. The table below summaries some of the key consequences but there are many more that is directly linked to obesity, poor diet and inactivity.

Reduced life expectancy: Moderate obesity (BMI 30-35) reduces life expectancy by 2-4 years, while **morbid obesity (BMI 40-50) reduces life expectancy by 8-10 years, equivalent to the effects of lifelong smoking**.	**Increased morbidity:** Overall 29% of men and 36% of women classed as obese have **a life-limiting illness**, double the rates in the healthy-weight population.
Increased risk of associated health problems: These include: cardiovascular diseases, diabetes, musculoskeletal disorders and some cancers. Sometimes the increased risk is stark e.g. **an obese woman is 13 times more likely to develop type 2 diabetes than a healthy weight woman.**	**Long-term conditions:** More than 15 million people in England have a long-term condition and a number are associated with obesity and **long-term conditions account for 70% of the total social care budget.**

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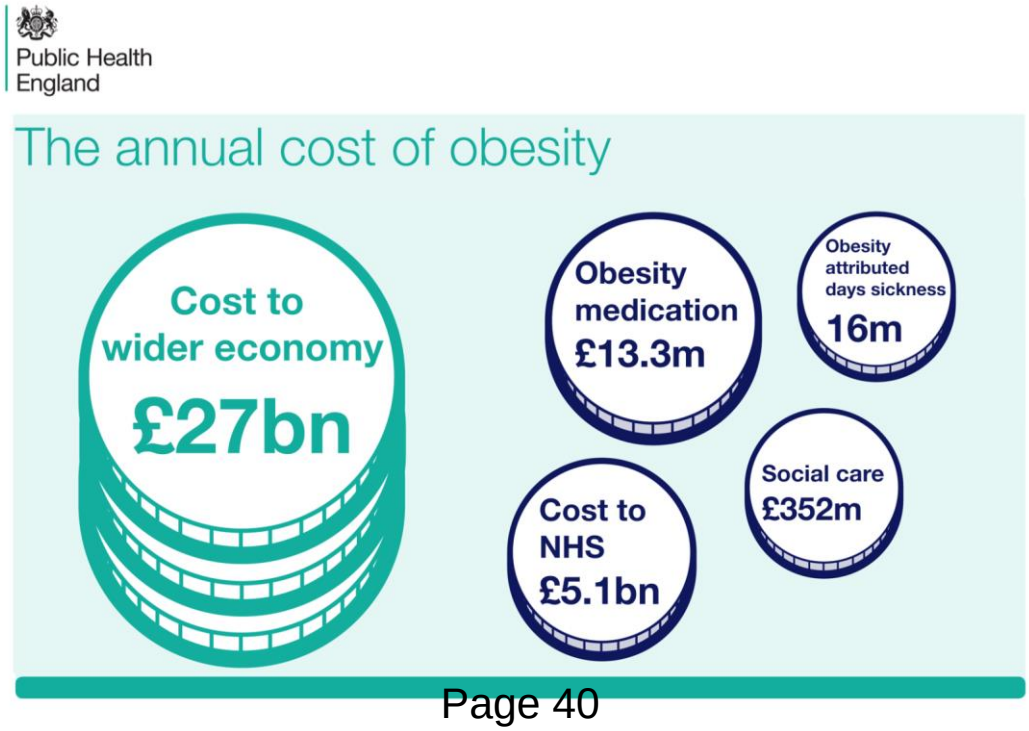
Inequalities: People with disabilities are more likely to be obese and less physical active than the general population, with **both underweight and obesity a particular issue for people with learning disabilities**.	**Poor mental well-being:** **Severely obese children and young people rated their quality of life as low as children and young people having chemotherapy for cancer**.
Economy: Treating obesity alone is estimated to cost the **NHS £5bn per year and the wider economy approx. £20bn per year e.g. lost productivity and sick days**. By 2050 this is forecast to rise to **£10bn per year NHS costs and £49.9bn per year** (at 2007 prices**) wider societal and business costs**. It's estimated that 18million sick days per year can be attributed to obesity.	**Economy:** **Inactivity costs are estimated at £8.2bn per year,** and in addition, **the contribution of inactivity to obesity is estimated to cost a further £2.5bn annually**.

The slide below is from the most recent presentation from Public Health England outlining why we should be investing in obesity prevention. The consequences are wide reaching and obesity and physical inactivity will cripple us in the future if we don't prevent it from happening in childhood and through into adulthood. A cultural shift is required but to do this a monumental change is required, from treatment of symptoms (where most of the cost are) to preventing the problem in the first place.

Obesity is virtually entirely preventable, with a few medical exceptions the vast causes are lifestyle choices, affected by the wider determinants of health. Therefore collectively we need to address these, providing support at a much earlier point will not only save money year on year but also improve the individual's quality of life. Check out: http://www.noo.org.uk/LA for more information on why investing in obesity is crucial.



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3.4 Healthy weight moving forward

Portsmouth's latest 10 year healthy weight strategy was produced last year, with a focus on children/young people and families and prevention and early support. Below is the strategic overview of the strategy.

Our vision:

Portsmouth becomes a healthy city that empowers and supports individuals, families and communities to achieve and maintain a healthy weight

Aim:

To increase the proportion of Portsmouth's children and adults who are a healthy weight

Strategic objectives:

- **Make healthy weight a priority for all:** Ensure all partners at all levels view healthy weight as a priority and are actively engaged in supporting and contributing to increasing our healthy weight population
- **Tackle the obesogenic environment:** Create environments that enable and support residents to make healthy food and physical activity choices
- **Invest in prevention:** Ensure healthy food and physical activity are the easiest and preferred option for individuals, families and communities
- **Capitalise on early intervention and treatment:** Support those outside the healthy weight category to become and maintain a healthy weight through a range of evidence-based interventions
- **Utilise the wider workforce:** Ensure professionals across disciplines are competent and confident in initiating conversations and discussing weight within their role/setting

Last week we held our first workshop with a range of PCC departments and partners to start the process of developing an action plan which will set how we are collectively going to work together to achieve our vision.

We realise it is ambitious to aim to reduce obesity and increase healthy weight population as no nation to-date has achieved this, but through strong leadership, evidence informed decisions, innovate practice, working in partnership and a desire to make positive changes at all levels (individual, organisational, community etc.) we have recipe to achieve success.

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Signed by (Head of Service)

Appendices:

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