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NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

FRIDAY, 18 SEPTEMBER 2015 AT 9.30AM

THE COUNCIL CHAMBER, SECOND FLOOR, THE GUILDHALL

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Membership

Councillor John Ferrett (Chair)
Councillor Phil Smith (Vice-Chair)
Councillor Jennie Brent
Councillor Alicia Denny
Councillor Gemma New
Councillor Lynne Stagg
Councillor Brian Bayford
Councillor Gwen Blackett
Councillor Peter Edgar
Councillor David Keast
Councillor Mike Read

Standing Deputies

Councillor Ryan Brent
Councillor Margaret Foster
Councillor Aiden Gray
Councillor Hannah Hockaday
Councillor Lee Hunt
Councillor Ian Lyon
Councillor Sandra Stockdale

(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 - 10)

4 Adult Social Care - update. (Pages 11 - 60)

Justin Wallace-Cook, Assistant Head of Adult Social Care will answer questions on the attached report.

5 South Central Ambulance Service NHS Foundation Trust - update. (Pages 61 - 70)

Rob Kemp, Area Manager SW Hants will answer questions on the attached report.

6 Director of Public Health - update. (Pages 71 - 78)

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

7 Solent Health NHS Foundation Trust - update

A representative from Solent NHS Trust will answer questions on the report that is to follow.

8 Urgent Care and Walk in Centres. (Pages 79 - 202)

This item will not be heard before 10:30am

Dr Tim Wilkinson, Clinical Chairman and Innes Richens, Chief Operating Officer 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.

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Wednesday, 22 July 2015 at 9.30 am in Conference Room A - Civic Offices

Present

Councillor John Ferrett (Chair)
Councillor Phil Smith
Councillor Jennie Brent
Councillor Alicia Denny
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough Council
Councillor Peter Edgar, Gosport Borough Council
Councillor David Keast, Hampshire County Council
Councillor Mike Read, Winchester Borough Council

Also in Attendance

Guildhall Walk Healthcare Centre
Kim Dennis, Practice Manager
Kate Huskinson, Assistant Practice Manager

Healthwatch Portsmouth
Carol Elliott, Head of Development
Patrick Fowler, Consultant

Portsmouth City Council
Dr Janet Maxwell, Director of Public Health
Mark Stables, Service Manager

Portsmouth Clinical Commissioning Group
Innes Richens, Chief Operating Officer
Dr Jim Hogan, Chief Clinical Officer
Katie Hovenden, Director of Professional and Clinical Development for NHS Portsmouth CCG

Portsmouth Hospitals NHS Trust
Ursula Ward, Chief Executive

St Mary's Walk In Centre
Penny Daniels, Hospital Director
Paul Fisher, Minor Injuries Unit/Minor Illnesses Unit Service Manager
Dr Deb Jeavans-Fellowes, Operations Manager

TQ21 (Social Care arm of Southern Health NHS Foundation Trust).
Carol Cleary, Interim Head of Services

6. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillor Gemma New. Councillor Edgar also gave apologies as he needed to leave the meeting at 11am as he had another engagement to attend later that morning.

7. Declarations of Members' Interests (AI 2)

Councillor Peter Edgar and Councillor Gwen Blackett both declared a non-prejudicial interest as they are both governors at Portsmouth Hospitals' NHS Trust.

8. Minutes of the Previous Meeting (AI 3)

It was RESOLVED that the minutes from the meeting held on 16 June 2015 be confirmed as a correct record subject to the following amendments:

Page 1 under the list of councillors present, Councillor Mike Read was the representative from Winchester **City** Council.

Page 1, minute number 1 should read 'Members asked that their thanks be passed on to David Horne for his great diligence and very **conscientious** work as Chair'

Page 1, minute number 4 - correction to the name and title of the person making the deputation which should be amended to '**Alan Burnett, Chair of Portsmouth Pensioners' Association'**. Mr Burnett had asked if a number of points be added to his record which he had raised at the last meeting but had not been included in the minutes. The panel agreed that Mr Burnett had made these points and that the below points be added to his deputation record.

- The walk in centres were established by the then Government to widen access especially to those 'outside' the mainstream system eg. those visiting the city, homeless etc and not just to 'widen choice' cited in briefing note.
- It is used by a wide range of patients in terms of ethnic background, age, residential location and need.
- Mr Burnett urged the PCCG to extend the contract of the walk in centre and surgery at the present site for two years, at least until the Government's plans for a more accessible primary care system is introduced. He felt that the Guildhall centre is in many ways a model of wider access which is envisaged which should be copied not closed.

9. Urgent Care and Walk in Centres (AI 4)

Innes Richens (Chief Operating Officer), Dr Hogan (Chief Clinical Officer) and Katie Hovenden, (Director of Professional and Clinical Development for NHS Portsmouth CCG) introduced their report which included the following points:

- This was an update on the consultation and engagement which was due to end on 31 August and no decisions had been made on the future of Guildhall Walk Healthcare Centre (GHWHC).
- The CCG had received support from Portsmouth City Council, Healthwatch Portsmouth University, PHT and Solent with promoting the survey.
- The CCG is also working with the Portsmouth Pensioners Association, Portsmouth Disability Forum and the Carers Network to promote the online survey.
- Focus groups are taking place with the Salvation Army.
- An Equalities Impact Assessment is being finalised.
- It was anticipated that a final decision on the CCG's preferred options will be made at the CCG board meeting on 23 September and the CCG will formally report these to the HOSP meeting on 18 September.

Dr Janet Maxwell added that she had offered to support the CCG by asking her team to complete a needs assessment to understand the homeless population and their current access to healthcare. Officers were working to ensure this was completed by early September. This would include recommendations on future models of care.

In response to questions from the panel the following points were clarified:

- Public transport to St Mary's Treatment Centre (STMC WIC) and parking were considerations in deciding whether to move the walk in service from GHWHC to STMC WIC. The CCG were working with the council to consider options for improving public transport links.
- With regard to the number of GP's retiring, Innes Richens advised that figures from the last local medical committee survey 18 months ago suggested that 39% of GP's plan to retire in the next 4-5 years. This is around the same figure as for other parts of the country. Dr Hogan added that because of this it was important to ensure not to be too dependent on GP's and look at other models of care.
- All surgeries in the city offer same day access to appointments however some are more effective at allocating appointments the same day for patients than others. The CCG are working with practices to find the best systems.
- The GHWHC is under a contract with APMS which is provided by Portsmouth Health. The cap on numbers felt like a pragmatic approach as the contract is due to end at the end of March.
- The CCG have met with Portsmouth University recently. There are 22,000 students registered at Portsmouth University and students have a choice on where they can register, with other surgeries such as the John Pounds Centre nearby to the university. There are a number of practices in the city who have students registered at their practices. The age breakdown of patients at the GHWHC shows that a significant proportion of the patients are in the age range of students but it cannot be confirmed that they are students.
- Dr Maxwell advised that Dr Stuart Ward, Medical Director and representative board member for Health Education England team is looking at workforce development of primary care and tying this in

with health practitioner work. Dr Hogan added that there are many pilots taking place in the city at present to ensure that patients are seen promptly and by the correct person.

- Councillor Read raised concern about the location of STMC WIC, especially for visitors to the city. He advised that the STMC WIC did not appear on some satellite navigation systems and felt that the majority visitors would enter the city via the M275 and therefore the GHWHC was the best location for a walk in centre. Innes Riches advised that access to both of the current walk in centres in the city was monitored. The results indicated that two thirds of patients are residents and suggest that in terms of access both sites are currently being used equitably. It was the role of the CCG to look at the needs of the entire population of the city. Dr Maxwell added that in terms of the homeless population, many of the services they use such as the Housing Options Team are based nearer to STMC WIC rather than GHWHC and work is taking place to consolidate this so services are closer together.
- In response to concerns raised about the additional housing being built in the PUSH area, Innes said that the growth in the south faces all services and the CCG are working closely with Portsmouth City Council to plan the future options.
- Concerns were raised by the panel about the effect on the student population if the GHWHC were to be moved, particularly as there are a number of additional halls of residence due to be built in the next few years. Dr Maxwell said that the university has its own medical centre and discussions with the university need to take place to see whether this needs to be developed to accommodate additional students. She advised that other GP practices such as the John Pounds Centre and Somerstown Hub are all due to be developed so could accommodate additional patients in the future. It was suggested a map be provided to the panel on GP practices in the city.
- Councillor Edgar said that telephone conversations with a GP to establish whether an appointment is needed was a good idea and appeared to be working well in his experience. He asked whether this is being used as a template nationwide. Dr Hogan advised that there are various pilots taking place including one at the Croookhorn Surgery who are looking to triage every call to manage patients in a more proactive way. There is an agreement to move to single IT system which is merged with the community provider and the CCG are about to look at the business case for wider Hampshire to allow them sight of all systems. All Portsmouth doctors surgeries have joined together in a federation to ensure that they all moving in the right direction and it was important to ensure doctors are attracted to Portsmouth who will stay long term.
- Councillor Ferrett asked whether PHT were being consulted on the proposals as he felt this could impact on the Emergency Department (ED) pressures at Queen Alexandra Hospital (QAH). Innes Richens advised that the CCG were consulting with the people who use the service and they did not think the proposals would impact on the ED at QAH. It was felt that the proposals to

move the WIC from GHWHC to STMC WIC would actually improve pressures at the ED as people will be less confused as to where to go so will not go to the ED. This proposal would simplify the process giving the public one clear choice.
- In the last 18 months the GHWHC has been advertised in the urgent care guide.

The panel then received evidence from Paul Fisher, Minor Injuries Unit/Minor Illness Unit Service Manager and Penny Daniels, Hospital Director and Dr Deb Jeavans-Fellowes, Operations Manager at St Mary's Walk Treatment Centre. In response to questions the following points were clarified:

- STMC WIC currently has no doctor on site apart from when the two clinics are held. They have access to a senior doctor in the ED at QAH. The staff would welcome a doctor being based at STMC WIC as it would benefit patients.
- Approximately 300 patients who attend STMC WIC are redirected either to the ED or to their GP out of approximately 4,000 who attend each month.
- The service is currently out to tender and it was uncertain whether the key performance indicator (KPI) of a two hour wait for patients would be used. Their current target however is for patients to be seen and assessed within 30 minutes of arrival. This would not include any further tests/x-rays etc.
- The service has been well established for 10 years and the re-tender gives the Centre the opportunity to grow, develop and become more innovative. The Centre consistently treats 120-130 patients each day.
- The walk-in patients are part of the STMC WIC tender but where the service will be located is currently unknown. If the service moved to STMC WIC they would need to increase the number of cubicles and increase staff.
- STMC WIC has access to language line for any patients who arrive that do not speak English however they find that the majority attend with someone who can speak English so this isn't often needed.
- STMC WIC has extended opening times compared to GHWHC it is open until 10pm 7 days a week.
- Dr Maxwell added that the driver for the proposals is to look at the best use of resources to work together to shape the whole system of care to improve the flow.

The Panel then received evidence from Kim Dennis, Practice Manager and Kate Huskinson, Assistant Practice Manager at GHWHC. Kim Dennis made the following points:

- Six years ago, £500,000 was spent on making the building fit for purpose. Many other surgeries in the city are not fit for purpose and development would be needed to these surgeries to accommodate the patients registered at GHWHC if it were to close.
- The students registered at the surgery were contacted via letter however as this was sent to their halls of residence in early June most of the students will not see this until they return in September.

- The CCG had advised that patient participation groups had been contacted however the patient participation groups at GHWHC have not been contacted.
- The service currently has 96 patients with no fixed abode who have a chaotic lifestyle and the GHWHC has had a lot of success with these patients and managed to tailor their service to meet their needs.
- On Saturday 18 July 92 patients were treated, with 86 of these being treated and discharged within 30 minutes. Due to the America's Cup this weekend they are expecting an increase in patients as the service is ideally located for visitors attending the event who become unwell.
- Part of the confusion for patients is because they have never been able to signpost and the GHWHC was not included on the *Choose Well* leaflet.
- The GHWHC works closely with the ANA Drugs Recovery Treatment Centre which helps patients who have moved to the city to get away from their triggers for drugs use.
- GHWHC has seven contracted doctors and many more who want to come to work there as it is interesting and diverse.
- GHWHC have never breached their targets.

In response to questions the following points were clarified:

- Each day there are two GP's who work 12 hours a day and one nurse practitioner who is able to prescribe.
- Approximately four patients a week are referred to the ED at QAH if the patients illness is unable to be treated by the doctors at GHW e.g. if a small child if seriously unwell or if there are symptoms of a heart attack.
- The former PCT and the CCG had asked the providers not to market the service as initially they did not know how many would use the service; however the numbers have always exceeded expectations.
- The building has a 10 year lease and has four years remaining on the lease.
- The GHWHC have suggested joining the federation of Portsmouth practices as they have the same IT system and could allow other practices to use their facilities.

The panel felt that it was important that community services meet the needs of its patients and that the GHWHC is serving its population well and was in an ideal location. The Chair asked that the CCG come back to their next meeting on 18th September with the full business case and the results of their engagement. It was felt that a number of unanswered questions remained and it was hoped these would be answered when the panel consider the full business case in September and the panel would then decide whether the proposals constitute a substantial variation in services.

RESOLVED that the reports today be noted and the panel's concerns be noted. The panel will await the formal proposal from the CCG in September.

ACTIONS

(1) The CCG to provide a map showing the location of all GP practices in the city, indicating which ones are due to be developed and if possible the number of registered patients at each practice.
(2) The CCG to continue working with PCC to look at how bus routes going east to west in the city could be added to encourage patients to go to St Mary's rather than QAH.

10. PHT update including the Care Quality Commission's Inspection report on Queen Alexandra Hospital (AI 5)

Ursula Ward, Chief Executive of Portsmouth Hospitals' NHS Trust introduced her report and added the following points:

- There was a planned CQC inspection February 2015, which involved 60 inspectors over four days. It was a very detailed process and they were vigorously assessed. The CQC's draft report was received in May which gave the hospital trust the opportunity to respond to any factual inaccuracies. There were a number of misinterpretations and the CQC had accepted 75-80% of these changes.
- The main reason for the overall rating of 'requires improvement' was due to unscheduled care, which was particularly busy during February when the inspection had taken place.
- PHT were very pleased to be rated outstanding on caring as only 4% of hospitals had received this rating so far. 75% of hospitals inspected had been rated as 'requires improvement' overall and 20-25% of hospitals had been put into the special measures bracket.
- PHT received a follow up visit from the CQC on 25 April to view progress on improvements made to date and a report on this is expected in the next couple of weeks. This will be circulated to the panel once received.
- A number of improvements had already been implemented since February and during the next 6-12 months there would be another inspection.
- A quality summit was held on 2 July which a number of partners, commissioners, the Trust Development Agency, Healthwatch etc. were invited to. The quality improvement plan setting out the key themes and issues will be circulated for comment prior to submission to the CQC on 6 August.
- The annual hospital open day is being held on Saturday 3 October which would give the opportunity to get behind the scenes which she encouraged the panel to attend if possible. Some members said they were planning to attend this.

In response to questions the following points were clarified:

- Attracting nursing staff is a big issue at PHT and also internationally. There are currently 300 unfilled nursing vacancies at PHT and they are recruiting nurses from Portugal and Spain to try to fill these. Nurses training in Portugal in particular are of an incredibly high standard and the attrition rate is very low. There is also a shortage of middle grade doctors with eight vacancies presently.
- The practice of nursing is now more complex and there is evidence of young people wanting to get into nursing who do not want to go to

university due to the large debt they will incur. PHT are trying to develop other roles based on experience of working with military staff who use medical assistants who carry out complex procedures and this has made a big difference. They are also working on an education programme with Solent University to ensure good development programmes with a clear progression.

- With regard to the impact on the ED once the 20,000 plus additional homes are built in the QAH catchment area, Ursula Ward said are all in the local health economy are recognising that a step change is needed to work cohesively together. There is a system wide plan in place which all partners have signed up to. There is an issue with how to manage the frail and elderly and those with long term conditions. Going to hospital should be seen as the last point of referral and PHT are working with community providers to promote this message.
- With regard to end of life care, the Liverpool pathway was the standard set at a national level however there were concerns with its interpretation. Previously there was a dedicated end of life ward which provided outstanding care however physically this ward area was unable to accommodate all those patients requiring this care, In April 2015 following extensive consultation, the End of Life Palliative Consultant, the Specialist Palliative Care Team and the End of Life Care Team have been co-located into one CSC, Medicine for Older People, Rehabilitation and Stroke. From 1 July the Trust wide End of Life Strategy was formally launched. Ursula advised she would be happy to provide more information or a visit for the panel to see this new team.
- Councillor Keast said he was shocked with the numbers of patients waiting for discharge for various reasons and asked as a councillor at Hampshire County Council could help improve this situation. Ursula Ward advised that there are approximately 120 patients occupying beds who do not need to be there. She said that part of the reason is down to the hospital that need to be more consistent and further work is needed. Additionally partners need to work with PHT. Portsmouth city council are able to respond quicker with care packages as have integrated teams with Solent. Councillor Keast said he would take this back to Hampshire County Council to see if a situation could be improved.
- Councillor Ferrett said that both Portsmouth City Council and Hampshire County Council will be facing big cuts to Health and Social Care budgets and he hoped that PHT would be consulted on the possible impacts of cuts. Ursula Ward said that the whole of the health and social care resources needed to be reviewed and PHT are aware that resources could be used more effectively.
- With regard to recognition awards for staff, Ursula Ward advised that PHT run a 'best employee of the month' award. They also work with *The News* on the Healthcare Award which is internally a prestigious award ceremony where individuals and teams are recognised. There are also long service awards for the very dedicated and loyal staff working for PHT.

RESOLVED that the report be noted.

11. Tamerine Respite Care Unit. (AI 6)

Carol Cleary, Interim Head of Services TQ21 and Mark Stables, Service Manager introduced their report. In response to questions the following points were clarified:

- TQ21 are working with Portsmouth and Hampshire Commissioners on the closure of the Tamerine Unit.
- The closure of Tamerine has brought forward the respite review.
- The problem with Russets is that it is a large congregate setting with a multiplicity of functions and some people find this difficult.
- An allocated Social Worker is meeting with all families individually to look at their needs and the needs of the person receiving respite care.
- There are nine people who use Tamerine from Portsmouth City Council and 11 from Hampshire County Council.
- Portsmouth is developing a small service for those who need it. It will be part of a larger service to achieve economies of scale. It is anticipated that it will be in place before the closure of Tamerine in December 2015.
- TQ21 are in the process of transferring another short break service to Hampshire and there may be potential to use this service in the short term.
- There is a general move away from residential care as it represents an inflexible and costly approach. They are now looking to move towards a more personalised approach made possible by the development of a menu of options that will include outreach support and Shared Lives. This will provide a different offer that will have less emphasis on respite care.
- Families and individuals using services will be consulted on change.

RESOLVED that the report be noted.

12. Healthwatch Annual Report (AI 7)

Carol Elliott, Head of Development and Patrick Fowler, Healthwatch Consultant introduced the report. In response to questions the following points were clarified:

- Healthwatch Portsmouth had suffered staff cuts and was now a team of three. They are reliant on help from volunteers and currently have 10 volunteers who assist with running public surgeries to reach members of the public.
- It had been challenging to get the Healthwatch Board established.
- Healthwatch are an independent consumer's champion who can go into public places to get the public's views on different healthcare services they have received.
- Funding cut of 30% from Portsmouth City Council for this year. Contracted until March 2016 and their funding is not ring fenced.
- Councillor Ferrett said that Portsmouth City Council needs to ensure that Healthwatch are consulted when drawing up the next budget so they have the opportunity to raise any concerns. Carol Elliott said that

she was already in talks with the contacts manager to see how the service can continue and would like to see an extension to the contract for stability.

- The Panel felt that Healthwatch provide a great service and it was important they have enough funding to continue.

RESOLVED that the report be noted.

The meeting ended at 11.50 am.

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Councillor John Ferrett
Chair

Report to: Health Overview and Scrutiny Panel

Date: 18 September 2015

Report by: Robert Watt, Director of Adult Services

Presented by: Justin Wallace-Cook, Assistant Head of Adult Social Care

Subject: Adult Social Care update on key areas

1. Purpose of the Report

To brief the Health Overview and Scrutiny Panel on recent developments in Adult Social Care 2015.

2. Recommendations

That the Health Overview and Scrutiny Panel note the content of this report.

3. Update on Key Areas

3.1 ASC Budget

Adult Social Care continues to face significant financial challenges, with £6m savings to find in 2015/16 and a further £7m across the following two years 16/17 and 17/18.

Whilst we continue to look at staffing and efficiencies, significant savings will be required from direct provision and commissioning of services.

Budget proposals for savings will be put to the council during September and following this, consultation will then take place with any service users that may be affected by these proposals

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3.2 ASC Development Projects

As part of our ongoing strategy to improve residential and independent living facilities for vulnerable people across the City, the following projects are underway or completed.

Maritime House Extra Care Sheltered Housing (ECSH)

Eighty flats have been delivered on the Alexandra Lodge site with the first people moving in during April. Sixty seven are now filled. One major achievement was that three people with severe physical disabilities moved to their own flats in July having lived in a care home for more than twenty five years.

Our Extra Care developments have attracted great interest from other Local Authorities and we have received national recognition from the Association for Public Service Excellence (APSE).

Victory Unit
Delivery of a purpose-built 20-bed re-ablement facility, that underpins the strategy of Extra Care by keeping people independent. The Victory Unit has transferred successfully from Longdean Lodge to its new premises, part of the Maritime House building.

An official opening by the Lord Mayor is taking place on 15 September.

Modernising Residential Dementia Care

The replacement of existing inefficient in-house run residential care buildings, which are reaching the end of their useful lives and do not meet modern standards An appropriate site that meets service requirements has been identified and approved by Cabinet & planning permission achieved.

A procurement process has not resulted in an acceptable tender received. Re-calculated estimates identify a significantly increased capital cost so additional sources of capital are being investigated. This includes a reduction in scope from 72 beds to 60 beds & replacing them with supported living units.

Other options are being considered and an appraisal of these is being undertaken, including support from the corporate development team.

3.3 **Care Act**

The Act came into force on 1 April 2015, bringing together over 60 years of care and support law into a single clear statute.

A presentation was given to HOSP on 16 December 2014

The Act was split into 2 elements:

Part 1 Care and support to be implemented in 2015

Part 2 Funding reform (cap on costs) to be implemented in 2016.
On 20 July 2015 ministers announced a delay in the implementation of part 2 until 2020.

Progress to date.
- New assessment & care plans introduced
- Payroll Service established for Direct Payment users

- Resource Allocation System (RAS) developed for carers (pilot to commence October 2015)
- Re-structured Portsmouth Adult Safeguarding Board (PASB) to reflect Care Act requirements
- Establishment of the Designated Adult Safeguarding Manager (DASM) role
- Pan Hampshire Safeguarding Policy re-written
- Community Connector Pilot – prevention project to work with people not eligible for social care services, to prevent, reduce or delay need for statutory services
- LD day service transformation concentrating on work, health, independence and social inclusion
- Work with Think Local Act Personal (TLAP) on Information and Advice Strategy
- Work with Towards Excellence in Adult Social Care (TEASC – DH / LGA) on Risk Awareness Pilot
- Sector Led Improvement – peer to peer between LA's

Latest from National Implementation Board

The Board discussed the £146m payment currently being made to local government in 2015/16 to implement the cap and other measures. The decision whether to continue making this payment rests with Ministers.

The Board considered whether the status of the programme should be reduced to Amber. The introduction of the Living Wage also posed a risk to the future implementation of the Act. It agreed actions to start the re-planning of milestones to implement the cap in 2020 and considered options on the future of the programme. The Board also agreed to engage with the insurance industry to develop insurance products.

3.4 **The Better Care Fund (BCF)**

See Highlight Report attached - Appendix 1

Integrated Localities

There is an intention to have an integrated localities offer within health & social care for adults in Portsmouth. This move will join up Solent and PCC provided services for people over 18 years of age who access community nursing, ASC and OPMH services. The service will work together to determine the most appropriate assessments for a person's needs and reduce duplication in the number of people that the service user needs to see to access the service they need. The integrated team will develop a trusted assessor model whereby resources can be accessed based on an assessment from any professional. The team will work together to form a "team around the person" to ensure timely discharge where an admission to

QA has occurred and work in partnership with GPs in Portsmouth to ensure access to the right service at the right time.

The first step is to establish co-location and then to work toward integration. Thus far, buildings have been identified and the work is ongoing to establish agreement over rental and facilities and a partnership agreement.

- Confirmed that the plan is to move to 3 co-located teams, based on the scoping work coming out of the North locality work, the core team will be community nurses, ASC social workers and related staff, OTs, physios, OPMH community team, community geriatrician and related admin staff.
- Development of a locality leadership model to enable the changes to working practices required. It was felt that this would be 3 senior managers but more work required
- Recognised that for the majority of staff there will be no change to what they do / how they work in the first instance. Changes to working practices / new model of care to be developed once the teams are in place.
- Recognise that in the first instance there may not be any additional management savings, over and above those being proposed already for ASC / Solent but in joining teams it will ensure we retain the management capability / capacity to deliver across health and social care in light of the proposed cuts required.
- Recognised that there are a number of unknowns, some that are fairly short term that need to be resolved and others that we will not know the answers to until we start some of the changes. Acknowledged that there is a balance to be struck between achieving scale and pace of change required, with not rushing into something that has potential consequences for worsening the position.

3.5 **Safeguarding**

Development towards a Multi-Agency Safeguarding Hub (MASH) has seen the co-location of the Adult Safeguarding Manager with the Children's Joint Action Team and Hampshire Police. The full MASH will include Health and progress is being made towards this.

This has resulted in greater joint working and sharing of information with colleagues across all agencies.

3.6 **Carers update**

Carers Strategy 2015 to 2020

This refreshed strategy was endorsed by PCC Cabinet on the 11 June 2015 and the Clinical Strategy Committee of the CCG with very positive feedback from both.

This strategy is Portsmouth's second Carers Strategy and builds on the significant progress and achievements of the previous Carers Strategy 2011 to 2015. This time the strategy has been produced jointly by Portsmouth City Council, NHS Portsmouth Clinical Commissioning Group, Solent NHS Trust and Portsmouth Hospitals NHS Trust and in consultation with Carers.
The strategy covers carers of all ages who provide unpaid support for a family member or friend, who due to illness, disability, a mental health condition or an addiction cannot cope on their own.

The strategy has been written to build on the previous document and in response to the publication of the National Carers Strategy Second Action Plan 2014-2016. The local plan reflects the four priorities laid out in the national strategy:

1. Identification and recognition
2. Realising and releasing potential
3. A life alongside caring
4. Supporting carers to stay healthy

A local action plan has been developed based on these four areas with input from local carers.

This strategy and its' two year action plan sets out how we will improve carer identification and support across the health and social care system in Portsmouth, including a work programme that will meet the National Carers Strategy, the Care Act, and Better Care Fund and locally identified requirements and will continue to be monitored by the Carers Executive Board.

The strategy was launched during Carers Week, w/c 8th June 2015. A copy of the strategy can be found here -

https://www.portsmouth.gov.uk/ext/health-and-care/carers/carers-strategy.aspx

3.7 **Day Service Transformation (Learning Disability)**

There is currently a limited, relatively inflexible Day Service offer. We are undertaking a 'Day Service Transformation' across in-house and independent sector providers designing services focussing on the 4 areas of Work, Health, Independence and Social Inclusion.

Working collaboratively with Public Health, Adult Social Care, Housing, Carers and Service Users, we are designing solutions that are cost effective, of benefit to the wider population and reflect a culture of aspiration, focussing on individual and Community assets.

Currently there is a relatively high proportion of service users receiving intensive packages of support while others receive much less. The aim is to reduce high care costs and develop low cost, socially inclusive, solutions which represent the only long term sustainable approach.

Widening the market will necessarily involve a significant reduction in the scale of Portsmouth Day Service who currently support 170 service users and this will involve redundancies.

Robert Watt
Director of Adult Services
September 2015

Appendix 1

NHS
Portsmouth
Clinical Commissioning Group

Programme Highlight Report

Project Title	15/16 Better Care Fund Programme (Portsmouth)

Programme Lead	Clinical Lead	Project Manager	Due Date
Jo York	Dr. Jim Hogan		31-Mar-2017

M'stones	Activity	Finance
		

Description

This programme focuses on managing the safe integration of work activities and funds between health care, social care, and the local authority for Portsmouth. Working groups have been set up for Portsmouth CCG and the City Council as cross-organisational teams to manage the BCF programme and following initial consultations, a strategic plan and 11 underpinning projects with 5-year strategic, and detailed year 1-2 operational approaches have been approved by the Health and Wellbeing Board, Local Authority, and CCG Governing Body.

Background

Evidence nationally and internationally suggests that delivering effective community based integrated health and social care support can reduce emergency admissions, reduce length of stay in hospital and avoid long term care admissions. The health of people in Portsmouth is generally worse than the England average and there is a real need to tackle health inequalities and life expectancy. Portsmouth's focus is on prevention and supporting people to stay well. To achieve, a change in the way services are currently being provided needs to happen. The artificial, historical barriers that exist within the system need to be broken down, with the aim of providing a single, co-ordinated service

Dependencies and Assumptions

The schemes within the Better Care programme are all interdependent and are supported by a number of underpinning work streams including workforce, IT, Information Governance and estates. Other dependencies
• CCG/ICU commissioning cycle
• Existing service/team improvement planning
• Business and budget planning cycles of all key stakeholder organisations
• Changes in service provision and operational procedure arising from the Care Act 2014.
The project is under-pinned by the following assumptions. Deviations from each and any of these may mean that the project (in whole or in part) is not deliverable on time, or (in the case of feasibility) at all.
• Suitable staff to be made available to work on the project
• Project has managerial approval from all stakeholder organisations
• BCF remains the government's preferred policy agenda for health and social care integration
• Project outcomes will inform commissioning decisions made by all stakeholder organisations
Suitable governance arrangements, ie s113; partnership board arrangements

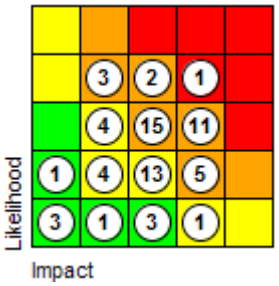
Project Desired Outcome

The production and delivery of plans for managing the safe integration of work activities and funds between health care, social care, and the local authority for Portsmouth.

Expected Outcome Status

On track to deliver expected outcomes	

Risk Summary



Latest Project Commentary	Date	Author
At the end of August the Quarter 1 template was completed and submitted. Project leads was cancelled in early September due the number of apologies so work on reviewing progress against the projects and reviewing of the top 3 risks from each project will be done electronically and discussed at the HaSP board on September the 10th.	04-Sep-2015	Jo Atkinson

Progress reported, Work has progressed in a number of areas during August to enable the AVS to launch in early September Phase 1 - Bed based report has been completed and to be presented at Septembers HaSP Board on September the 10th Phase 1 - Reablement has been completed. Actions and timescales for phase 2 are being drafted Living Well Targets were met at the end of July and a review of the availability of data required for evaluation, is being undertaken. Work force - Filming for the DVD has begun Projects which have not progressed since last month, Concerns about the partnership agreement were raised at the integrated localities project group which has paused some of the work. Members also expressed that having defined work streams would support the work required for integration and provide more project structure. The Better Care programme lead is now in the process of developing work packages to be shared with identified work stream leads. The prevention work stream has not moved forward following the workshop in early July. This will now be escalated with the project lead and appropriate managers. The redesign of the care homes project has stalled again, currently awaiting data which will assist in understanding the need and developing the model for the future.		

Project Work Breakdown Structure

Project	EO	Latest Note
Integrated Localities Project		At the integrated localities project meeting on the 2nd September, concerns were raised about the partnership agreement which had been developed being not fit for purpose. This has resulted in organisations questioning whether the appropriate plans are in place to support the integration of the three teams. The outcome of the meeting was as follows, •A revised project plan to be issued based on existing information •Work streams to be established, 1) Estates and IT, 2) Partnership Framework which will include clinical governance, cooperate governance and information governance 4) Workforce and HR 5) Communications •Work pages to be developed with each work stream lead and to identify actions and deadlines, dependencies, risks. All to be individually owned •Work stream leads to report the progress on each of their work stream to the monthly integrated localities project board meeting to be chaired by Jo York.

Action Title	Start Date	Due Date	Progress	Status	Notes
Scoping work in North locality to establish broad operating model for integrated teams	31-Oct-2014	31-Mar-2015	100%		
Establish management and staffing model for new teams	06-Jan-2015	31-Mar-2015	100%		
Model budget for combined teams	02-Feb-2015	31-Mar-2015	40%		
Agree implementation plan/phasing	02-Feb-2015	04-Jan-2016	21%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Ensure operational readiness		30-Nov-2015	0%		
Communications		04-Jan-2016	47%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Develop a communications plan	20-Apr-2015	31-Aug-2015	30%		David Adams 29-Jul-2015 Previously completed comms plan was predicated on original June 30th target date for co-location. Revised plan required by end of August
Staff Briefing session with team leaders	30-Apr-2015	30-Apr-2015	100%		
Ensure localities communications plan is joined up with Solent wider communications	30-Apr-2015	30-Jun-2015	0%		
To deliver two staff briefing sessions at St James	30-Apr-2015	08-Jul-2015	100%		Jo Atkinson 23-Jul-2015 Two staffing sessions have now been delivered
Monthly integrated locality meetings (project team)	30-Apr-2015	02-Sep-2015	60%		Jo Atkinson 01-Jun-2015 Ongoing monthly meetings
Internal electronic communications e.g. team emails, team briefings, staff newsletters	30-Apr-2015	30-Oct-2015	0%		Jo Atkinson 17-May-2015 Ongoing through the implementation stage
Hub website created and kept up to date	11-May-2015	31-Aug-2015	75%		Jo Atkinson 23-Jul-2015 At projects leads group it was agreed that communications could appoint a company to produce a

					website. It is expected that this could take up to 6 -8 weeks to develop. A revised new end date in place to enable for the development.
Arrange for clinical leads to meet with locality leads	25-May-2015	30-Jun-2015	100%		Jo Atkinson 01-Jul-2015 Meeting has been arranged for the 7th of July 2015. Meeting to be used to start working through an action plan of how to progress the locality work.
Monthly telephone conference calls for locality staff to dial in to	05-Jun-2015	31-Dec-2015	28%		Jo Atkinson 18-Jun-2015 Monthly telephone calls have been arranged for all staff to call in to, notes are taken and issued to electronically.
External communications e.g. up date websites, leaflets, press release		30-Oct-2015	0%		Jo Atkinson 18-Jun-2015 Ongoing through the implementation stage
Fortnightly locality meetings (locality leads x3)		30-Oct-2015	33%		Jo Atkinson 18-Jun-2015 New due date which will enable meetings to continue up until the move to Medina. The meetings may continue in the same format or different format after the move

Action Title	Start Date	Due Date	Progress	Status	Notes
Estates and IT		04-Jan-2016	23%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Decision on preferred sites	11-May-2015	22-May-2015	100%		Jo Atkinson 23-Jul-2015 A decision has now been made on all three localities, Civic for the South and Central and Medina House for the North team
Design floor plan for the Civic	01-Jun-2015	01-Sep-2015	0%		Jo Atkinson 21-Jul-2015 PCC Estates project manager is liaising with locality leads to a develop floor plan
Arrange lockers required the Civic Offices	15-Jun-2015	01-Sep-2015	0%		
Deliver telephony requirements at the Civic	19-Jun-2015	19-Sep-2015	0%		
Deliver telephony requirements in to Medina House	19-Jun-2015	31-Oct-2015	0%		
Feasibility/options appraisal on estate options		22-May-2015	100%		Jo Atkinson 23-Jul-2015 The feasibility has been completed.
Staff informed of Parking Arrangements		01-Jun-2015	0%		Jo Atkinson 23-Jul-2015 Staff have been informed of the teams they will be in. Parking queries to be discussed as they arise.
Risk assessment for out-of-hours staff - all locations		05-Jun-2015	100%		Jo Atkinson 23-Jul-2015 This action has been completed
Scope and indentify telephony requirements for Solent NHS		19-Jun-2015	0%		Jo Atkinson 23-Jul-2015 Is being progressed but has been delayed
Detailed office move project plan in place		01-Sep-2015	100%		Jo Atkinson 23-Jul-2015 PCC Estates project manager in place developing a plan to support the co-location
Look at additional facilities/storage (sub-store) required		01-Sep-2015	0%		

Arrange ID badges for new staff working at the Civic		21-Sep-2015	0%		
Relocation of the South and Central teams to the Civic complete		21-Sep-2015	0%		
Arrange lockers needed for Medina House		01-Oct-2015	0%		
Design floor plan for Medina House		01-Oct-2015	0%		
Arrange ID badges for staff working at Medina House		30-Oct-2015	0%		
Relocation of the North team to Medina House complete		30-Oct-2015	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
IT		04-Jan-2016	28%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Develop FAQ -seek input from current staff/managers	27-Apr-2015	31-Dec-2015	40%		Jo Atkinson 01-Jun-2015 FAQ have been drafted and will be circulated monthly with the notes from the teleconference calls until the website hub goes live. New revised end date.
Install the required IT in to the Civic Offices	10-Jun-2015	19-Sep-2015	0%		
Install the identified IT requirements in Medina House	10-Jun-2015	31-Oct-2015	0%		
Identify IT requirements at each site		30-Jun-2015	100%		Jo Atkinson 01-Jul-2015 Requirements identified; short term wifi access in both Charles Dickens and Brunel wings. From October a 'hard wire' solution will be enabled. No wifi access in Medina. Lines for the Civic requested on Monday 29th June.
Issue lap tops to Solent NHS staff		01-Sep-2015	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Partnership Framework		04-Jan-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Develop an Information Governance Framework		30-Nov-2015	0%		
Develop Clinical Governance Model		30-Nov-2015	0%		Jo Atkinson 03-Sep-2015 Meeting to take place during the week of the 31/08/15 to discuss what needs to be in place for the City Council and Solent NHS.
Develop Corporate Governance Model		30-Nov-2015	0%		Jo Atkinson 03-Sep-2015 Meeting to take place during the week of the 31/08/15 to discuss what needs to be in place for the City Council and Solent NHS.
Seek advice from legal on partnership agreement		30-Nov-2015	0%		Jo Atkinson 03-Sep-2015 Advice to be sought from legal about the partnership agreement and whether this is the most

					appropriate agreement to have in place or whether there are other possibilities including a heads of terms and an honorary contract

Action Title	Start Date	Due Date	Progress	Status	Notes
Workforce and HR		04-Jan-2016	28%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Issue letter to staff about change in working location	01-Jun-2015	01-Jun-2015	100%		
Design the integrated locality team structure	01-Jun-2015	06-Jul-2015	90%		Jo Atkinson 21-Jul-2015 As of early July members of staff have been informed of the team they will be in and senior staff have requested feedback if there are issues regarding the proposals.
Inform staff of line management arrangements (including supervision)	01-Jun-2015	06-Jul-2015	0%		Jo Atkinson 21-Jul-2015 Staff as of early July have not been informed of their line management arrangemnents
Carry out induction with staff at the Civic Offices	06-Jul-2015	21-Sep-2015	0%		
To carry out consultation with nurses	03-Aug-2015	11-Sep-2015	0%		Jo Atkinson 03-Sep-2015 This has currently been stopped as of the 2nd September.
s113 formal consultation	28-Aug-2015	03-Aug-2015	0%		
Develop a staff induction pack		01-Sep-2015	0%		
Carry out induction with staff at Medina House		30-Oct-2015	0%		
Consultation with other affected staff		30-Oct-2015	70%		Jo Atkinson 21-Jul-2015 Due to delay in the locating of the teams, this action has been extended to reflect that there will be ongoing consultation with staff leading up to the moves. Consultation with affected staff has been happening through conference calls for the wider system, plus staffing lists and proposed locations to the wider ASC workforce have been issued.

Action Title	Start Date	Due Date	Progress	Status	Notes
Identify and recruit 3 locality team managers	01-Apr-2015	18-Sep-2015	50%		David Adams 29-Jul-2015 Locality leads identified. Formal consultation and appointment process to be completed.

Project	EO	Latest Note
Bed Based Review Project		Phase one report recommendations agreed with project group. Phase one master report under development. Audits of bedded units ongoing. Discussions with Solent estate rationalisation joining up across physical health, OPMH and AMH commissioners and finance colleagues. Reviewing potential adjustment to Corben capacity in light of occupancy. Recruitment difficulties still impacting on application of ORCP funded schemes.

Action Title	Start Date	Due Date	Progress	Status	Notes
Data sourcing and analysis	01-Apr-2014	16-Jul-2015	58%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Data gathering and analysis	01-Apr-2014	01-Apr-2015	80%		
Identify full cost of service provision	01-Apr-2014	01-Apr-2015	75%		
Evaluation of data gathering	01-Apr-2014	01-Apr-2015	60%		
Review of staff mix and cost analysis	01-Feb-2015	01-Jan-2015	20%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Audit	15-Apr-2014	30-Jun-2015	100%		Claire Budden 13-May-2015 •Agreement reached with providers including extending scope to MOP at PHT. •Provisional dates identified •IG protocol being developed •Revised questions agreed

Action Title	Start Date	Due Date	Progress	Status	Notes
Audit of rehabilitation beds	15-Apr-2014	30-Apr-2014	100%		
Audit of OPMH beds	05-Dec-2014	05-Dec-2014	100%		
Evaluation of OMPH	05-Dec-2014	15-Jan-2015	100%		
Audit of Corben Lodge	09-Jan-2015	09-Jan-2015	100%		
Evaluation of Corben	09-Jan-2015	01-Mar-2015	100%		
Action tracker of audit findings	01-Feb-2015	01-Mar-2015	100%		
Audit of MOPRS - approach tbc and possible links to previous audits	01-Feb-2015	01-Apr-2015	100%		
Evaluation of community based provision	01-Mar-2015	31-Mar-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Start up	01-Aug-2014	31-Dec-2015	100%		Claire Budden 16-Apr-2015 In revised project plan this is broken down in to multiple elements, the majority of which are concluded

Action Title	Start Date	Due Date	Progress	Status	Notes
Initial project brief completed and submitted	01-Aug-2014	01-Sep-2014	100%		
Project group established (opertional under previous name)	01-Aug-2014	31-Dec-2015	100%		
Membership identified from partner organisations	16-Jan-2015	18-Feb-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Grove and Corben Lodge redesign	01-Dec-2014	31-May-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Complete Grove inventory	01-Dec-2014	31-Dec-2014	100%		
Current cost model for Grove with reduced nursing cover	01-Dec-2014	01-Feb-2015	100%		
Change to referral criteria becomes effective	05-Dec-2014	05-Dec-2014	100%		
Nursing hours reduction commences	31-Dec-2014	31-Dec-2014	100%		
Grove closure	31-Dec-2014	31-Dec-2014	100%		
Commence discharge planning / transfer arrangments for occupied beds	01-Jan-2015	15-Apr-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Step-up review	01-Jan-2015	30-Apr-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
National guidance	01-Jan-2015	30-Apr-2015	100%		
Review of best practice / case study	01-Jan-2015	30-Apr-2015	100%		
GP Consultation	01-Jan-2015	30-Apr-2015	100%		
Stakeholder engagement	01-Jan-2015	30-Apr-2015	100%		
Engagement with community nursing	01-Jan-2015	30-Apr-2015	100%		
Data collation and analysis	01-Jan-2015	30-Apr-2015	100%		
Review of current position and opportunities for development	01-Jan-2015	30-Apr-2015	100%		
Outline proposal for step-up beds referral criteria	01-Jan-2015	30-Apr-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Longdean transitional changes	01-Jan-2015	01-May-2015	100%		Claire Budden 16-Apr-2015 Adjusted completion date as broken down into elements. Revised feedback form developed for Victory unit from start date. On-going discussions with Solent about additional feedback from Jubilee/Spinnaker above their standard paperwork

Action Title	Start Date	Due Date	Progress	Status	Notes
EIA for access changes	01-Jan-2015	01-Jan-2015	100%		
EIA for service relocation	01-Jan-2015	01-Jan-2015	100%		
Identify therapy staff requirement	01-Jan-2015	01-May-2015	100%		
Link from Victory transition group to this group	01-Jan-2015	01-May-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
OPMH transformation links	01-Jan-2015	16-Jul-2015	0%		Claire Budden 01-Jul-2015 OPMH report overdue from May
Estates options and information	01-Jan-2015	31-Mar-2016	60%		Claire Budden 13-May-2015 Increased therapy of 2 FTE made available using resilience funding - longer term modelling still underway

Action Title	Start Date	Due Date	Progress	Status	Notes
PCC estates plans regarding transfer dates for Longdean confirmed	01-Jan-2015	31-Jan-2015	100%		
Solent proposals for estate development submitted	16-Jan-2015	01-Sep-2015	20%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Business as usual activities	01-Jan-2015	31-Mar-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Regular review of data around Spinnaker, Victory, Jubilee	01-Jan-2015	31-Mar-2016	0%		
Links to other BCF workstreams	01-Jan-2015	31-Mar-2016	0%		
Attendance at BCF meetings	01-Jan-2015	31-Mar-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Medicine for older people rehabilitation and stroke (MOPRS) Review	12-Feb-2015	16-Jul-2015	32%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Initial data requests submitted	12-Feb-2015	13-Feb-2015	100%		
Acuity of cases across three CCGs	23-Feb-2015	30-Apr-2015	0%		
Clarity of PHT growth plans	23-Feb-2015	30-Apr-2015	0%		
Review LoS against historic and local/national comparable sites	23-Feb-2015	16-Jul-2015	30%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Discharge to Assess review work	18-Feb-2015	30-Apr-2015	100%		Claire Budden 16-Apr-2015 adjusted completion date due to difficulties accessing information to benchmark with

Action Title	Start Date	Due Date	Progress	Status	Notes
Review of national and HCC models	18-Feb-2015	30-Apr-2015	100%		
Evaluation of Portmsouth system against D2A model	18-Feb-2015	30-Apr-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes

Joint Accommodation Strategy (bed provision)	18-Feb-2015	16-Jul-2015	98%		Claire Budden 13-May-2015 New service manager in place for Victory unit and admission/access criteria currently being clarified which will then feed in to overall access criteria mapping for the city

Action Title	Start Date	Due Date	Progress	Status	Notes
Review of existing data & scoping need for update	18-Feb-2015	02-Mar-2015	100%		
refreshed data from ASC	02-Mar-2015	09-Apr-2015	100%		
refreshed data from PH	02-Mar-2015	09-Apr-2015	100%		
refreshed data from ICU	02-Mar-2015	09-Apr-2015	100%		
update brought to strategic group	09-Apr-2015	16-Jul-2015	90%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Benefits realisation identification	01-Mar-2015	31-Jul-2015	0%		Claire Budden 13-May-2015 Work ongoing and has slipped from 1st May to end May under overall ICU workplan
Non weight bearing review	09-Mar-2015	16-Jul-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
National guidance	09-Mar-2015	16-Mar-2015	100%		
Review of existing referral model service pathway	09-Mar-2015	06-Apr-2015	100%		
Deliver options appraisal	09-Mar-2015	27-Apr-2015	100%		
Development of model to include PRRT assessment & delegated authority	09-Mar-2015	16-Jul-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Palliative bed review	13-Mar-2015	31-Jul-2015	30%		
Project report	31-May-2015	31-Jul-2015	10%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Options paper and cost benefit analysis	31-May-2015	31-Jul-2015	20%		
Recommendation for implementation of community bed configuation	31-May-2015	31-Jul-2015	0%		

Project	EO	Latest Note
Reablement And Rehabilitation Project		Planning for Phase 2 of the workstream is currently in progress and a series of new actions will be added within the next month and monitored through to completion. Notable risk around resourcing of commissioning-related actions.

Action Title	Start Date	Due Date	Progress	Status	Notes
Phase 2	03-Aug-2015	31-Mar-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Design Integration with new community team model	01-Apr-2015	31-Mar-2016	0%		
Re-specification of PRRT	01-Jul-2015	31-Dec-2015	0%		
Monitoring new service model	01-Jul-2015	31-Mar-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Phase 1		31-Mar-2016	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Agree project scope and brief	01-Dec-2014	31-Dec-2014	100%		
Data review and analysis	01-Dec-2014	31-Mar-2015	100%		Jo Atkinson 19-Feb-2015 Plan reviewed, new end date set as original date was optimistic
Evaluation of VCS Pilot Schemes	01-Dec-2014	20-May-2015	100%		David Adams 05-May-2015 Draft evaluation report to be discussed at Project Team Meeting on 12/05/2015
Retrospective case reviews	02-Jan-2015	31-Mar-2015	100%		
Benchmarking	02-Jan-2015	30-Apr-2015	100%		
Practitioner Interviews	05-Jan-2015	30-Apr-2015	100%		David Adams 08-Apr-2015 Revised due date. Interviews complete with all required SW, OT, and related professions, Interviews with Community Nursing staff remain pending.
Re-commissioning of VCS Pilots	02-Feb-2015	30-Jun-2015	100%		David Adams 08-Apr-2015 Grant and contracts process for small and medium-sized VCS schemes completed, with all bids evaluated. One contract scheme still pending - bid scoring due to take place on 19/04/2015
Client Pathway Mapping	09-Apr-2015	29-May-2015	100%		David Adams 05-May-2015 Discussed at project team in April 2015 - agreed to expand scope of this task
Report submitted to HaSP	09-Jul-2015	09-Jul-2015	100%		
Phase 1 Report Writing		31-May-2015	100%		

Project	EO	Latest Note
Prevention Project		At the Better Care Management group discussions were held about the future direction of the Prevention work stream as it has not continued to progress further forward since the meeting held in July. It was decided that the Better Care programme lead and the Director of Adult Social Care needed to meet with the prevention lead to discuss the future scope and develop a plan to enable work to progress. It is likely that the current actions will change to reflect the future direction of work.

Action Title	Start Date	Due Date	Progress	Status	Notes
Map long term conditions pathways	01-Jul-2014	31-Jul-2014	100%		
Launch the wellbeing service	01-Jul-2014	01-Oct-2015	70%		Matt Smith 08-Jul-2015 Programme manager appointed. Service lead appointed. Staff being recruited and trained. Extensive stakeholder engagement being undertaken across the city.
Audit and redesign of Desmond diabetes eductation programme	01-Aug-2014	01-Jun-2016	0%		Matt Smith 08-Jul-2015 7.7.15 Meeting held with Janet Maxwell, Tim Wilkinson,

					Lyn Darby, Sarah Malcolm and Matt Smith. It was agreed that current work plans between the commissioning team and public health would be shared. Work areas would be reviewed and joint priorities identified with the subsequent development of a work programme. The key focus is on developing a community based support for patients, which will probably include diabetes.

Action Title	Start Date	Due Date	Progress	Status	Notes
Rapid Participatory Appraisals (RPA)	08-Jul-2015	01-Jan-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Complete a review on the Somerstown pilot	31-Oct-2014	03-Aug-2015	100%		Matt Smith 08-Jul-2015 Outcomes reported to Portsmouth CCG Clinical Strategy Committee, July 2015.
Locality profiles	03-Nov-2014	01-Jun-2015	100%		Matt Smith 08-Jul-2015 This has been superceded by the development of the Rapid Participatory Appraisal process.
Agree programme of work between public health and independence and wellbeing team	03-Nov-2014	02-Sep-2015	66%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Review current work areas between teams	01-Apr-2015	30-Jun-2015	100%		
Agree work programme - Janet Maxwell and Rob Watts	24-Jun-2015	02-Sep-2015	0%		
Working group to be set up		01-Apr-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Redsign and recomission of locally commissioned services	03-Nov-2014	01-Apr-2016	70%		Matt Smith 08-Jul-2015 Commissioning specifications and procurement / contractural mechanisms being finalised. Out to market in October.
Complete liver needs assessment	28-Nov-2014	01-Jun-2015	100%		
Rapid Participatory Appraisals	02-Feb-2015	01-Jan-2016	40%		Matt Smith 08-Jul-2015 Methodology agreed. To be rolled out across a number of different localities and used to identify key priorities. The outputs will be form the basis of the 2015 Public Health Annual Report.

Project	EO	Latest Note
Workforce Development Project	✓	The workforce development lead is working with the integrated locality leads to develop ideas for the DVD. There is a need for the locality leads to identify staff to be involved in starring in the film. A meeting is planned for the 16th July with the production company to discuss requirements. The contract for the dementia CQF provider has been offered to Highbury College, The Dementia Training Company and the College of Social care. There is an aim to widen the audience for these QCF units to admin and reception posts and if possible to allied professionals e.g. housing officers. If the uptake allows we could also widen to include retail, attractions and transport providers in the city. The option of using the ICU led care home provider meetings to engage with providers on topics including the Care Act, QCF dementia training and care certificate has been identified as a possibility moving forward,

Action Title	Start Date	Due Date	Progress	Status	Notes

Submit proposal to Education Wessex	13-Nov-2014	26-Nov-2014	100%		
Complete tendering process for QCF training provider including specification	09-Feb-2015	15-Jun-2015	100%		Roland Bryant 13-May-2015 Invitation to bid for work now published on In-Tend
Planning for Autumn Conference - setting date and programme content / booking venue	09-Feb-2015	10-Sep-2015	40%		Roland Bryant 23-Jul-2015 A meeting has been booked for 10th Septembe 2015 to plan the content of the conference. Lyn Romeo Cheif Social Worker for Adults' has been booked as one of the key note speakers and invitations are awaiting response from a counterpart from Health.
Write specification for DVD	16-Feb-2015	13-Mar-2015	100%		Jo Atkinson 16-Mar-2015 Draft completed, comments from the group have been requested by the project manager to be compleetd by the 16th of March
Invite expressions of interest for DVD	30-Apr-2015	30-Apr-2015	100%		Roland Bryant 15-Apr-2015 Tendering specification finalised and will be published on PCC In-Tend by end of April 2015. Four potential porviders have been identified and will be invited to bid for this work. Leads from locailty teams will be responsible for identifying the staff to be approached to participate in filming and will work on the key messages that need to be conveyed.
Evaluation of Dementia QCF training	01-May-2015	12-Jun-2015	100%		
Produce a day in the life DVD	04-May-2015	30-Oct-2015	10%		Jo Atkinson 01-Jul-2015 Early work has started to look at requirements for the production of the DVD. Meeting to be held on the 16th of July to discuss requirements. Locality leads have been tasked with identifying potential staff members to star in the making of the DVD.
First cohort of staff to undertake QCF dementia training	04-May-2015	31-Mar-2016	0%		
Engagement with care providers on training and workforce matters	13-May-2015	30-Sep-2015	0%		Jo Atkinson 01-Jul-2015 Milestone amended, it was decided that the proposed engagement event in July was lengthy and may not attract many providers. Possible options to explore using the newly established provider meetings lead by PCC to be considered.
Quotation return deadline for Dementia QCF training	29-May-2015	05-Jun-2015	100%		Jo Atkinson 01-Jun-2015 New end date required to due to additional queries raised during process
Quotation deadline for BCF DVD	29-May-2015	05-Jun-2015	100%		Jo Atkinson 01-Jun-2015 New due date required due to additional queries raised during process
Evaluation for BCF DVD	01-Jun-2015	12-Jun-2015	100%		
Contract award for QCF dementia training	15-Jun-2015	09-Jul-2015	100%		Jo Atkinson 01-Jul-2015 The QCF contracts will be offered to Highbury College, The Dementia Training Company and the College of Social care. Further information on the confirmation of costings have been requested as these were not sent in a consistent format for the comparison exercise.
Contract award for BCF DVD	15-Jun-2015	10-Jul-2015	100%		Jo Atkinson 01-Jul-2015 An initial contract meeting with the production company will be held on 16th July to plan

					the project. The contracts have been sent to the production company for signature. These will be countersigned at the meeting on the 16th July.
Contract commence for QCF dementia training	01-Jul-2015	12-Jul-2015	100%		Roland Bryant 23-Jul-2015 Contracts have been awarded to the Dementia Training Company and the College of Social Care and a meeting with both providers will take place on 28th July 2015 to finalise the arrangements. A flyer advertising the QCF units has been sent out which is generating interest but also queries so a FAQ's will be porduced to cover this. We hope to have our first cohorts starting in September 2015. The flyer has been uploaded onto Covalent.
Contract commence for BCF DVD	01-Jul-2015	16-Jul-2015	100%		Roland Bryant 23-Jul-2015 Meeting has taken place with Media2U who have been awarded the contract. A clearer idea of what is required before filming can commence has been established and as a result senior opertaional managers have been tasked with identifiying the staff who will appear in the video so that a filming schedule can be produced. Additonal requets for roles to be included in the video have been recieved and these will be considerd in the schedule in order to ensure the project does not cost more that the budget allocated to it.
Virtual Dementia Tour Licence for PHT and Solent - Procurement exercise	10-Jul-2015	31-Aug-2015	30%		Roland Bryant 23-Jul-2015 A meeting has now been booked with NHS colleagues and the plan is to audit the experiential learning equipment avaiable in PHT, Solent NHS and PCC, identify any gaps and procure the necessary equipment, develop a consistent approach to training with this equipment and develop a 'train the trainer' module so as to enable the loan of this equipment for training in areas outside of these three arenas.
Deliver Autumn Conference	01-Sep-2015	30-Nov-2015	25%		

Project	EO	Latest Note
Portsmouth Living Well Project (Age Uk)		A revised trajectory for referrals and Guided Conversations was agreed at a Steering Group meeting in July and the targets for end of July were achieved. Processes for reporting and providing feedback to referrers have been agreed and a review of the availability of data required for evaluation, is being undertaken.

Action Title	Start Date	Due Date	Progress	Status	Notes
Agree staff structure	01-Dec-2014	31-Dec-2014	100%		
Recruitment process	01-Dec-2014	30-Jan-2015	100%		
Agree cohort based on ICP and IPC criteria	01-Dec-2014	02-Mar-2015	100%		Jo Atkinson 26-Feb-2015 Meeting on the 2nd of March to look at numbers of pateints which meet the crietria for the first wave of cohort.
All parties to agree and sign a Partnership Agreement	02-Jan-2015	27-Feb-2015	100%		
Agree metrics and any KPIs	02-Jan-2015	27-Feb-2015	100%		
Responsibilities listed within Schedule 2 agreed by all partners	02-Jan-2015	06-Mar-2015	100%		Jo Atkinson 26-Feb-2015 PCC are happy with the collaboration agreement , Age UK national to reissue for signing

All parties to agree and sign a Collaboration Agreement	02-Jan-2015	08-Apr-2015	100%		Jo Atkinson 26-Mar-2015 All stakeholders confirmed and are signed. Agreements need to be collected and then to be reissued with signatures.
Address Information Governance issues to enable collaboration and effective evaluation.	02-Jan-2015	07-Sep-2015	83%		Ged Kearney 26-May-2015 Information Governance issues resolved to enable referals and collaboration in service delivery. Further agreement required regarding data that can be accessed/shared to enable effective evaluation of the project.

Action Title	Start Date	Due Date	Progress	Status	Notes
Agree specific arrangements with each potential referrer: General Practices and Partners.		01-May-2015	100%		Ged Kearney 26-May-2015 Two referral routes/processes have been agreed with the first of these using identification of patients via the risk stratification/ACG tool and the second enabling individual referrals in response to specific patient presentation.
Agree, and establish process for, the collection and transfer of data to enable effective evaluation by the Nuffield Trust		24-Aug-2015	66%		Ged Kearney 13-Aug-2015 Awaiting confirmation that required data can be acquired. Some of this will be data held within operational systems (e.g. Age UK Portsmouth's CharityLog) and a request for some data from the HHR has also been submitted. The latter is dependant upon the development of a Data Sharing Agreement. The confirmation of data availability via CharityLog/AUKP is expected by 24.08.15.

Action Title	Start Date	Due Date	Progress	Status	Notes
Agree working protocols and practice across all provider partners	02-Jan-2015	07-Sep-2015	87%		Ged Kearney 01-Jul-2015 Agreements have been reached regarding the shared use of a patient held record that, for those who have existing involvement with Solent's Community Healthcare services, will already be in place. Age UK Portsmouth will also develop their own Care Plan template (for inclusion in the patient held MDT record and for use when this is not in place) and include information in Social Care Support Plans.

Action Title	Start Date	Due Date	Progress	Status	Notes
Develop/Agree format and schedule for feedback to referrer.	04-May-2015	29-Jun-2015	100%		
Establish an agreed process for describing and sharing detail relating to the Circle of Support (Shared Care Plan).	04-May-2015	07-Sep-2015	75%		Ged Kearney 13-Aug-2015 The process of collaboration and the collation of plans/information within a patient held record, has been agreed but some revised paperwork/templates are still to be developed.

Action Title	Start Date	Due Date	Progress	Status	Notes
Identify the patients from each G.P practice in the month prior to engagement	02-Jan-2015	31-Mar-2016	50%		Ged Kearney 26-May-2015 Referral processes agreed with potential patient lists identified via the ACG tool with GPs reviewing and referring following engagement with the programme.
Produce project materials for distribution by GP's	19-Jan-2015	06-Mar-2015	100%		Jo Atkinson 26-Mar-2015 Leaflet produced and will be distributed by the GP with the letter of referral to the patient

Staff and volunteers in post	02-Feb-2015	31-Mar-2015	100%		
Soft launch first wave of cohort of patients	02-Feb-2015	17-Apr-2015	100%		Ged Kearney 26-May-2015 A delayed 'soft launch' relied on engagement with patients via a range of additional processes. Issues relating to the primary process for patient identification and referral are now agreed and in place. The 'soft launch' is considered to be complete.
Referrals (of patients meeting the cohort criteria) received.	23-Feb-2015	31-Mar-2016	19%		Ged Kearney 01-Jul-2015 198 referrals were received by 29.06.15 with this being 44% of the number initially proposed within the trajectory. The primary reason for the shortfall is that time was lost at the beginning of the quarter whilst additional IG concerns were addressed. The numbers identified by the ACG tool indicate that referrals expected throughout the remainder of the year should still allow the project to meet its target.

Action Title	Start Date	Due Date	Progress	Status	Notes
Referrals against trajectory Q1 (April-June)	22-Apr-2015	30-Jun-2015	44%		Ged Kearney 01-Jul-2015 198 referrals were received by 29.06.15 with this being 44% of the number proposed on the trajectory. The primary reason for the shortfall is the delayed start in the first quarter whilst additional IG concerns were addressed.
Referrals against trajectory Q2 (July-Sept)	01-Jul-2015	30-Sep-2015	33%		Ged Kearney 13-Aug-2015 The target for July, on a revised trajectory, was achieved.
Referrals against trajectory Q3 (Oct-Dec)	31-Dec-2015	01-Oct-2015	0%		
Referrals against trajectory Q4	31-Mar-2016	01-Jan-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Facilitated Guided Conversations (against target) to identify Personal Goals	23-Feb-2015	31-Mar-2016	13%		Ged Kearney 01-Jul-2015 The figure shown relates to performance against a year end target. The number of Guided Conversations facilitated in Q1 was 22% of that originally proposed. This is a consequence of delayed/reduced referrals (44% of those anticipated in Q1) and, initially, the lack of screening at practice level prior to referral. These issues appear to have been addressed and (subject to capacity issues re staff/volunteers) it is anticipated that referrals and guided conversations will be in line with targets at year end.

Action Title	Start Date	Due Date	Progress	Status	Notes
Guided Conversation numbers against target Q1.	22-Apr-2015	30-Jun-2015	22%		Ged Kearney 01-Jul-2015 The number of Guided Conversations facilitated in Q1 was 22% of that originally proposed. This is a consequence of delayed/reduced referrals (44% of those anticipated in Q1) and, initially, the lack of screening at practice level prior to referral. These issues appear to have been addressed and (subject to capacity issues re staff/volunteers) it is anticipated that referrals and guided conversations will be in line with targets at year end.

Guided Conversation numbers against target Q.2	01-Jul-2015	30-Sep-2015	0%		
Guided Conversation numbers against target Q.3	01-Oct-2015	31-Dec-2015	33%		Ged Kearney 13-Aug-2015 The target for the number of Guided Conversations (by the end of July and on a revised trajectory) was met.
Guided Conversation numbers against target Q.4	01-Jan-2016	31-Mar-2016	0%		

Project	EO	Latest Note
Communications And Engagement Project	✓	The Better Care communications and engagement officer left her post in August. This post has been replaced and a new officer is in post. She will be working with project leads to identify areas of communications and engagement for the Better Care programme.

Action Title	Start Date	Due Date	Progress	Status	Notes
Better Care programme	01-Jul-2014	29-Feb-2016	77%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Develop a photograph bank	01-Aug-2014	29-Aug-2014	100%		
Research public perception via desk research	01-Aug-2014	31-Oct-2014	100%		
Perception baseline and remeasure	08-Jan-2015	29-Jan-2016	15%		Vicky Griffin 17-Jun-2015 Ball park quote sourced from a market researching company Questions identified and modified by Stakeholder reference group
Co-desdign development	08-Jan-2015	29-Jan-2016	15%		
Journey Map	01-Apr-2015	08-Jul-2015	75%		Vicky Griffin 08-Jul-2015 The voice over is being recorded so the animation with timing can be completed, but this work will be delivered after the deadline
Revise literature	17-May-2015	29-May-2015	100%		Vicky Griffin 17-Jun-2015 The Better Care leaflet has been revised following circulation to the SRG and the reprint was delivered in time for the your NHS event.
Stakeholder conference calls	01-Jun-2015	30-Nov-2015	26%		Vicky Griffin 17-Jun-2015 3 calls have been completed and notes are with chairs for sign off.

Action Title	Start Date	Due Date	Progress	Status	Notes
Promote Call Schedule	01-Jun-2015	30-Nov-2015	25%		
Better Care Overview	02-Jun-2015	02-Jun-2015	100%		
Locality Teams update	09-Jun-2015	09-Jun-2015	100%		
VCS Reablement schemes	23-Jun-2015	16-Jun-2015	100%		
Portsmouth Living Well	23-Jun-2015	23-Jun-2015	100%		
Care at Home Service	07-Jul-2015	07-Jul-2015	50%		
Better care Metric	14-Jul-2015	14-Jul-2015	0%		
Training Opportunities	21-Jul-2015	21-Jul-2015	0%		

TBC telecon	28-Jul-2015	28-Jul-2015	0%		
Carers Strategy	04-Aug-2015	04-Aug-2015	0%		
Telecon TBC	04-Aug-2015	04-Aug-2015	0%		
Telecon TBC	11-Aug-2015	11-Aug-2015	0%		
BCF telcon TBC	18-Aug-2015	18-Aug-2015	0%		
Telecon TBC	25-Aug-2015	25-Aug-2015	0%		
telecon TBC	01-Sep-2015	01-Sep-2015	0%		
Wellbeing Service	08-Sep-2015	08-Sep-2015	0%		
Telecon TBC	15-Sep-2015	15-Sep-2015	0%		
Workforce Conference	22-Sep-2015	22-Sep-2015	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Stakeholder mapping		29-Aug-2014	100%		
Develop and review a Better Care glossary		29-Aug-2014	100%		Jo Atkinson 24-Feb-2015 Annual reviews to be completed in February 2016 and 2017
Literature development		29-Aug-2014	100%		
Branding development		30-Sep-2014	100%		
Map existing consultation for development of patient metric		27-Feb-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Meetings	01-Aug-2014	29-Jan-2016	50%		Vicky Griffin 13-Apr-2015 Meetings booked for May (19 May) and July (16 July). Manage of group likely to be handed to co-production provider in Q3 2015/16

Action Title	Start Date	Due Date	Progress	Status	Notes
Communications and engagement group meeting	01-Aug-2014	29-Jan-2016	50%		Vicky Griffin 13-Apr-2015 meetings scheduled April 14 and May 26.
Stakeholder reference group	03-Oct-2014	29-Jan-2016	50%		Jo Atkinson 24-Feb-2015 Hi monthly meetings arranged for first half of the year, agenda set accordingly to needs of programme

Action Title	Start Date	Due Date	Progress	Status	Notes
Publications	01-Aug-2014	29-Jan-2016	36%		Jo Atkinson 24-Feb-2015 Either ongoing or regular interval actions for publications

Action Title	Start Date	Due Date	Progress	Status	Notes
Shine (Solent NHS publication)	01-Aug-2014	29-Jan-2016	50%		Jo Atkinson 24-Feb-2015 One article featured, would like another featured during 2015/2016
Pompey Pensioner	01-Aug-2014	29-Jan-2016	50%		Jo Atkinson 24-Feb-2015 Completed but would another article to feature in 2015/2016
Better care newsletter	01-Sep-2014	29-Jan-2016	42%		Vicky Griffin 17-Jun-2015 The May/June issue is published and has been

					distributed electronically and by post

Action Title	Start Date	Due Date	Progress	Status	Notes
publish March n2015	26-Feb-2015	15-Mar-2015	100%		
Publish May 2015	19-Apr-2015	17-May-2015	100%		
Copy deadline July/August	17-Jun-2015	26-Jun-2015	100%		Vicky Griffin 02-Jul-2015 copy produced, reviewed and submitted to design
copy deadline september/october	16-Aug-2015	27-Aug-2015	0%		
copy deadline November / December	28-Sep-2015	09-Oct-2015	0%		
copy deadline Jan/Feb	30-Nov-2015	11-Dec-2015	0%		
Copy Deadline March/April	24-Jan-2016	29-Jan-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Health watch newsletter	03-Nov-2014	29-Jan-2016	0%		Jo Atkinson 01-Mar-2015 Twice yearly publications

Action Title	Start Date	Due Date	Progress	Status	Notes
Trust matters(pht)	01-Apr-2015	29-Jan-2016	0%		Jo Atkinson 01-Mar-2015 Missed one previous deadline, aiming to have an article feature in the next edition.

Action Title	Start Date	Due Date	Progress	Status	Notes
Flagship articles		29-Jan-2016	45%		Vicky Griffin 17-Jun-2015 Governance record sharing will be covered under the CCG pages in the September edition.
Identify and target a range of local publications		29-Jan-2016	30%		Jo Atkinson 01-Mar-2015 Ongoing through the delivery of the Better care programme

Action Title	Start Date	Due Date	Progress	Status	Notes
Online	01-Aug-2014	29-Jan-2016	65%		Jo Atkinson 13-Mar-2015 Support proactive engagement with audiences through existing web based channels owned by Better care partners; respond to the needs of those seeking information on line.

Action Title	Start Date	Due Date	Progress	Status	Notes
Develop Better care pages on partner sites which sign post to PCC	01-Aug-2014	31-Dec-2014	100%		
Develop a Better care webpage on the PCC site	01-Aug-2014	02-Mar-2015	100%		
Better care SoMe supporting media and events	01-Aug-2014	29-Jan-2016	0%		Jo Atkinson 13-Mar-2015 Ongoing
Develop a blog on the DH social care site	01-Sep-2014	28-Nov-2014	100%		
Develop blog on CCG site	01-Oct-2014	30-Oct-2015	60%		Jo Atkinson 13-Mar-2015 More opportunities available in 2015
Develop and use online tools for G.PS	02-Mar-2015	29-Jan-2016	0%		Jo Atkinson 13-Mar-2015 Ongoing development and useage of online tools for GPs

Consult CCG group on branding and literature		29-Aug-2014	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Media	11-Aug-2014	29-Jan-2016	44%		Jo Atkinson 01-Mar-2015 Work with local media companies to generate regular positive stories and to be responsive to media inquiries ensuring media coverage to be neutral or positive

Action Title	Start Date	Due Date	Progress	Status	Notes
Age UK funding	11-Aug-2014	15-Aug-2014	100%		
Launch Better Care	25-Aug-2014	29-Aug-2014	100%		
Identify good news stories	29-Aug-2014	29-Jan-2016	0%		Jo Atkinson 03-Mar-2015 Ongoing through the delivery of the Better Care programme
Publicise autumn events programme	01-Sep-2014	30-Sep-2014	100%		
Stakeholder launch event	01-Sep-2014	31-Oct-2014	100%		
Increased community nursing capacity	01-Sep-2014	29-May-2015	20%		Vicky Griffin 13-Apr-2015 Awaiting feedback and sign off from Solent
Publicise winter/spring events programme	03-Nov-2014	30-Jun-2015	0%		Vicky Griffin 17-Jun-2015 A calendar of events is not in place but individual events are being promoted through social media
Falls awareness	02-Jan-2015	30-Jan-2015	100%		
Reablement project succes	02-Jan-2015	30-Apr-2015	85%		Vicky Griffin 17-Jun-2015 The SIRS service was subject of a pressrelease resulting in a double page spread in The News containing key messages on 27 March
Locality service user case studies	02-Feb-2015	30-Apr-2015	0%		Vicky Griffin 17-Jun-2015 This is dependent on either the adult care pathway work being completed or case studies being sourced through the locality teams. both operational pieces of work have been delayed
Health education Wessex funding	02-Feb-2015	29-May-2015	40%		Vicky Griffin 13-Apr-2015 Awaiting sign off from Solent NHS Trust management via comms team. New deadline set to complete post Purdah
Out of hospital system resilience improvements	02-Feb-2015	29-May-2015	0%		Vicky Griffin 17-Jun-2015 A new hook for this story will be identified
Better care 'go live' - reablement success story	02-Mar-2015	31-Mar-2015	100%		Vicky Griffin 13-Apr-2015 Column explaining the wider context of the SIRS service and the reablement projects was included in the News feature 27/03/2015
Maritime house launch	02-Mar-2015	17-Apr-2015	100%		Vicky Griffin 17-Jun-2015 The release signed off by Adult Social Care removed the reference to Better Care so was handed to the Corporate team to issue. No coverage was recorded.
Care navigators in post	02-Mar-2015	29-May-2015	0%		Vicky Griffin 17-Jun-2015 As a media story this is dependent on case studies from the Portsmouth Living Well team for the BBC which can then be followed by a print media launch. The delay in the service getting the throughput of clients has held back this action.

British Red Cross Home from Hospital Service	22-Jun-2015	10-Aug-2015	0%		
Recommissioning of voluntary reablement projects	01-Jul-2015	31-Jul-2015	0%		
Workforce conference	01-Oct-2015	30-Oct-2015	0%		
Reporting on successes 6 months on	01-Oct-2015	30-Oct-2015	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Advertising and marketing	01-Sep-2014	29-Jan-2016	0%		Jo Atkinson 13-Mar-2015 Promote Better care with paid for media space. Market new and revised services to target audience's.

Action Title	Start Date	Due Date	Progress	Status	Notes
Advise on any advertising requirements as needed	01-Sep-2014	29-Jan-2016	0%		
Bedbased provision choices to referrers	01-Dec-2014	30-Oct-2015	0%		Vicky Griffin 13-Apr-2015 awaiting advice from project on any requirements in this area
Better care community poster distribution	02-Mar-2015	31-Jul-2015	0%		Jo Atkinson 13-Mar-2015 Delayed pending demand from projects

Action Title	Start Date	Due Date	Progress	Status	Notes
Face to face	11-Sep-2014	29-Jan-2016	71%		Jo Atkinson 10-Mar-2015 Deliver a programme of opportunities for face to face engagement utilising bespoke and existing events

Action Title	Start Date	Due Date	Progress	Status	Notes
Presentation at PEPSI	11-Sep-2014	30-Sep-2015	50%		Jo Atkinson 10-Mar-2015 Presentation completed in September 2014, another planned for September 2015
Community day - stamshaw/Tipner	13-Sep-2014	30-Sep-2015	50%		Vicky Griffin 17-Jun-2015 2014 event cancelled by organisers, another possible event by September 2015
Reablementt stakeholder event	16-Sep-2014	30-Sep-2015	50%		Vicky Griffin 17-Jun-2015 Reablement Project team are co-ordinating this event as part of their project plan. The focus will be on raising awareness among senior stakeholders and the wider stakeholder community of the success of the projects and to increase referrals
Over 60's festival	14-Oct-2014	30-Oct-2015	50%		Jo Atkinson 10-Mar-2015 Completed for 2014. Possible events in October 2015 will be planned and may require attendance
Better care roadshow events with winter warmth	03-Nov-2014	28-Nov-2014	100%		
Better care roadshow events	03-Nov-2014	02-Mar-2015	100%		
Bangladeshi community day	01-Dec-2014	31-Dec-2014	100%		
Better care roadshows with healthwatch and ASC	05-Jan-2015	29-Jan-2016	24%		Vicky Griffin 17-Jun-2015 The healthwatch post holder is leaving the role so this action is currently paused.
Co design workshops and interviews	02-Feb-2015	29-Jan-2016	15%		Vicky Griffin 17-Jun-2015 A second meeting between BCF and PILN/ Spectrum is planned for 18 June to develop the proposal for a user led

					organisation to carry this work forward.
Your Health, Your NHS event	09-Mar-2015	17-Jun-2015	100%		Vicky Griffin 17-Jun-2015 A Better Care stand was set up at the CCG Your Health Your NHS event, this attracted 75 contacts (aprox 12 per hour) and focussed in giving key messages to public, staff and stakeholders, adding to the newsletter mailing list and collecting feedback. This used the PIC & Mix theme. Also an opportunity to engage with Social media including interview for PHT facebook.
QA Open Day 2015	01-Sep-2015	03-Oct-2015	5%		Vicky Griffin 17-Jun-2015 A table has been booked and Jackie Powell is holding the date in her diary to support a stand. Further support for the stand will be needed alongside theme/resource. QA contact is PHTOpenDay@porthosp.nhs.uk (Michelle Andrews)
CCG AGM		17-Sep-2014	100%		
Solent AGM		30-Sep-2014	100%		
Stakeholder launch		02-Oct-2014	100%		
QAH open day		04-Oct-2014	100%		
Presentation at g.p events		30-Jan-2015	100%		

Project	EO	Latest Note
Review And Redesign Of Clinical Support Delivered In To Care Homes Project		Meeting was due to take place on the 2nd of September but due to data not being available which has been requested this meeting was cancelled. Another meeting will be rearranged for the end of September where the postition of this project will be reviewed

Action Title	Start Date	Due Date	Progress	Status	Notes
Map training currently available to care homes	22-Jun-2015	31-Aug-2015	75%		Jo Atkinson 03-Sep-2015 Report nearly complete but has failed to meet the deadline. Status of the report to be revised the week of the 7th.
Full mobilisation	29-Apr-2016	31-Mar-2017	0%		
Consultation and engagement plan in place		01-Jun-2015	0%		Jo Atkinson 03-Aug-2015 This action was in the original plan, there is a need to check with the communications lead as to whether a communications plan was created and to see if it is still relevant. Early communications with GPs has taken place but further consultation on the draft model will be required. Engagement with the current team and the clinical lead is ongoing.
Review best practice models locally and nationally		30-Jun-2015	0%		Jo Atkinson 03-Sep-2015 Jo A attended a conference in early August, made contact with an improvement manager in covering the Kent Surrey Sussex area, awaiting information on projects currently in use.

Mapping of services and support currently in place		10-Aug-2015	50%		Jo Atkinson 03-Sep-2015 Action currently outstanding due to annual leave. Progress on this action is currently being checked
Understand the demand in care homes		31-Aug-2015	0%		Jo Atkinson 03-Aug-2015 New target date identified, data being explored with the team by the interim project manager. To be shared at September's meeting.
Development of new models of service		31-Aug-2015	0%		Jo Atkinson 03-Sep-2015 Action still has not been met, awaiting data from the CSU which would help to inform the future development of new models of service.
Implementation of short term and interim solutions		30-Sep-2015	0%		
Define immediate training needs and agree approach to current training		30-Sep-2015	0%		Jo Atkinson 03-Sep-2015 In the process of drafting a training analysis form. It is hoped that this could be shared to care home providers to map training needs of care home staff.
Map long term training needs		30-Sep-2015	0%		Jo Atkinson 03-Aug-2015 Looking at using communication tools via the ICU as a way of engaging care homes. There is a need to identify training needs of staff working in the homes and how this can be best approached.
produce a business case for a new model		30-Oct-2015	0%		
New intitial centrally coordinated training programmable in place for care homes		30-Oct-2015	0%		
Pilot phase and evaluation		31-Mar-2016	0%		

Project	EO	Latest Note
Clinical Systems Integration Project (BCF Enabler)	✓	**Jo Gooch's Update - 30/07/15** **Progress since last meeting:** . During July, four practices deployed TPP; Hanway Road, Baffins, Portsdown group and Derby Road. Total number of practices on TPP now 13 (57% of practices) . Devonshire have now re-joined the migration programme . Communications: draft pack completed including patient leaflet, sample patient letter, surgery poster and FAQs. These have been shared with practices, LMC and local patient groups. . Next Portsmouth user group being arranged for September . TPP mobile working: an interim mobile working solution has been agreed using N3 RAS tokens . Discussions continue regarding shared working arrangements and template development. **To progress**: . Finalise information sharing guidance for practices and patient communications . Template development work to continue . Further TPP training sessions to be arranged - Aug/Sept onwards **Practice Migration Status:** **TPP SystmOne Deployed:** Lake Road, John Pounds, Kirklands, Wootton Street, Drayton, Guildhall Walk, Ramillies, Heyward Road, Sunnyside, Hanway Road, Baffins, Portsdown, Derby Road **Planned TPP Deployment (June – November 2015):** Eastney, University, Osbourne, Southsea, Milton Park, Devonshire **No current plans to deploy TPP:** Northern Road, Queens Road, Waverley Road, Salisbury Road, North Harbour
Commissioni	✓	Integrated Localities Partnership Agreement first draft developed and circulated to key stakeholders for

ng Project		comments by 7th August by ICU. Discussions with HR teams at Solent & PCC completed - staff consultation needs to take place. Change in risk profile raised with both partners due to non exclusive secondment model being put in place. Position regarding approval of care packages and staffing volumes still tbc

Action Title	Start Date	Due Date	Progress	Status	Notes
S75 Agreement	01-Jan-2015	31-Mar-2016	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Development for the 1st of April	01-Jan-2015	01-Apr-2015	100%		
Initial scoping paper for variation	13-Apr-2015	19-Jun-2015	100%		
Scoping next stage of development - meeting	01-May-2015	15-May-2015	100%		
Variation approvals	30-Jun-2015	24-Jul-2015	100%		Claire Budden 01-Jul-2015 Date changed due to Portfolio holder meeting dates but on track
s75 overarching development - excluded from project	31-Mar-2016	31-Mar-2016	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Business as usual activities	01-Apr-2015	31-Mar-2016	30%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Regular review of data around Solent contract & PB data	01-Apr-2015	31-Mar-2016	30%		
Links to other BCF workstreams	01-Apr-2015	31-Mar-2016	30%		
Attendance at BCF meetings	01-Apr-2015	31-Mar-2016	30%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Integrated Localities agenda (working with project team)	13-Apr-2015	01-Apr-2016	57%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Revised Partnership Agreement issued	13-Apr-2015	14-Aug-2015	100%		Claire Budden 13-Aug-2015 Second iteration issued following receipt of feedback
Scoping meeting with Better Care programme manager	15-May-2015	30-Jun-2015	100%		
Well developed specification agreed with partners	01-Aug-2015	30-Oct-2015	0%		Claire Budden 05-Aug-2015 revised dates as integration has slipped
final version specification	30-Sep-2015	01-Jan-2016	0%		
1617 development of co-commisisoning agenda to include primary care within integrated localities - scoping	30-Sep-2015	01-Apr-2016	0%		
Interim model designed		10-Jul-2015	100%		

Partnership Agreement first draft		07-Aug-2015	100%		Claire Budden 05-Aug-2015 Issued for comment 30.07.15

Action Title	Start Date	Due Date	Progress	Status	Notes
Reablement agenda (working with project team)	15-Apr-2015	01-Jan-2016	11%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Decision as to delegation model for PRRT	15-Apr-2015	31-Jul-2015	0%		Claire Budden 05-Aug-2015 Further delayed as July PMG cancelled
Pool PRRT as 1 or 2 commissioned services	15-Apr-2015	01-Jan-2016	0%		
Report due from reablement workstream	29-May-2015	19-Jun-2015	100%		
PRRT split function reablement & rapid response - tbc	29-May-2015	31-Jul-2015	0%		Claire Budden 01-Jul-2015 delayed as reablement report one month pushed back one month
Specification development for revised contract (supporting reablement workstream) - focus on outcomes and VCS links	29-May-2015	30-Sep-2015	0%		
Potential integrated delivery model governance (supporting reablement work stream)	29-May-2015	30-Sep-2015	0%		
Commission additional services as required following review	29-May-2015	01-Jan-2016	0%		
Governance & approvals underway	30-Jun-2015	30-Sep-2015	0%		
New single form of contract in place - length tbc	01-Jan-2016	01-Jan-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Commissioning & Contracting Intentions	01-May-2015	31-Dec-2015	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Options report	01-May-2015	14-Aug-2015	0%		
Stakeholder feedback	01-May-2015	31-Aug-2015	0%		
Stakeholder feedback	01-May-2015	31-Aug-2015	0%		
Review of moving to a commissioning/provider approach within PCC	01-May-2015	31-Dec-2015	0%		
Review of moving to CCG delegating contractual control to PCC	01-May-2015	31-Dec-2015	0%		
PCC decision	31-Dec-2015	31-Dec-2015	0%		
CCG decision	31-Dec-2015	31-Dec-2015	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes

Bed review agenda (working with project team)	30-Jun-2015	01-Apr-2016	25%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Recommendations due from bed review workstream	30-Jun-2015	31-Jul-2015	100%		Claire Budden 01-Jul-2015 bed based report put back one month due to reablement and OPMH reports
Develop specifications in light of report recommendations to implement changes	30-Jun-2015	01-Sep-2015	0%		
New specifications in place	01-Oct-2015	31-Dec-2015	0%		
New single form of contract in place	01-Apr-2016	01-Apr-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Start up		15-Jun-2015	100%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Initial project brief completed and submitted	31-Aug-2014	31-Aug-2014	100%		

Project	EO	Latest Note
Need And Demand Profiling And Risk Stratification Project		Work on the data evaluation matrix is currently on hold as we are waiting for a decision on how this will be taken forward. Work on the modelling tool is continuing and we are currently trying to source appropriate to populate the model. The aim is to develop a model of the flows around the health and social care system focussing on PRRT. Analysis of the ACG tool is continuing with the analysis now focussing on the patient make up of each resource utilisation band.

Action Title	Start Date	Due Date	Progress	Status	Notes
Development of data evaluation matrix	01-Jul-2014	30-Jul-2015	85%		Jo Atkinson 19-Feb-2015 Reviewed in February and a revised new end date given - the majority of the matrix completed but will be tweaked in the forthcoming months as it becomes clearer exactly what is needed or if new sources of data are indentified
Risk stratification and analysis	01-Jul-2014	27-Aug-2015	50%		Jo Atkinson 16-Feb-2015 Report will be developed which will look at the analysis of data informing the risk stratification work
Linking health and social care data and analysis	01-Jul-2014	31-Dec-2015	10%		Jo Atkinson 16-Feb-2015 Report to be produced of findings
Identification of data and needs across the schemes and the broader HSC system	01-Jul-2014	31-Mar-2017	70%		
Create Service Modelling Tool		27-Aug-2015	20%		

Project	EO	Latest Note
Estates Project		Work has delayed in the integrated localities work stream which will impact on the co-location dates for the integrated teams. Work to identify specific actions and dates to be completed which will then impact on the estates timescales. Once these have been made clearer updates will be made.

Action Title	Start Date	Due Date	Progress	Status	Notes
Feasibility and options appraisal	09-Mar-2015	22-May-2015	100%		Jo Atkinson 18-Jun-2015 Three locations

of possible sites including costings					for the teams have been identified and agreement on these have been made.
Move preparation	17-Mar-2015	15-Jul-2015	40%		Jo Atkinson 03-Sep-2015 Original due date has not been achieved. Therefore this has impacted on what move preparation work can be completed. New move dates are current;y unknown. Once confirmed this can be updated.
Relocation to the Civic Offices (Charles Dickens and Brunel wing)	01-Jun-2015	19-Sep-2015	0%		Jo Atkinson 03-Sep-2015 This date will not be achieved. Awaiting new date for co-location, once know a new revised date to be entered.
Relocation to Medina House	10-Jun-2015	31-Oct-2015	0%		
Follow on work	01-Jul-2015	02-Nov-2015	0%		

Project	EO	Latest Note
Carers Project		Work is continuing to deliver the action plan. A carers centre peer review is due to start in October. A pooled budget service specification has been drafted, and is to be checked before taking to HASP.

Action Title	Start Date	Due Date	Progress	Status	Notes
Monitor number of short break cards issued across all settings via the S256 memorandum. Report to ICB quarterly (Short Break Cards)		31-Mar-2016	34%		Victoria Rennie 12-Aug-2015 In July, 60 short break cards were issued, and 72 new carers were identified in a health setting.
Monitor the progress of the carer's council development through the carer's executive board on a quarterly basis. (Carers Council Dev.)		31-Mar-2016	60%		Victoria Rennie 12-Aug-2015 An interim report was presented to Carers Executive Board on July 23rd. A final report with recommendations is due at the October Exec Board.
Awareness-raising & engagement with GPs		31-Mar-2016	15%		Victoria Rennie 28-Jul-2015 A new person came into post in May and is working with providers who are running projects in the voluntary sector which involve GP;s to see if carer identification can happen as part of their projects. Due to attend Target in September.
Awareness-raising & engagement with pharmacies		31-Mar-2016	25%		Victoria Rennie 28-Jul-2015 A new person started in May. They are working with the pharmacy lead in public health and is planning a marketing campaign with the pharmacies.
Awareness-raising & engagement with district nurses		31-Mar-2016	20%		Victoria Rennie 28-Jul-2015 They have delivered 3 training sessions to different teams and more are planned.
Liaise with Integrated Care Teams and GPs re. coordination of personalised care plans (strategy)		31-Mar-2016	0%		
Draft recommendations and plan for future development of secondary care extension (Pilots)		31-Mar-2016	0%		
Launch, Implement and Monitor Carers Strategy and associated action plan.		31-Mar-2016	100%		Victoria Rennie 28-Jul-2015 The Carers Strategy is printed, and published. The action plan has been approved by the Carers Executive Board.
Monitoring progress of action plan through carer's executive board		31-Mar-2016	25%		Victoria Rennie 28-Jul-2015 The format of the action plan has been agreed by the executive board. The plan will be

(Action Plan)					progressed through the Carers Planning Group.
Develop the partnership agenda through the carers executive board.		31-Mar-2016	15%		

Project	EO	Latest Note
Acute Visiting Service Project (Emergency Care Practitioner) – Proof of concept for 1 year		Work has been progressing in a number of areas to ensure the mobilisation of the service is achieved including, •Development of contract •KPI guidance •Operational process including referral form •Information Governance This will enable the service to launch on the 4th of September. Work is now required to plan how the service delivers the service month to month. These actions need to be added to reflect this

Action Title	Start Date	Due Date	Progress	Status	Notes
Portsmouth City Primary Care Alliance to establish as a legal enitity	01-Sep-2014	01-Mar-2015	100%		
Sign off of draft proposal of AVS by Clinical Executive Committee	01-Oct-2014	31-Oct-2014	100%		
Consultation of AVS with member practices about project concept	01-Feb-2015	31-Aug-2015	100%		Jo Atkinson 02-Sep-2015 Consultation with practices has been undertaken, this has also involved clinical directors and business support officers who have been engaged with their practices at cluster meetings
Submission of Alliance bid	01-May-2015	01-Jun-2015	100%		
AVS sign off by CSC	03-Jun-2015	03-Jun-2015	100%		
Alliance to agree service specification with SCAS	03-Jun-2015	15-Jul-2015	100%		Jo Atkinson 03-Aug-2015 Successful meeting held with SCAS
Agreement of baseline data to monitor performance	03-Jun-2015	01-Aug-2015	80%		Jo Atkinson 02-Sep-2015 Agreed that practices would be asked for patient contact data during 2 retrospective weeks that could then be reviewed during the scheme (November 2014, March 2015). This has been requested from practices but difficulties in extracting the data has been expressed by some practices due to recent changes in clinical systems. Needs to be looked into further with practices. Performance monitoring meetings held to discuss method of monitoring KPS and data requirements. Another meeting to be planned for end of September to discuss further and baseline data
Agree and implement mobilisation plan	03-Jun-2015	01-Sep-2015	98%		

Action Title	Start Date	Due Date	Progress	Status	Notes
To undertake wider stakeholder engagement	29-May-2015	01-Sep-2015	100%		Jo Atkinson 02-Sep-2015 Wider stakeholder engagement has been undertaken prior to the service launching but will need to continue through the proof of concept

Engaging G.Ps to be involved in service	01-Jun-2015	01-Sep-2015	100%		Jo Atkinson 02-Sep-2015 On-going, adverts and information sent out by email. Clinical Directors and their Business Support Officers speaking to Cluster GPs.
Create NHS accounts required for the service	02-Jul-2015	01-Sep-2015	100%		Jo Atkinson 02-Sep-2015 4 accounts created, concerns over administrative rights should passwords become blocked. Scheme co-ordinator looking into this.
Develop a referral form and process to the service	02-Jul-2015	01-Sep-2015	100%		Jo Atkinson 02-Sep-2015 Completed and approved by the IG panel
Developing information governance protocols	02-Jul-2015	01-Sep-2015	100%		Jo Atkinson 02-Sep-2015 PIA approved by the IG panlel, awaiting signature by the cauldicott guardian. Alliance have registered for the IG toolkit with agreed completion date of 31.03.16
Establish service contract with scheme coordinator	06-Jul-2015	03-Aug-2015	100%		Jo Atkinson 02-Sep-2015 Scheme coordinator in post and has been working through August to ensure service is ready to be launched on time.
Ensure public liability insurance is in place	06-Jul-2015	01-Sep-2015	100%		Jo Atkinson 13-Jul-2015 Dr Rumi Chhapia sourcing insurance by Camberford Law who will advise on suitable insurance for the needs of the service and alliance.
Collect and develop GP directory	03-Aug-2015	01-Sep-2015	90%		Jo Atkinson 02-Sep-2015 Most data collected with 1 outstanding that has been re-requested. Will be passed to Business Support Officer if no response by 1.9.2015
Develop GP handbook	03-Aug-2015	01-Sep-2015	100%		Jo Atkinson 13-Jul-2015 Service coordinator to develop a GP handbook for all visiting GP's which will contain information on, working in the service, other stakeholders information with referral criteria. Claire Budden to supply information and guidance from PRRT, community bed provisions, community nursing and the voluntary sector. The handbook will be available in paper format and electronic. It will be ongoing and will evolve over time.

Action Title	Start Date	Due Date	Progress	Status	Notes
Agreement of contract mechanism between Alliance and CCG	03-Jun-2015	31-Dec-2015	61%		Jo Atkinson 03-Sep-2015 Draft contract has been issued to the alliance and meeting scheduled on the 8th of September.

Action Title	Start Date	Due Date	Progress	Status	Notes
Agree drawing down the funding for the service	02-Jul-2015	31-Aug-2015	85%		Jo Atkinson 02-Sep-2015 Letter issued to the alliance regarding start up costs. Invoice raised by the alliance and mobilisation funding given. Funding schedule to be included in contract.
Purchase equipment required for the service	02-Jul-2015	31-Aug-2015	100%		Jo Atkinson 02-Sep-2015 IT equipment puchased
Alliance to register with CQC	17-Aug-2015	31-Dec-2015	0%		Jo Atkinson 02-Sep-2015 The alliance have started the process to register with CQC. At present they are awaiting Dr Howard Smith's enhanced DBS to be returned. Once returned, the process of registering will continue.

Action Title	Start Date	Due Date	Progress	Status	Notes
Alliance to produce a Comms plan and undertake stakeholder engagement	01-Jul-2015	01-Sep-2015	40%		Jo Atkinson 02-Sep-2015 Stakeholder engagement is on-going. •Bettercare Teleconference held on the 1.9.2015 •Meeting with community care home team 2.9.2015. •On-going conversations with Rob Kemp from SCAS. •There is an identified action to inform PRRT about the service launch •Voluntary Sector handbooks requested and received. •Information regarding launch to go in to weekly round up with referral form on the 3.9.15
Proof of concept AVS launch	01-Sep-2015	01-Sep-2015	100%		Jo Atkinson 07-Sep-2015 First session delivered on the morning of the 4th September with 1.5 GPs available and 2 practices testing the service. Launch went well. As a test, patients referred may not all have completely hit the criteria however doctors have reported one saved admission and 1 saved A&E attendance. The launch on the 4th has enabled the service the opportunity to refine what is needed to be done and the alliance reported this to be useful. On Monday the 7th there will be 3 GPs delivering the service
Delivery of proof of concept	04-Sep-2015	31-Aug-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Alliance to complete operational agreement (IG related action)	04-Sep-2015	30-Nov-2015	0%		Jo Atkinson 07-Sep-2015 Template given. Operational agreement sits under the overaching information sharing protocal
Alliance to sign Information Sharing Protocal	04-Sep-2015	30-Nov-2015	0%		Jo Atkinson 07-Sep-2015 Alliance to read and sign up to the overarching Information Sharing Protocol. GP practices to also sign up it
To complete the IG toolkit	04-Sep-2015	31-Mar-2016	0%		Jo Atkinson 07-Sep-2015 Alliance has registered with the IG Toolkit and will aim to start working on this with it being published before the end of March 2016.
Alliance to fulfill KPI requirements as set out in AVS guidance	04-Sep-2015	31-Aug-2016	0%		Jo Atkinson 07-Sep-2015 Meetings held in August to establish KPIS and method of data collection. KPI guidance template has been issued to the Alliance
Ongoing communication about the AVS with stakeholders	04-Sep-2015	31-Aug-2016	0%		Jo Atkinson 07-Sep-2015 Ongoing communication between the alliance and stakeholders to promote the service and collect feedback on service delivery
To continue to engage with GPs to complete daily rota	04-Sep-2015	31-Aug-2016	0%		Jo Atkinson 07-Sep-2015 Engagement with GPs to be involved in delivering the AVS will be required throughout. Support from clinical directors and business support roles will also be needed with this to ensure that GP's are identified for the rota

To meet with commissioners on a monthly basis	30-Sep-2015	31-Aug-2016	0%		

Action Title	Start Date	Due Date	Progress	Status	Notes
Formal review of service to determine continued feasability or early cessation (separate from monthly review meetings)	01-Apr-2016	01-May-2016	0%		
Proof of concept ceases	31-Aug-2016	31-Aug-2016	0%		

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed

Project Risk Register (All Risks)

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
Needs.01	Not having access to data for analysis	4	4	16			Development of a better care information governance strategy to reduce any barriers in getting access to data	4	4	16	07-Apr-2015	
AGEUK.03	Insufficient staff and volunteers available to support project delivery	4	3	12			Prioritise recruitment process to ensure any issues are clear as early as possible	4	3	12	27-Jul-2015	
BCF.P.02e	Project is overtaken by ongoing budget pressures across whole system leading to inability to plan strategically	4	2	8			Buy-in among key stakeholders systemwide	4	3	12	03-Mar-2015	
BCF.P.d	Staffing resources for project become unavailable	4	1	4			Clear documentation of all work done, underway, and planned.	3	4	12	04-Sep-2015	David Adams 04-Sep-2015 Reduction in ICU resources available for reablement and bed-based review workstreams from August 2015. Unclear what future position will be at the time of this update.
BCF.Pn	Improvements in model of care do not translate into the required reductions in performance metrics impacting on financial resource availability and overall delivery	4	3	12			Monitoring of activity through respective governance structures for BCF and organisations. Further development of benefits realisation tracking for each work stream to support programme level reporting.	4	3	12	27-Aug-2015	Jo Atkinson 27-Aug-2015 Individual project metrics need to be developed which will help to determine whether desired outcomes are being met
BCF.Po	Operational pressures will restrict the workforce to move to integrated teams impacting on the BCF programme and outcomes for service users.	4	3	12			Work force group established. Projects to support the integration and the effect on staff in place Staff involvement in the redesign of services to consider transitional approach to implementation of new services. Including the impact of 7 day services.	4	3	12	27-Aug-2015	Jo Atkinson 27-Aug-2015 Implications on the workforce detailed in individual work stream plans.

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
CARE.01	If there is a lack of engagement with G.P's, providers of care home's and other key stakeholders potentially a model could be developed which is not what is needed						Engagement and involvement via clinical directors is important. Also involvement with key stakeholder including the current care home team	4	3	12	01-Jul-2015	
ESTATES.03	IT infrastructure is not fit for purpose in all locations	4	3	12			IT feasibility report to be reviewed and proposals tested. Proof of concept testing to take place prior to moves.	4	3	12	02-Apr-2015	
Integrated 13		4	3	12			Communications officer to develop a communications plan involving key project staff and for the plan to be shared at project meetings to ensure that all involved and aware	4	3	12	27-Aug-2015	Jo Atkinson 27-Aug-2015 A communications plan was originally drawn up to support the June move, dates has subsequently changed and a new plan is needed to reflect the new dates being proposed. Project group to be involved in the development of the communications plan
Integrated.06	Fragmented IT systems within integrated team results in difficulties sharing information	3	4	12			Ensure close working between respective IT teams and align IT strategy as appropriate	3	4	12	15-Jul-2015	Jo Atkinson 01-Jul-2015 Options being explored. ASC meeting with CCG IT Manager and TTP on the 1st July to discuss feasibility in ASC accessing TTP in the future.
Integrated.09	Being unclear on co-location start-up costs and the failure to agree them will delay the start of co-location	4	3	12			regular communication with all parties involved, accommodation feasibility to be completed, meetings to discuss requirements and approval to be sought by decision makers	4	3	12	15-Jul-2015	
Needs.02	Not having clear objectives from other sources	4	3	12			Ensure that data objectives from other project leads are clear and seek further	4	3	12	07-Apr-2015	

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
							clarification if required					
Needs.03	Staff being deflected to other duties	4	3	12			Staff to prioritise duties. To have an understanding of the projects expectations and have clear end dates to work towards	4	3	12	07-Apr-2015	
PREVENT.01	If there is insufficient project resource to deliver the milestones, then there is potential they will not be met.	4	3	12				4	3	12	02-Apr-2015	
AGEUK.02	1000 suitable patients are not referred by GP's	3	3	9			Work with GP's to ensure referral criteria is clear, and track referrals on a monthly basis. Developing a schedule to bring GP practices on to the programme.	3	3	9	27-Jul-2015	
AGEUK		3	2	6			Engaging and being involved in the wider integration programme across the City with health and social care. Developing shared recording systems as an interim and these are patient held record.	3	3	9	27-Jul-2015	
BCF.P.02c	Estates decisions may impact on timescales for developing new models new locations/using existing estate differently	3	3	9			Close links with estate working group	3	3	9	19-Feb-2015	
BCF.P.15F	Ability of the Alliance to deliver the service as they are a newly formed organisation	3	3	9			Option available to seek alternate host provider	3	3	9	12-Jun-2015	
BCF.Pe	Insufficient data/ shared resource will impact on accurate need and demand planning	2	2	4		Project Leads Group - monthly. Resource: Jo York	Solent NHS and G.PS will be rolling out TTP system 1 which will enable information to be shared. Portsmouth adult social care team are exploring options of future IT provision. Information governance working group has been established which is looking at	3	3	9	27-Aug-2015	Jo Atkinson 27-Aug-2015 There has been project delays due to information governance barriers but there have been aspects of the Better Care programme where if engagement from an IG officer is sought early the

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
							developing information sharing protocols where needed. Enabling work stream / project established to support the collation and dissemination of information across the programme.					delays can be avoided
BCF.Ph	Issue: Project resources to support projects	2	5	10		Report to HaSP Executive Sponsor	Project leads group formed to discuss projects and resource issues as they arise. Project manager available to support project leads as required. Plans developed which will help to identify further resource issues.	3	3	9	27-Aug-2015	Jo Atkinson 27-Aug-2015 There have been dedicated project leads gaps in some elements of the progamme which has impcacted on the project delivery. This continues to be monitored through the leads group and is raised at the HaSP board if there are issues which need escalating.
BCF.Pm	Information technology - Lack of coherent IT solutions that support the integrated agenda at pace.	2	3	6			The impact of the availability of IT systems within individual projects are discussed at project level. If issues need escalating then theses are escalated to the appropriate boards.	3	3	9	27-Aug-2015	Jo Atkinson 27-Aug-2015 There are wider IT issues which impact on individually on projects e.g TTP roll out, connectivity with co-location bases which are captured seperately
CARE.02							Project lead to identify key stakeholders likely to be required to support the project	3	3	9	01-Jul-2015	Jo Atkinson 01-Jul-2015 Interim project manager identified to lead on the mapping of the current provision. Review of stakeholders will ensure efficient resources are available to support the project lead.
CARE.03	If there is a lack of commitment from private care homes and nursing homes in Portsmouth to develop and implement training programme, staff working in						To engage and promote training opportunities to all Portsmouth residential and nursing homes in the City. Involve communications to ensure messages are shared	3	3	9	01-Jul-2015	

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
	the homes could potentially not be of a competent level											
ESTATES.04	Nonagreement by both organisations to all details of the proposal	3	3	9			Clear specification of proposed locations to be presented to both services.	3	3	9	02-Apr-2015	
Integrated.03	Project is overtaken by ongoing budget pressures across whole system leading to inability to plan strategically	3	3	9			Financial implications of project under regular discussion at BCF PMG to esnure that scheme(s) remain viable.	3	3	9	15-Jul-2015	
Integrated.04	Staffing resources for project become unavailable	3	3	9			Ongoing resource requirements to be discussed with all organisations.	3	3	9	15-Jul-2015	Jo Atkinson 01-Jul-2015 Working group established to support the implementation of the project. Locality leads developing staffing structures which will identify staffing gaps.
Integrated.12		3	3	9			Ongoing resource availability to be discussed at workstream meetings	3	3	9	15-Jul-2015	
PREVENT.02	If there is lack of engagement by public health with the independence and well being service there is potential for duplication and services not being coordinated	3	3	9			Milestone in place to link in with the independence and well being service. Communication between services needs to established and maintained. Need to ensure engagement includes project manager for care act	3	3	9	02-Apr-2015	
PREVENT.03	If there is a lack of engagement by public health with primary care there is the potential for services not being coordinated	3	3	9			Communication between services need to be ongoing to ensure project is delivered	3	3	9	02-Apr-2015	
BCF.P.02b	Lack of buy in from stakeholders within partner organisations	4	2	8			Buy-in among key stakeholders systemwide	4	2	8	19-Feb-2015	
BCF.P.15E	Ability to quantify contribution of AVS scheme vs other whole system schemes in place	2	4	8			Robust KPIs and monthly monitoring	2	4	8	12-Jun-2015	

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
BCF.Pj	The overall BCF funding is dependent on the CCG delivering on its overall QIPP programme	2	4	8			The CCG has an established programme of QIPP schemes which is proactively monitored buy planning and performance team at contract level by CCG The implications of QIPP will be reported monthly at programme level and mitigation steps will be implemented to achieve contracted levels through the established Governance board assurance framework on a quarterly frequency.	2	4	8	16-Mar-2015	
BCF.RE.02	Lack of dedicated project lead will mean the project is not coordinated and the desired outcomes are not achieved	4	4	16			project lead post has been vacant since middle of April, concerns to be raised at HaSP board for consideration. Meeting planned for early June to discuss direction for project	4	2	8	01-Jul-2015	Jo Atkinson 01-Jul-2015 Interim project lead has been identified early June to take this project forward
ESTATE.01	Short timescale means that the project will not be delivered by due date.	2	4	8			Feasibility report to be reviewed quickly and operational teams consulted on the options at earliest opportunity.	2	4	8	02-Apr-2015	
ESTATE.02	Commitment by operational teams to new locations is not guaranteed.	4	2	8			Ensure everyone impacted is consulted before the new locations are confirmed.	4	2	8	02-Apr-2015	
Integrated.02	Resistance to change among organisations and staff groups	4	3	12			Staff events to be held to reduce the risk of resistance amongst staff. Locality conference calls will give staff the opportunity to discuss any concerns with managers regularly. Plan to develop 'hub' web presence as online information resource.	4	2	8	15-Jul-2015	Jo Atkinson 01-Jul-2015 Engagement and involvement of staff is imperative to keep the level of risk to a minimum.
Integrated.07	Lack of coherent information governance strategy leads to barriers in ability to share information	4	3	12			Develop BCF-wide IG strategy, applicable to all partners and comprehensive consent forms for clients	4	2	8	15-Jul-2015	Jo Atkinson 01-Jul-2015 Information sharing protocols being developed and joint consent form being drafted which will

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
												enable individuals using a locality service to give consent for information to be shared.
BCF.P.02a	Insufficient project resource to deliver	3	3	9			Clear and proportionate project management process	3	2	6	03-Mar-2015	Ben Gallagher 03-Mar-2015 Addtional ICU resource identified.
BCF.P.03b	Shortage of time due to late project start leads to incomplete analysis	3	3	9			Clear and proportionate project management process	2	3	6	14-May-2015	
BCF.P.11A	Lack of appropriately skilled staff available for work	3	2	6			To be treated as a high priority within ICU workloads	3	2	6	03-Jun-2015	
BCF.P.11C	Lack of national good practice for new models of contracting increases likelihood of delay or inappropriate model being selected	3	2	6				3	2	6	03-Jun-2015	
BCF.P.[illegible]A	Scheme does not deliver key objectives	2	3	6			Creation of robust KPIs and monthly monitoring of these to track performance	2	3	6	10-Jun-2015	
BCF.P.15C	Unable to recruit necessary staffing	3	2	6			Use of locums would be an option	3	2	6	12-Jun-2015	
BCF.P.15G	Scheme does not deliver value for money	2	3	6				2	3	6	12-Jun-2015	
BCF.Pa	The ability to redesign services will be impacted	3	3	9		As per Comms plan. Resource: Jo York / Vicky Griffin	Stakeholder reference group has been set up to meet bi-monthly which will ensure that engagement is ongoing. Individual work stream plans to identify opportunities for further engagement. Aiming to work with a voluntary organisation to look at co-production through elements of the Better Care programme to help minimise stakeholder resistance.	3	2	6	27-Aug-2015	
BCF.Pb	Inaccurate planning and resource shifting to joint	3	2	6		HaSP Board - Bi Monthly. resource: Jo York / HaSP.	Ongoing communication and engagement as part of specific	3	2	6	18-May-2015	Jo Atkinson 13-Feb-2015 Representatives from

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
	interventions there is potential to destabilise the acute section causing additional financial burden						project implementation. Linking with system wide sustainability plan to ensure estates and finance implications of the transformational change programme do not destabilise the local health system.					Portsmouth hospitals are invited to attend HaSP. Representation and engagement is also encouraged in the individual work streams.
BCF.Pc	Increase cost implications. Fuelling demand on services	3	2	6		Project Leads Group Monthly. Resource: Yo York	Risk Stratification Need and demand profiling work by being progressed and individual projects undertaking analysis and audits of service usage to identity any demand on services	3	2	6	27-Aug-2015	
BCF.Pe	Financial risk of performance element metrics not being achieved.	3	2	6		HaSP Board - Bi-monthly. Resource: Jo York / HaSP Board.	Monthly metrics monitoring. Delivery of specific projects to milestones.	3	2	6	18-May-2015	
BCF.Pf		4	4	16		Resource: Claire Budden		3	2	6	27-Aug-2015	Jo Atkinson 27-Aug-2015 There has been issues with this work and delays have occurred. This has meant that data from this has not been able to inform other work streams
BCF.Pk	Allocation of funding within the BCF plan is not sufficient to cover the obligations of the Care Act	4	2	8			The requirements for Care Act implementation are in development and will be closely monitored. Through programme Consideration of any mitigation will be supported by the local Transformation Board.	3	2	6	27-Aug-2015	Jo Atkinson 27-Aug-2015 Care act has been a feature of previous HaSP boards. As yet implications have been minimal to the overal Better Care programme. Implications is social care may have been evident but have been managed
BCF.Pl	Failure to achieve cultural change in providers necessary to achieve BCF integrated intentions	3	2	6			Commissioner work programmes, coproduction with providers to redesign and review services. Engagement with primary care	3	2	6	27-Aug-2015	

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
							and GP clinical director as part of project teams engagement. Monthly contract review mechanism and robust performance measurement with a focus on supplier relationship management. Annual contract negotiation, monthly contract review and governance structure.					
Carers. 02	Carers Council remodelling process is not completed to timeframe	4	3	12				3	2	6	02-Sep-2015	
Carers. 03	Action Plan Milestones not complete to timeframe	3	3	9				2	3	6	02-Sep-2015	
Integrated 11	Lack of dedicated project lead could impact the planning and implementation stages of the project	3	2	6			3 locality leads in place who are assisted with project support. Meetings arranged for locality leads, senior staff and project support. Additional staff resources to be accessed as required.	3	2	6	15-Jul-2015	
BCF.P. 02d	Risk of poor data quality or low availability leads to erroneous policy/strategic decisions	2	2	4			Assess quality of all data used within the project and triangulate with other sources to ensure robust findings	2	2	4	19-Feb-2015	
BCF.P. 03a	Risk of poor data quality or low availability leads to erroneous policy/strategic decisions	2	2	4			Assess quality of all data used within the project and triangulate with other sources to ensure robust findings	2	2	4	27-Mar-2015	
BCF.P. 03c	Project is overtaken by ongoing budget pressures across whole system leading to inability to plan strategically	4	2	8		Raise profile of project to ensure buy-in among key stakeholders system wide		4	1	4	14-May-2015	
BCF.P. 11B	Delays could be caused through approvals process timetables	2	2	4			To be mapped out as part of project planning	2	2	4	03-Jun-2015	
BCF.P.	Lack of stakeholder	2	2	4			Sufficient pool of practices	2	2	4	12-Jun-	

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
15B	engagement						already engaged to enable limited proof of concept to proceed				2015	
BCF.P.15D	The scheme drains existing workforce pool	3	1	3			Unlikely during proof of concept but can be monitored if rolled out	3	1	3	12-Jun-2015	
Integrated.01	Risk of poor data quality or low availability leads to erroneous policy/strategic decisions	3	2	6			Sense-check all data supporting key decisions among key stakeholders and subject matter experts	3	1	3	15-Jul-2015	
Integrated.10	Primary care are not involved and engaged with through the planning and implementation stage	4	2	8			Regular discussions to be held between locality leads, clinical directors and business support officers to inform development of locality model	3	1	3	15-Jul-2015	Jo Atkinson 01-Jul-2015 Meeting planned for the 7th of July to enable clinical directors, business support roles to meet with locality leans and other project managements staff.
BCF.Pi	Pooled budget arrangements are not reached by April, impacting on who holds the budget and the impact of any under or overspend	4	2	8			The parties have developed a risk sharing agreement and a section 75 is now in place. This is supported and monitored by Commissioning and finance leads at Partnership Management Group	1	2	2	18-May-2015	
Carers.04	Short Breaks Cards Overspend or stop issuing cards	2	2	4				2	1	2	12-Aug-2015	
AGEUK.01	Delay to project starting due to information governance arrangements not being in place	4	3	12			Meetings with IG officers, Age UK Portsmouth to obtain level 2 on the IG toolkit. GPS will now refer to the project reducing the amount of information shared.	1	1	1	27-Jul-2015	
BCF.Pg	Issue: Baseline data on existing services - data collation	3	3	9		Resource: Matt Pickerill / Bradley Hawkins		1	1	1	27-Aug-2015	
Integrated.05	Suitable estates not available or too costly	4	4	16			Detail estates requirement to relevant project team as soon as reasonably practicable	1	1	1	01-Jul-2015	Jo Atkinson 01-Jul-2015 Estates identified for all three localities.

Risk Ref	Description	I	L	Original Risk Score	Key Controls	Assurance	Mitigating Actions	I	L	Current Risk Score	Date Reviewed	Latest Note
BCF.P												
BCF.P.01												
BCF.P.02												
BCF.P.03												
BCF.P.04												
BCF.P.05											02-Apr-2015	
BCF.P.07												
BCF.P.08											02-Apr-2015	
BCF.P.[illegible]												
BCF.P.[illegible]												
BCF.P.12												
BCF.P.13												
BCF.P.14												
BCF.P.15												

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South Central Ambulance Service NHS
NHS Foundation Trust

South Central Ambulance NHS Foundation Trust Local Network Update.

Portsmouth

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Operational Context

- Demand
- Performance
- Developments
- Risks

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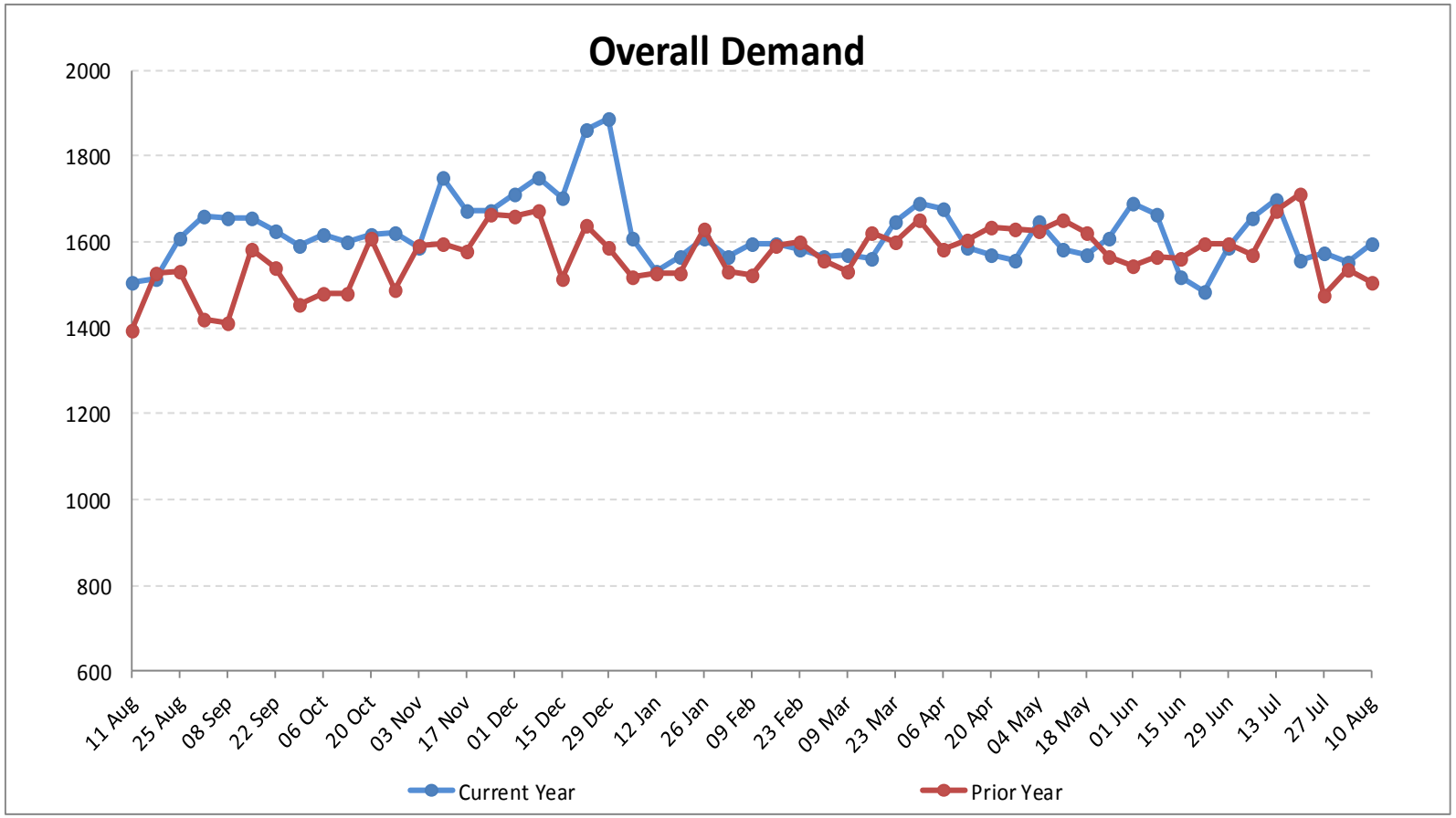

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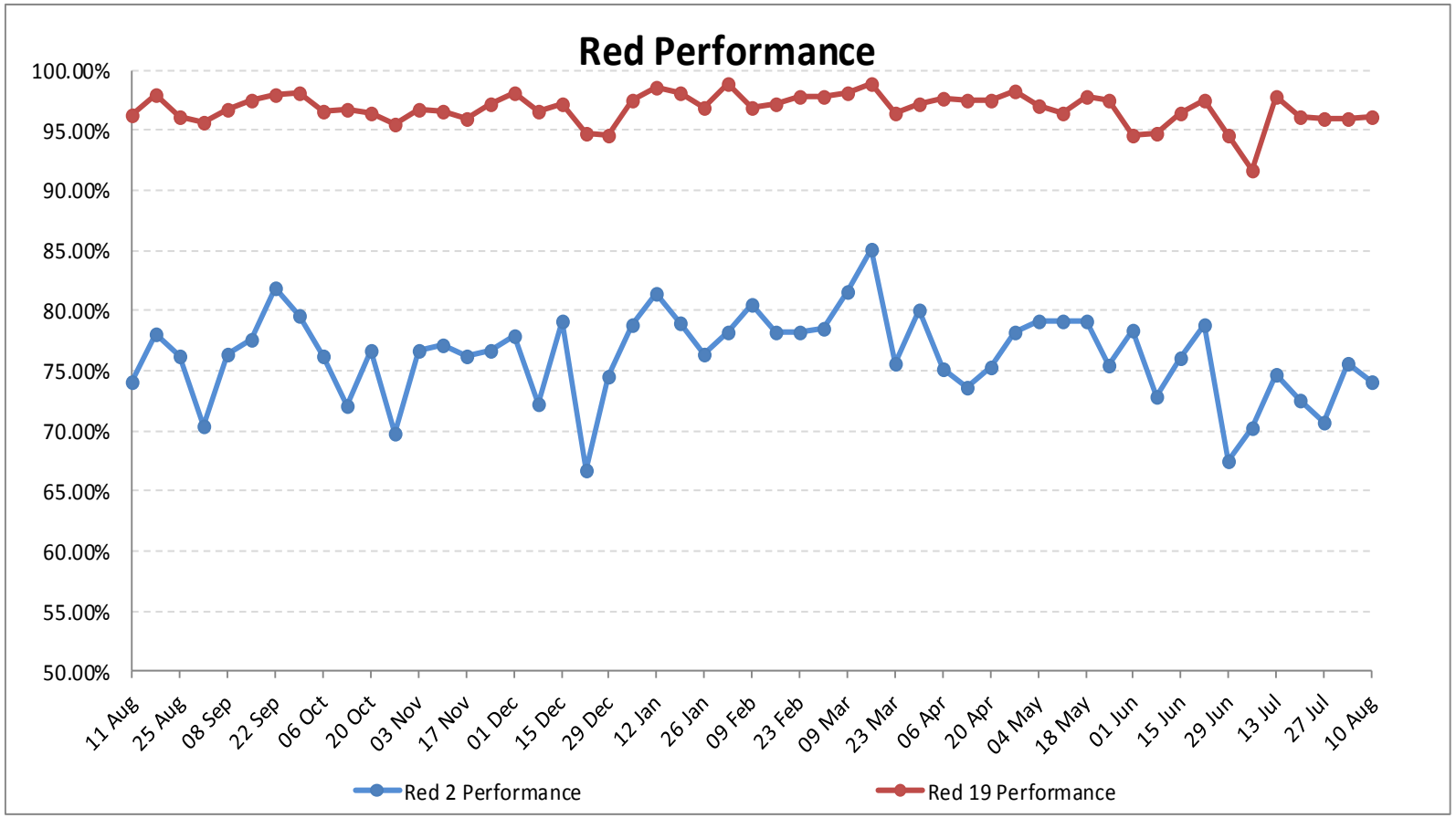

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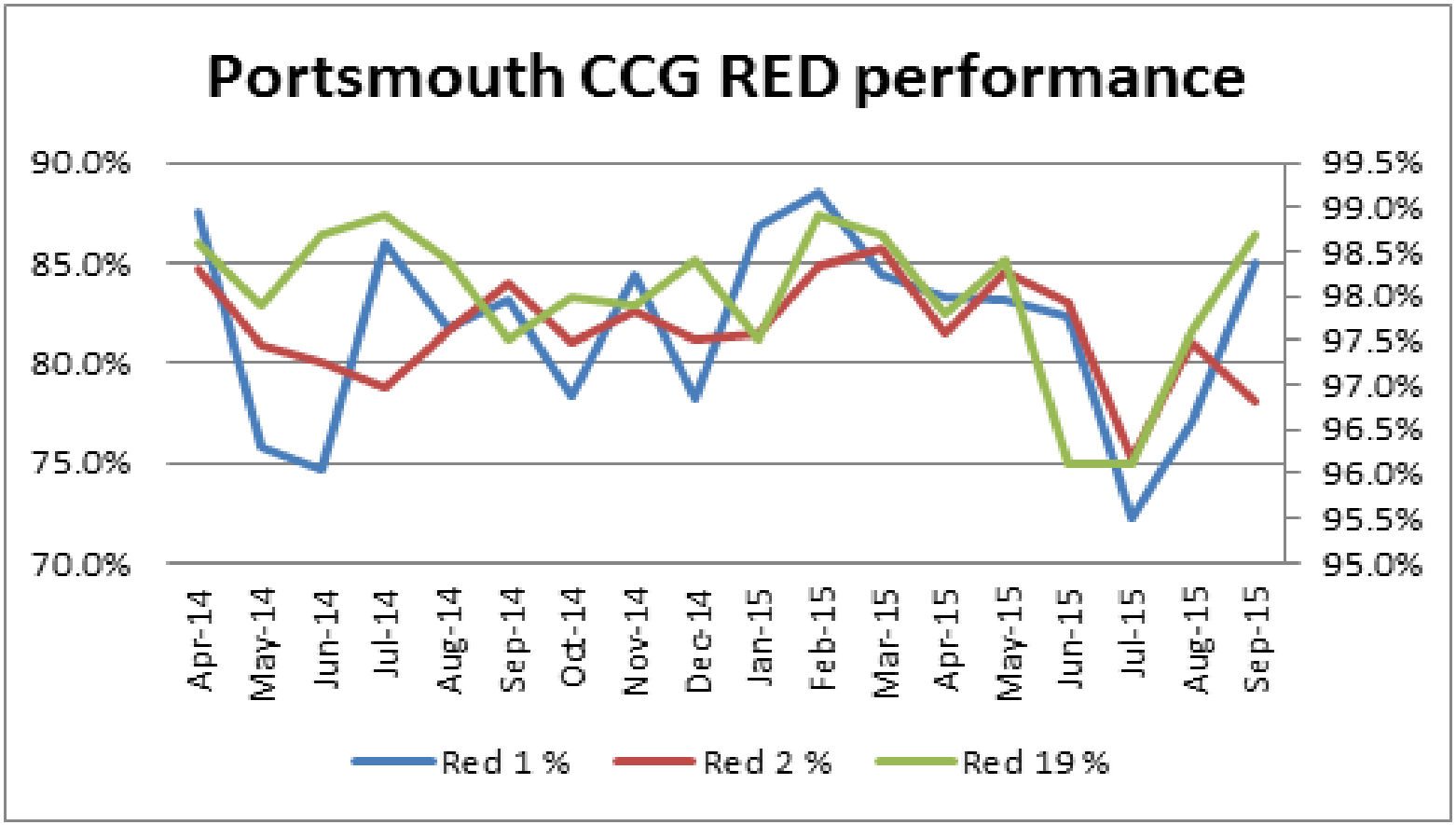

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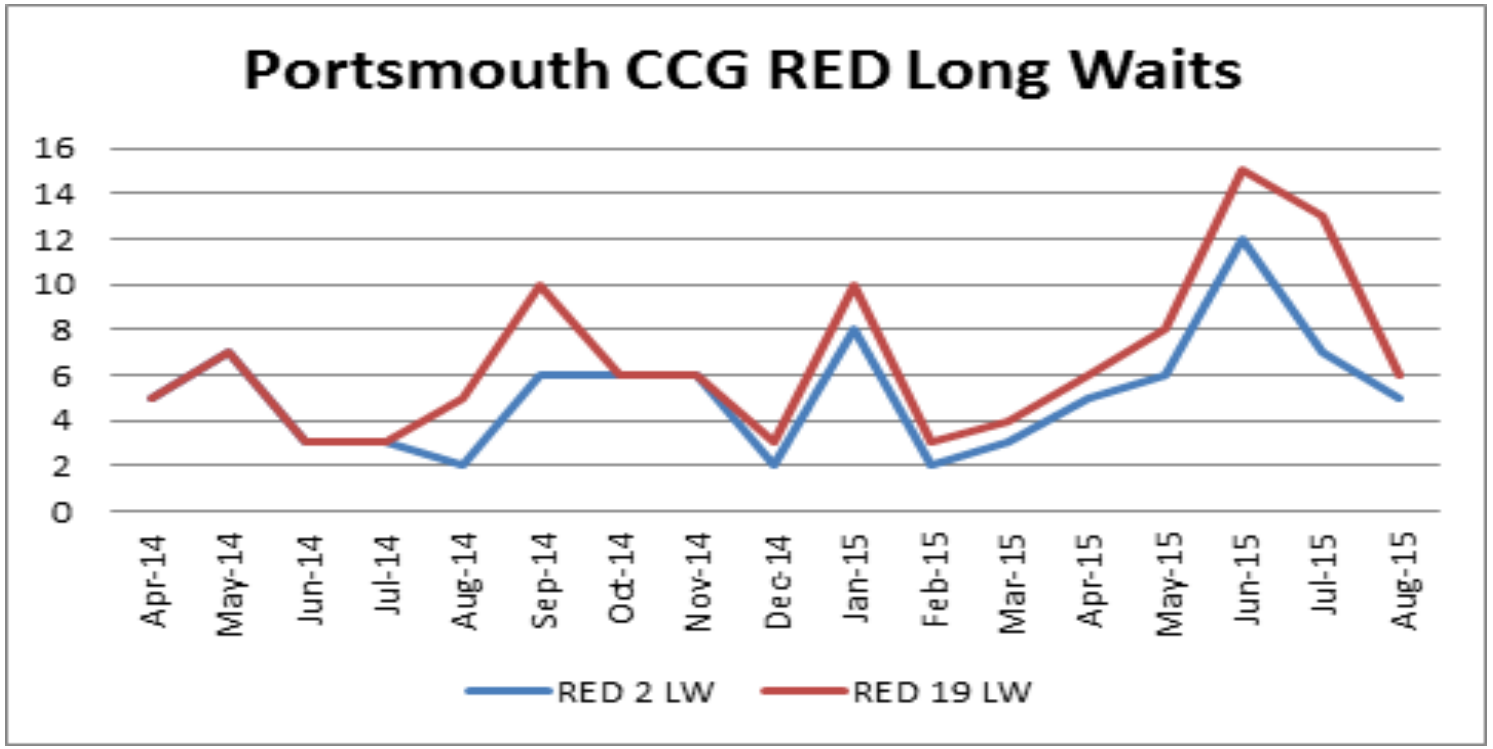

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Developments

- Single 111 and 999 platform (pathways).
- Full degree Paramedics.
- Specialist Paramedic.
- Patient Long wait reviews.
- Forecasting and planning.
- Improved links with SAG for event planning.
- System Work streams (including appropriate conveyance, and Care Home, Residential homes).

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Risks

- Retention of experienced staff.
- Recruitment of qualified staff.
- Availability of alternative care pathways.
- Demand variation.
- Winter resilience.
- Hospital capacity.

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Questions

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THIS ITEM IS FOR INFORMATION ONLY

Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health Overview and Scrutiny Panel
Subject:	Public Health update, including plans for managing cuts to the ring-fenced public health grant
Date of meeting:	18th September 2015
Report by:	Dr Janet Maxwell, Director of Public Health
Wards affected:	All

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1. Requested by Health Overview and Scrutiny Panel

2. Purpose: To provide the Panel with:

a. The priorities for public health in Portsmouth and update on progress

b. An update on the public health budget and impact of savings

3. Vision for Public Health in Portsmouth

3.1 The public health directorate's purpose is to improve health outcomes of Portsmouth residents by:

- increasing life expectancy
- improving quality of life
- reducing health inequalities.

3.2 Public health moving into the Local Authority in 2013 provided an opportunity for Local Authorities to put health and wellbeing at the heart of everything we do, and make a significant impact on the health and wellbeing of all residents.

Health and wellbeing is a fundamental requirement for Portsmouth City Council to be able to meet its' priorities; to improve life chances, educational attainment and economic prosperity for the city.

3.3 The public health directorate's strategy reflects the five key priorities of city's Health and Wellbeing strategy.

a) **Best start in life.** We are improving outcomes for the pre-birth to 5 age group through effective and integrated support. The public health team is now responsible for all the under 5s childrens services work which is being

integrated with the health visiting service which becomes the responsibility of the local authority in October.

There will be a particular focus on childhood nutrition to reduce obesity and poor dental health and secondly to strengthen positive parenting in the city to improve both physical and emotional health and educational outcomes and reduce the numbers of children subject to a child protection plan or moving into the care system.

b) **Promoting prevention.** This priority focuses on two key areas:

Firstly creating sustainable healthy environments by working with planning, housing, transport, economic development and parks and open spaces teams to support people to live healthy lives and enable to all our residents to benefit from the economic regeneration through the Building a Healthy City programme.

Secondly, we will work collaboratively with wider partners through the four new Alliances to address the four main risk factors of poor nutrition, lack of physical activity, tobacco and excess alcohol use which contribute to the four main causes of poor health and avoidable early deaths of cancer, cardiovascular, respiratory and liver diseases. At the same time we recognise the importance of addressing mental health and wellbeing through the work of the mental health alliance.

The public health team also commissions the sexual health services in the city providing sexual health promotion, teenage pregnancy work and contraception services and genito-urinary medicine services for sexually transmitted infections.

c) **Supporting independence.** The public health workforce will be working in an integrated way with other directorates and partner organisations in multi-agency childrens teams and older peoples teams to support individuals and families to live independently in the community.

We are developing a strong community support model to build capacity and resources in our most deprived neighbourhoods using the approach of empowerment, peer support, community sign posters and community researchers, building on strengths and assets in the different neighbourhoods and communities to reduce social isolation and to build social capital and using volunteering and work placements to help people back into employment where appropriate.

We have developed a new integrated wellbeing service to help people live healthier lives using a person centred, holistic, empowerment approach to enable people to gain confidence, improve their self-esteem and change their behaviours to become healthier both physically and emotionally.

d) **Intervening Earlier**. Together with wider partners across the health and care system we are developing the case for whole system transformation.

Strengthening communities will enable people to stay healthier and support each other so there will be less need for health and care services.

The development of the wellbeing service will enable more people to access this service instead of primary care. General practitioners and their staff will be able to provide improved care to those who most need it with a particular focus on the elderly and those with long term conditions ensuring they have the skills and support to manage their own conditions better, and that all well evidenced interventions are in place (eg appropriate community based care pathways, telehealth and telecare support, falls prevention, dementia support, carer support). This will reduce the numbers of people being admitted for acute hospital care or needing costly social care.

e) Reducing inequality. There is a clear connection between socio-economic deprivation and poor health. Ensuring people have access to good employment is a key priority for the city to help break this cycle of deprivation and reduce inequalities in health outcomes.

The public health team is working with the employment teams to help address the health related barriers to accessing and sustaining employment. The work of the public health childrens team is developing a school based healthy child programme for the 5-19 age group that will be integrated with the wider multi-agency childrens teams in each of the localities to help support children to remain well both physical and emotionally and thus help to improve their educational attainment and further training or employment outcomes.

We have developed excellent drug and alcohol services and mental health services with a strong focus on getting people into treatment and onto recovery using the Recovery College approach and into employment. We are working with primary care colleagues to identify people with health problems to ensure they have appropriate support to remain in employment or have appropriate support to renter employment where possible after a period of unemployment.

3.4 To achieve this work the public health team is structured in three areas - Starting well, Living well and Ageing well.

We also have responsibility for the following areas of work:

- Health protection - supporting the work of the Public Health England regional team in Whiteley with regard to infectious disease control and planning for emergency events including adverse weather conditions
- Public health intelligence - we provide data and intelligence for the Joint Strategic Needs Assessment - a web based tool to show up to date health profiles of the population of the residents in Portsmouth, with more in depth work when needed by the PH team or other directorates or partners.
- Healthcare public health - we provide support to the Clinical Commissioning Group with regard to population based commissioning.
- Workforce development - we have a role in training the public health workforce through placements for specialist registrars on the five year

consultant training programme and through the public health practioner training scheme. We contribute to the Continuing Professional Development Programme across Wessex

4. Progress to date

4.1 A review and redesign of alcohol, obesity and smoking provision has been undertaken, the outcome of which has resulted in the introduction of an in-house integrated wellbeing service that provides a more holistic service to residents. This service is due to be launched on 1 October 2015. A report on the implementation of the integrated wellbeing service was provided separately for the June HWB.

4.2 The alcohol and substance misuse services have been reviewed and remodelled to a more recovery oriented "hub and spoke" model of delivery which is supporting more people to sustain recovery. We have seen significant reductions in alcohol related violent crime and acquisitive crime, over the last 5 years, following a previous period of gradually increasing resources for prevention and treatment. We have also had a reduction in alcohol related hospital admissions in the past 5 years are one of only 8 upper tier Local Authorities in the country to achieve this.

4.3 Teenage conceptions in Portsmouth have reduced from 57 conceptions per 1000 girls in 1998 to 39/1000 in 2012. Every £1 spent on teenage pregnancy saves £11 of ongoing health and social care services. A process of transformation of Sexual Health services is currently underway. We plan to retender the existing contract with partners in Hampshire and Southampton, to maximise economies of scale, release efficiencies and deliver a seamless Hampshire wide service.

4.4 From 1 October 2015 responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to local authorities. Responsibility for providing Children's Centres has also transferred from Education following the Council's senior management review. A review of the 5-19 programme, delivered by the school nursing and public health delivery teams is already underway and will be extended to 0-19 following transition, building on the programme of integration work undertaken by the pre-birth to 5 Board. Outcomes for pre-school children have improved over the period this integration work has taken place.

4.5 The Director of Public Health's independent Annual Report will be published this month. Entitled Building a Healthier City, it reports on a series of PCC wide workshops held during 2014/15. It outlines pan-council work on promoting prevention throughout services to deliver better public health outcomes and recommendations for future work.

5. Use of the public health ring-fenced grant

5.1 The ring-fenced public health grant is provided to Local Authorities to enable them to fulfil their public health responsibilities. It is ring-fenced in recognition of the importance of prevention in improving health outcomes for the population. It must

be used to improve health outcomes as defined in the Public Health Outcomes Framework (Appendix 1).

5.2 The transformation of public health's contracted services has enabled efficiencies to be released. These savings have been redistributed to fund services other Directorates were obliged to cut due to budget pressures, where these can be shown to demonstrate public health outcomes. The savings required for redistribution and area redistributed to is shown below.

Table 1 - Public Health Savings and Redistribution

Financial Year	**2013/14**	**2014/15**	**2015/16**
Savings requested	£0.6m	£1.8m	£3.405m
Redistributed to	Independence & wellbeing service (IWT) Health improvement & delivery team (HIDS)	Sports development Arts and culture IWT & HIDS	TBA IWT & HIDS

5.3 Improving public health outcomes has shown savings to both council and other areas. There is a risk that this preventative approach will be lost if public health services are further reduced, with resulting costs to the public purse.

5.4 Nationally we are expecting an in-year cut during 2015 to the ring-fenced public health grant. This is currently out for consultation, however, is expected to be a reduction of 6.2%, equating to £1.2m for Portsmouth.

5.5 Public health services have been or are in the process of transforming and this has released efficiencies. However, further savings will be challenging. Further cuts to services that have been already been through transformation brings risks that they will no longer be sustainable.

6. Whole system transformation

6.1 We are currently developing our whole Healthy Child Programme. This is a nationally proscribed programme from 0-19 to keep children well from pre-birth through to adulthood with universal services such as immunisations programmes and health promotion advice through to targeted support for the most vulnerable or those with special needs. So far we have focused on the prebirth to 5 age group through the integration of early years and Health visiting services. We are currently developing the healthy school programme to fit with the multi-agency children teams. We are exploring the opportunities to support our children and young people better through more positive activities including wider sports and physical activity

programmes and through arts and culture in a Cultural Education Partnership across the city. These activities involve working with partners to help bring more funding into the city through Sport England, the Arts Council and other funding bodies.

6.2 We are currently developing a whole systems approach to work differently with adults and families in communities, primary care and social care to keep people healthier, reduce ill health and maintain their independence. This will help to reduce the cost to Adult Social Care and health services as well as wider savings to society including the criminal justice system and the wider economy.

7. Conclusion

7.1 A significant amount of work has taken place to transform public health services. There have been improvements in many outcomes in these areas, along with positive impacts on the council budget, and other public sector budgets including crime, health and social care.

7.2 Further savings to public health services run the risk that:

- Transformed services become unsustainable so providers are not willing to continue to provide them.
- The improvements seen in public health outcomes will not be sustained.
- There will be an increased cost to other public sector budgets including the police, health, social care and criminal justice system.
- Areas that the redistribution fund is allocated to may not be able to demonstrate public health outcomes so will not eligible for spend against the ring-fenced public health grant.

7.3 It is proposed that the public health grant is used to provide efficient and effective services that we are responsible for. That any savings accrued through efficiencies from transformimg existing public health services are used to help transform other services through the whole system approach as described above.

……
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

Appendix A: Overview of outcomes and indicators

Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

Outcome measures

Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
- *School readiness (Placeholder)*
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have a mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty/ disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social connectedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (Placeholder)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (Placeholder)*
- *Smoking prevalence – 15 year olds (Placeholder)*
- Hospital admissions as a result of self-harm
- *Diet (Placeholder)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (Placeholder)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*

NHS
Portsmouth
Clinical Commissioning Group

CCG Headquarters
St James' Hospital
Locksway Road
Portsmouth
Hampshire
PO4 8LD
02392 684513

9 September 2015

Cllr John Ferrett (HOSP Chair)
Portsmouth City Council
3rd Floor, Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

Dear Cllr Ferrett

Re: Options appraisal paper for Guildhall Walk Healthcare Centre

I am enclosing with this letter an options appraisal paper for Guildhall Walk Healthcare Centre for consideration at the next Health Overview and Scrutiny Panel meeting on Friday 18th September.

It formally sets out our proposals for the next steps in the work that we are doing to consider the future of health care services provided at the centre and, as well as sharing this with HOSP members, we will also be presenting the paper to the CCG Governing Board on Wednesday 23rd September.

Given the substantial size of this document, as well as the complexity of the content, we will, of course, be happy to take members through the key elements at the meeting if you wish us to. The size of the document reflects our intention to ensure that we have fully captured the work that we have done in developing these proposals, the feedback we have received from our engagement activity to date and our initial responses to some of the main concerns that have arisen through the engagement process. The paper does contain a number of appendices related to this which will be forwarded separately given their size.

You will see that the paper makes a formal recommendation on our preferred proposal at this stage, and also makes clear that our intention, subject to approval from the Panel, would be to now proceed to formal consultation on this proposal.

We are very keen to seek views from Panel members on the length and nature of the formal consultation period, particularly in the light of the engagement work we have done to date. We would also seek your guidance as to how you would like us to proceed in terms of formally consulting with the Panel on this proposal so that, as a key stakeholder, you are able to formally put forward your view at the appropriate time.

No doubt these are issues that will be discussed at the meeting on the 18th September.

In the meantime please do let me know if anything is unclear or whether there is any further information that you require.

Yours sincerely

Innes Richens
Chief Operating Officer
NHS Portsmouth CCG

Guildhall Walk Healthcare Centre Options Appraisal

1. Introduction

In recognition of the contract for healthcare service provision at Guildhall Walk Healthcare Centre (GWHC) expiring on the 31st March 2016, this paper has been produced as an options appraisal for the Governing Board of NHS Portsmouth Clinical Commissioning Group (CCG) to recommend decisions in relation to the services provided from GWHC.

2. Background

GWHC is located in Portsmouth City Centre and provides two component services under a single contract: primary medical care services for registered patients; and a GP-led Walk-In Centre (WIC) service for both registered and unregistered patients. This is currently provided by Portsmouth Health Limited (PHL) through an Alternative Provider Medical Services (APMS) contract, which is subcontracted to be delivered by Care UK. It has a registered raw patient population of 5,921 (as of April 2015), which consists of a diverse demographic including, among other cohorts of patients, students from the University of Portsmouth, homeless people, and people with a history of alcohol and/or drug misuse.

The service was set up by NHS Portsmouth Primary Care Trust (PCT) as an Equitable Access Centre (or 'Darzi Centre') in 2009, providing services from 08:00-20:00, 365 days a year. Following the NHS reforms that came into effect in 2013, NHS Portsmouth CCG has taken responsibility for the commissioning of unscheduled care across the city, and as such has oversight of the PHL contract related to the WIC service at GWHC. Although NHS England had assumed commissioning responsibility for the primary medical care service element of the contract for the registered patient population in 2013, following a Scheme of Delegation Agreement signed by both NHS England and NHS Portsmouth CCG, Portsmouth CCG now have delegated commissioning responsibility for the whole contract (as of 1st April 2015).

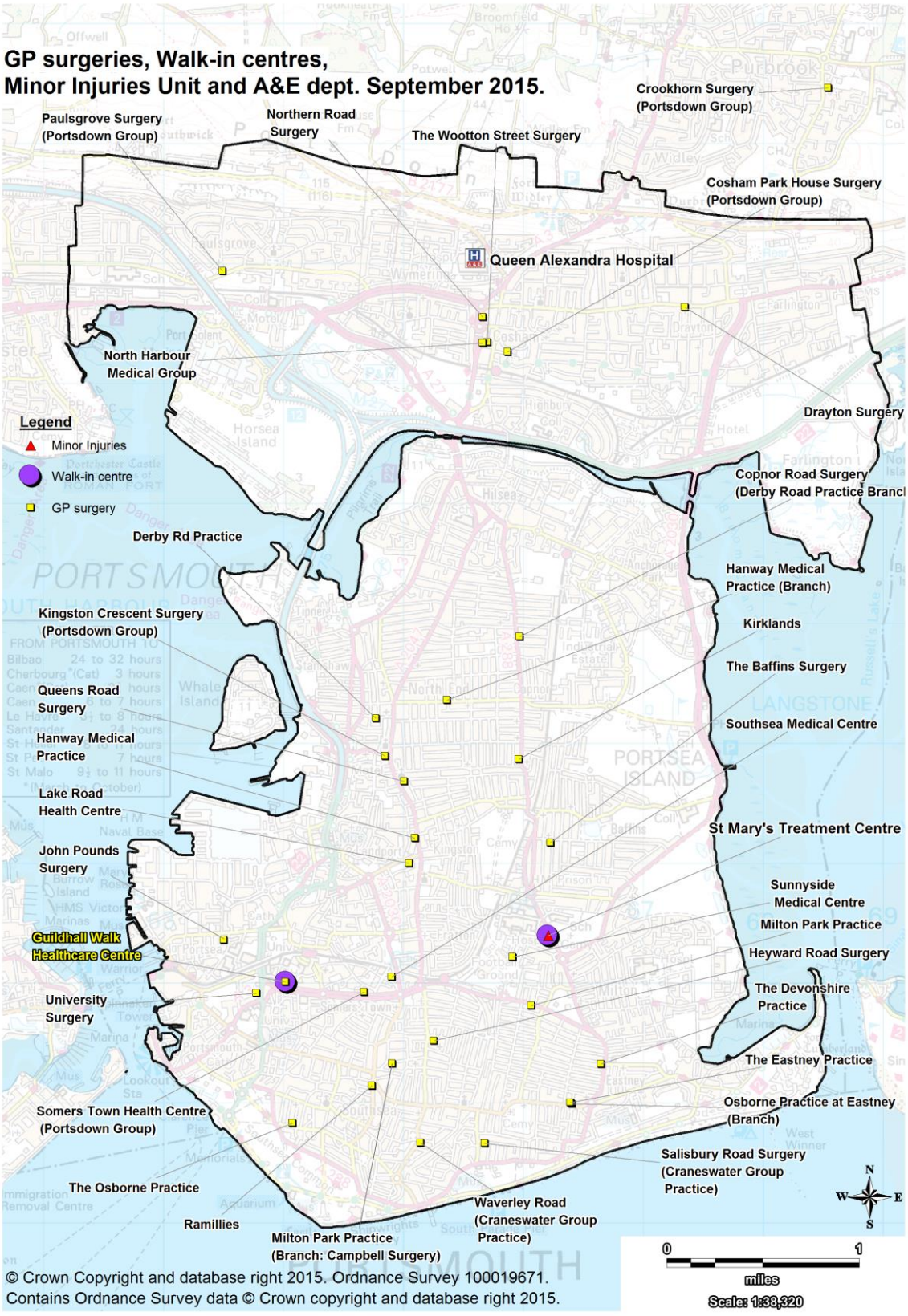
The original contract was awarded for a five year period. This was due to expire on the 31st July 2014; however, this was later extended until the 31st July 2015, and another extension has now been issued until the 31st March 2016. A decision now needs to be made as to what elements of service provision from the GWHC contract will be commissioned beyond this point, and how that service provision will be configured in relation to the wider healthcare system.

3. Current Provision of Services

Within this section is an overview of services currently commissioned within Portsmouth that meet the population's urgent care and primary care needs, and serves to highlight how patients are accessing a variety of care from a variety of locations.

For context, below is a map of Portsmouth CCG detailing all 23 member GP Practices, and some key sites such as WICs and Queen Alexandra Hospital.

Map A



3.1. Urgent Care

Presently there are two separate WICs located within the city. One WIC is located at St Mary's Treatment Centre (SMTC) and manages both minor injuries and minor illness; this is

a nurse-led service open from 07:30-22:00 Monday-Friday, and 08:00-22:00 at weekends and bank holidays. Another WIC is located at GWHC (two miles from SMTC) and manages minor illnesses only; this is a GP-led service (with support from nurses) open from 08:00-20:00, 365 days a year.

There is also an Urgent Care Centre located at Queen Alexandra Hospital which manages both minor injuries and minor illnesses; this is a GP-led service (with support from nurses). In addition to these services the NHS 111 telephone service also provides signposting to services and advice to patients who have an urgent care need.

The Emergency Department (ED) at Queen Alexandra Hospital is another option available to patients when presented with an urgent, life-threatening situation (located four miles from SMTC and 6 miles from GWHC). Unfortunately a significant number of patients also access ED for minor injuries and illnesses which could have been treated in primary care.

3.2. Primary Care

NHS Portsmouth CCG currently has 23 member GP practices operating out of 31 sites across the city. In addition to their core opening hours (08:00-18:30, Monday-Friday), 21 member practices (excluding GWHC) currently also offer patients extended access through additional clinics either in the early morning (before 08:00) or late evening (after 18:30) during weekdays, or through additional clinics on Saturdays; this is dependent on patient preference within individual surgeries. All member practices also offer same day access for patients with urgent primary care needs.

In addition to in-hours GP service provision (08:00-18:30), Portsmouth patients also have access to an out-of-hours GP service between 18:30-08:00 on weekdays, and 24 hours a day at weekends and on bank holidays. Access to GP out-of-hours is determined on the outcome of clinical pathways operated by NHS 111.

Pharmacies are another important access point to primary care within Portsmouth and there is a network of pharmacies providing healthy living services and advice. Pharmacists are also experts in the use of medicines and can provide free expert advice on the best treatment for a wide range of illnesses and minor ailments. Patients and the public can visit a community pharmacy without the need to make an appointment. As well as free medical advice, 34 of the Portsmouth pharmacies are now providing free medication for some illnesses and minor ailments under a scheme called ‘PHARMACY FIRST’.

‘PHARMACY FIRST’ allows people who are exempt from prescription charges to go straight to their pharmacist to receive treatment for select minor ailments, without needing to visit their GP to get a prescription. Several of these pharmacies in the city are open until late in the evening and on Sundays.

The range of conditions covered by this scheme includes (but is not restricted to): bites and stings; conjunctivitis; constipation; coughs; dermatitis; diarrhoea; earache; sore throat; teething; and threadworms.

3.3. Walk-In Centre Activity

Detailed below is an overview of the demand for WIC provision within Portsmouth City and an indication as to who utilises these services.

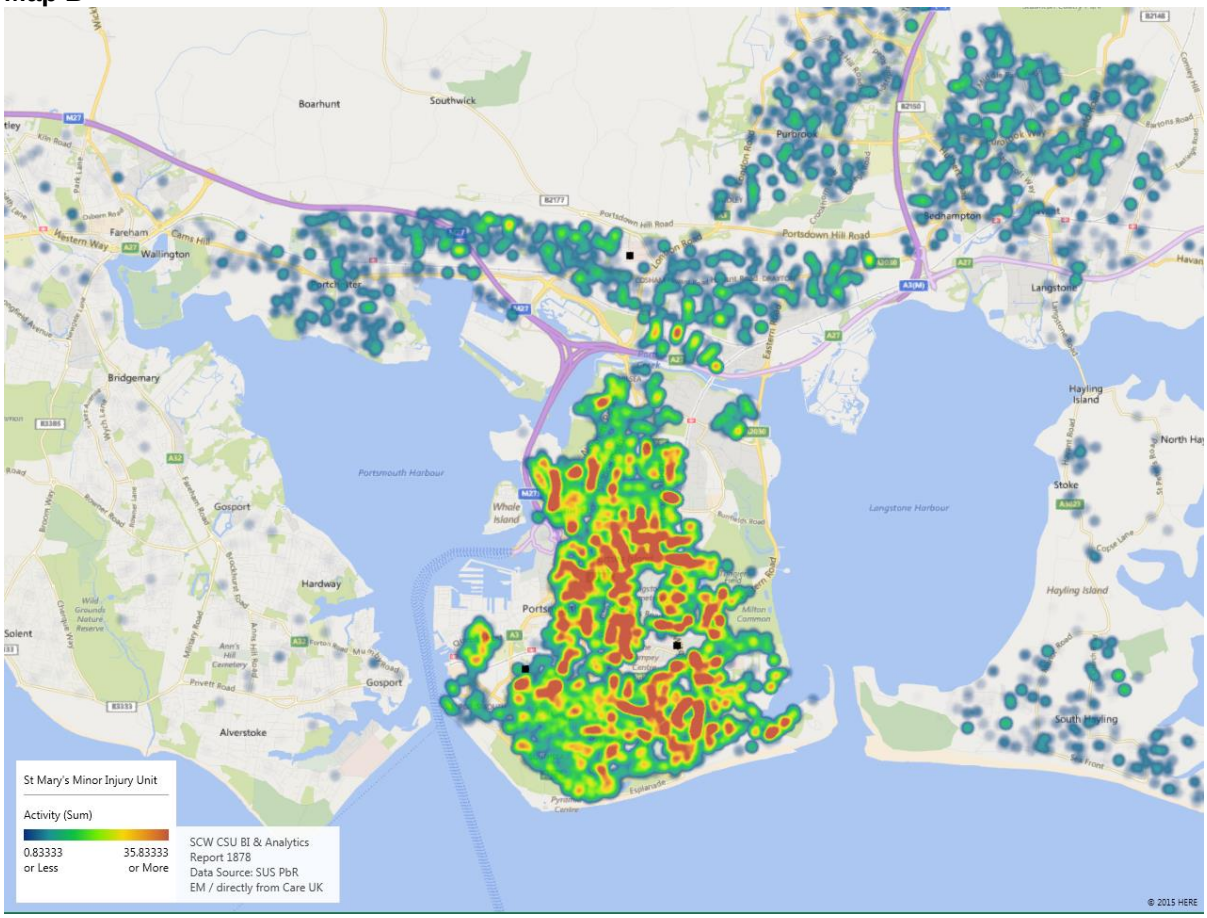
St Mary’s Treatment Centre

Based on activity figures from 2014/15 there are currently circa 44,500 attendances at STMC WIC per annum (including both minor injuries and minor illnesses); around 31,000 of these attendances are for patients registered with GP practices within Portsmouth, while around 13,500 attendances are for patients registered with GP practices outside of

Portsmouth. Approximately 2/3 of the attendances are for minor injuries, whilst 1/3 are minor illness related.

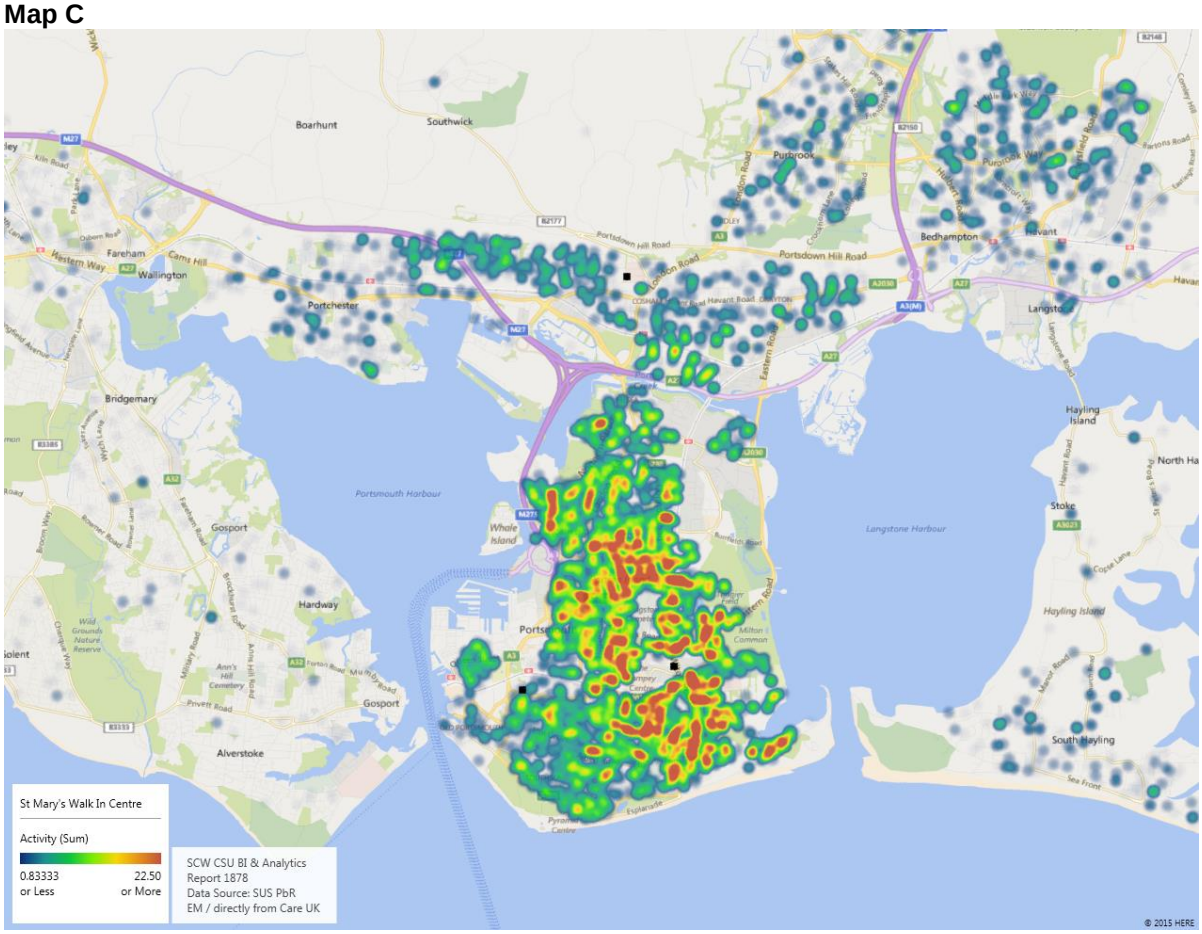
Detailed below is a map which indicates the 2014/15 activity for the SMTC WIC for minor injuries linked to patients' home post codes. It demonstrates that the activity is fairly evenly distributed throughout Portsea Island, but considerably fewer visits from patients who live closer to Queen Alexandra Hospital in the north of the city. It also indicates that patients living on the western side of the island are able to access the SMTC site to receive care for minor injuries.

Map B



Detailed below is a map which indicates the 2014/15 activity for the SMTC WIC for minor illnesses linked to patients' home post codes. It demonstrates that whilst the activity is more clustered around the SMTC site, patients are still accessing the service from across the city.

Map C

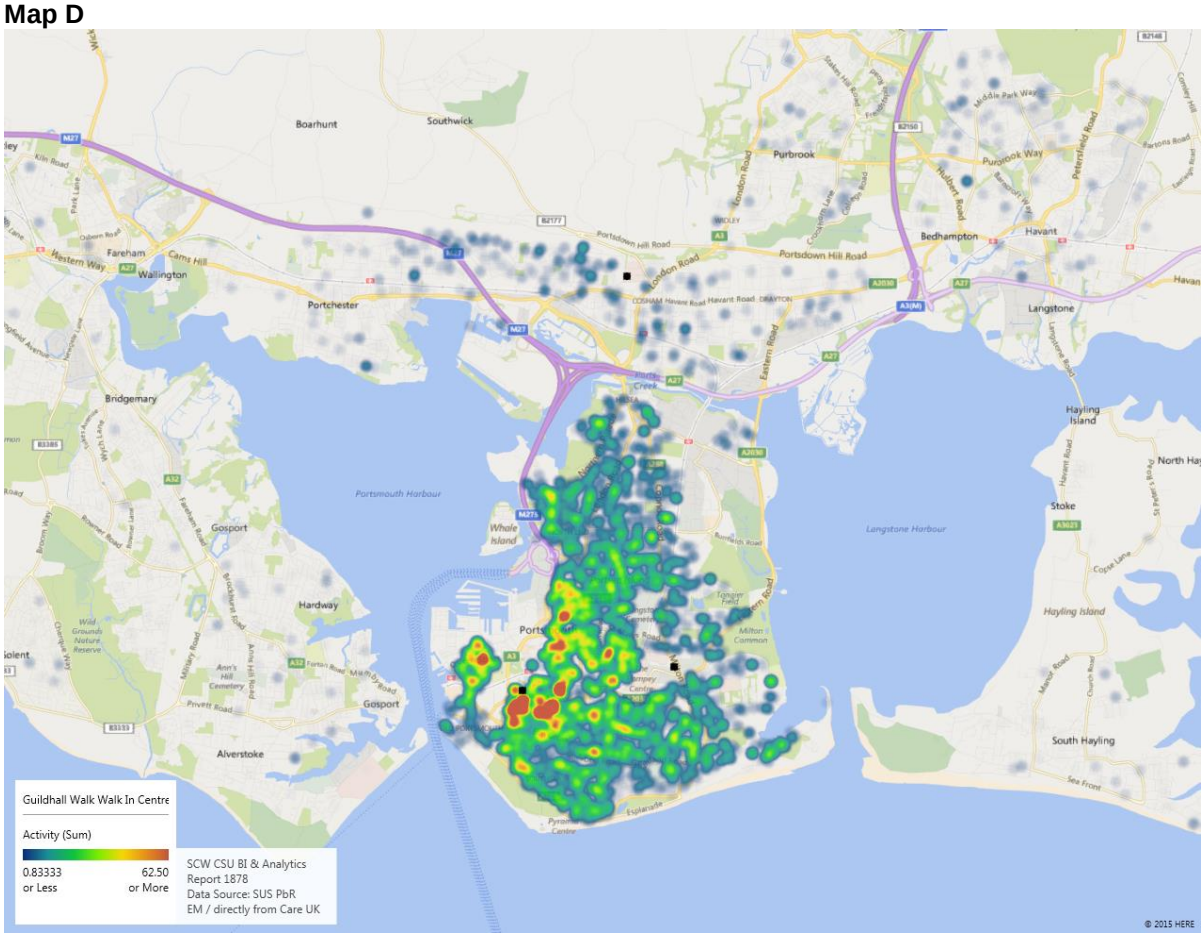


Guildhall Walk Healthcare Centre

Based on activity data from 2014/15, and excluding patients registered at GWHC, there are circa 22,500 attendances at GWHC WIC per annum; around 12,500 of these attendances are for patients registered with another GP practice within Portsmouth, while around 10,000 attendances are for patients registered with GP practices outside of Portsmouth. All of these attendances are for minor illnesses (as the GWHC WIC does not treat minor injuries). Approximately 40% of these occur during core GP hours (08:00-18:30, Monday-Friday).

Detailed below is a map which indicates the 2014/15 activity for the GWHC linked to patients' home post codes. It demonstrates that the majority of patients accessing the WIC are those who live within a one mile radius of GWHC.

Map D



In order to get a flavour of what patients are accessing GWHC WIC for, listed below are the top 20 presenting conditions throughout 2014/15 classified according to the Office of Population Censuses and Surveys (OPCS) Classification of Surgical Operations and Procedures (4th version). These consultations currently attract a GP WIC tariff, however many would be suitable for a nurse-led consultation. Alternatively some of these patients could be managed via the 'PHARMACY FIRST' scheme. Together these two options would help free up valuable GP capacity.

Presenting Condition (OPCS-4)	Count	Percentage
Upper respiratory tract infection	1,187	9%
Acute Tonsillitis	713	5%
Skin/subcutaneous infections	695	5%
Lower respiratory tract infection	655	5%
Urinary tract infection	584	4%
Requests for Medication	425	3%
Otitis media	383	3%
Sore throat	364	3%
Viral infection	318	2%
Cough	307	2%
Otitis externa	298	2%
Abdominal pain	236	2%

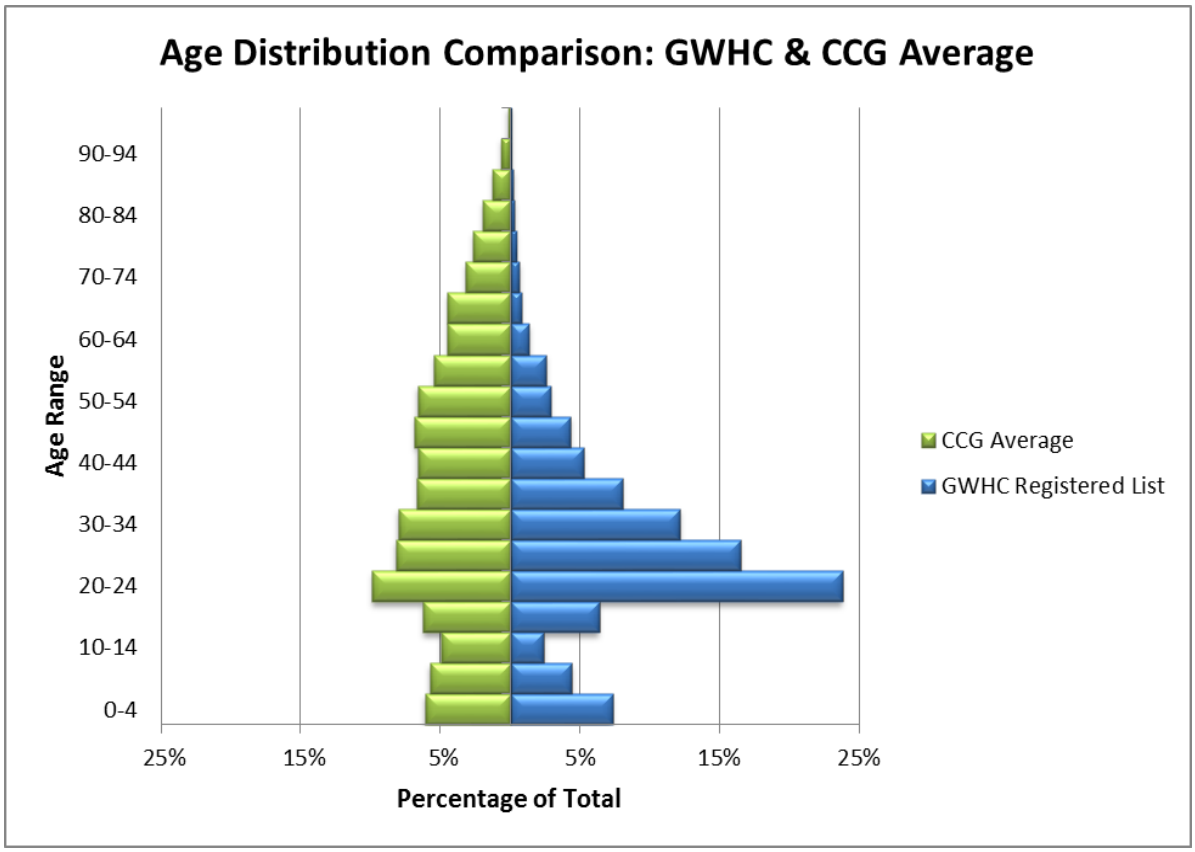
Acute Conjunctivitis	219	2%
Cystitis	195	1%
Earache symptoms	188	1%
Advice about treatment given	172	1%
Rash/nonspecific skin eruption	165	1%
Disorders of eye and adnexa	161	1%
Backache, unspecified	158	1%
Oral/salivary/jaw diseases	156	1%

3.4. Guildhall Walk Healthcare Centre GP Practice

In addition to the WIC, GWHC also provide primary medical care services to a registered list of circa 6,000 patients. The surgery is unique in that they are the only surgery in Portsmouth contracted to provide access to their registered patients beyond GP core hours (plus extended hours), and deliver primary medical care services between 08:00-20:00, 365 days of the year. Whilst this is a very convenient service for those registered at this practice it does present an issue with regards to equity of access for the remaining ~213,000 registered patients within Portsmouth. These extended opening hours were stipulated in the APMS contract when it was first awarded in 2009; however, the contract provider PHL are currently paid significantly more per patient than a practice with normal core opening hours to reflect this additional service provision (more detail of the finances for GWHC registered patients can be found in section 10 of this report).

The registered list comprises of a large proportion of young adults, especially between the ages of 20-34, but has a relatively small number of patients aged over 50. Chart A (below) details the age profile of the registered list at GWHC compared to the CCG average as at April 2015.

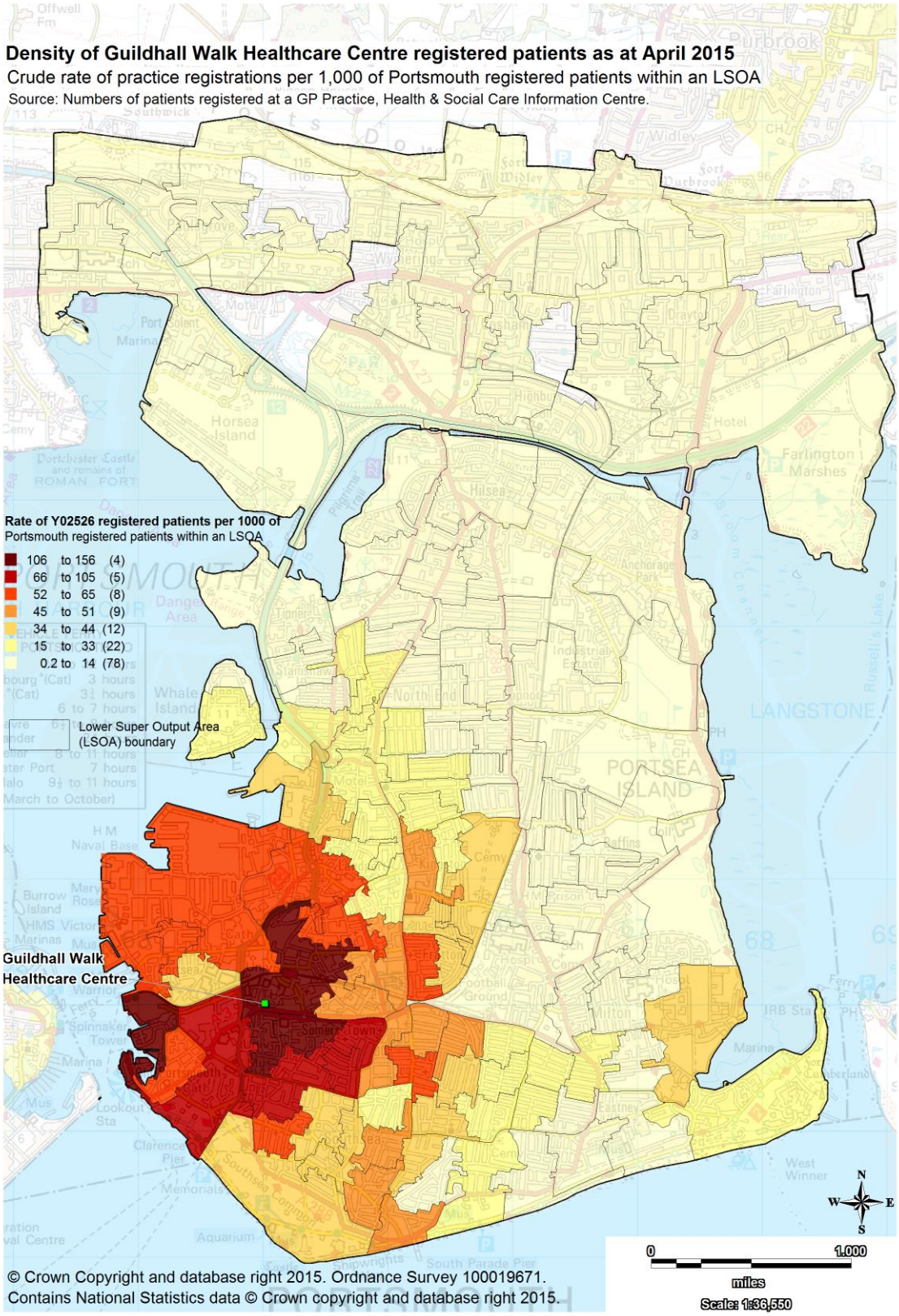
Chart A



The Chart above demonstrates the unique demographics of the registered list and how it differs quite considerably to the CCG average. The registered list comprises of a large number of students from the University of Portsmouth which helps explain its unique age distribution.

In terms of where patients registered at GWHC live within Portsmouth, Map E (below) details the concentration of registered patients per Lower Super Output Area (LSOA). As may be expected the majority of patients registered at GWHC live within a one mile radius of the premises; however the vast majority of patients living within the LSOAs near the GWHC premises are registered with other practices within the City. Therefore the majority of patients living in Charles Dickens and St Thomas wards (where GWHC is located) obtain primary medical care services from alternative practices.

Map E



In addition to providing primary care medical services for local residents, the service was also contracted to provide primary care medical services for “hard to reach” populations such as individuals who are homeless, and misusers of substances and alcohol. Although the clinical services received by these groups of patients remain consistent with other practices

delivering primary care, the way in which these patients are managed by GWHC can be seen as an enhanced service, and includes: ensuring an up-to-date register is kept for these groups; adopting flexible registration procedures; and liaison with local statutory services and homelessness agencies. In addition to this the GWHC contract specifically monitors the number of physical and mental health checks for homeless people and substance misusers, and the number of brief interventions for alcohol misusers.

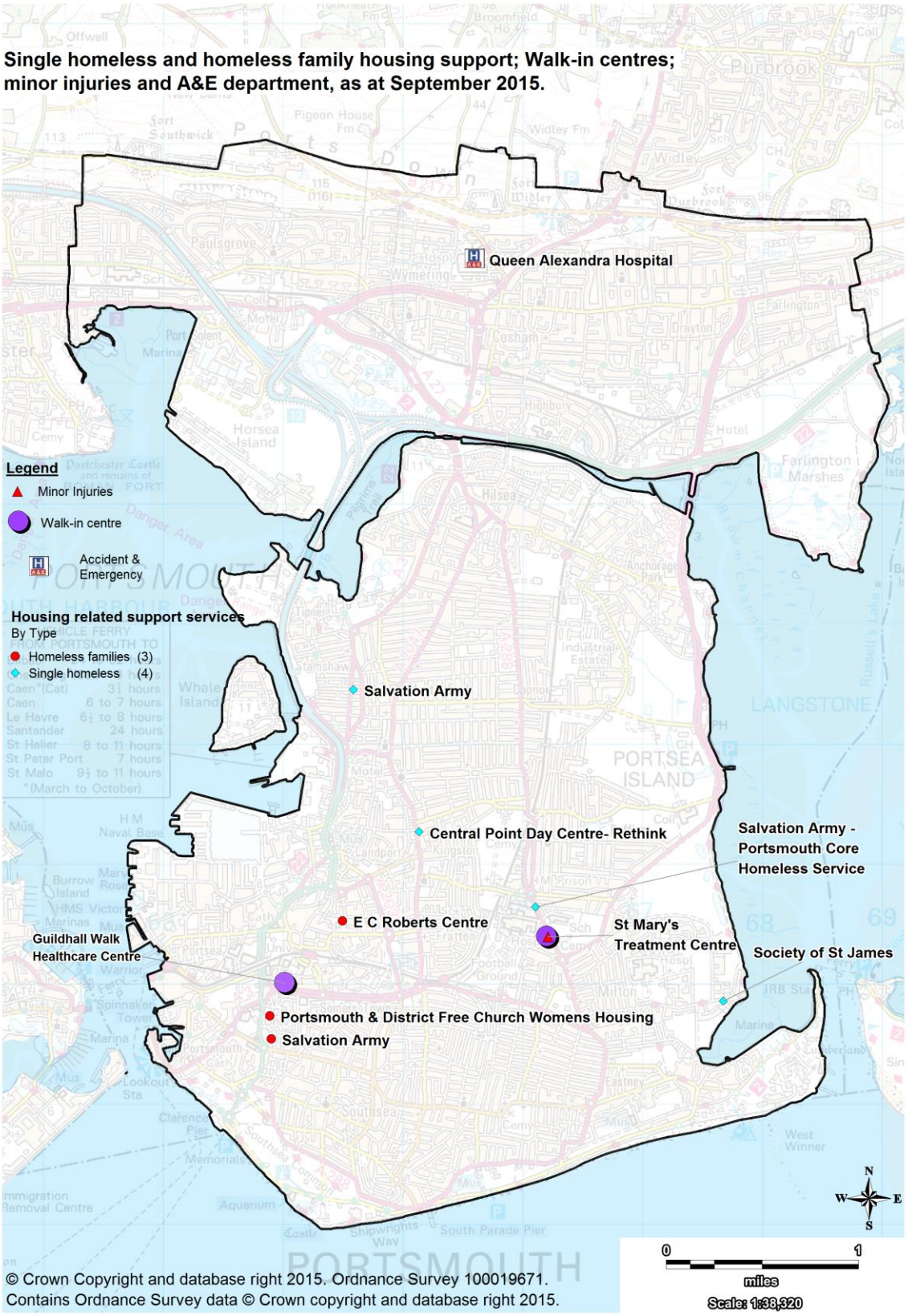
A 'Rapid Scoping' document was produced by Public Health colleagues within Portsmouth City Council in September 2015 which contains an assessment of homelessness in Portsmouth City. This document provides an overview of the health needs of people who are homeless, and what support is available for these individuals.

From this the key elements of any primary care medical service would need to provide:

- Open access and ease of access for all those who wish to register at the practice
- Afternoon and evening clinics
- The ability to use the surgery address for all health related letters, specifically for those who are sleeping rough, sofa surfing or of no fixed abode
- Demand led appointment and walk-in based clinics in order to ensure the most chaotic and unpredictable of the homeless population can access health services when they are ready and willing to engage
- 15 minute appointments to ensure the clinician has time to explore the individual as a whole rather than only have the time to treat the presenting problem
- Staff who are sympathetic to each individual's circumstances and are willing to deal with patients who have significant behavioural issues, who quite likely in the past have been removed from primary care services
- Staff who have an interest in, and are appropriately trained in, the homeless tri-morbidity: physical ill health; mental ill health; and substance abuse

Detailed below is a map showing some of the key services for single and family homelessness in Portsmouth.

Map F


Single homeless and homeless family housing support; Walk-in centres; minor injuries and A&E department, as at September 2015.
Queen Alexandra Hospital
Legend
Minor Injuries
Walk-in centre
Accident & Emergency
Housing related support services
By Type
Homeless families (3)
Single homeless (4)
Salvation Army
Central Point Day Centre- Rethink
Salvation Army - Portsmouth Core Homeless Service
E C Roberts Centre
St Mary's Treatment Centre
Society of St James
Guildhall Walk Healthcare Centre
Portsmouth & District Free Church Womens Housing
Salvation Army
N
W
E
S
0
1
miles
Scale: 1:38,320
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Contains Ordnance Survey data © Crown copyright and database right 2015.

3.5. Summary of Service Provision

Patients living in Portsmouth can currently access their primary medical care from a range of practices and also have a number of choices to make when they require urgent or same day access to health care. Some patients find the range of choices confusing. Data shows that both the SMTC and GWHC walk in facilities are well used. Patients currently accessing services from St Mary's live across the city, whereas those attending the GWHC walk in service predominantly live close by.

A significant proportion of patients registered at the GWHC practice are young adults, many of whom are students at the University of Portsmouth. However many practices in the city also provide services to students. The practice is also meeting some of the needs of a vulnerable group of homeless patients who may also have mental health, alcohol, or substance misuse issues.

The current extended hours of the GWHC service is providing excellent access for those registered at this practice, but in its current form cannot be replicated across the city for all patients accessing services from their own practice. Therefore there is an inequity of provision for primary medical care services.

4. Strategic Development of Urgent Care and Primary Care

This section looks at the strategic direction of urgent care services documented in the national Five Year Forward View, the CCG's 20/20 Vision strategy, and the CCG's Urgent and Emergency Care strategy. Also contained within this section is current thinking on the future of out-of-hospital care from both a national and CCG perspective. These strategies will assist in shaping the commissioning decisions to be undertaken when constructing future healthcare provision in Portsmouth.

4.1. The NHS Five Year Forward View

The NHS Five Year Forward View (FYFV) was devised in 2014 in partnership between NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission, and the NHS Trust Development Authority. It articulates why change is needed in the NHS, what that change might look like, and how it might be achieved. In relation to urgent care services the FYFV offers a strategic vision of how they may be configured in the future and what the priorities are to help transition to this vision.

The FYFV highlights the need to dissolve the traditional boundaries currently segregating healthcare services, which can be categorised as: primary care, community services, and hospitals. The strategy emphasises the need for the care provided outside acute hospitals to become a much larger part of what the NHS does. One example of this is the expansion of diagnostic services within community hospital settings to meet the urgent care needs of patients, as opposed to relying on patients increasingly visiting acute hospital settings.

The importance of the need to expand and strengthen primary and out-of-hospital care as means to managing urgent healthcare needs is highlighted throughout the FYFV. The emphasis of having community bases equipped to manage more diverse urgent care needs indicates that services commissioned locally will need to provide a much greater range of tests and treatments in one location without the need for healthcare professionals to refer patients on.

The FYFV emphasises the importance of continuing list-based primary care and ensuring its stability over the next five years. It states, "General practice, with its registered list and everyone having access to a family doctor, is one of the great strengths of the NHS". The

plan looks to expand the scope of services provided in primary care and to encourage GPs to tackle health inequalities.

There is recognition that the traditional model of general practice is evolving. The emphasis is increasingly on extended group practices, either as federations, networks or larger single organisations, to enable a wider scope of services to be delivered. Meeting the demand on urgent care systems will be achieved by ensuring evening and weekend access to the skills of GPs and having community bases equipped to provide a much greater range of tests and treatments.

4.2. Local Strategy Documents

Portsmouth CCG's 20/20 Vision

In 2014 Portsmouth CCG published its five year strategic plan, *20/20 Vision*. Within this document it is recognised that in order to meet the future health needs of people living within Portsmouth, and to do this on the funding predicted to be available, then a credible and robust plan would need to be in place detailing what changes would need to be enacted, and what key priorities would enable us to make those changes.

The key priority area within the *20/20 Vision* relevant to urgent care states: "We want everyone to be able to access the right health services, in the right place, as and when they need them." A commitment to this ambition means that:

- people will know how and when to access the most appropriate services in an emergency
- People will not have to wait longer than they should for appointments, treatment and emergency care
- There will be an increase in the availability of x-rays, scans and tests so people can be diagnosed and receive the treatment they need more quickly

Portsmouth and South East Hampshire Urgent and Emergency Care Strategy

Building upon overarching CCG strategy documents, NHS Portsmouth, South Eastern Hampshire, and Fareham and Gosport CCGs, in collaboration with wider stakeholders, is creating a strategy document specifically focussed on how urgent and emergency care is to develop locally over the next 5 years.

The vision for urgent and emergency care locally is for a sustainable, patient-centred, high quality urgent and emergency care integrated system providing 24/7 access that ensures patients are seen by the most appropriate professional at the right time, in the right setting, and which is simple to navigate. This will be achieved through:

- Better support for people to self-care
- Helping people with urgent needs to get the right advice or treatment first time
- Having responsive urgent care services out of hospital
- Establishing Emergency Care Units
- And integrating urgent and emergency care services

A number of key enablers have been identified to realise these ambitions, some of which are particularly relevant to the decision on the GWHC contract. An improved 111 service, able to signpost more patients to community pharmacists for advice or treatment where appropriate is seen as crucial in helping to manage low level patient need and freeing up capacity within other services. Another key priority which will help alleviate people choosing to queue in ED, or being taken to hospital unnecessarily, is to ensure the services outside hospital are further enhanced, through greater multi-disciplinary working, greater access to diagnostic support, and providing care in settings that are able to treat greater numbers of patients to achieve improved economies of scale.

The establishment of Extended Primary Care Teams (EPCT) operating within hubs is viewed as an important means to help manage urgent, same-day primary care needs. The St Mary's Hospital site itself is seen as a key strategic health site within the City which can be developed to support this ambition. The EPCTs would seek to pool the care resources of primary care, community and mental health services, social care, not-for-profit organisations and pharmacists to manage the population health of their community. This echoes the views expressed in the FYFV that the model of small, independent general practice is evolving and we need to look to new models of care.

4.3. Summary of Strategic Alignment

The national and local vision is for primary care is to encourage practices to come together into larger entities either as federations or through mergers to support different, more efficient ways of working thereby freeing up capacity in GP practices. The CCG wishes to develop extended access to primary care services through the establishment of 'community hubs', with urgent access to GPs and other healthcare professionals as a part of this integrated model. The creation of a multidisciplinary urgent care centre is an important step in the journey of creating a hub where practices can access same day urgent care.

Decisions about the future of services, and individual GP practices, should be assessed in the light of these national and local strategies and ambitions, ensuring whatever decision is made supports the local healthcare system to move closer to its goals.

5. General Stakeholder and Public Engagement

Over the previous 18 months the CCG has been working to consult with a wide range of stakeholders regarding the use of urgent care services within the city; this includes members of the public, patients, and providers of care.

5.1. General Public

Process of Engagement:

A range of public engagement and consultation activities have been undertaken to date. In particular three significant pieces of survey work focused on urgent care services and these were conducted with residents of Portsmouth, Fareham, Gosport, and South Eastern Hampshire over the past 18 months.

Each survey was slightly different but each has been intended to help us build a picture of behaviour, experience, perception and expectation in those who have, or may, use urgent care services. The surveys were:

- **Under Pressure Survey**: conducted with The News in January 2014 following our week long campaign with them seeking to raise awareness of local services. 414 people took part, 60% of whom were aged between 18 and 64
- **Our own CCG urgent care survey**: conducted during the summer of 2014. 808 people took part, again 60% were aged between 18 and 64
- **Wave 105 Survey**: conducted in February 2015 following a month long campaign that featured radio and video promotions featuring local providers of urgent care and their staff. 2,637 people took part, 450 of whom were from the Portsmouth and South Eastern Hampshire area

Findings:

The public are confused. Few know the differences between St Mary's Treatment Centre and Guildhall Walk walk-in services. The public are also not well-informed. Almost one-third of people don't know GPs offer same-day appointments. Many people would prefer a simpler system, even if this means fewer choices.

The most popular suggestion for easing pressure at A&E was “making it easier to see a GP”. More personal responsibility, more information, and simplicity are seen as key principles. GPs are the preferred, trusted option for minor illnesses, but for minor injuries people look to walk in facilities. Proximity to services matters, however almost 60% of respondents think travelling up to 3-4 miles between home and a WIC is reasonable.

5.2. Primary Care

Process of Engagement:
The CCG has also been engaging with member practices via commissioning events to explore their views and solicit feedback on the future provision of urgent care services within the city.

Findings:
Member practices generally support ongoing provision of a minor injury walk in service at St Mary’s but the stand alone nurse-led minor illness services at St Mary’s is generally not thought to be an effective way to manage demand, and co-location with a GP-led services is generally supported. GPs expressed some preference for having capacity to deal with their own patients in-hours but there were concerns over current capacity in-hours for GP services and meeting patient expectations. Practices therefore recognise the current ongoing need for a GP-led walk in service in the city to manage demand until such times as primary care services can be remodelled.

6. GWHC Specific Stakeholder and Public Engagement

NHS Portsmouth CCG has sought to engage with people over each element of the decisions which need to be made regarding the future of services delivered at GWHC – the future of the practice itself, the walk-in service for patients not registered at the practice, and the services provided for vulnerable groups, for example people who are homeless.

Given the very different nature of the services provided, and the very different characteristics and needs of the cohorts of people, it was judged that it was necessary to run a separate engagement process for each group.

6.1. Registered List

Process of Engagement:
The registered list is an easily defined group, although contacting the patients directly is complicated by the fact that the CCG, as a commissioning organisation, is not able to directly access individual records and information.

As a result, the CCG contacted the Thames Valley Primary Care Agency, the body responsible for maintaining the database of people registered with GP practices, to engage them to contact patients on its behalf. The Agency was able to do this, but relies solely on the postal service rather than other communications channels such as email, or mobile phones.

At the beginning of June 2015 letters were sent to the almost 6,000 people registered as patients at GWHC. The correspondence included an explanation of the fact that the contract for the NHS services delivered at Guildhall Walk was due to expire in March 2016, and set out the three broad options available to the CCG – to re-procure the practice in the same place, to move the practice, or to no longer procure the service. It also included a link to a short online survey designed to find out more about the services people use and value most, their likely response should the practice close or move, and the services they would be most concerned to lose should the practice no longer operate. Also included were instructions on

how to request a paper copy of the survey. The letter can be found at Appendix A, and the survey at Appendix B.

To ensure that the maximum possible response rate was obtained, the CCG supplemented the initial mailing with other communications activity – there was a particular concern to reach students as they entered, or approached, their long summer break, but also an attempt to reach the list as a whole.

A press release was issued to local print and broadcast media, and also appeared in the 'News' section of the CCG's website. The survey was also advertised prominently on the CCG homepage, featuring as one of the subjects highlighted in the 'banner' section over a two-month period, and it was promoted via Twitter.

Funded by the CCG, the practice also sent text messages to all patients who had provided mobile phone details, to alert them to the survey and the reasons behind it, and provided paper copies of the survey to be available at GWHC itself.

The CCG also liaised closely with the University of Portsmouth, which promoted the subject and the survey on the 'Student News' section of its website, and the Students' Union, which highlighted the subject repeatedly using its social media channels.

Findings:
There were 345 responses, with the majority (60%) from women, and most (almost 58%) younger than 45. Almost everyone lived in Portsmouth, with the largest concentration of respondents in the PO5 postcode area, followed by PO3.

When asked to say why they had registered at GWHC (Question 5), the most common answer (52%) was that it was **convenient / close to home**. The next most common answer was that the respondent had registered for a 'specific service' that could not be found elsewhere – in the overwhelming majority of cases that service was the **enhanced opening hours**.

When asked for the *single* most important reason for registering at the practice (Q6), the reference to the specific service was the most frequently chosen answer (almost 35%), with the same themes of extended opening hours again influential.

In terms of use of services (Q7), **GP appointments** were by far the most frequently cited, with a further third referring to **telephone consultations**. However, when asked which service they used most often (Q8), more respondents chose **'walk-in'** GP appointments (49%) than **pre-booked** appointments (37%).

The practice was highly rated by the sample, with more than 91% describing it as 'Very' or 'Quite' good overall. This finding was echoed in the responses given when asked as to their reaction should the surgery move or close (Q10) – almost eight out 10 respondents described such an eventuality as 'inconvenient, and a real problem to me'.

When asked where they would register if they had to move surgery (Q11) 38% of the sample said they would seek a surgery **within a mile** or less. More than a fifth stated that they would register **closer to their home / work** instead.

When asked to think about what would be important for GP services in the future (Q12), there were some clear trends. Being able to **see any GP within a few days** was rated as 'very important' by 75% of respondents – compared to 33% saying that being able to **see 'their' GP** was very important. The ability to walk in and wait for **'same day' appointments** was also highly regarded, as was the availability of **appointments outside traditional**

office hours, but **telephone consultations**, immediate **proximity to home**, and having a wide **range of services provided in one place** were less valued.

The issue of enhanced accessibility was again highlighted at Q13, relating to concerns people would have if Guildhall Walk was no longer available as a practice. Most patients were concerned whether they would still be able to use a **walk-in / same day** service, or go to a surgery with such **extended hours** of opening. By contrast, for example, barely half as many people worried about the loss of the **personal relationship with their GP**.

When asked for any other issues that the NHS should consider before making a decision regarding the future of the practice, most responses related to the issues of access (both physically, in terms of location, and walk-in / extended hours), and general praise for the service currently offered.

The full results of the survey can be found at Appendix C.

6.2. Walk-in Services

Process of Engagement:

When seeking views regarding walk-in services in Portsmouth the target audience is far larger, but also less well-defined. A different approach was also required because, unlike in the case of the registered list, the CCG had already developed its thinking before the summer period – following more than 18 months of previous public engagement activity and discussions with primary care clinicians – to the point where it was ready to test opinion regarding a single, specific option. The CCG felt that relocating the GP-led walk-in service from Guildhall Walk (for patients not registered at the practice), to SMTC, would offer benefits in terms of simplifying an over-complicated system, improving the quality of care, and delivering a more effective use of resources.

A survey was produced to test what people felt about this possible change, and what factors they thought had to be considered before any decisions could be made. The survey was, in common with the questionnaire aimed solely at registered patients, promoted via local news media, and on the CCG's website and social media accounts.

Specific groups were also approached to encourage participation, including those representing carers, voluntary sector organisations, elderly people, people with disabilities, and the network of Patient Participation Groups in the city.

Findings:

In total there were 493 responses received, with a large majority (71%) being women, and approximately 10% living outside Portsmouth (a minority of walk-in service users do live outside the city). Nearly all (91%) had used either Guildhall Walk, St Mary's, or both, as a walk-in facility.

In terms of identifying the most important factors for the NHS to consider when deciding whether to relocate the walk-in service from Guildhall Walk to St Mary's (Question 5), approximately two-thirds of respondents cited the **quality** of care as the biggest concern, with **access** also being important to people – 65% selected travelling distance as a notable concern, and 58% highlighted the importance of having a service near the city centre.

Approximately a third of respondents stated the most important factor was ensuring best possible **value for public money**, or **bringing GPs, nurses and diagnostics together** in one place.

When asked for the *single* most important factor to be considered (Q6), **access** was most prominent – a quarter choosing a city centre location and the prime consideration, and 22% choosing travelling distance.

In terms of concerns about the possible change in service (Q7), more than half (55%) expressed concerns about whether **St Mary's had the capacity** to cope with the extra activity, 40% feared a **reduction in quality**, and almost 39% said they would have **further to travel**.

There were more than 100 'other' comments submitted for this question, with **physical access** again the leading issue to be raised, followed by **parking**.

When asked for other factors which must be considered (Q8) the overwhelming majority of responses reinforced earlier themes. Access (both generally, and in relation to vulnerable groups, and students), parking, waiting times, and questions regarding capacity at St Mary's were frequently raised.

The full results of this survey can be found at Appendix D.

6.3. People Registered as Homeless

Process of Engagement

GWHC is currently contracted to provide services for vulnerable groups, including those people who are registered homeless. Given the potentially distinct requirements, and priorities, of this group the CCG sought to work with the Salvation Army to engage with their clients. (The Salvation Army client group is considered to form a broadly representative sample of the homeless population, including people who are in need of immediate, emergency support, to those who are being supported into longer-term housing solutions, and also including those with mental health conditions, and substance abuse problems).

The CCG discussed with Salvation Army staff the best approach, and it was agreed that the best approach was to run a series of loosely structured focus groups, bringing people together to talk about their requirements from primary care currently, their experience of these services, and their preferences for the future.

Findings:

In terms of the people using the Guildhall Walk service now – either as registered patients, or those who walk-in – the group appeared to rate staff well. There were comments relating to the staff's willingness to be flexible, and accommodating, rather than judgmental (which clients felt was not always the case elsewhere), and also to the way that doctors there were able to form long-standing relationships with their patients.

In terms of usage, there was a mixture of needs, with some clients seeking a long-term relationship with a particular doctor, or referrals into other services, whereas others were more likely to use the service for more ad hoc purposes such as getting a prescription quickly, or receiving a sick/fit note.

In terms of location, some clients found the Guildhall Walk location useful – partly for its proximity to other services they may use – while others were less concerned as to the precise location, although favoured a city centre site if possible. There were also several references to the advantages of having nurses/GPs visiting hostels, with the argument made that this sort of approach would make homeless people more likely to see NHS staff.

The full Salvation Army report can be found at Appendix E.

6.4. PUSH

Process of Engagement:

Part of the service contracted to be provided by GWHC is the support of people who use illegal drugs or alcohol. The CCG sought to engage specifically with representatives of this

client group to ensure their voice was heard in relation to access to primary medical care services.

To do this, the CCG liaised with PUSH, the independent, peer-led service user group for people with drug and alcohol problems, to gain their views of those services, and also their opinions on how services could be improved.

Findings:
The CCG received 29 completed questionnaires, with the majority of respondents being men, aged 35-44.

The main reasons for the group to use primary care services were connected to mental health and/or substance abuse problems, for prescriptions, and sick/fit notes, as well as the more routine need for general medical care and advice.

A large majority of the sample reported their experiences of primary care services to be at least 'quite good', with one in five describing their experience as 'very good'.

The most frequently cited concern was access – the ability (or otherwise) to access services quickly and conveniently. The quality of relationships with NHS staff – in terms of both positive and negative experiences – was very important for some of the client group. Some comments were extremely appreciative of the support they had received, whereas others related either to a perceived lack of understanding, or training.

The full report can be found at Appendix F.

6.5. Social Media

Process of Engagement:
As well as the traditional methods to engage with local residents and patients, the CCG also used its 'Urgent Care Pompey' Facebook page to help to reach more people, and groups who might not normally engage with the NHS.

The NHS ran a paid-for 'boost' of a post which signalled the need for decisions to be made about the future of healthcare services at Guildhall Walk, and which linked to the CCG website page concerned with the subject.

Findings:
In total the post reached 51,442 people, was 'liked' by 52 people, and shared by 68 people.

There were also 55 comments left on the Urgent Care Pompey page. The comments were almost all supportive of the current centre, either because of the service it has provided to people, or because it was felt that the location was good, or the enhanced access was required. Others felt that the city could not afford to lose capacity, while some people supported the idea of putting GPs into St Mary's – but only *in addition to* those working in Guildhall Walk, not instead of.

7. Healthwatch Portsmouth Stakeholder and Public Engagement

Healthwatch Portsmouth is an independent statutory body that gathers the views and experiences of local people, enabling them to have a chance to speak up about health and social care services in their area, collecting evidence-based information through community engagement to ensure that those who plan, commission and check services listen to the people who use those services.

The CCG sought the help of Healthwatch Portsmouth to carry out some additional engagement activity about the proposals to make use of the organisation's expertise and broad membership base. It is important to note that the research undertaken by Healthwatch was separate from that undertaken by the CCG and developed independently.

Process of Engagement:
The Healthwatch team produced a survey along with a script to ensure a consistent approach was adopted. It focused on how aware the public were of the proposal and the impact of the proposed change.

As part of the brief Healthwatch Portsmouth visited both Guildhall Walk Healthcare Centre and St Mary's Treatment Centre, each on two separate occasions, and sought opinions from members of the public and staff at each facility. Members of the public were also encouraged to complete the survey at open Community Day events held in Cosham and Southsea. In order to reach a wider range the survey was emailed to all 701 Healthwatch Portsmouth members and shared across Facebook and Twitter social media sites.

Focus groups were held by the Healthwatch Community Engagement Officer at Learning Links with job-seeking clients on the Work Programme. Surveys were also completed by households taking part in Learning Links Families Moving Forward programme. Portsmouth Disability Forum shared the survey with their members and the Community Engagement Officer attended their Health Café to seek their views.

In all views were collected from 314 members of the public over a three week period during August 2015. These have been collated into a detailed report by the Healthwatch team and the CCG acknowledges the work that has gone into producing a comprehensive and helpful summary.

Findings:
The main findings from the report were:

- A significant proportion of respondents (two-thirds) stated they were not aware of the proposals to relocate the Guildhall Walk services to St Marys.
- A clear majority of people who responded to the survey (5-to-1) are opposed to the proposed re-location of the walk-in treatment facility based at Guildhall Walk to the St Mary's Hospital site; around one third either have no preference (19%) or support the proposal (14%).
- Concerns and doubts exist about accessibility from the western side of the city to St Mary's, exacerbated by concerns over 'east-west' public transport in the form of a 'one bus journey' between the city centre and the St Mary's site.
- Concerns and doubts exist over the adequacy of car parking facilities at St Mary's, adding to concerns about accessibility and affordability.
- The capacity of a single facility to respond to current and future demand (in the face of increasing housing developments and student accommodation in the City Centre) may lead to increased waiting times at St Mary's.
- Concerns exist about the quality and range of services that would need to be provided in the re-vamped facility, including crisis and mental health services.

The report from Healthwatch made a number of recommendations that are worth noting:

- Given the level of stated unawareness to the CCG's proposals, it is strongly recommended that a timely and robust media and communication plan is urgently developed in partnership with Healthwatch Portsmouth and patient and provider networks across the city, to maximise awareness raising and seek feedback on proposals. Healthwatch Portsmouth would suggest this should clearly set out the full range of benefits and any implementation plans to the public from the proposed changes as well as ways in which concerns will be addressed with a clear and managed plan to

ensure public understanding and active public participation in local health service provision, in the context of substantial reductions in public expenditure by the Government affecting provision of health and social care services.

- That these findings are considered alongside other data sources which focus on possible impacts from the CCG's proposals for older people, people with disabilities, students, and minority ethnic groups.
- That the views of the Emergency Services are obtained and considered in order to substantiate or repudiate views expressed by members of the public within this study, particularly with more residents having to rely on buses to access services at St Marys and the risk of non-urgent ambulance calls increasing because of this.
- That consideration is given to the findings and outcomes of any earlier impact assessments which may have been conducted at, or around the time of the closure of the A&E facility at St Mary's Hospital as these will give context for original aims and objectives for the GWTC and SMTC and themes may resonate with the issues raised in this study.
- If the relocation of services to St Marys goes ahead, the key themes highlighted in this report around accessibility, capacity, car parking and service provision should prioritised as areas to focus on in formulating the implementation plan. From views gathered from respondents, attention should be given to:
    a. Access – including the awareness, capacity and consistency of bus routes, car parking and general waiting times at St Marys
    b. Right service at the right time – to increase Portsmouth residents knowledge of services available and which one they should contact and how, improving right decision making, promoting self-care as appropriate and diverting non-urgent cases away from A&E and ambulance services.
    c. Credibility / trust – to reassure Portsmouth residents and promote services available, publish success and good news stories of the services at St Marys and elsewhere to increase confidence in alternatives and encourage a move away from what residents have traditionally done when faced with a medical concern.
- Review decisions taken, within 12-18 months of implementation, to assess outcomes and impact on residents of the city. Healthwatch Portsmouth will be happy to assist with this process and work with the CCG, local authority and patient and provider networks to review progress and ensure any lessons learnt are taken on board.

8. Estate Utilisation

8.1. GWHC Premises

The GWHC premises are privately-owned and are leased to NHS Property Services who hold the head-lease with the landlord. There are 2 subleases: one with Care UK who are currently using space in the building for the administration of the diabetic retinopathy services; and one with PHL for the delivery of the primary care services. The total costs for both services are £173k, with £120k being the costs associated with the GP practice. The sub-lease with PHL was set up to align with the term of the original contract (until the 31st July 2014), however this has now expired. A 'tenancy at will' agreement has been operating from this time between PHL and NHS Property Services. Should primary care service provision continue in the longer term, NHS Property Services will be looking to renew the head-lease.

8.2. SMTC Premises.

The building from which the treatment centre operates is owned by Care UK and therefore costs of running this building have already been incorporated into the contract for services currently being delivered by them. As Care UK own the building they are able to ensure best use of the space and can reconfigure this space to reflect changes in the services delivered from here.

The land on which the building sits is own by Solent NHS Trust who are committed to improving parking at the site.

8.3. Void Space

The cost of void space incurred by NHS Property Services Ltd is currently funded by the NHS commissioners of that area. In 2014/15 the cost of void Portsmouth estate was approximately £1.1m. The local estates rationalisation strategy aims to make best use of public sector buildings and minimise void space in order to secure best value for money.

In addition to existing NHS void space, if the lease for GWHC is renewed there is the possibility of additional void space and associated NHS costs, as the diabetic retinopathy service has also been retendered and the building may not be required by the new provider.

9. Physical Access to Services

9.1. St Mary's Site

St Mary's is a well-known location in the city, as the site of a former acute hospital which was in use for much of the last century. It is now a busy health campus from which a number of services operate including the walk-in services, day surgery, dermatology, physiotherapy and rehabilitation, mental and sexual health services in addition to the Portsmouth Maternity Centre birthing unit. Hundreds of people use the site every week, coming not just from the city but from further afield too.

Car Parking

Pay and display car parking facilities are available on site (258 spaces) although the perception is that the car park is regularly very busy, making it difficult for people to park. Consideration is also being given to, and a proposal is being drawn up for, the addition of a small multi-storey car park facility (216 additional spaces) that would be located near the treatment centre building. Funding for this would need to be sourced from the Department of Health and has not yet been confirmed.

Solent NHS Trust also has a Parking Policy that prioritises the parking needs of patients, visitors and those staff who need to use a vehicle to perform their duties. Staff working at St Mary's are encouraged to make use of 60 leased spaces that have recently been made available at the Kingston Prison site.

Relocating staff parking to this or similar sites will have the benefit of reducing the number of vehicles entering the St Mary's site and removing traffic from the A288 Milton Road corridor which runs past the Campus.

Public Transport

A range of bus routes serve the bus stops immediately outside the Health Campus along Milton Road. The services, their frequency, and route are shown below:

Service	Nearest Stop	Route	Weekday Daytime Frequency
2	St Mary's Hospital Stop	Gunwharf - Portsmouth City Centre - Eastney - Copnor - Cosham - Paulsgrove	6 buses per hour
13	St Mary's Hospital Stop	Portsmouth City Centre – Fratton Station – St Mary's Hospital	2 buses per hour
17	St Mary's Hospital Stop	Southsea - St Mary's Hospital - Copnor Bridge - Chichester Road	2 buses per hour
19	St Mary's Hospital Stop	Portsmouth City Centre - Fratton - North End - Southsea	4 buses per day
21	Milton Road Prison Stop, St Mary's Rd	The Hard – City Centre – Fratton – Copnor – Farlington – Bedhampton, Leigh Park, West Leigh – Havant.-	6 buses per hour

As shown in the table the site is served by 5 regular bus services, with stops on Milton Road immediately outside the site and also on St Mary's Road, all within a five minute walk from the Campus. Between all 5 routes the site is served with a total of 16 buses per hour in each direction (northbound/southbound) during the weekday daytime. University of Portsmouth students also have access to a bus service that operates between the city centre and the Langstone campus which runs along Goldsmith Avenue.

The St Mary's Site is also located less than a mile from Fratton train station which is approximately an 18 minute walk away.

9.2. GWHC Site

Car Parking

There is no onsite parking at GWHC, but patients can access nearby pay and display facilities. Being in the city centre there are several car park sites located nearby; however, these are not dedicated or prioritised parking spaces for patients at GWHC. Patients accessing the service by car will need to pay premium inner city parking charges regardless of the time of day.

Public Transport

GWHC is located close to the mainline railway station (Portsmouth and Southsea) and can also be accessed by bus from most parts of the city as Commercial Road is a waypoint for the majority of Portsmouth bus routes.

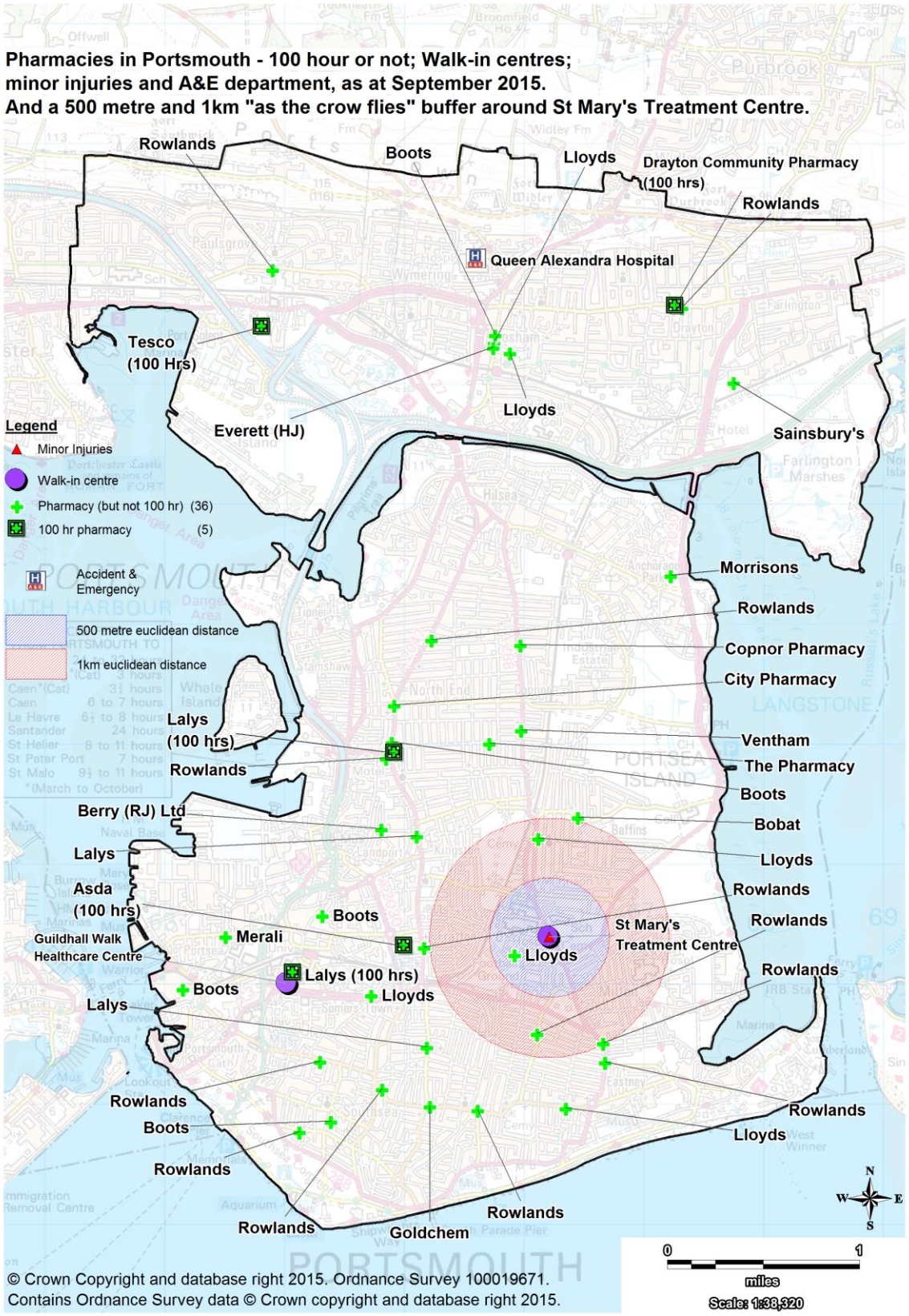
9.3. Community Pharmacies

Community pharmacies are an important part of the delivery of primary care providing access to lifestyle and medicines advice, over the counter medicines, prescription dispensing and more recently an NHS commissioned minor ailment service (PHARMACY FIRST).

The density of pharmacies located across the city gives patients a choice of local pharmacies for pharmaceutical services and the opening hours of local pharmacies provide residents and visitors with a good level of access to services. Residents are able to use these services from early in the morning to late in the evening and on Saturday and Sundays. The additional opening hours provided by the '100 hour' pharmacies have provided an extension to these hours. Local services are largely commissioned by Public Health within Portsmouth City Council and NHS Portsmouth CCG. These are available from many pharmacies spread across the city. The delivery of these services, particularly in areas of deprivation has widened access for target groups of the population. The award winning Healthy Living Pharmacy scheme, piloted in Portsmouth in 2010, continues to be the basis of commissioning of services from community pharmacies.

Detailed below is a map showing the proximity of pharmacies from SMTC.

Map G


Pharmacies in Portsmouth - 100 hour or not; Walk-in centres;
minor injuries and A&E department, as at September 2015.
And a 500 metre and 1km "as the crow flies" buffer around St Mary's Treatment Centre.
Rowlands
Boots
Lloyds
Drayton Community Pharmacy
(100 hrs)
Rowlands
Queen Alexandra Hospital
Tesco
(100 Hrs)
Lloyds
Everett (HJ)
Sainsbury's
Legend
Minor Injuries
Walk-in centre
Pharmacy (but not 100 hr) (36)
100 hr pharmacy (5)
Accident & Emergency
500 metre euclidean distance
1km euclidean distance
Morrisons
Rowlands
Copnor Pharmacy
City Pharmacy
Lalys
(100 hrs)
Rowlands
Ventham
The Pharmacy
Boots
Berry (RJ) Ltd
Bobat
Lalys
Lloyds
Asda
(100 hrs)
Rowlands
Boots
Rowlands
Guildhall Walk
Healthcare Centre
Merali
St Mary's
Treatment Centre
Lloyds
Lalys (100 hrs)
Rowlands
Boots
Lloyds
Lalys
Rowlands
Boots
Rowlands
Rowlands
Lloyds
Rowlands
Goldchem
Rowlands
N
W
E
S
0
1
miles
Scale: 1:38,320
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9.4. Summary of Physical Access

A common theme highlighted in the feedback received from the engagement work carried out to date relates to transport and physical access to the St Mary's site. This section demonstrates the efforts currently being undertaken by Solent NHS Trust in developing a sustainable travel plan for St Mary's that reviews the impact on the site due to the transfer of services from St James' Hospital and any potential future relocation of services to SMTC. It also demonstrates the number of public transport links to the site which was raised as a concern in the public engagement exercise.

Although GWHC does not have dedicated or prioritised parking, there are nearby pay and display facilities available and it is served very well by public transport links.

There are a number of pharmacies located throughout Portsmouth including some which are within walking distance to the SMTC site.

10. Financial Position

The current cost of GWHC to offer both Primary Care and WIC services is £1.67m made up as follows:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered List Size <=5000	5,000	£117.87	£0.59m
Registered List Size >5000	1,000	£75.77	£0.08m
GP-Led WIC	13,777	£46.00	£0.63m
Full Rent @ GWHC			£0.12m
Cost of void in nearby suitable premises (John Pounds & Somerstown)			£0.15m
Current Total Cost			**£1.57m**

The registered list size payment includes a premium to offer walk in access to its registered patients throughout its opening hours of £210k per annum. Currently the price paid per patient over and above the original contracted number of 5,000 is paid at standard GMS rates. As part of the renegotiation of the treatment centre contract the provider will be paid £33 per attendance for a GP walk in consultation and £30 for a nurse walk in consultation. These are comparable to rates paid under the GP Out of Hours Contract.

11. Statement of Options

In light of all the information available to us at the present time and the necessity to make a firm decision as to the future of the GWHC contract, which will shortly expire, there are only a limited number of options available to us that are realistic, achievable, and affordable. The options to be considered can be found below.

11.1. Option 1

GP-led Walk-in Activity and Primary Medical Care Service Provision to be Delivered from its Current Location (Guildhall Walk Healthcare Centre)

11.2. Option 2

GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from its Current Location (Guildhall Walk Healthcare Centre)

11.3. Option 3

GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from Void Space within the City (Somerstown Hub)

11.4. Option 4

GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from Existing Practices in the City (Decommission Guildhall Walk Healthcare Centre Practice)

12. Considerations for Options

12.1. Procurement

In August 2014 NHS Portsmouth CCG confirmed to incorporate the activity, and associated finance, from the GP-led GWHC WIC into a wider re-procurement exercise for the Treatment Centre within Portsmouth City. This will be provided via the NHS Standard Contract. The service specification for this Treatment Centre also includes, among other services, the activity, and associated finance, of the Nurse-led WIC historically provided at SMTC. This service went out to competitive tender with a contract mobilisation date set for January 2016. The contract has subsequently been awarded to Care UK Ltd. As the APMS contract for GWHC does not expire until the 31st March 2016 the provision of a GP-led WIC by the incoming provider of the Treatment Centre will be delayed until the 1st April 2016. The service specification for the Treatment Centre indicates that the Nurse-led WIC service provision will continue to be located at SMTC, whereas the GP-led WIC service provision may be located at SMTC or another location in the city centre, depending upon the outcome of the future of service provision currently delivered at GWHC.

The recommissioned GP-led WIC service will operate from 07:30-22:00 Monday to Friday and 08:00-22:00 on Saturdays, Sundays, and bank holidays, 365 days of the year. This is an extension to the GP-led WIC currently being delivered from GWHC which is open from 08:00-20:00, 365 days a year

As stated, the current contract for service provision at GWHC expires on 31st March 2016; should the CCG decide to pursue an option which requires procurement, the process will take approximately 12 months to deliver from inception to a new service roll out. This time-scale includes:

- Market Engagement Process - in order to fully assess the level of interest and risk assess the CCG's long term strategic intentions (approximately 2 months)
- Full Procurement Process - including a Pre-Qualification Questionnaire and Invitation to Tender stages (approximately 6 months)
- Exit Strategy - management of the exit strategy including migration and roll out of the new services and incorporating a TUPE consultation process (approximately 4 months).

The Board should also be aware that NHS England recently completed a national procurement process in accordance with public contracts regulations, for a framework agreement for the Provision of Short Term Primary Care General Medical Services. The

framework agreement is for interim services which can be required at short notice for a number of reasons, for example, the death of a single-handed general practitioner or the short notice retirement or resignation of a general practitioner.

The process attracted a high level of national interest and resulted in nine providers successfully being assessed as having the required capacity, capability and financial stability to deliver these services in the Wessex region. National and local providers are listed on the framework. This process demonstrates that market conditions are highly competitive for these services; therefore a long term extension with the incumbent cannot be justified. However, it needs to be recognised that the framework is for short-term arrangements and not long-term contracts which may result in a different market condition, although this is deemed unlikely.

In assessing these options the CCG has sought expert procurement advice from NHS South of England Procurement Services.

12.2. Patient Flow

Walk-In Centre

When assessing these options it is important to understand the impact any decision may have on patient flow through different components of the healthcare system. The table in Appendix H details activity for ED, the GWHC WIC, and the SMTC WIC; this is presented against each member practice as a rate per 1,000 population for 2014/15 activity.

This information demonstrates that the level of activity for each urgent care site is largely driven by the proximity of the practice to that particular location (a small number of practices appear to have relatively high activity rates despite their distance to a particular site, however these practices correlate with highly deprived demographics which may explain the inflated activity).

Should the GP-led WIC be relocated to the St Mary's site it is possible that the users of this will potentially change with more people choosing to access the GP-led WIC rather than ED if they live to the north of the city. It is possible that a proportion of people who would have accessed the GWHC would go to the Urgent Care centre at ED. However the assumption is that the worst case scenario will be that the number of ED attendance does not change overall.

General Practice

If the CCG is to consider whether to decommission the primary medical care service provision at GWHC then consideration must be taken as to whether the wider healthcare system would be able to manage the patients being dispersed from the GWHC registered list. The CCG has engaged with its member practices to determine whether there is sufficient capacity within primary care in the city to assist patients registered at GWHC to register with another practice should the service be decommissioned. From the feedback received there was a mixed response. Some practices indicated they would be able to absorb the whole registered list if required; some practices stated they would be able to manage a fraction of those patients; while other practices indicated that they would struggle to manage any significant increase to their registered lists. Therefore, from these responses we can conclude that the dispersion of patients from the GWHC registered list would be manageable from a system capacity perspective, but it must be stressed that this does not consider the views of those patients affected, either those currently registered at GWHC or those registered at practices who would see an increase to their practice's registered list.

12.3. Vulnerable Patients

The medical services and management of vulnerable patients, such as people who are homeless, or alcohol and substance misusers, currently delivered at GWHC are clearly an

essential component of care that needs to continue to be delivered within the city. This has been highlighted in the Equality Impact Assessment (EIA) carried out by the CCG which can be found in Appendix G. Regardless of which option is chosen for the future of the GWHC contract, the CCG is committed to re-commissioning specific service provision for these cohorts of patients deemed as vulnerable or hard to reach, taking into account feedback from our engagement exercise.

12.4. Equity of Access

As indicated previously the current opening times commissioned for the circa 6,000 patients registered at GWHC presents inequity of access to primary medical care service provision when compared with the wider Portsmouth population.

As outlined in the finance section of this report, that additional access comes at a significant increase in cost per registered patient. Although the ambition of both national and local healthcare strategies seek to increase opening hours for primary care services, including evening and weekend access, this needs to be delivered via a financially sustainable model. Based on the additional cost per registered patient at GWHC compared to an average cost across the remaining practices within Portsmouth, to roll out a like-for-like service model to all patients registered to GP practices within Portsmouth would cost an additional £8m per annum. There is not the workforce available to deliver this model, nor is there evidence of demand for all practices to be open seven days a week.

As a responsible commissioning organisation with statutory responsibilities to ensure consistent care for all its patients (including equity of access) we need to work to improve access to primary care services for the entire Portsmouth population, rather than continuing with an inequitable model of delivery for a minority of patients. Therefore, the options which require primary medical care service provision to be re-commissioned from a GP practice (Options 1-3) it is proposed that this will initially be commissioned in line with core opening hours plus extended hours service provision (through Enhanced Service provision). However, clearly patients registered at Guildhall Walk have indicated, via the engagement work, that they value certain key services offered by this practice. We will therefore seek to secure a primary medical service which provides: open access to both GPs and nurses; which responds to the needs of the registered population in terms of hours of provision; and ensure the staff employed have the skillsets to manage vulnerable patients.

The CCG wants to address access to primary care for the whole of the city in line with national and local policy, extending access to cover the whole week, but in a way which makes best use of the limited primary care workforce. To do this we will need to identify savings and reinvest from existing resources.

12.5. Capacity and Demand

Physical Space

If the GP-led WIC were to relocate to SMTC, as the provider own the building they would have the ability to expand the available space for this service including increasing the number of treatment cubicles. The current waiting area is of sufficient space to be able to meet the increased demand of attendances that would result.

Waiting Times

The current waiting time target for the GP-led WIC at GWHC within the APMS contract is for 95% of patients to be seen within 2 hours. This is currently consistently achieved and exceeded. The current waiting time target for the nurse-led WIC at SMTC is in line with the national NHS Standard Contract, i.e. for 95% of patients to be seen within 4 hours. This is currently consistently achieved and exceeded. However, statistics provided by Care UK show that over two thirds of patients are actually seen within 2 hours.

Workforce
If the GP-led WIC remains at GWHC Care UK would be required to provide clinical and managerial staff across two sites which would potentially be an inefficient use of a limited workforce. Conversely, integrating the GP-led WIC with the nurse-led service at SMTC allows for a more flexible use of the workforce which may bring about reduced waiting times for patients.

PHL, the current provider of the GP-led WIC, and Care UK, the incoming provider of the GP-led WIC, will be expected to work through any TUPE implications for affected staff. This will both protect individual staff members, but also ensure continuity of the limited primary care workforce within the city.

Parking
In addition to the plans set out by Solent NHS Trust to ensure more patients have better access to the St Mary's carpark, it should be noted that the demand for GP-led walk-in services are likely to be greatest on Saturday, Sundays, and the hours after GPs surgeries are closed. At these times there is significantly less demand for parking spaces at the St Mary's site which means the majority of patients who would access a GP-led WIC at STMC, should the service be relocated, should find adequate parking available.

13. Options Appraisal

13.1. Option 1 – GP-led Walk-in Activity and Primary Medical Care Service Provision to be Delivered from its Current Location (Guildhall Walk Healthcare Centre)

Overview:
Option 1 would see both the GP-led minor illness walk-in service and the primary medical care services to the registered list population continuing to operate from Guildhall Walk Healthcare Centre. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from Guildhall Walk Healthcare Centre whilst re-commissioning, via a competitive tender process, the provision of primary medical care services within GP core opening hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours. A service would also be commissioned to provide distinct provision for the homeless population within the city and for other vulnerable groups. Due to the time implications associated with undertaking a full procurement exercise, the mobilisation of any new service would exceed the incumbent's existing contract expiration date. As a result, this option would dictate the extension of the incumbent's contract past the 31st March 2016 to allow enough time to adequately undertake the procurement process and to mobilise the new service.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered List Size	6000	£75.77	£0.45m
Registered List Patient Premium	6000	£42.10	£0.25m
GP-Led WIC	17,377	£33.00	£0.57m
GWHC registered activity attending in non-core hours	-3,600	£33.00	(£0.12m)
Full Rent @ GWHC			£0.12m
Cost of void in nearby suitable premises			£0.15m

(John Pounds & Somerstown)			
Future Total Cost			**£1.42m**
Total Saving			**£0.15m**

Therefore this option potentially saves £150K per annum compared with current service provision. Assuming a seven year contract term this would save £1.05m.

These costing assume:

- The premium payment per patient will remain to enable extended access for the registered list
- An allowance for the fact that walk in attendances during core hours by GWHC registered patients are costed within the price per registered patient
- The CCG will be charged for void space in NHS leased properties

Risks:

Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If the landlord is unwilling to extend the head-lease on the GWHC premises post April 2016 then the practice will need to relocate	NHS Property Services have been in dialogue with the landlord who has indicated a desire to extend the head lease	2	2	4
If the incumbent provider is unwilling to extend the contract for 12 months there will be a need for a change in service provider	Utilisation of NHS England's Provision of Short Term Primary Care General Medical Services	2	2	4

Issues:

Listed below are some of the key issues associated with this option:

- Maintaining a separate GP-led WIC from the location of GWHC does not address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent current system at present is too complex. Patients have expressed confusion as to the difference between the SMTC and GWHC WICs and which to choose in an urgent situation. This issue would fail to be addressed by choosing this option.
- This option would not enable the GP-led WIC to have access to a wider array of diagnostics and tests that would be available if the WIC was located at SMTC, potentially limiting improvements to the quality of patient care.
- Choosing to recommission both services at GWHC would not utilise any of the void space currently within the city and therefore miss an opportunity to optimise the use of estates already paid for by the CCG.
- This option would represent the least financially beneficial when weighed against the other options available. This would impact upon the CCG's ability to increase improved access to primary care services across the city in an equitable manner.

- There would be need to reconfigure the current space at GWHC to enable delivery of the two separate services, namely GP-led walk in and primary care medical services from the same building. This would be a cost pressure in addition to that identified above.
- The SMTC provider will need to agree working arrangements with the primary medical care services provider to facilitate delivery of the GP-led WIC from GWHC and to ensure patient confidentiality is maintained.

Benefits:
Listed below are some of the key benefits associated with this option:
- The majority of patients registered at GWHC live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence.
- Patients registered at GWHC will not have to register at another practice within the city.

13.2. Option 2 – GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from its Current Location (Guildhall Walk Healthcare Centre)

Overview:
Option 2 would see the GP-led minor illness walk-in service being delivered in conjunction with the Nurse-led minor illness and minor injuries walk-in service at SMTC, alongside existing diagnostics. The primary medical care services to the registered list population would continue to operate from Guildhall Walk Healthcare Centre. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from SMTC whilst re-commissioning via a competitive tender process, the provision of primary medical care services within GP core opening hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours. The re-commissioned service would also have distinct provision for the homeless population within the city and for other vulnerable groups. Due to the time implications associated with undertaking a full procurement exercise, the mobilisation of any new service would exceed the incumbent's existing contract expiration date. As a result, this option would dictate the extension of the incumbent's contract past the 31st March 2016 to allow enough time to adequately undertake the procurement process and to mobilise the new service.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered list size	6,000	£75.77	£0.45m
Homeless Service	200	£50	£0.01m
Full rent Rent of GWHC			£0.12m
Walk in activity at SMTC	17,377	£33	£0.57m
Cost of void in nearby suitable premises (John Pounds & Somerstown)			£0.15m
Total Future Cost			**£1.31m**
Total Savings			**£0.27m**

Therefore this option potentially saves £270K per annum compared with current service provision. Assuming a seven year contract term this would save £1.89m.

These costings assume:

- The GP-led walk in service is relocated to SMTC but attendance levels for non GWHC registered patients remains the same as now
- All GWHC registered patients currently accessing the service at GWHC outside of core GMS hours, i.e. between 18:30-20:00 Monday to Friday, and 08:00-20:00 Saturday and Sunday will now access the service at SMTC
- The primary medical care services to the registered list population would continue to operate from GWHC but in accordance with standard core GP hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours
- The CCG will commission a bespoke homeless service at an indicative costs of £50 per registered homeless person

Risks:

Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If the landlord is unwilling to extend the head lease on the GWHC premises post April 2016 then the practice will need to relocate	NHS Property Services have been in dialogue with the landlord who has indicated a desire to extend the head lease	2	2	4
If the incumbent provider is unwilling to extend the contract for 12 months there will be a need for a change in service provider	Utilisation of NHS England's Provision of Short Term Primary Care General Medical Services	2	2	4

Issues:

Listed below are some of the key issues associated with this option:

- Choosing to recommission primary medical care services at GWHC would not utilise any of the void space currently within the city and therefore miss an opportunity to optimise the use of estates already for paid for by the CCG. This may even exacerbate the issue of void space as the delivery of primary medical care services in isolation, without the provision of a WIC, would create additional void space within the GWHC premises, reflecting poorer value for money.

Benefits:

Listed below are some of the key benefits associated with this option:

- This option would address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent care system at present is too complex. Patients would no longer be confused as to which WIC to choose in an urgent situation.
- This option would enable the GP-led WIC to have access to a wider array of diagnostics and tests at SMTC, potentially improving the quality of patient care.
- Patients would no longer be re-directed to the other WIC within the city as they had attended the 'wrong' WIC.

- The majority of patients registered at GWHC live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence.
- Patients registered at GWHC will not have to register at another practice within the city

13.3. Option 3 – GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from Void Space in the City

Overview:
Option 3 would see the GP-led minor illness walk-in service being delivered in conjunction with the Nurse-led minor illness and minor injuries walk-in service at SMTC, and the primary medical care services to the registered list population commissioned to be delivered from vacant NHS space such as Somerstown Hub. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from SMTC whilst re-commissioning via a competitive tender process, the provision of primary medical care services within GP core opening hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours. The re-commissioned service would also have distinct provision for the homeless population within the city and for other vulnerable groups. Due to the time implications associated with undertaking a full procurement exercise, the mobilisation of any new service would exceed the incumbent's existing contract expiration date. As a result, this option would dictate the extension of the incumbent's contract past the 31st March 2016 to allow enough time to adequately undertake the procurement process and to mobilise the new service.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Registered list size	6,000	£75.77	£0.45m
Homeless Service	200	£50	£0.01m
Lease of 250 Square Metre @ average of £250 Per Square Metre	250	£250	£0.06m
Walk in activity at SMTC	17,377	£33	£0.57m
Cost of residual void in nearby suitable premises			£0.09m
Total Future Cost			**£1.18m**
Total Savings			**£0.39m**

Non Recurrent Costs:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Reinstatement and Dilapidation to GWHC leased asset 288 Square Metre @ £889 Per Square Metre	288	889	£0.3m
Refurbishment of NHS asset for relocation	250	889	£0.2m
Total Non Recurrent Cost			**£0.5m**

Therefore this option potentially saves £390K per annum compared with current service provision, but would require £500K in non-recurrent up-front costs. Assuming a seven year contract term this would save £2.73m minus £500K, giving a net saving of £2.23m.

These costings assume:

- The GP-led walk in service is relocated to SMTC but attendance levels for non GWHC registered patients remains the same as now
- All GWHC registered patients currently accessing the service at GWHC outside of core GMS, i.e. between 18:30-20:00 Monday to Friday, and 08:00-20:00 Saturday and Sunday will now access the service at SMTC
- The primary medical care services to the registered list population would operate from nearby vacant NHS premises but in accordance with standard core GP hours (08:00-18:30, Monday-Friday), with the option to deliver extended opening hours
- The CCG will commission a bespoke homeless service at an indicative costs of £50 per registered homeless person

Risks:

Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If the incumbent provider is unwilling to extend the contract for 12 months there will be a need for a change in service provider	Utilisation of NHS England's Provision of Short Term Primary Care General Medical Services	2	2	4

Issues:

Listed below are some of the key issues associated with this option:

- Patients currently registered at GWHC will need to travel to another location within the city centre to receive primary medical care services. This may or may not be further for patients to travel (Somerstown Hub is approximately quarter of a mile from GWHC).

Benefits:

Listed below are some of the key benefits associated with this option:

- This option would address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent care system at present is too complex. Patients would no longer be confused as to which WIC to choose in an urgent situation.
- This option would enable the GP-led WIC to have access to a wider array of diagnostics and tests at SMTC, potentially improving the quality of patient care.
- Patients would no longer be re-directed to the other WIC within the city as they had attended the 'wrong' WIC.
- The majority of patients registered at GWHC live within a one mile radius of the premises. This option would ensure those patients continue to have access to services within close proximity to their residence.
- Patients registered at GWHC will not have to register at another practice within the city

13.4. Option 4 – GP-led Walk-in Activity Provided at St Mary's Treatment Centre, and Primary Medical Care Service Provision Delivered from Existing Practices in the City (Decommission Guildhall Walk Healthcare Centre Practice)

Overview:
Option 4 would see the GP-led minor illness walk-in service be delivered in conjunction with the Nurse-led minor illness and minor injuries walk-in service at SMTC, and the primary medical care services to the registered list population decommissioned. This would be achieved by the CCG directing the successful bidder of the Treatment Centre procurement, Care UK, to deliver a GP-led WIC from SMTC whilst decommissioning the provision of primary medical care services at Guildhall Walk Healthcare Centre by allowing the existing contract to come to a natural end through expiration on the 31st March 2016. This decision would result in the registered list population being required to register with another local GP practice of their choice, affectively dispersing the list. A separate service would be commissioned to specifically deliver primary medical care services to the homeless population within the city.

Finance:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Repatriation of 6,000 patients into surrounding practices @ city average of £80.55	6,000	£80.55	£0.48m
Extended Hours Premium	6,000	£1.90	£0.01m
Enhanced service for the homeless	200	£50	£0.01m
Current Walk in activity at SMTC	17,377	£33	£0.57m
Cost of void in nearby suitable premises (John Pounds & Somerstown)			£0.15m
Total Future Cost			**£1.22m**
Total Saving			**£0.35m**

Non Recurrent Costs:

Cost Description	Activity/Units	Activity/Unit Cost	Annual Cost
Reinstatement and Dilapidation to GWHC leased asset 288 Square Metres @ £889 Per Square Metre	288	889	£0.3m
Total Non Recurrent Cost			**£0.3m**

Therefore this option potentially saves £350K per annum compared with current service provision, but would require £300K in non-recurrent up-front costs. Assuming a seven year contract term this would save £2.45m minus £300K, giving a net saving of £2.15m.

These costings assume:
- Patients are supported to re-register at alternative practice of their choice within Portsmouth City at the end of the current APMS contract term
- The distribution of patients will attract the average capitation rate for the city
- The GP-led walk in service is relocated to SMTC and total attendance levels will remain the same as now

- The CCG will commission a bespoke homeless service at an indicative costs of £50 per registered homeless person

Risks:
Detailed below are some of the key risks associated with this option, their potential impact, probability, and any mitigating factors. Risk Scores are calculated utilising a risk matrix (located in Appendix I) and are reflective of any mitigating factors.

Description	Mitigation	Impact Score	Probability Score	Total Score
If patients register with a variety of different practices then those practices cannot plan for the additional capacity required	Patients would be encouraged to register with those practices who have indicated they have sufficient capacity to take on new patients	2	2	4

Issues:
Listed below are some of the key issues associated with this option:
- This option would limit the choice available for patients when choosing to register with a GP practice in Portsmouth.
- This option may further alienate or discourage vulnerable groups of patients from registering at another practice within the city, especially if they experience issues around anxiety or general distrust of healthcare providers.
- This option may cause concern that patients may not easily be able to register with another practice.

Benefits:
Listed below are some of the key benefits associated with this option:
- This option would address the issue highlighted in the national and local urgent care strategies, and the feedback received from a number of consultation and engagement exercises with the general public, that the urgent care system at present is too complex. Patients would no longer be confused as to which WIC to choose in an urgent situation.
- This option would enable the GP-led WIC to have access to a wider array of diagnostics and tests at SMTC, potentially improving the quality of patient care.
- Patients would no longer be re-directed to the other WIC within the city as they had attended the 'wrong' WIC.
- This is in line with the CCG's vision to support the development of larger practices.

14. Options Evaluation Framework

This section structures the options in accordance with an evaluation and prioritisation framework (located in Appendix J). This offers a simplistic overview of the available options and RAG (Red, Amber, Green) rates each option with how well it complies with the evaluation and prioritisation framework. This is presented as an aide to decision-making but does not replace the need to evaluate all the information contained within this document as to which option is most suitable.

	Option 1	Option 2	Option 3	Option 4
Clinical	• Lack of clinical standardisation	• GP-led WIC ensures clinical	• GP-led WIC ensures clinical	• GP-led WIC ensures clinical

	• No access to diagnostics for GP-led WIC	standardisation • Access to on-site diagnostics	standardisation • Access to on-site diagnostics	standardisation • Access to on-site diagnostics • Potential adverse impact on primary care services
Financial Sustainability	• Rated 4th with regards to financial sustainability • Lacks reinvestment potential to address improved equitable access	• Rated 3rd with regards to financial sustainability • Lacks reinvestment potential to address improved equitable access	• Rated 1st with regards to financial sustainability • Best reinvestment potential to address improved equitable access	• Rated 2nd with regards to financial sustainability • Some reinvestment potential to address improved equitable access
Integration	• WICs would operate as separate services	• WICs would be integrated services	• WICs would be integrated services	• WICs would be integrated services
Deliverability	• Potential operational issue if two distinct providers are delivering similar services from GWHC	• Operationally feasible • No foreseen adverse healthcare system impact	• Operationally feasible • No foreseen adverse healthcare system impact	• Operationally feasible • Potential negative impact on primary care access
Patient Focussed	• Some consistencies with national and local policy • Patients have expressed a preference to this model	• Consistent with national and local policy • Patients have expressed some reservations about this model	• Consistent with national and local policy • Patients have expressed some reservations about this model	• Some consistencies with national and local policy • Patients have expressed reservations about this model

15. Conclusion

As discussed throughout this paper the upcoming expiration of the contract for healthcare service provision at GWHC necessitates the need to make a decision as to the future of these services; however, this has also provided an opportunity to critically assess the current structure of service provision and to determine if there are alternative models in which to provide services more effectively.

The subsequent analysis of viable options in relation to aspects such as: strategic alignment; financial sustainability; patient feedback and preference; equity of access; and local healthcare system flow, all combine to present a very complex landscape from which to make a recommendation as to the future of this contract.

There are good clinical and strategic reasons to support the re-location of the GP-led WIC to St Mary's as part of an integrated urgent care centre. This does however need to be balanced against the public concern, principally around access to the site.

Likewise there are good clinical and strategic reasons why the CCG should be encouraging and supporting the establishment of larger General Practice units; however, the support from the patients, the public, and stakeholders for the continuation of a stand-alone practice has been strong. There are clear concerns regarding the potential closure of a GP practice in the city and the impact that this may have on securing primary care medical services for the current registered population. Patients have also indicated their support for the 'walk-in' model of care whereby patients are not required to book appointments in advance.

If the CCG is to procure a new practice for this population this should be done in a way which delivers good value for money and which enables us to move towards more equitable access for the population as a whole.

In conclusion – and taking into account all criteria, considerations and feedback – Option 3, namely relocate the GP-led WIC to SMTC, and procure a GP practice which should be delivered from current void space in the city, is the preferred option for continuation of services beyond the current March 2016 GWHC contract expiration date and this should now form the basis for a formal consultation both with Portsmouth Health Overview & Scrutiny Panel and the public prior to a final decision by the CCG Governing Body.

16. Recommendation

The CCG Governing Body are requested to:

- Endorse and support Option 3, namely the relocation of the GP-led WIC to SMTC, and the procurement of a GP practice which should be delivered from current void space in the city as the preferred option for continuation of services beyond the current March 2016 GWHC contract expiration date, and;
- Require the CCG to conduct a formal consultation with Portsmouth Health Overview & Scrutiny Panel and the public on the basis of this preferred option from October 2015 for a period of no greater than 12 weeks in line with good practice on public consultation.

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

Dear patient,

Guildhall Walk Healthcare Centre opened in Portsmouth in August 2009 – part of a government initiative to open new facilities across the country to increase patient choice.

The centre is funded by NHS, to provide healthcare services to both registered, and unregistered patients.

That contract comes to an end in April 2016, which means that the NHS has decisions to make in the next few months. Broadly, those decisions are:

- To continue to fund the same range of services at Guildhall Walk
- To move some of the services currently provided there to other locations, or to move the practice itself
- To end the contract for GP services there, and ensure that patients can register at other practices instead

This decision is not being made in isolation. The NHS is already talking with GPs to agree how primary care services across the whole city might change in the future to ensure that it can give local patients the care they need in the years ahead. In addition, there are decisions to be made about how we organise urgent care services locally – how to make improvements so that people can access high quality NHS care, when they need it in a hurry.

The decision that needs to be made about Guildhall Walk Healthcare Centre will be considered as part of that wider debate, and it will also be considered in the light of what you tell us. We need to know more about the people who use the Guildhall Walk practice, and what they need from the NHS, so that we can get that decision right.

To allow you, as a registered patient, to give us your views, we have set up a survey. This can be accessed online, via our website, at www.portsmouthccg.nhs.uk/Join-In/GHWsurvey.htm. If you would prefer to be sent a paper copy of the survey and to post it back to us, please call (023) 9268 5061 between 09:00-17:00, Monday-Friday to leave your details. Alternatively, you can call outside these hours and leave a voicemail stating that you would like a copy of the survey, and leaving your full name and address. We will then send you a copy of the survey, with a pre-paid return envelope included.

Many thanks for taking the trouble to read this letter, and I hope that you are able to spend a few minutes completing our survey.

With best wishes,

Mr Innes Richens - Chief Operating Officer
NHS Portsmouth Clinical Commissioning Group

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Survey: Guildhall Walk Registered Patients

The contract for the NHS services provided at the Guildhall Walk Healthcare Centre runs out in March 2016.That means the local NHS must soon decide whether to continue to provide these services in the same way in the future, or whether to make changes that involves asking fundamental questions about what services are needed in the future, where those services should be located, and which staff should deliver them.

By completing this survey you will help the NHS to know more about the people who are potentially affected by any changes whether that means leaving the practice in the same place, moving it within the city, or asking patients to register elsewhere and so help to ensure that the right decisions are made.

Please note: For patients under the age of 18 we will accept a form completed by a parent or legal guardian.

About you

Please tell us a little about yourself – all responses will be entirely anonymous.

1 Gender – are you:

	Please tick one
Male	
Female	
Prefer not to say	

2 Age – are you:

	Please tick one
Under 18	
18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75 or over	

3 What is the first part of your postcode?

PO1			PO7		PO13	
PO2			PO8		PO14	
PO3			PO9		PO15	
PO4			PO10		PO16	
PO5			PO11		PO17	
PO6			PO12		Other (Hants)	
Other (outside Hampshire, please specify)						

Using the Guildhall Walk Healthcare Centre

Please let us know a little about your experience of using the Guildhall Walk Healthcare Centre, as a registered patient.

4 How long have you been registered with the Guildhall Walk Healthcare Centre?

	Please tick one
Less than a year	
1 – 2 years	
3 – 5 years	
6-10 years	

5 Why did you register as a patient at the Guildhall Walk Healthcare Centre, rather than another surgery? (Choose as many options as are appropriate)

It's closest / most convenient to my home	
It's closest / most convenient to my work or place of study	
It was recommended to me	
No particular reason	
The surgery offers a specific service I can't get anywhere else (Please specify)	

6 Why did you register as a patient at the Guildhall Walk Healthcare Centre, rather than another surgery? (Choose the ONE most important reason)

	Please tick one
It's closest / most convenient to my home	
It's closest / most convenient to my work or place of study	
It was recommended to me	
No particular reason	
The surgery offers a specific service I can't get anywhere else (Please specify)	

7 In the last year, which services have you used at the Guildhall Walk Healthcare Centre? (Please select as many or as few as apply)

Pre-booked GP appointment	
Pre-booked nurse appointment	
'Walk-in' GP appointment	
Telephone consultation	
To get a letter/document signed	
Vaccinations	
Smoking/alcohol/weight/drug advice	
Online GP assessment	
Other (please specify)	

8 Which of those services did you use most often, in the last year? (One answer only)

	Please tick one
Pre-booked GP appointment	
Pre-booked nurse appointment	
'Walk-in' GP appointment	
Telephone consultation	
To get a letter/document signed	
Vaccinations	
Smoking/alcohol/weight/drug advice	
Online GP assessment	
Other (please specify)	

9 Overall, how would you rate your experience of using the practice?

	Please tick one
Very good	
Quite good	
Average – neither good nor poor	
Quite poor	
Very poor	
Don't know/haven't used it	

Looking ahead

The contract for the services which are currently provided at Guildhall Walk Healthcare Centre runs out in March 2016. Please help us to decide how the local NHS should respond to that development.

10 If you could no longer use the Guildhall Walk Healthcare Centre, which phrase would best describe your reaction...?

	Please tick one
It wouldn't really bother me, I'd register somewhere else	
It would be slightly inconvenient but not a real problem to me	
It would be inconvenient and a real problem to me	
Don't know	

11 If you had to look elsewhere for a GP surgery, would you change to…

	Please tick one
Another practice less than half a mile away – no more	
Another practice up to 1 mile away	
Another practice up to 2 miles away	
Another practice up to 3 miles away	
I'd register close to my home/work instead	
Not concerned	
Don't know	
Other (please specify)	

12 Thinking about GP surgeries in the future, how important are the following factors to you?

	Very important	Quite important	Neither important or unimportant	Not that important	Not at all important	Don't know
Being able to book to see any GP, within a few days						
Having a surgery which is very close to my home						
Having a big surgery which offers a wide range of services in one place						
Always being able to see my 'own' GP						
Being able to talk to a GP/nurse on the phone						
Being able to book appointments at weekends, evenings, or early mornings						
Being able to walk in and wait for 'same day' appointments						

13 If you were no longer able to use the Guildhall Walk Healthcare Centre, what would be your concerns? (You may choose as many or as few options as you wish)

Loss of the personal relationship I have with my GP(s)	
Whether I would be able to register at another local practice	
Whether I would have to travel a long way to a new practice	
Whether I could access a particular service at another practice	
Whether the opening hours of another practice would suit me	
Whether I could still get walk-in/same day appointments	
Whether I'd have to wait longer to book a routine appointment	
Other (please specify)	

14 Is there anything else you would like the NHS to take into account when considering the future of the services at Guildhall Walk Healthcare Centre?

Please write your comments here:

Personal details

We like to ask a few questions to find out more about the people who are taking the trouble to give us their views. This is purely to help us to understand which people are being reached by us, and whether there are groups which are not being heard.

15 Do you have dependent children, or do you care for someone?

	Please tick one
Yes I have dependent children	
Yes, I am responsible for caring for a partner/friend/relative	
Yes I have dependent children and care for a partner/friend/relative	
No	

16 Do you consider yourself to have a disability?

	Please tick one
Yes	
No	
Prefer not to say	

17 If yes, please tell us what your disability is?

Learning disability or difficulty	
Longstanding illness	
Mental health condition	
Physical impairment	
Sensory impairment	
Prefer not to say	
Other (please specify)	

18 Would you describe your sexuality as:

Lesbian/Gay Woman	
Heterosexual/Straight	
Gay Man	
Bisexual	
Prefer not to say	

19 Would you describe your ethnic origin as:

White, British		African	
White, Irish		Any other black background	
Any other white background		Chinese	
Indian		Mixed: White and Black Caribbean	
Pakistani		Mixed: White and Black African	
Bangladeshi		Mixed: White and Asian	
Any other Asian background		Any other mixed background	
Caribbean		Prefer not to say	
Any other ethnic group – please specify			

20 Your religious belief is:

Atheism		Islam	
Buddhism		Judaism	
Christianity		Sikhism	
Hinduism		Prefer not to say	
Other religious belief – please specify			

Thank you

Thank you very much for taking the time to complete this survey.

Please return your response to us in the **reply paid envelope** enclosed with your letter.

The closing date for responses is **Friday 3rd July 2015**.

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Guildhall Walk registered patients

September 2015

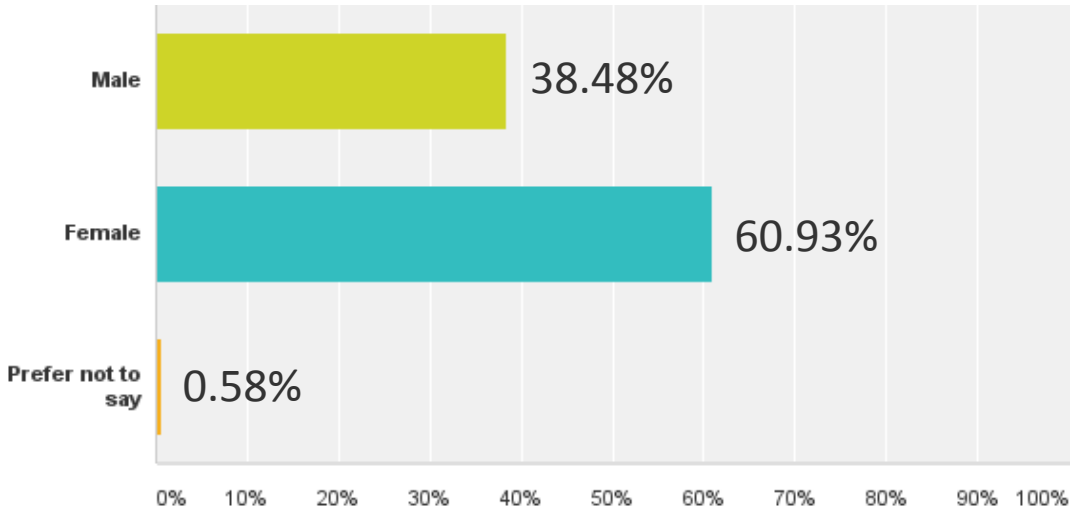
345

Total Responses

Complete Responses: 315

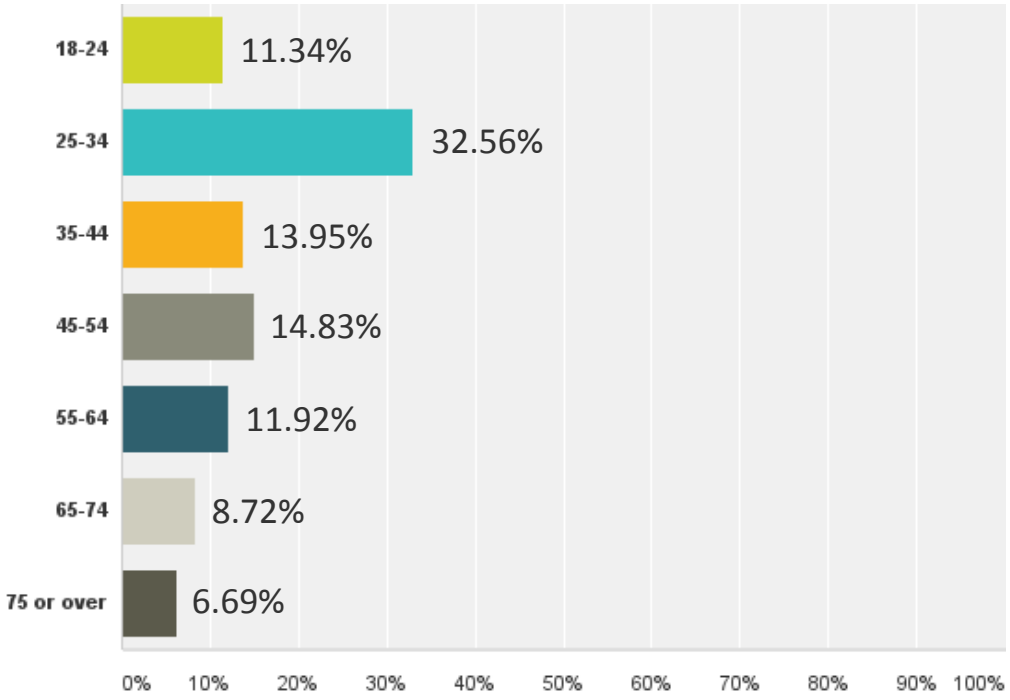
Q1: Gender - are you:

Answered: 343 Skipped: 2



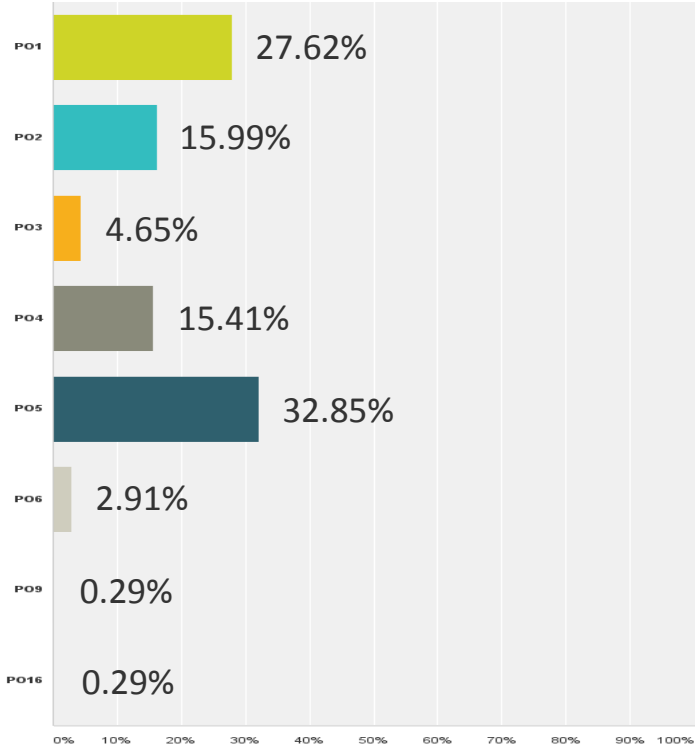
Q2: Age - are you:

Answered: 344 Skipped: 1



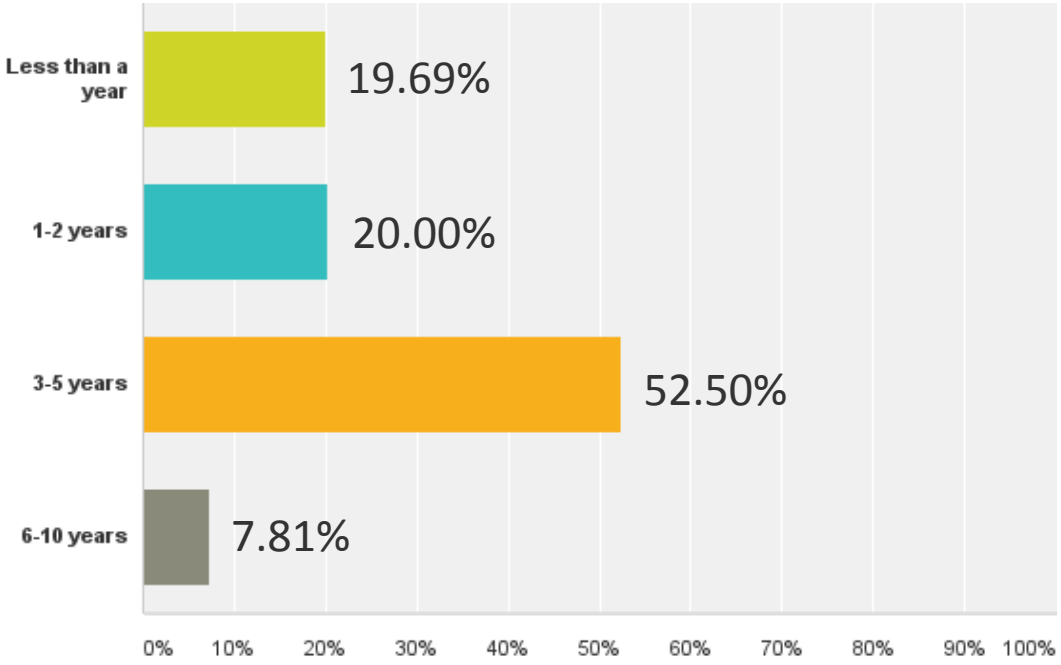
Q3: What is the first part of your postcode?

Answered: 344 Skipped: 1



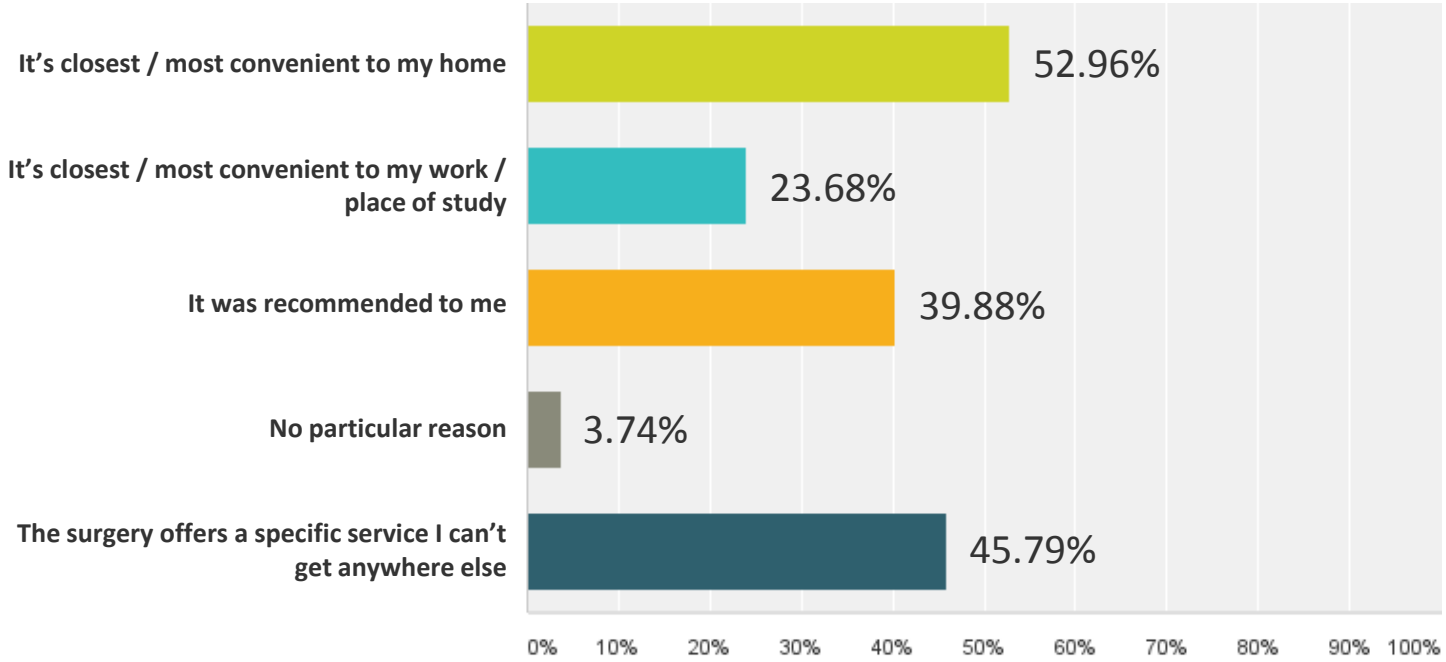
Q4: How long have you been registered with the Guildhall Walk Healthcare Centre?

Answered: 320 Skipped: 25



Q5: Why did you register as a patient at the Guildhall Walk Healthcare Centre, rather than another surgery? (choose as many options as are appropriate)

Answered: 321 Skipped: 24



Q5: Comments regarding the specific services which led people to register at Guildhall Walk Healthcare Centre

Answered: 147

Main themes:

The vast majority of comments related to **access**:

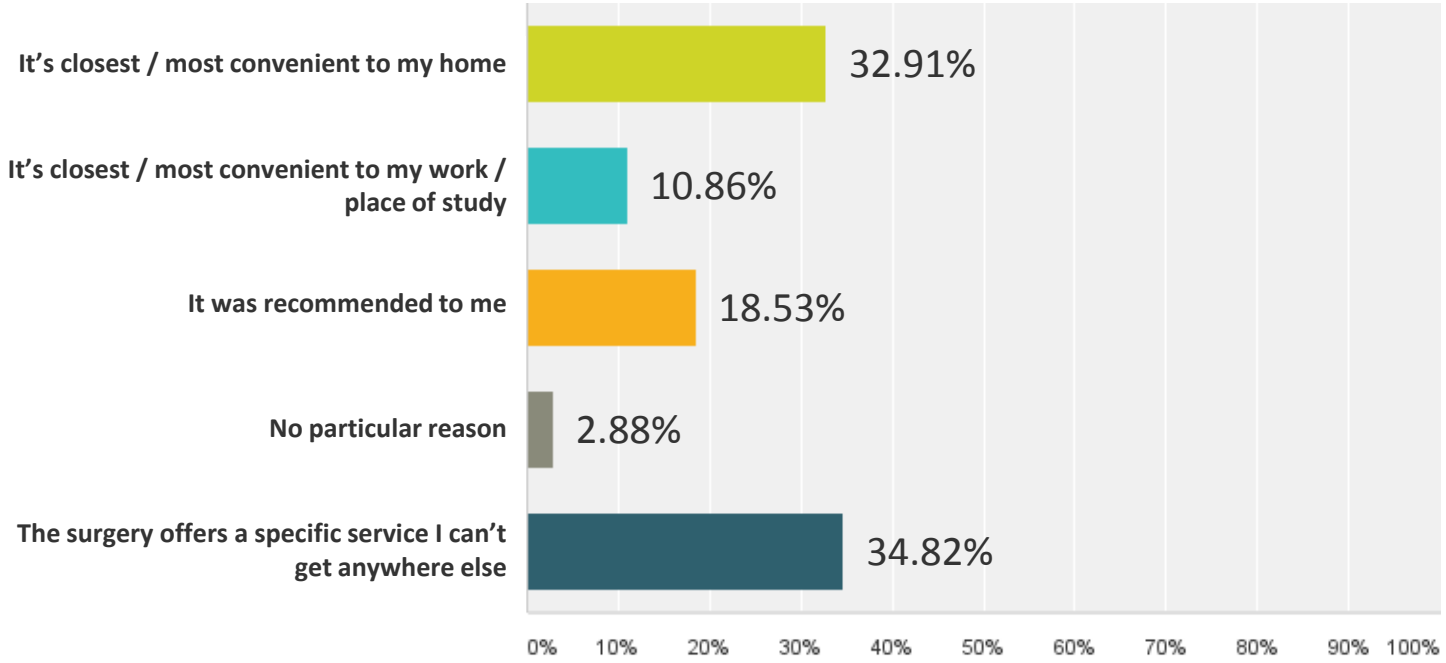
- The vast majority of people (85%+) referred to the *hours of opening* – either in general, or referencing either the 8am-8pm opening, weekend opening, or both.
- Approximately one-third of these respondents referred to the *walk-in service*, or related issues such as the ability to have a same-day appointment, or not having to wait.
- A smaller number also referred to the *short waiting times* (to be seen within the practice), and short waiting times when booking a routine appointment.

No other consistent themes were evident. A small number of respondents referred to *specific services*, for example diabetes care, and there were many comments offering *general praise* of the service and/or staff.

Note – this analysis also applies to the responses provided for Q6.

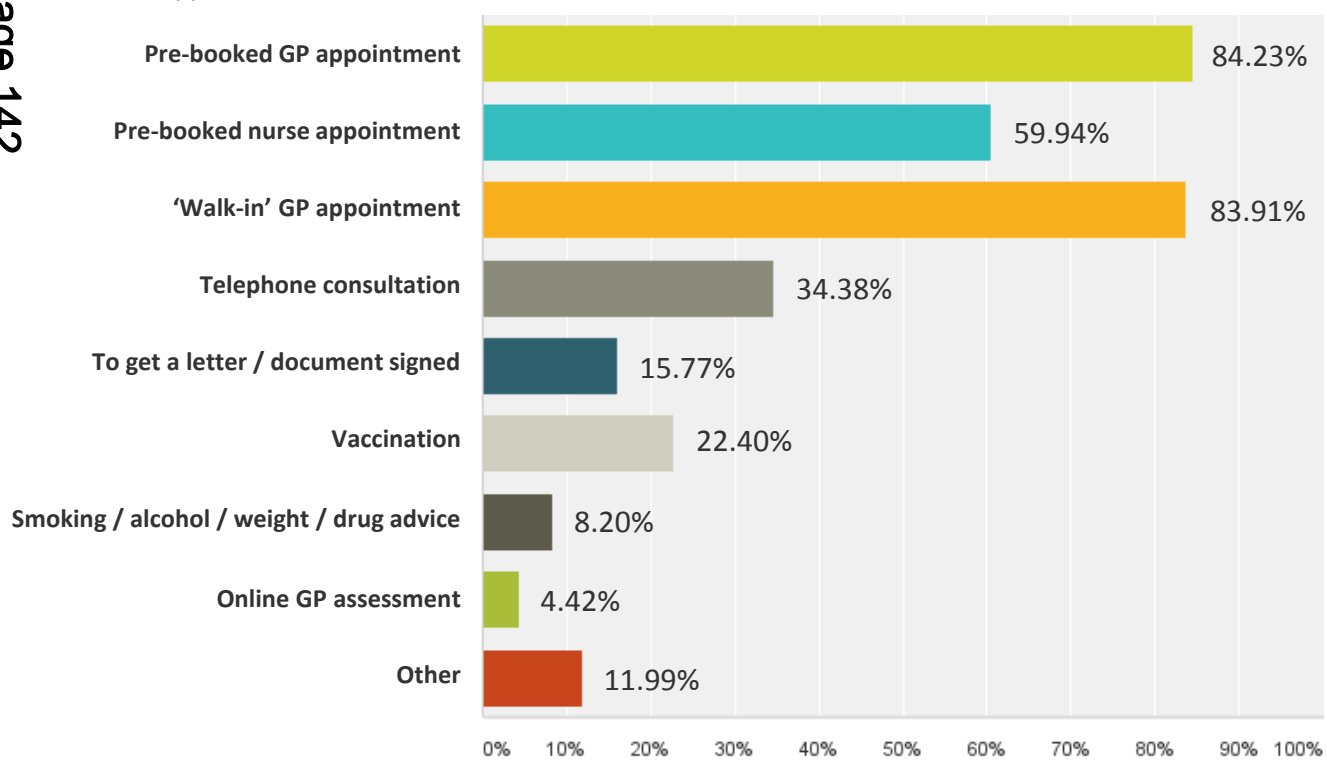
Q6: Why did you register as a patient at the Guildhall Walk Healthcare Centre, rather than another surgery? (choose the ONE most important reason)

Answered: 313 Skipped: 32



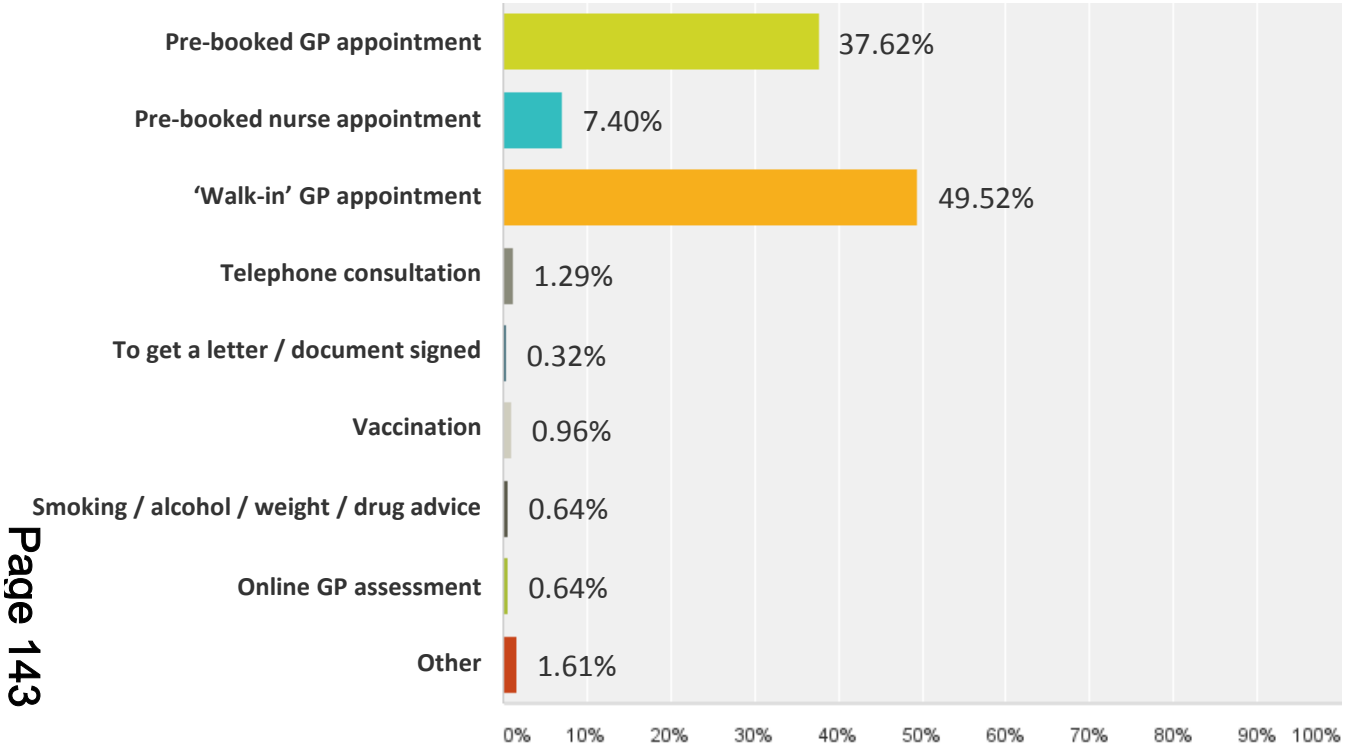
Q7: In the last year, which services have you used at the Guildhall Walk Healthcare Centre? (please select as many or as few as apply)

Answered: 317 Skipped: 28



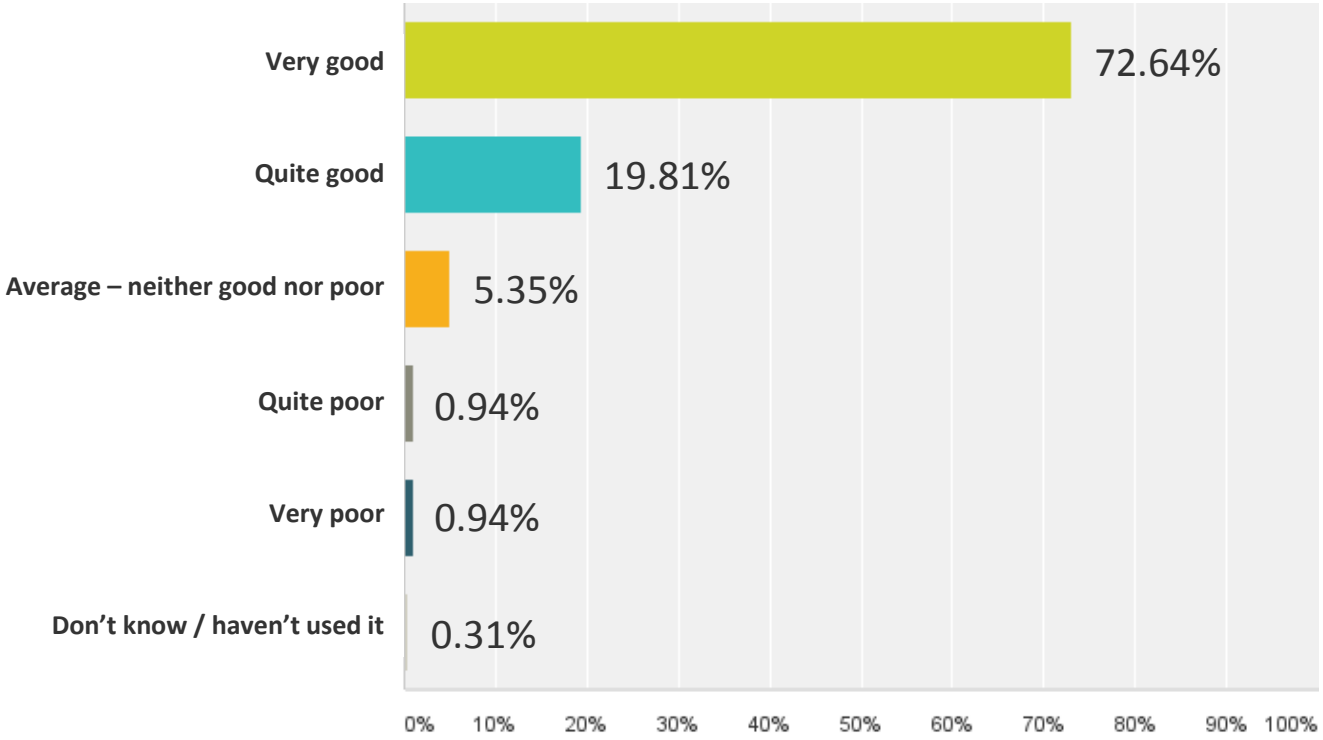
Q8: Which of those services did you use most often, in the last year? (one answer only)

Answered: 311 Skipped: 34



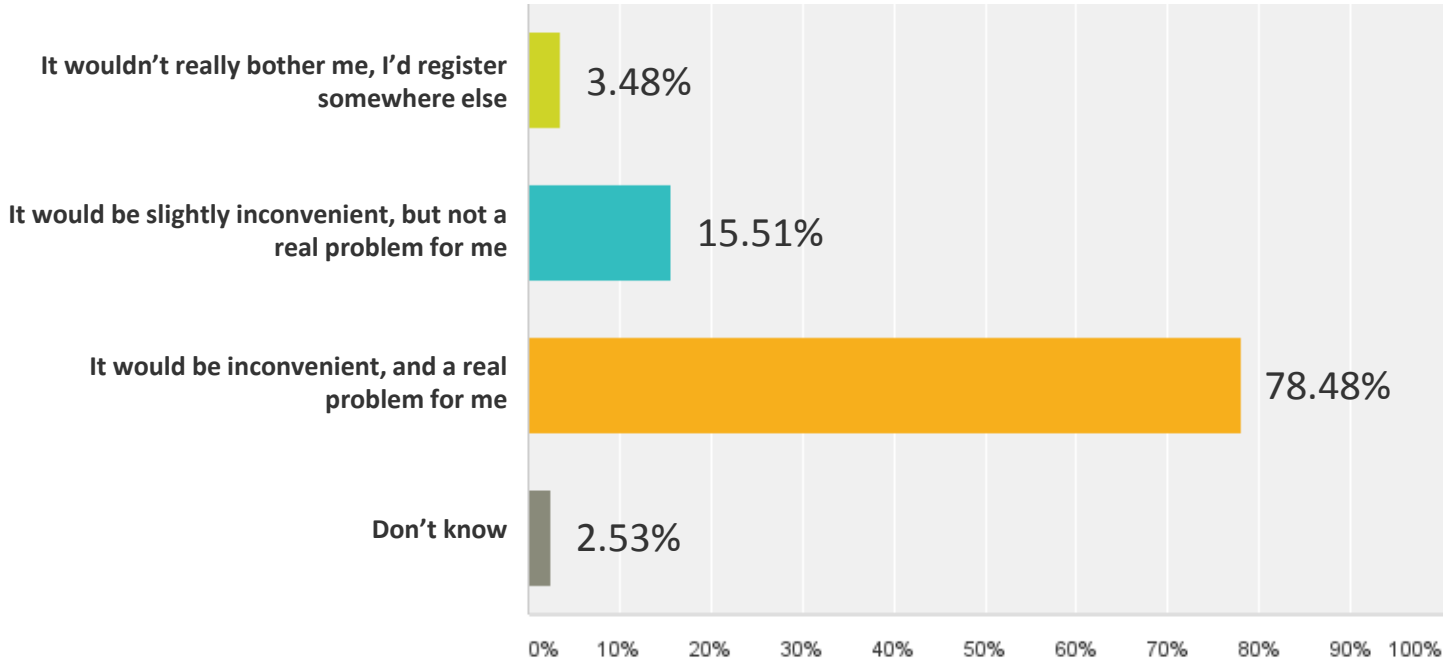
Q9: Overall, how would you rate your experience of using the practice?

Answered: 318 Skipped: 27



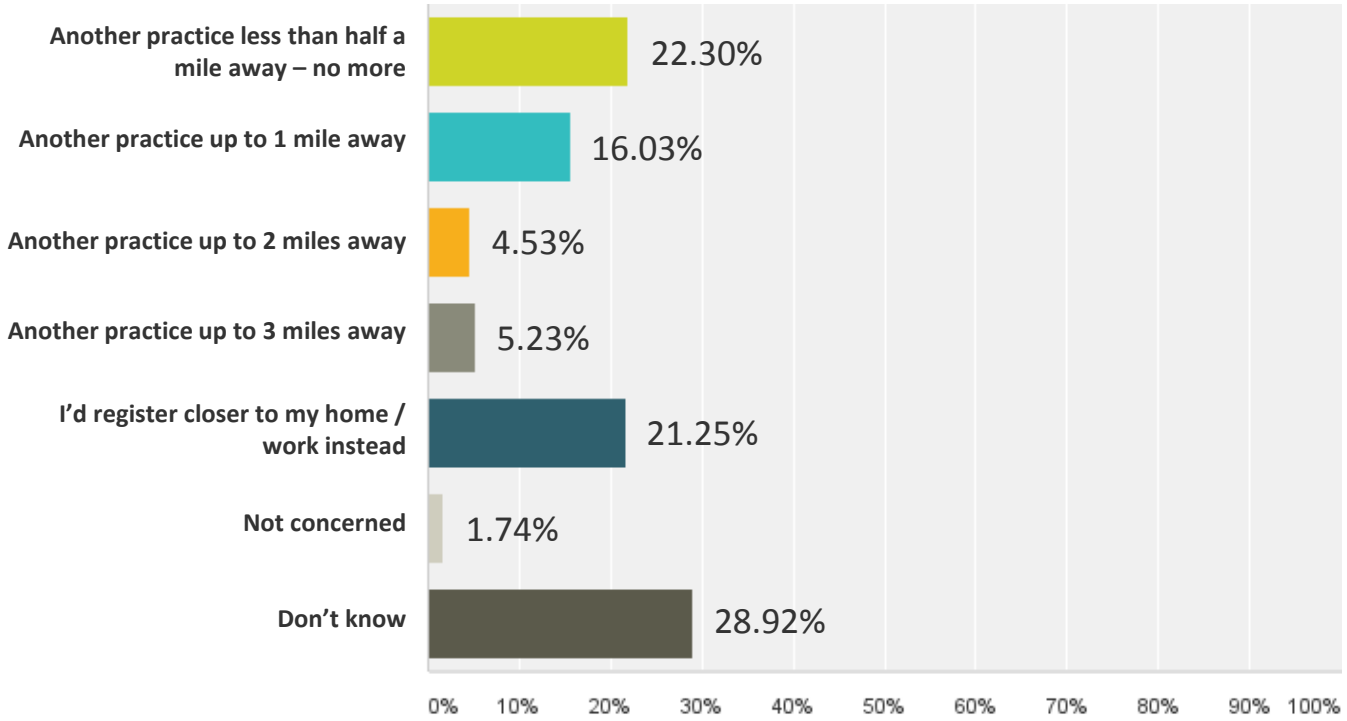
Q10: If you could no longer use the Guildhall Walk Healthcare Centre, which phrase would best describe your reaction...?

Answered: 316 Skipped: 29



Q11: If you had to look elsewhere for a GP surgery, would you change to...

Answered: 287 Skipped: 58

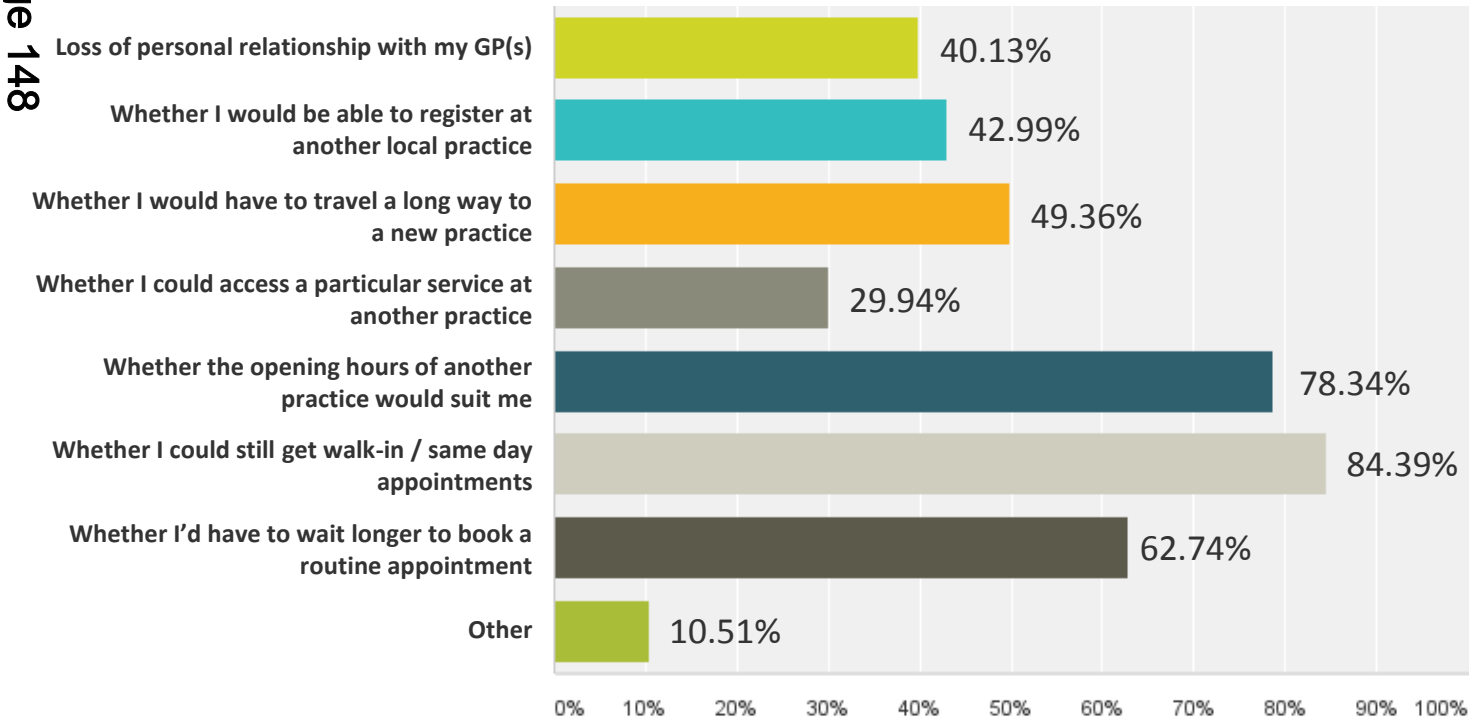


Q12: Thinking about GP surgeries in the future, how important are the following factors to you?

	Score (1-5)	Very important (%)	Quite important (%)	Neither important / unimportant (%)	Not that important (%)	Not at all important (%)	Don't know (%)	Total responses
Always being able to see 'my' GP	*3.77*	33.33	29.74	23.53	7.84	4.90	0.65	306
Being able to see any GP within a few days	*4.71*	75.97	20.78	1.95	1.30	0	0	308
Being able to book weekend / evening / morning appts	*4.70*	77.96	16.61	2.88	1.92	0.64	0	313
Being able to talk to a GP / nurse on the phone	*4.07*	46.23	28.20	15.74	7.21	2.30	0.33	305
Being able to walk in and wait for 'same day' appts	*4.76*	80.63	15.87	2.54	0.95	0	0	315
Having a surgery which is very close to my home	*4.10*	47.27	29.26	11.09	9.65	1.93	0	311
Having a big surgery which offers wide range of services	*4.23*	49.68	32.37	11.54	4.81	1.28	0.32	312

Q13: If you were no longer able to use the Guildhall Walk Healthcare Centre, what would be your concerns? (You may choose as many or as few options as you wish)

Answered: 314 Skipped: 31



Q13: ‘Other’ concerns if respondents were no longer able to use the Guildhall Walk Healthcare Centre

Answered: 33

Main themes:

Almost all of the ‘other’ comments were actually similar in nature to the other options people could select for this question:

- Only one person referred to a specific aspect of care they would be concerned to lose (diabetes care).
- Otherwise, some respondents either took the opportunity to offer general praise for the service and a concern that the standards would not be found elsewhere, or positive feedback for the staff, and the related fear that moving surgery would break continuity of care.
- There were also some concerns regarding the difficulty of getting to, or registering with, other practices, and a small number of concerns regarding the possible additional pressure on other services should the practice close.

Q14. Is there anything else you would like the NHS to take into account when considering the future of the services at Guildhall Walk Healthcare Centre?

Answered: 184 Skipped: 161

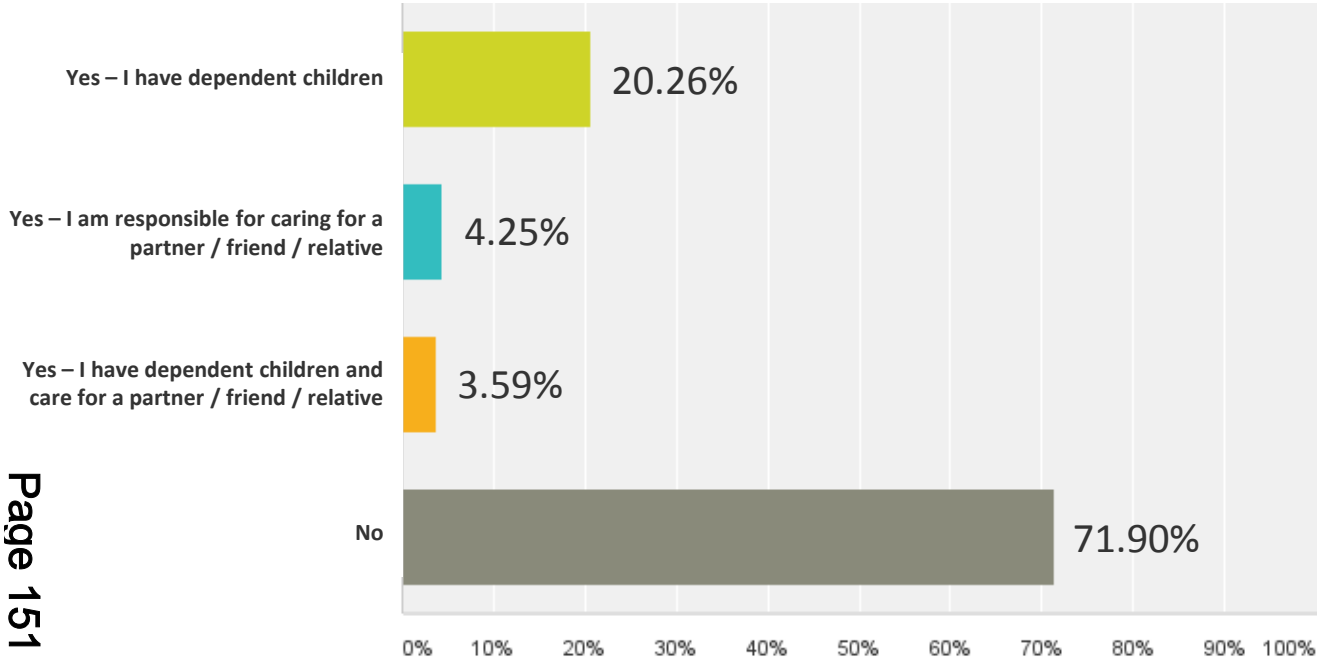
Main themes:

The vast majority of those providing an answer again focused on issues which have already emerged clearly from previous answers:

- *General comments of support*, praise for the service, for staff, opposition to closure, and question why a busy service should be closed, were the most comment response (almost 120 comments, including 40 relating to staff).
- The issue of *access* was again prominent, with almost one quarter of responses including a reference to the importance of being able to walk in / be seen quickly / urgently, and almost one fifth again referring to the benefits of longer opening hours.
- *Location* was also a key theme for a group of respondents, with approximately 40 comments relating to the subject. The specific comments varied, but included concerns about the possible loss of a convenient / local service for an area which included people with no access to private transport / the elderly / students, and also the possible loss of a service which was convenient / central / well served by public transport.
- There were also comments (<20) relating to how the loss of the practice might *impact other services* (St Mary's, A&E, other GPs), and also claiming that it was already hard to see a GP (quickly)
- Relatively few negative comments, which included some calls (<10) for giving priority for registered patients (against unregistered walk-ins) to reduce waiting times for booked appointments.

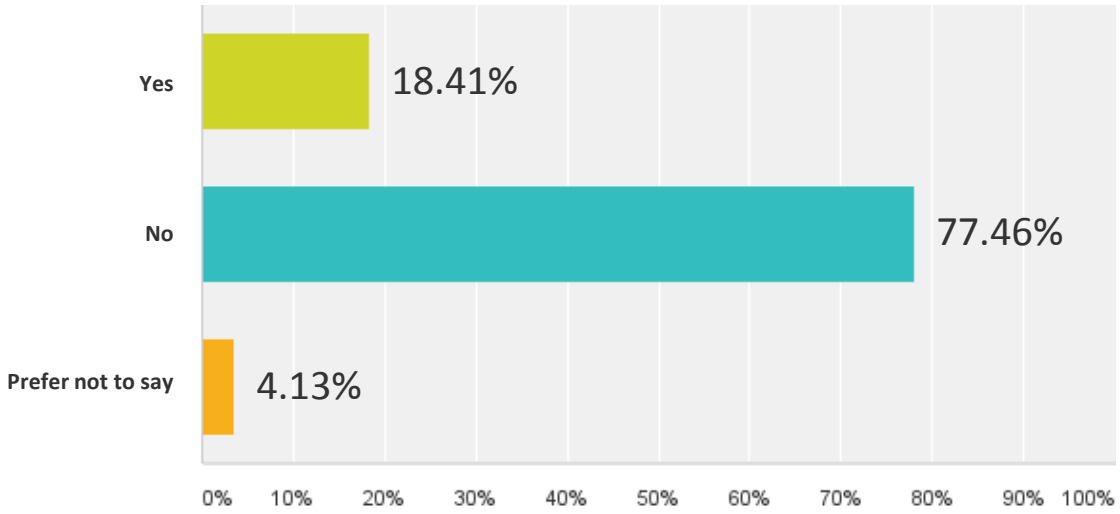
Q15: Do you have dependent children, or do you care for someone?

Answered: 306 Skipped: 39



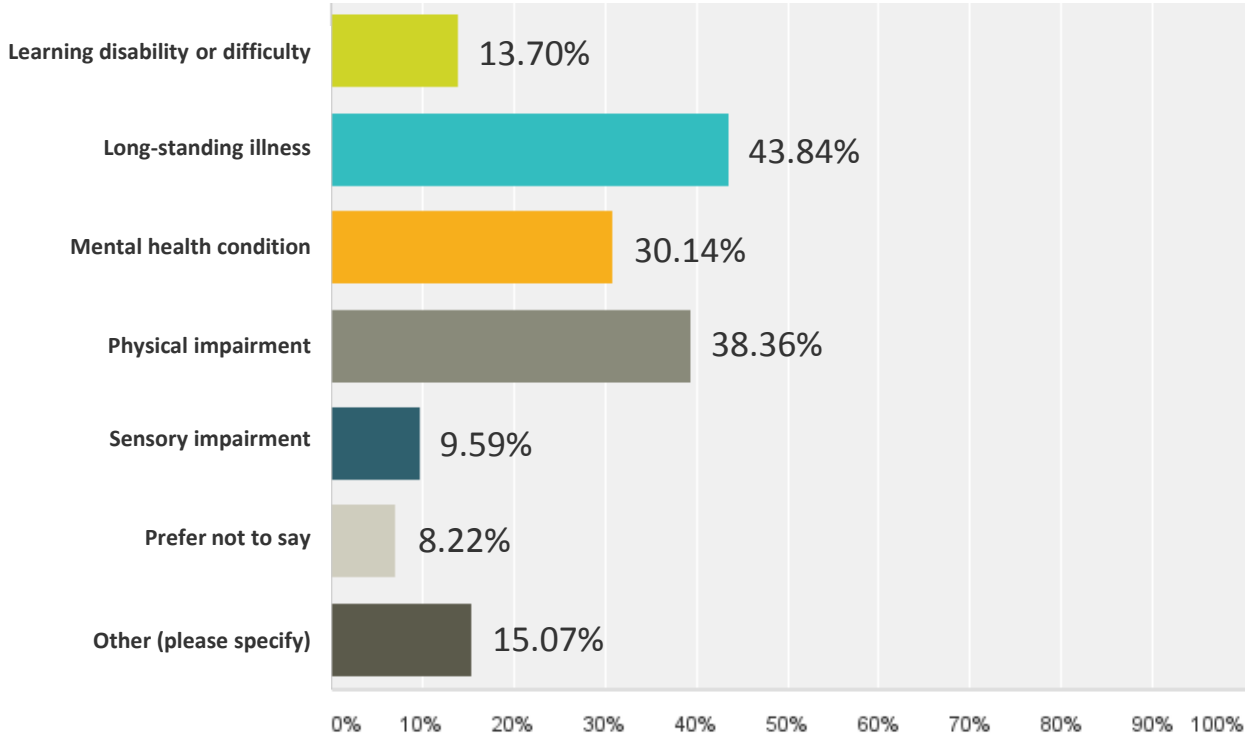
Q16: Do you consider yourself to have a disability?

Answered: 315 Skipped: 30



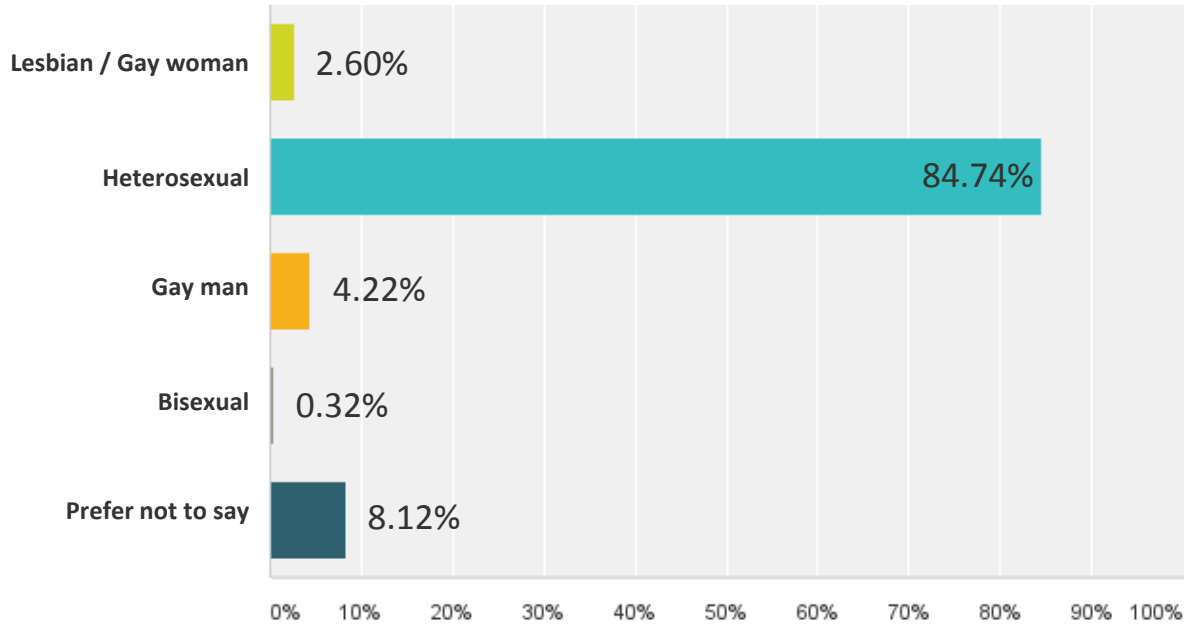
Q17: If yes, please tell us what your disability is. You may select as many options as are applicable

Answered: 73 Skipped: 272



Q18: Would you describe your sexuality as:

Answered: 308 Skipped: 37



Q19: Would you describe your ethnic origin as:

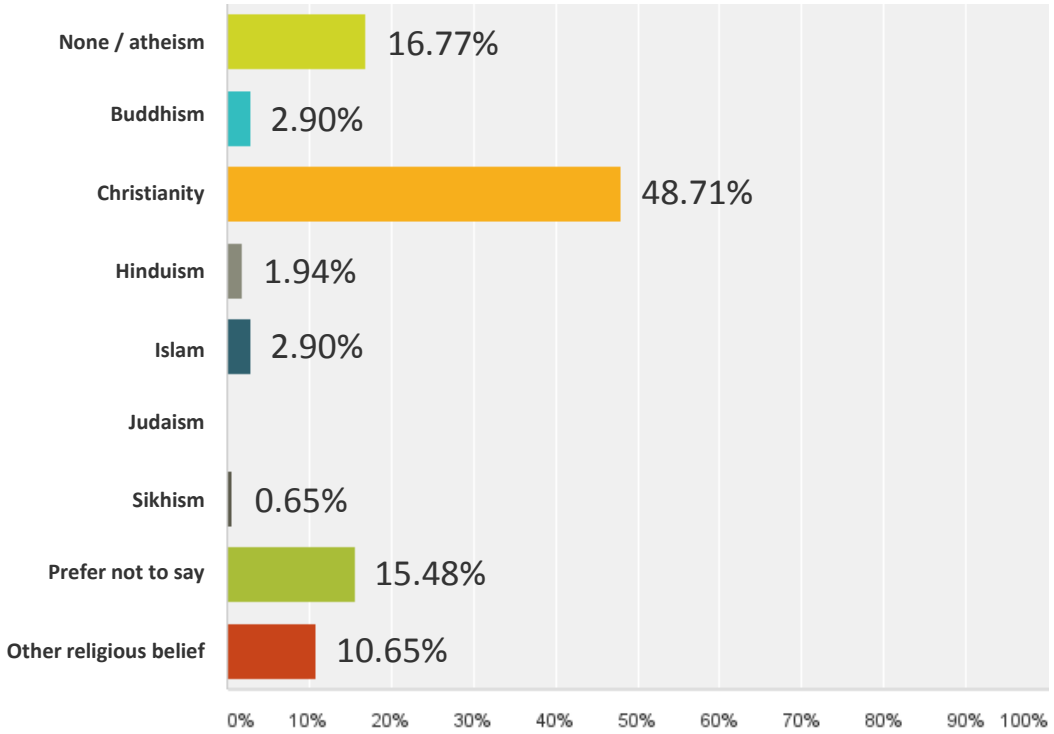
Answered: 313 Skipped: 32

Selected responses:

White, British:	67.73%
White, other:	17.58%
Indian, Pakistani, Bangladeshi, other Asian background:	3.20%
Caribbean, African, other black background:	2.24%
Chinese:	1.28%
Any mixed background:	0.64%
Any other ethnic background:	3.51%
Prefer not to say:	3.83%

Q20: Your religious belief is:

Answered: 310 Skipped: 35



NHS walk-in services in Portsmouth

September 2015

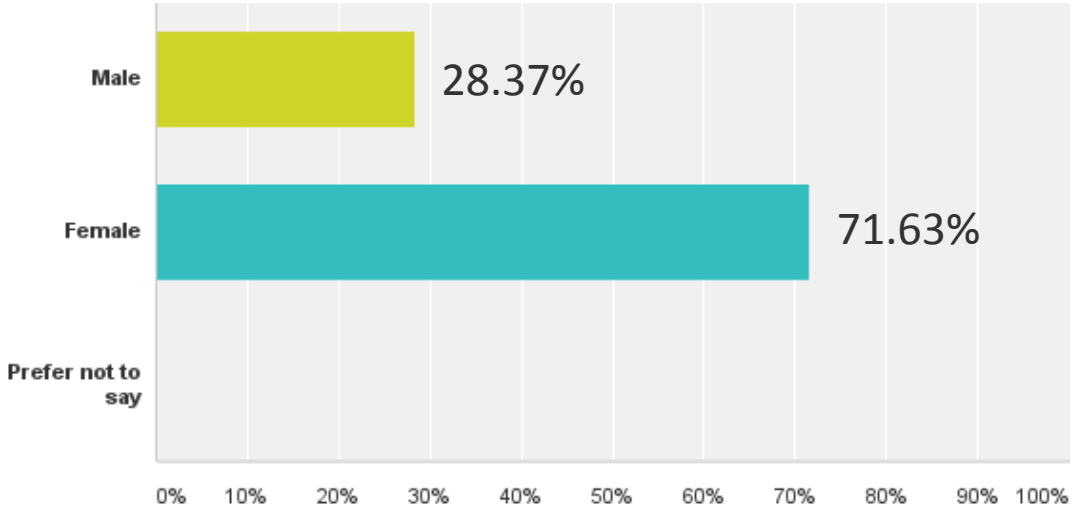
493

Total Responses

Complete Responses: 466

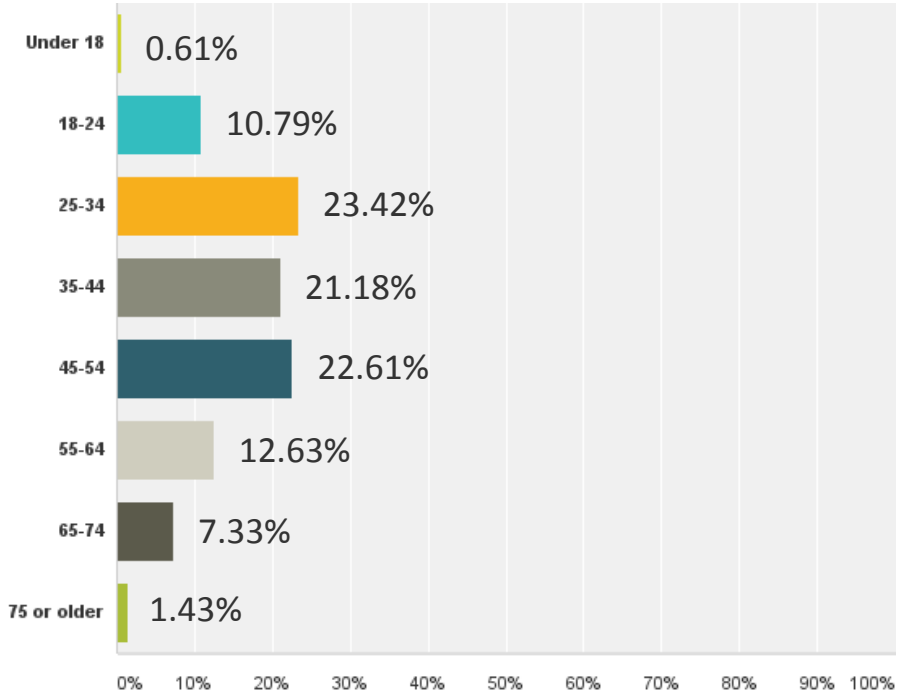
Q1: Gender - are you:

Answered: 490 Skipped: 3



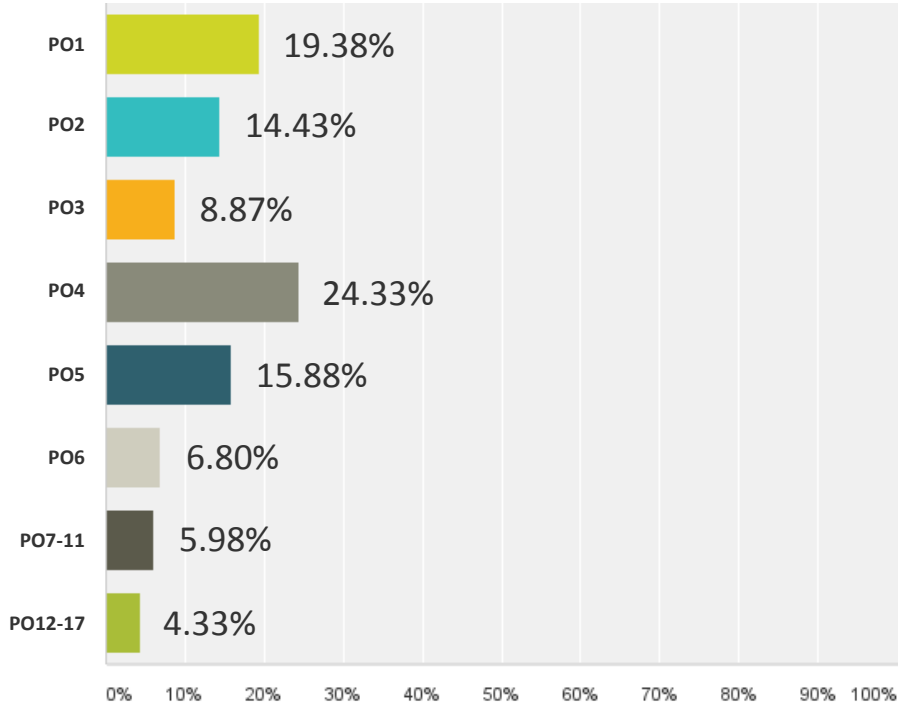
Q2: Age - are you:

Answered: 491 Skipped: 2



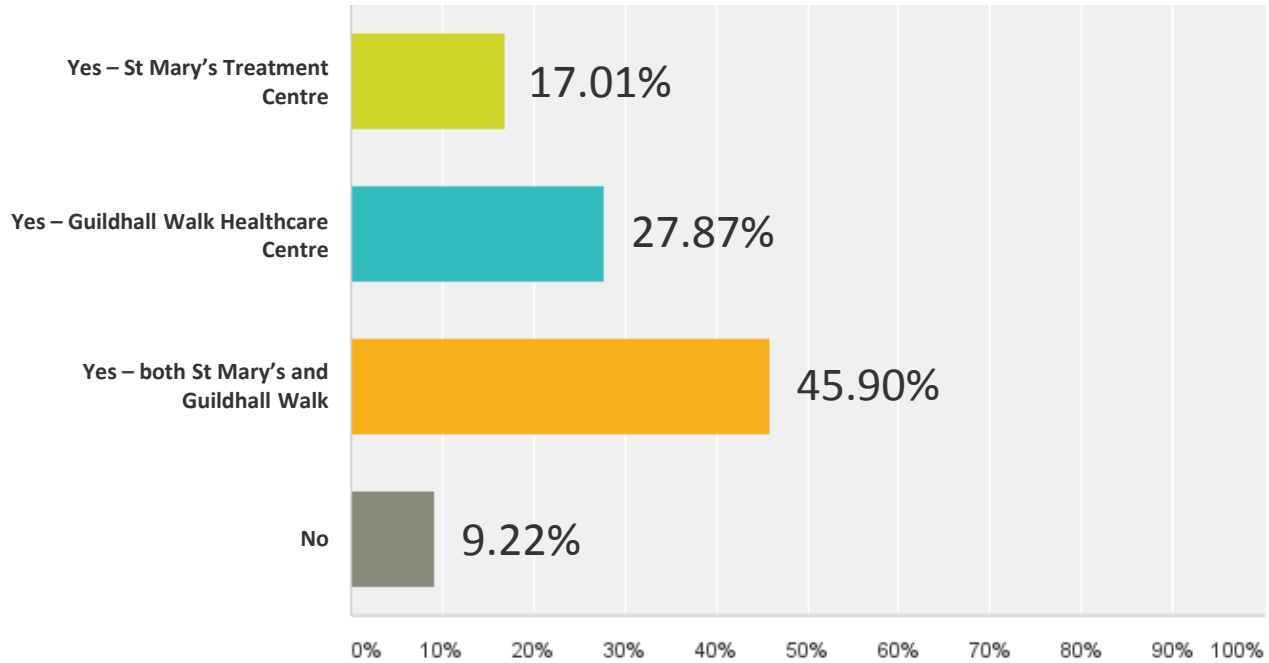
Q3: Where do you live (first part of your postcode)?

Answered: 485 Skipped: 8



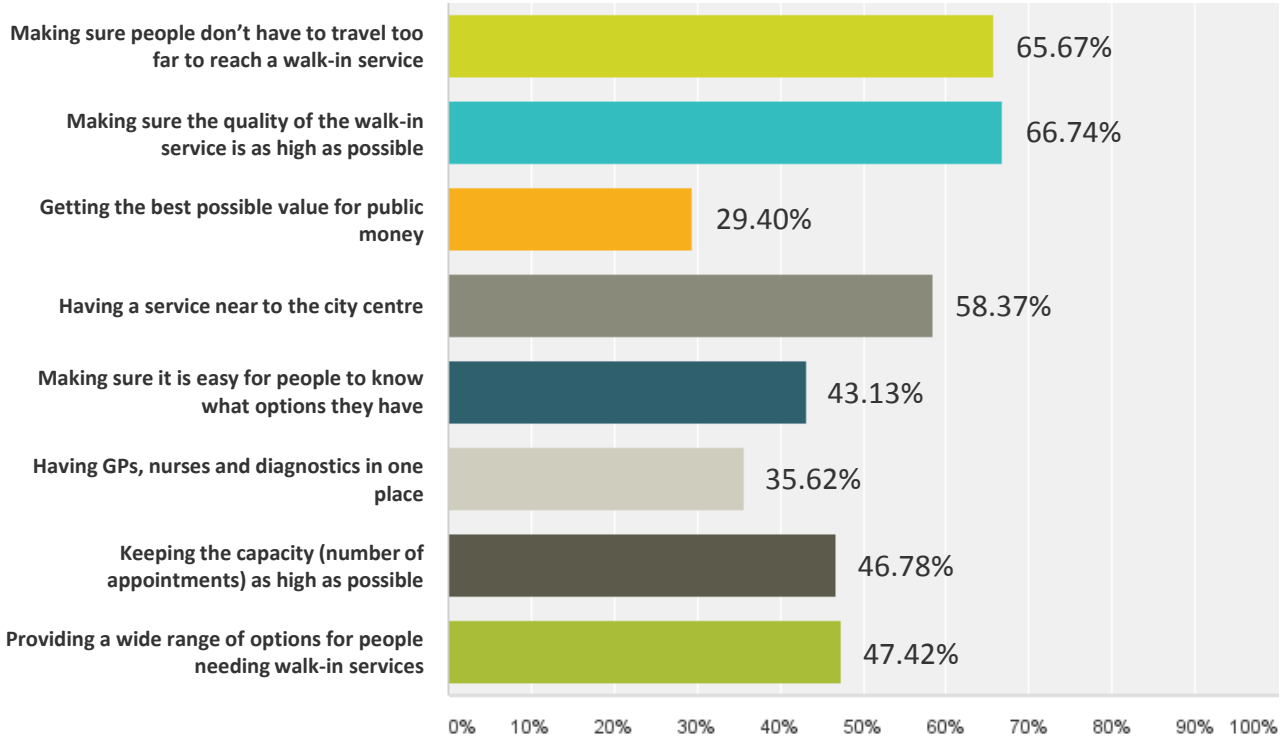
Q4: Have you ever used walk-in services in Portsmouth?

Answered: 488 Skipped: 5



Q5: The NHS needs to decide whether to move the GP walk-in service from Guildhall Walk to St Mary's Treatment Centre. What do you think are the most important factors that must be considered when making that decision? (select as many, or as few, as you wish)

Answered: 466 Skipped: 27



Q5. ‘Other’ comments relating to the important factors to be considered when considering whether to move walk-in services from Guildhall Walk to St Mary’s

Comments: 58

Main themes:

The issue of **physical access** was raised by a notable number of respondents:

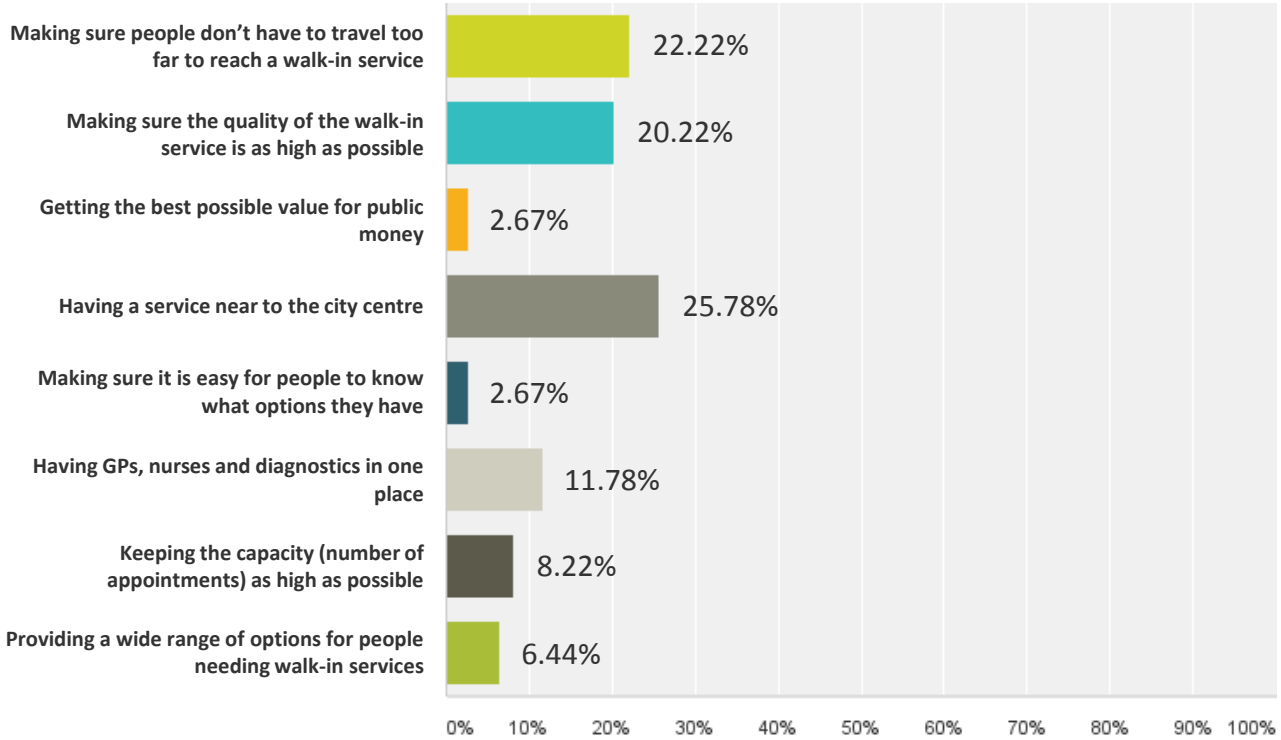
- There were almost 20 comments about general accessibility, either in terms of Guildhall Walk being in the right place / central, or St Mary’s being inaccessible / poorly served by public transport. Others highlighted the importance of public transport, without clearly expressing a preference for a particular location.
- A smaller number of comments referred to specific access issues, such as the difficulties faced by the elderly, vulnerable people, tourists or students, or the need to have a service near to where people work.

About a quarter of the comments on this question referred to the need to keep **waiting times** down, or fears that waiting times would rise.

There were eight references to **car parking** (ensuring it was suitable / cheap / free)

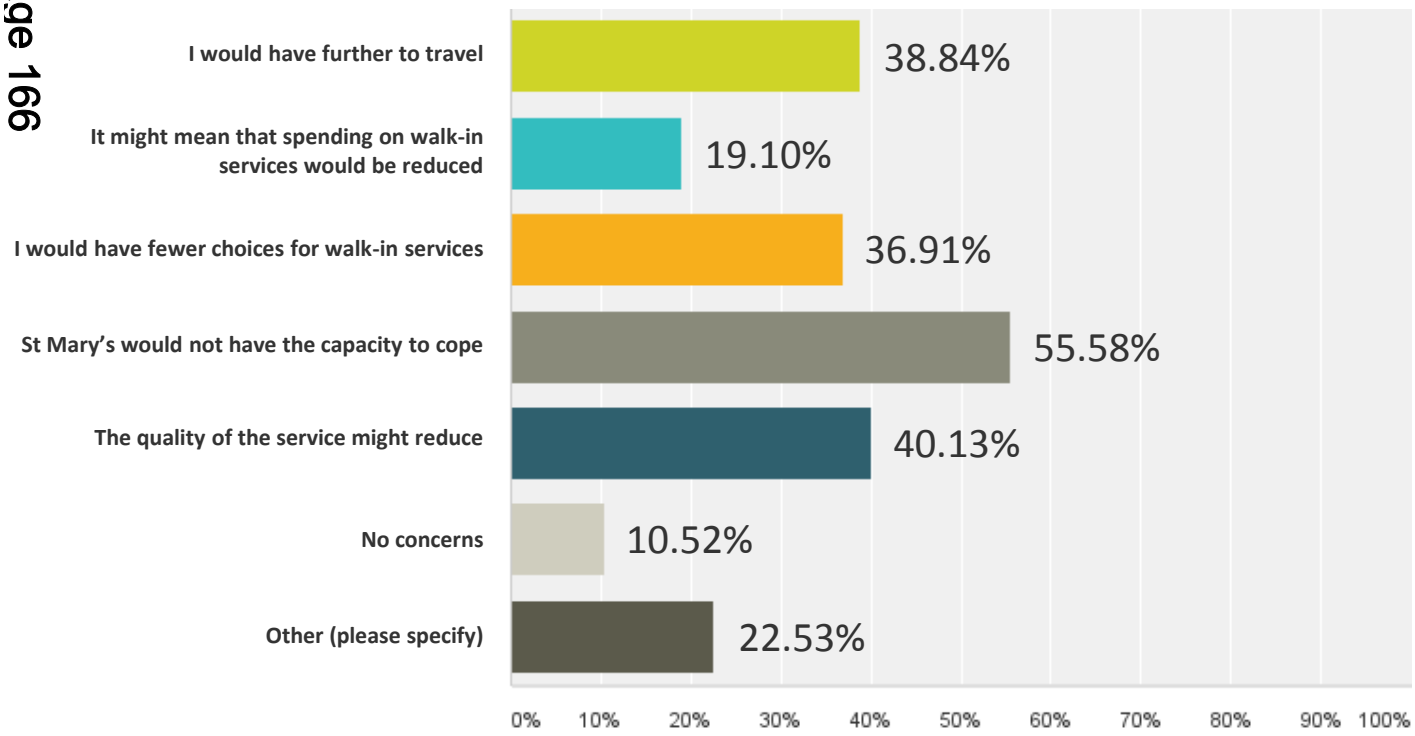
Q6: Regarding the proposal to move the GP walk-in service from Guildhall Walk to St Mary's Treatment Centre, what do you think is the ONE most important factor that must be considered when making that decision?

Answered: 450 Skipped: 43



Q7: What would be your concerns, if the NHS decided to move GP walk-in services from Guildhall Walk to St Mary's? (select as many, of as few, as you wish)

Answered: 466 Skipped: 27



Q7. ‘Other’ concerns relating to the possibility of moving walk-in services from Guildhall Walk to St Mary’s

Comments: 105

Main themes:

Again, the issue of **physical access** was raised on numerous occasions:

- There were approximately 30 comments relating to general accessibility, such as ‘more difficult journey / longer journey (for many/most) / Guildhall Walk is closer’
- There were also comments relating to specific groups, suggesting that St Mary’s would be less well used by vulnerable / low income groups who might find it harder to reach, and students who may not (be able to) travel away from the centre.

There were almost 30 comments relating to **parking** concerns – either availability, or cost

The issue of **waiting times** was mentioned in 15 comments – either that they would, or could, increase.

There were also some respondents (<15) either simply **praising Guildhall Walk** (so why close it?), comparing it favourably to St Mary’s, or **criticising St Mary’s.** Other comments (<10) questioned whether St Mary’s would have the **capacity** to cope.

Q8. Are there any other factors - not covered in previous questions - which you think the NHS must consider when deciding whether or not to move walk-in services from Guildhall Walk to St Mary's?

Comments: 192

The main themes reflected many of the comments made previously:

Again, the issue of **physical access** was raised on numerous occasions:

- Approximately 50 comments related to access generally – both in terms of reaching St Mary's, or the importance of siting services near to large populations
- There were another 30 comments relating to specific access concerns, primarily the difficulties faced by vulnerable / low income groups in accessing services – with the needs of students being particularly prominent

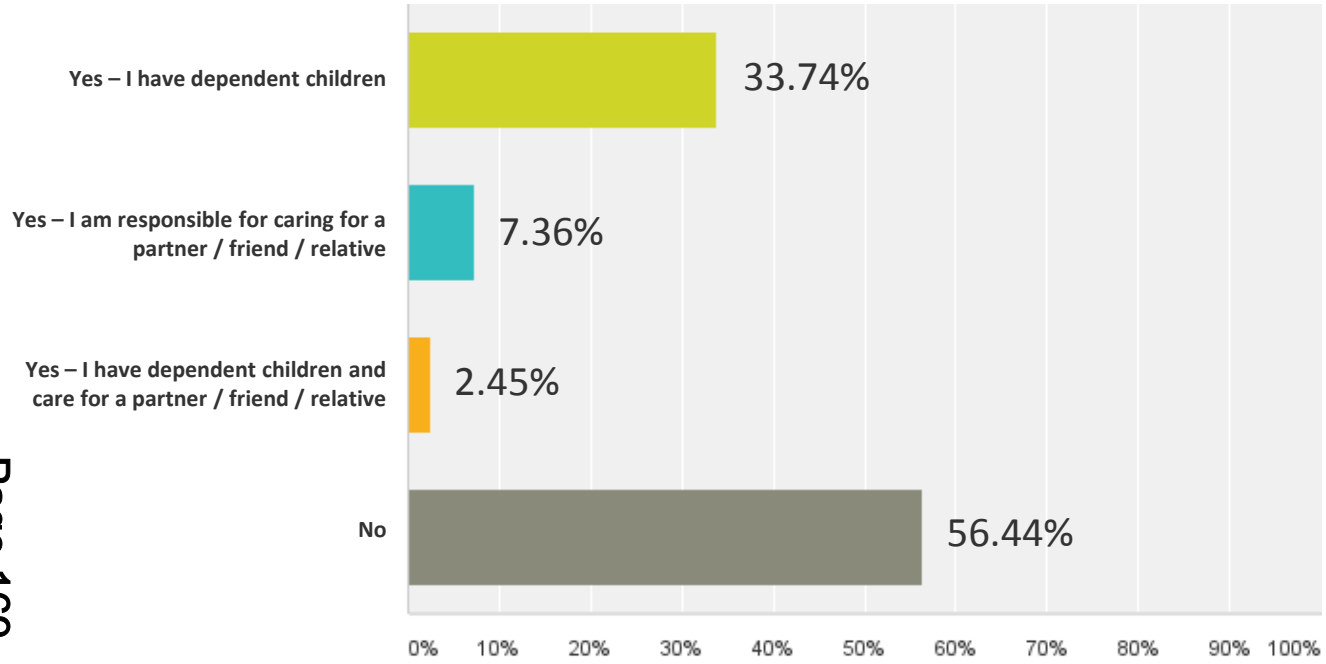
Concerns over **parking** were raised repeatedly, as was the need to keep **waiting times** low.

There were more than 30 comments either **praising Guildhall Walk** / questioning why it should close, or raising concerns over physical capacity at St Mary's. A smaller number emphasised the need for sufficient capacity (in terms of **staffing/appointments**) to be retained.

Some respondents also emphasised the importance of having a **strong (and local) GP presence** at St Mary's, of keeping **quality** high, and that the move should not be about **cost-cutting**

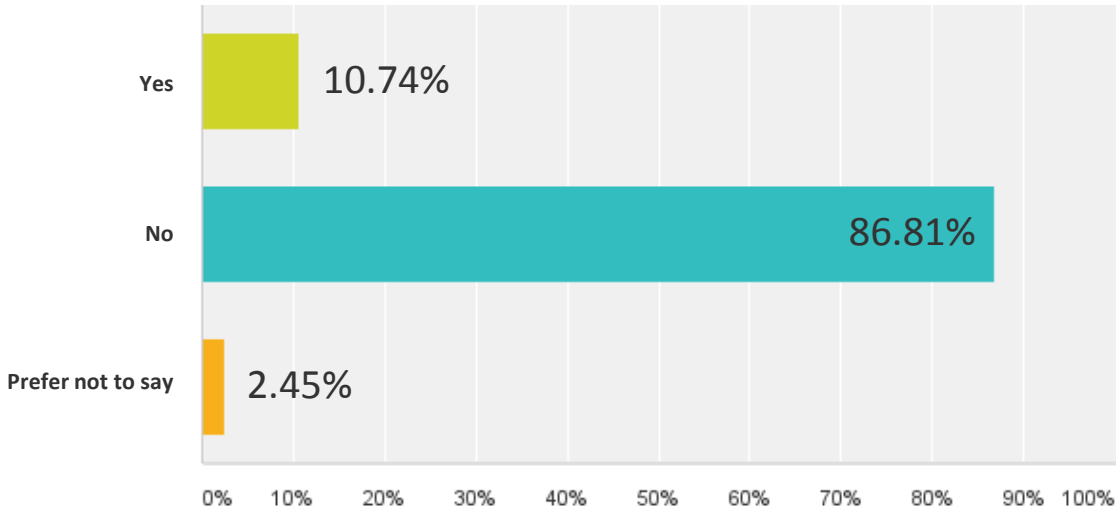
Q9: Do you have dependent children, or do you care for someone?

Answered: 326 Skipped: 167



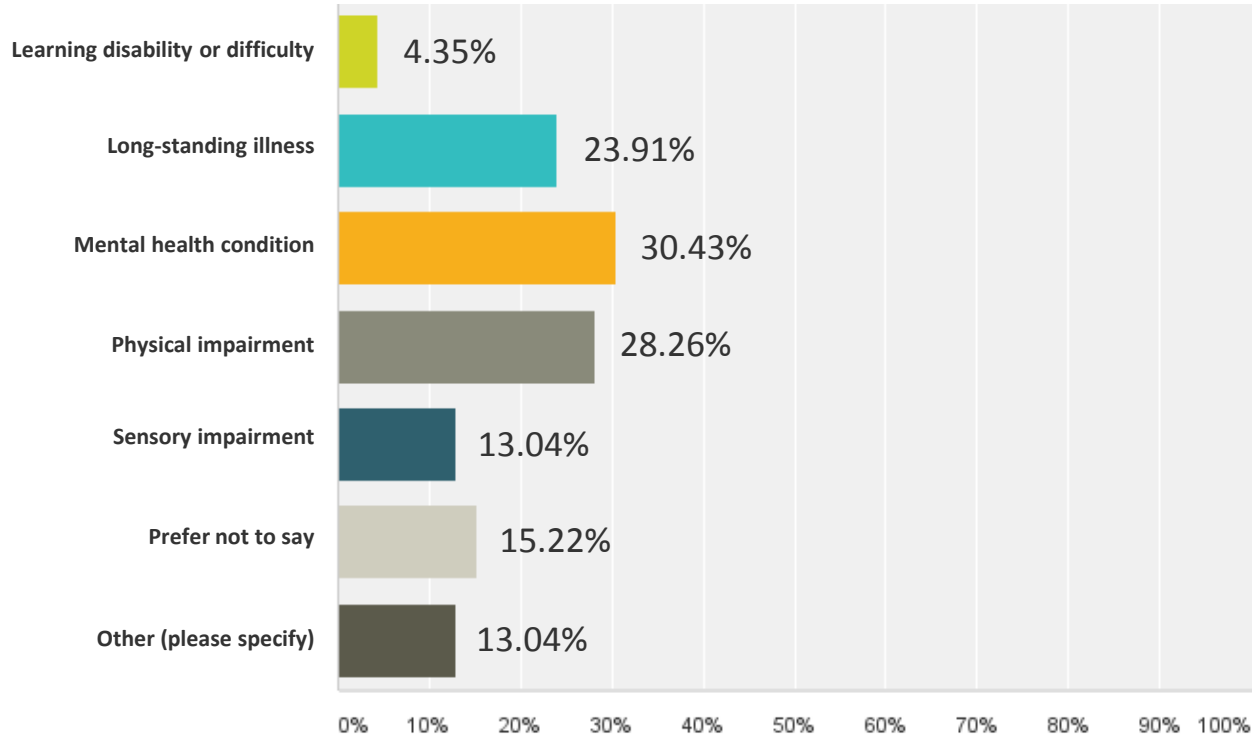
Q10: Do you consider yourself to have a disability?

Answered: 326 Skipped: 167



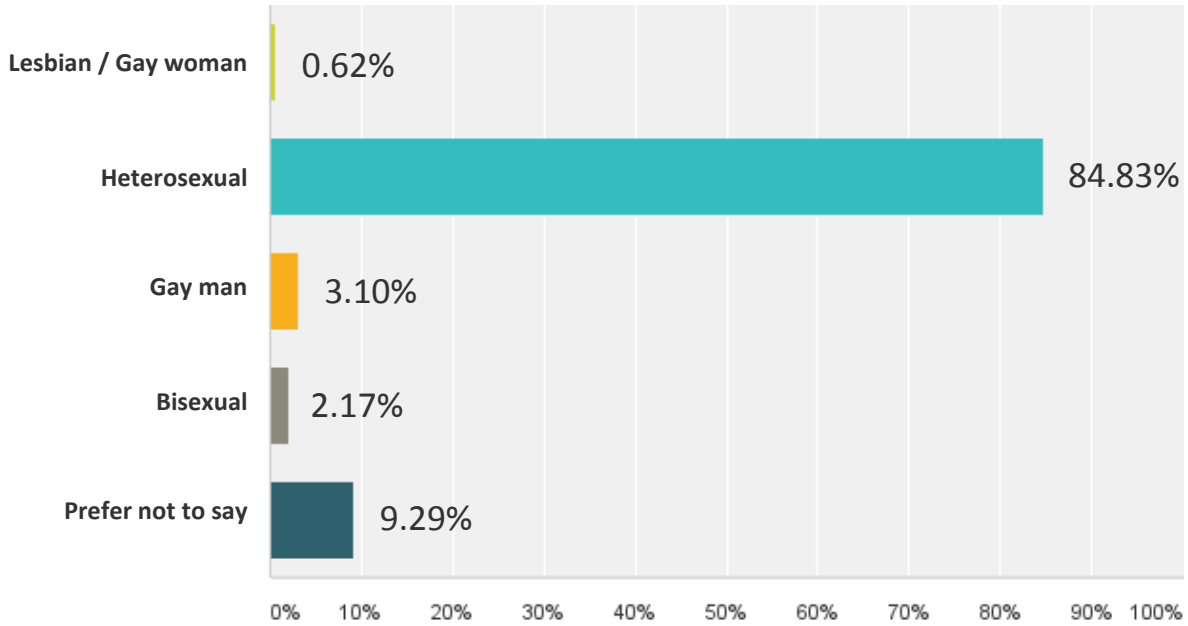
Q11: If 'yes', please tell us what your disability is. You may select as many options as areapplicable.

Answered: 46 Skipped: 447



Q12: Would you describe your sexuality as:

Answered: 323 Skipped: 170



Q13: Would you describe your ethnic origin as:

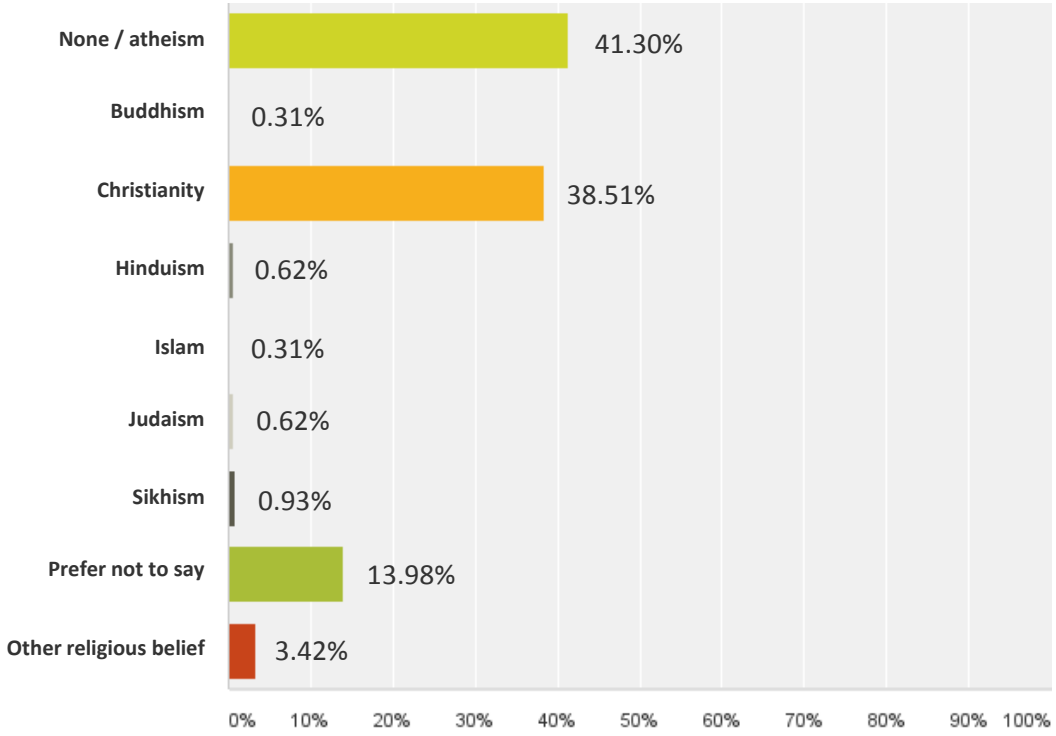
Answered: 323 Skipped: 170

Selected responses:

White, British:	81.11%
White, other:	7.12%
Indian, Pakistani, Bangladeshi, other Asian background:	1.86%
Caribbean, African, other black background:	0.31%
Chinese:	0.62%
Mixed, white and black African/Caribbean:	1.86%
Other mixed background:	0.62%
Prefer not to say:	5.26%

Q14: Would you describe your religious belief as:

Answered: 322 Skipped: 171



PRIMARY CARE / GP SERVICES

FOCUS GROUP DISCUSSIONS

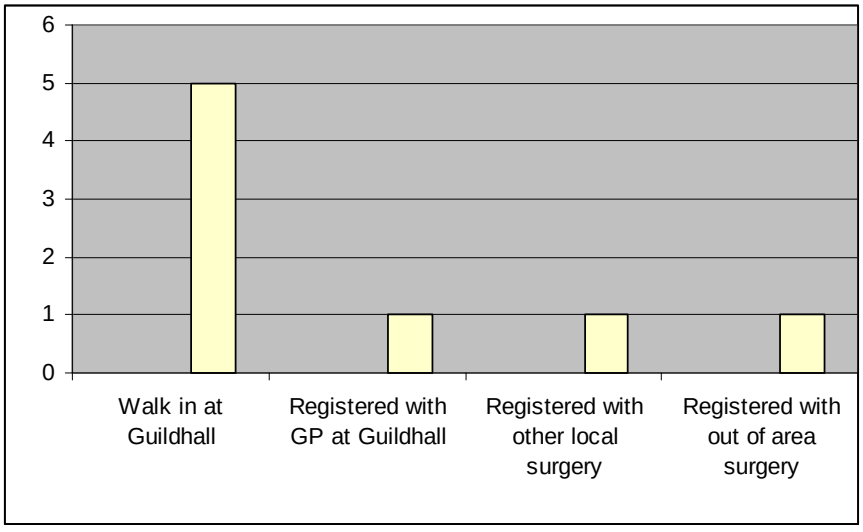
JULY - AUGUST 2015

The local NHS is considering whether to make changes to the services currently provided by Guildhall Walk Healthcare Centre. Before any decisions are made, it is essential that the NHS hears the views of people using those services, and that includes people who are currently registered as homeless.

This session has been set up to help the NHS learn more about how people registered as homeless use Primary Care Services (GP Services), what they think of those services, what they believe they need from GP services. And how they think GP services could be improved in the future.

The following information was collected from Hope House clients

Objective 1:	**"Usage" – To learn more about where to go for Primary Care (GPs & Practice Nurses) at the moment.**
Starting Point:	"Let's talk about where you go for Primary Care (i.e. GP Practice, Guildhall Walk etc) at the moment"…
Prompts:	In terms of routine appointments…? Prescriptions…? Tests…? If you think you need to see/speak to a Doctor in a hurry..?
Comments	"I am a Support Worker at Hope House & recently my client used the Guildhall walk in Practice, He has a complex brain injury combines with entrenched alcohol issues. After 3 months in an induced coma The Guildhall walk in practice was solely responsible for his medical needs. He has memory problems and a chaotic behaviour pattern which means he needs certain 'flexibility' when dealing with him. The Walk in Centre is structured towards his needs as it is flexible with times and appointments."
	"I use the Guildhall walk in centre for my general physical health & referral to other services i.e. Mental Health. I find this useful as I can just 'drop in' at any time I need rather register with another practice where I would have to wait a week or so for an appointment."
	Client registered with Guildhall GP
	Client registered with local surgery
	Client registered with a GP in another area
	Client registered with a GP at Guildhall but prefers to use walk in service.
	2 Clients go to Guildhall walk in service weekly to get medication, sick notes, prescriptions.

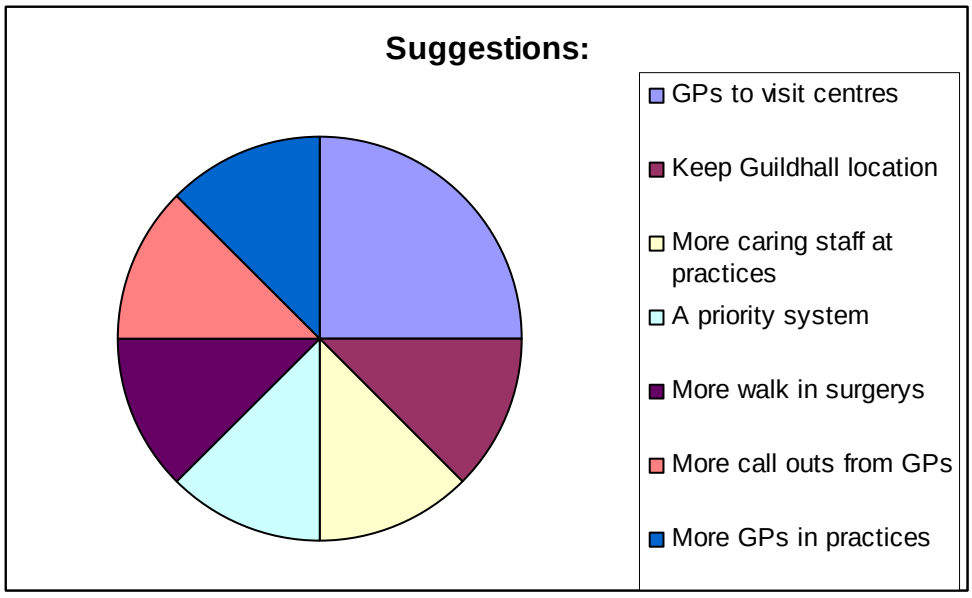


Objective 2:	**"Experience" – To learn more about whether people feel that NHS Primary care (GP Practices) is meeting their needed, or not.**
Starting Point:	"What do you think of the Primary Care (GPs, practice nurses, etc) you get at the moment? Let's talk about both and what works well, and what is not so good"…
Prompts:	Ease of contacting the people you need? Ease of seeing the people you want to see? Attitude of staff? Distance to travel? Ease of travel?
Comments:	"The Guildhall walk in helped my client to a high standard. He was escorted from the building after becoming agitated whiles waiting to be seen. Rather than being excluded I spoke to the receptionist who agreed that I would accompany my client to future meetings. They are happy to discuss things over the phone with me and let me help organise prescriptions etc. Dr Jagita in particular is excellent, he knows my clients circumstances well and provides a first rate service."
	"I feel the GP practice suits my needs to good effect. I am able to walk in and be seen by a Doctor that day rather than wait weeks at other surgeries. The staff are helpful & positive. The location is ideal for me as I see other agencies in that area.."
	1 Client is not happy with reception staff at the practice he is with (not Guildhall). He feels judged as they know he uses drugs.
	Client – no issues with Guildhall service but feel the GPs know what they can say regarding prescriptions etc.
	Client felt the walk in service met their needs for urgent issues and the extended hours were good.
	client liked the location of the Guildhall walk in.
	client thought it didn't matter where in the city the walk in centre was.
	client thought the walk in centre should stay in the city & not move to Cosham.

Objective 3:	**“Needs’- To find out more about what people need from Primary Care Services (GPs & Practice nurses).**
Starting Point:	“Let’s talk about the main reasons you need to visit Primary Care at the moment – why would you be seeing a GP/Practice nurse?”…
Prompts:	In terms of routine check ups? Prescriptions? Tests? Advice/Reassurance? Managing long-term conditions?
Comments:	Rough sleepers and those in temporary accommodation tend to use this service. Long term relationships are possible, as shown by Dr Jagita’s knowledge of me client’s condition.
	“I need to see a Dr regularly for sick notes and for my benefits & for referrals to the Mental Health Team.”
	3 Clients do not use the Guildhall walk in centre
	1 Client used the service for quick prescriptions
	1 Client goes monthly for sick notes & has had no problems
	1 Client wanted the chance to see the same GP each time
	3 Clients go for long term issues

Objective 4:	**“Suggestions’- To learn more about how people think Primary Care Services should operate in future, and could be improved**
Starting Point:	“How do you think the NHS could improve Primary Care Services in the future?
Prompts:	What would you like to change? Or stay the same? Would you want to go to a particular place? If so, where? (Guildhall, St Mary’s, elsewhere?) Or would you prefer NHS staff to do regular visits to hostels/centres? Any specific services you need/value? Any specific types of staff you need/value? Any times you might really need to contact/see NHS staff? Telephone access, web, face to face?
Comments:	“On a selfish note visits to hostels work well, we recently had a nurse come to Hope House on a Monday & Wednesday. This worked well. Kingston crescent used to run a weekly surgery in Mill House some years ago. This was of great benefit. In general

	terms homeless people will see GPs & nurses more if the service can be provided on site”
	“There’s not much I would like to change including the location of the walk in centre”.
	“More caring GPs/nurses, especially receptionists.”
	“A priority system and appointments I walk in centres”
	“More walk in services in existing GP practices, so the Guildhall isn’t so busy”
	“ More GP call outs”
	“ To see Doctor’s visit services like Hope House”.
	“ To have more GPs in surgeries.”.



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PUSH survey

September 2015

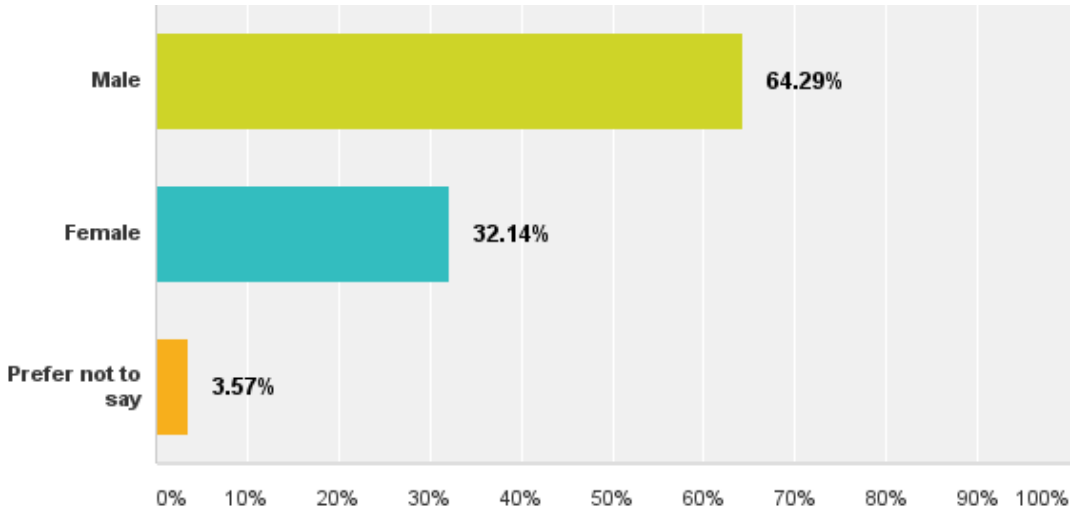
29

Total Responses

Complete Responses: 29

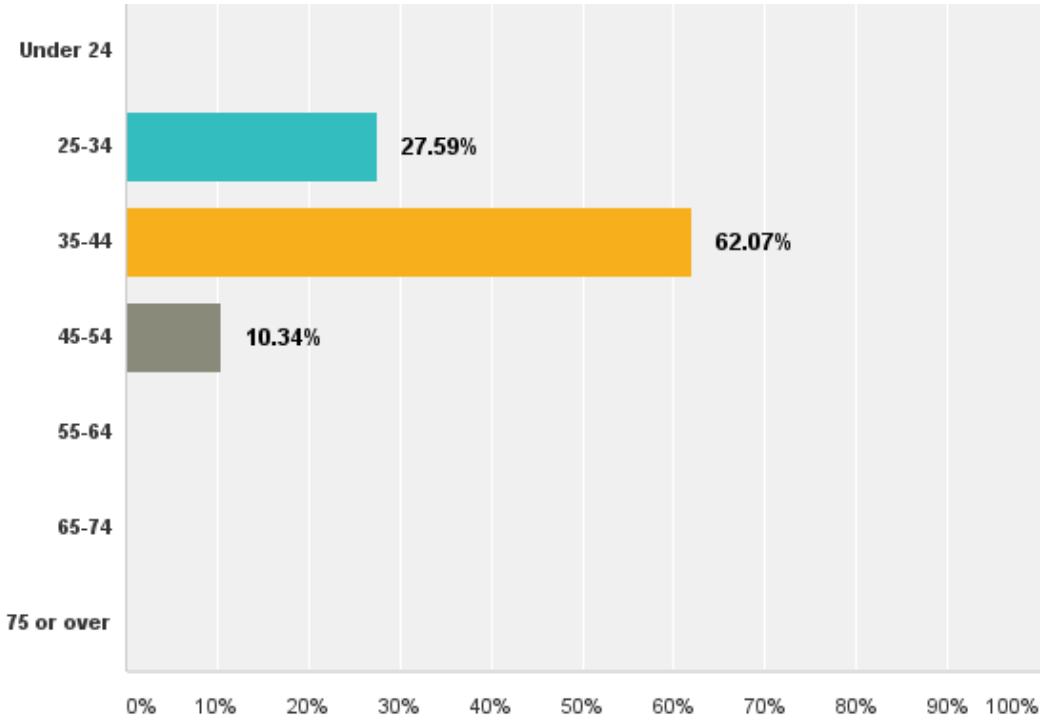
Q1: Gender - are you:

Answered: 28 Skipped: 1



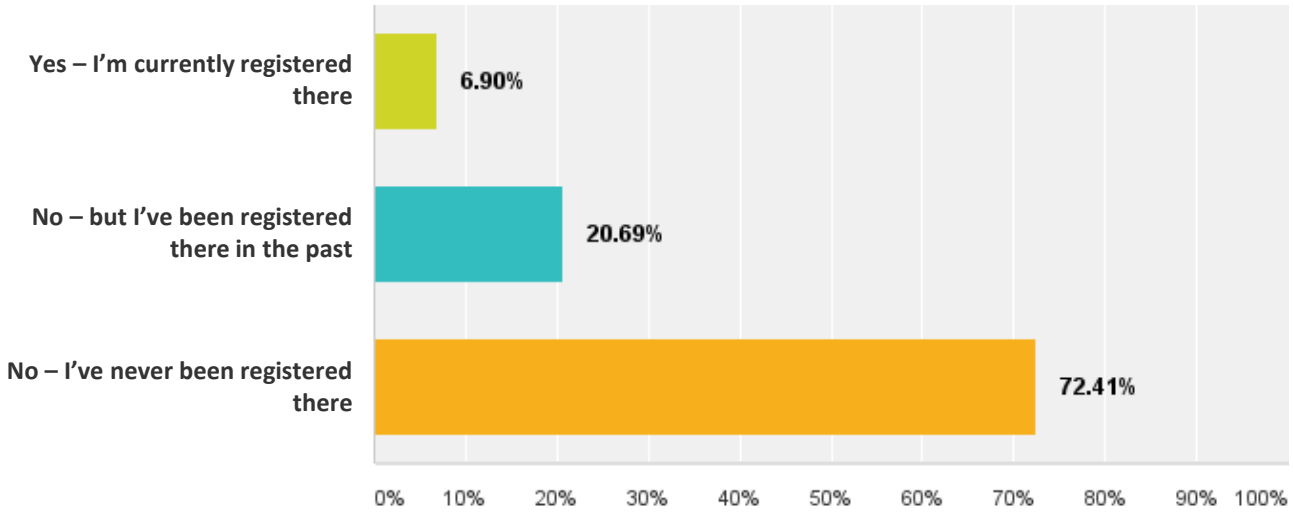
Q2: Age - are you:

Answered: 29 Skipped: 0



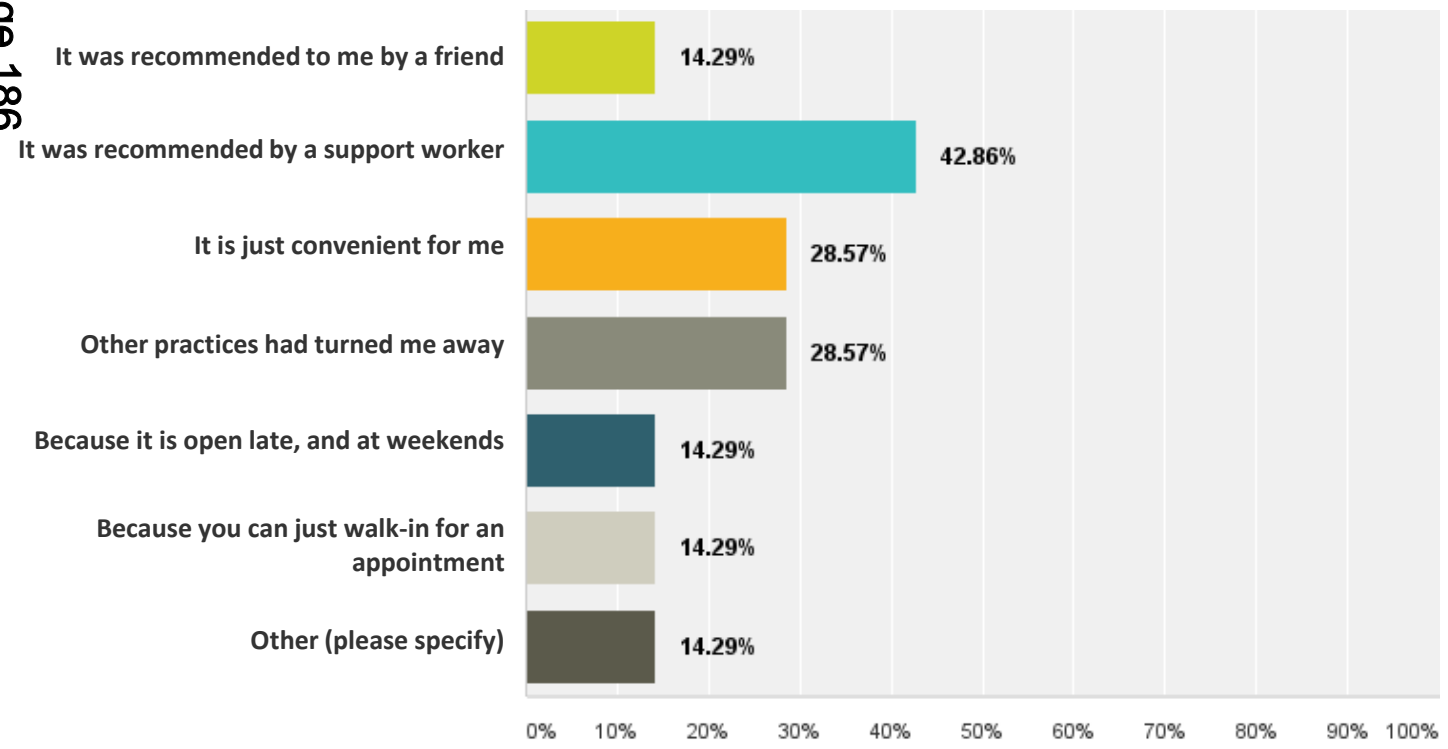
Q3: GP practice - are you registered as a patient at Guildhall Walk Healthcare Centre?

Answered: 29 Skipped: 0



Q4: If you are / have been registered as a patient at Guildhall Walk Healthcare Centre... Why did you register there? (choose as many as apply)

Answered: 7 Skipped: 22



Q5: Where do you *usually* go for primary care, at the moment? (you can choose more than one answer per row)

Answered: 29 Skipped: 0

	Guildhall Walk	St Mary's Treatment Centre	Regular GP surgery	A&E	It varies	I don't go anywhere	Total Respondents
GP appointments	**17.24%** 5	**6.90%** 2	**82.76%** 24	**0.00%** 0	**0.00%** 0	**0.00%** 0	29
Tests by a nurse	**4.55%** 1	**31.82%** 7	**68.18%** 15	**4.55%** 1	**0.00%** 0	**9.09%** 2	22
Prescription issues	**9.09%** 2	**13.64%** 3	**86.36%** 19	**0.00%** 0	**0.00%** 0	**0.00%** 0	22
Non-urgent health concerns	**13.64%** 3	**9.09%** 2	**68.18%** 15	**4.55%** 1	**9.09%** 2	**9.09%** 2	22

Q6. What are the main reasons for you needing to see a doctor or a practice nurse at a GP surgery?

Answered: 26 Skipped: 3

Selected responses:

Anxiety / depression - 6

Other mental health - 5

Addiction / substance misuse - 6

General health / illness - 5

Medication / prescriptions - 8

Fit notes / sick notes - 4

Tests - 3

Q7. Is there anything else you would say about the services you use at the moment? (For example... are there any services you would like to use but can't? How convenient are the places you go to?)

Answered: 11 Skipped: 18

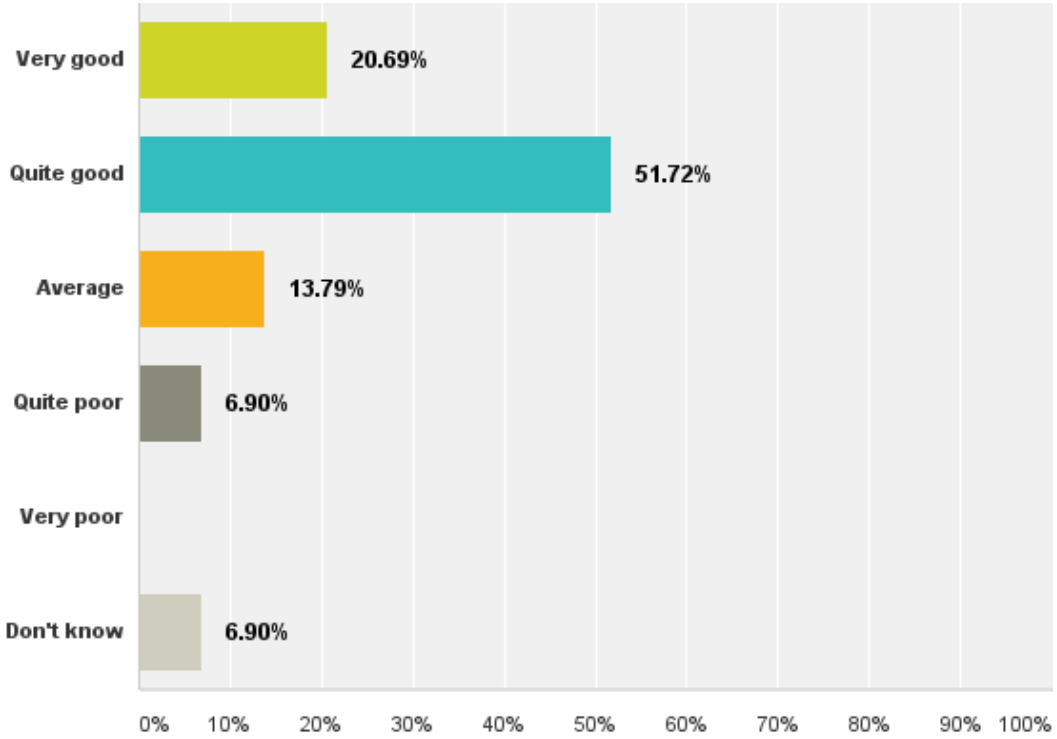
The number of responses is low, but the main theme was relating to the ease – or otherwise – of getting an appointment.

Six people said that it was hard to get an appointment, or that waiting times were too long, and another respondent referred to the difficulty getting an urgent appointment.

Otherwise, four people offered support and praise for their GP surgery, and another said that dental issues tended to be dismissed as unimportant.

Q8: What do you think of the service you get from primary care in Portsmouth at the moment?

Answered: 29 Skipped: 0



Q9. Why do you say that? (regarding their rating of primary care services in Portsmouth)

Answered: 26 Skipped: 3

The respondents highlighted access as important, although experiences varied considerably.

Seven respondents (approximately one quarter) referred to problems with the availability of appointments, and long waits to see a doctor, or the difficulty of not being able to see their regular doctor if they needed to see a GP urgently. (see below, for more comments relating to the issue of relationships with doctors / surgeries)

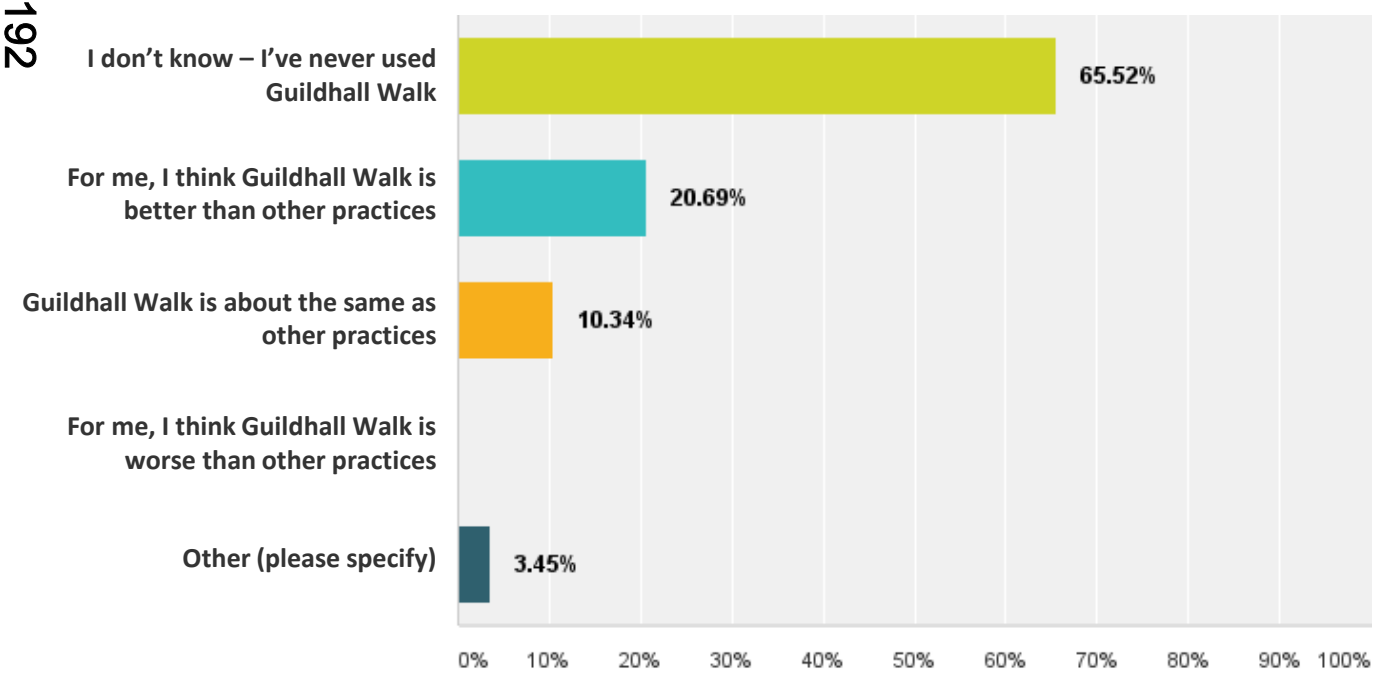
However, access was also mentioned in positive terms. Four people mentioned how they were always seen when they needed help / always got treatment when they needed it.

Six respondents expressed satisfaction, saying that their primary care services 'meet my needs / generally happy / services helped me'.

The theme of relationships - both positive and negative - was raised by nine respondents. Five people made references such as 'My GP is ace / they ask how I am and are helpful / doctor is supportive'. However, four others had a different experience, reporting 'doctors can be judgmental and rude / no substance misuse experience / GPs prejudiced against substance misusers / treated as an addict not a human being'.

Q10: How does Guildhall Walk compare to other GP practices?

Answered: 29 Skipped: 0



Q11. Why do you say that? (regarding how they compare Guildhall Walk to other surgeries)

Answered: 11 Skipped: 18

The number of responses to this question was low, and so identifying common themes is difficult.

Some respondents made positive references to the attitude of staff at Guildhall Walk, such as ‘Could talk about anything / receptionist are not rude or judgmental / staff and doctors are great / make you welcome’.

Two respondents mentioned that they could see a doctor straight away, but two others referred less positively to facing long waits to be seen.

Four respondents were generally positive about the service, making comments such as ‘Good service to have / instrumental in my recovery / for my mental health Guildhall Walk was a godsend’.

Q12. How do you think the local NHS can improve the primary care services you use? (please be specific about what you would like to keep, what you think could change, and what you think is poor)

Answered: 15 Skipped: 14

The number of responses were low, and there were only two areas of concern raised by more than one or two people.

Once again, access was a area for improvement according to some – seven people asked for shorter waiting times / more GPs.

The relationship between primary care staff and patients was also raised again – four people made references such as ‘need for doctors to be more understanding / some GPs can be very negative / rude / they need to treat people with addictions as human beings’.

Related to this point, four other respondents called for more training for doctors in dealing with people with substance misuse problems, or for a greater awareness of the particular needs of this group

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17.8. Appendix H – Urgent Care Activity

Detailed below is urgent care activity from 2014/15 measured per 1,000 population for each practice within the CCG. The green highlighted cells indicate that the rate per 1,000 population is below the CCG average whilst the red highlighted cells indicate that the rate per 1,000 population is above the CCG average. The data shows the level of activity for each urgent care site is largely driven by the proximity of the practice to that particular location. The data source is SUS data taken from the CCG's Delivering Outcomes of Clinical Care (DOCC) tool.

Practice name	Practice code	Practice List Size (April 2014)	ED Attendance per 1,000 population	GWHC Activity per 1,000 population	SMTC Activity per 1,000 population
Queens Road Surgery	J82004	5,601	182	70	156
The Osborne Practice	J82028	11,346	155	125	153
Wooton Street	J82038	4,441	271	18	96
The Craneswater Group Practice	J82055	10,588	173	58	138
Southsea Medical Centre	J82060	7,994	219	144	168
Kirklands Surgery	J82073	7,906	160	44	186
Lake Road Practice	J82085	14,425	207	96	175
Northern Road Surgery	J82086	4,049	309	21	81
Sunnyside Medical Centre	J82090	12,782	175	71	184
The Baffins Surgery	J82091	8,738	165	42	192
The Drayton Surgery	J82102	13,360	203	12	70
North Harbour Medical Group	J82114	8,999	267	28	79
Hanway Group Practice	J82117	11,453	188	78	182
Derby Road Surgery	J82149	11,230	196	52	154
Portsdown Group Practice	J82155	33,367	220	56	148
The Devonshire Practice	J82165	5,684	169	68	209
Ramillies Surgery	J82168	5,938	158	73	131
John Pounds Surgery	J82177	3,444	209	127	112
Heyward Road Surgery	J82191	3,948	129	89	164
Milton Park Practice	J82194	7,254	159	63	181
The University Surgery	J82199	15,294	94	62	41
The Eastney Practice	J82212	4,776	147	45	198
Guildhall Walk Healthcare Centre (GWHC)	Y02526	5,775	244	-	99
Average	-	-	**189**	**(Excl. GWHC) 66**	**145**

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17.9. Appendix I – Risk Matrix

Probability Score		Impact Score				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Certain	5	5	10	15	20	25

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17.10. Appendix J – Evaluation and Prioritisation Framework

Clinical	• Ensures services delivered are as clinically effective as possible • Ensures clinical standardisation is achieved • Model delivers effective outcome for patients
Financial Sustainability	• Ensures that patient services are financially stable over the medium term • Ensures that money can be reinvested to improve equity of care across the city
Integration	• Ensures integration of services is optimised
Deliverability	• Ensures operational feasibility • Avoids negative impact on local healthcare system
Patient Focussed	• Option is consistent with the themes of national and local health policy • Patients express a clear preference

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