



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 21 NOVEMBER 2019 AT 1.30 PM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

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If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

Membership

Councillor Chris Attwell (Chair)
Councillor Gemma New (Vice-Chair)
Councillor Graham Heaney
Councillor Leo Madden
Councillor Hugh Mason
Councillor Steve Wemyss

Councillor Vivian Achwal
Councillor Arthur Agate
Councillor Trevor Cartwright
Councillor David Keast
Councillor Philip Raffaelli
Councillor Rosy Raines

Standing Deputies

Councillor Geoff Fazackarley
Councillor Ben Dowling
Councillor Lee Mason

Councillor Robert New
Councillor Will Purvis
Councillor Luke Stubbs

(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 on 12 September 2019 (Pages 3 - 12)**

4 Portsmouth Hospitals' NHS Trust update (Pages 13 - 18)

Lois Howell, Director of Governance and Risk, and Dr Mark Roland, Deputy Medical Director, will answer questions on the attached report.

5 Adult Social Care update (Pages 19 - 26)

Simon Nightingale, Head of Business Management and Partnerships, will answer questions on the attached report.

6 Podiatry Hub update (Pages 27 - 40)

David Noyes, Chief Operating Officer, and Katie Arthur, Head of Primary Care Services, will answer questions on the attached report. The report relates to the move of Podiatry services from the Turner Centre, St. James to St. Mary's Community Health Campus and engagement with patients around podiatry services in Portsmouth.

7 Dates of future meetings

Meetings for the remainder of the municipal year are:

Thursday 30 January at 1.30 pm

Thursday 19 March at 1.30 pm

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.

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 12 September 2019 at 1.30pm in the Executive Meeting Room, the Guildhall.

Present

Councillor	Chris Atwell (Chair)
	Vivian Achwal
	Arthur Agate
	Trevor Cartwright
	Graham Heaney
	Leo Madden
	Gemma New
	Philip Raffaelli
	Steve Wemyss

31. Welcome and Apologies for Absence (AI 2)

Apologies were received from Councillor Rosy Raines. Councillors New and Cartwright apologised as they would have to leave at 3pm and Councillor Heaney as he would have to leave at 4pm.

32. Declarations of Members' Interests (AI 3)

Councillor Wemyss declared a personal and non-pecuniary interest as he is employed by the NHS in the CSU. Councillor Heaney declared a personal and non-pecuniary interest as he employed by the University of Portsmouth but is not connected to the Dental Academy.

33. Minutes of the Previous Meeting (AI 1)

RESOLVED that the minutes of the meeting held on 13 June 2019 be noted as a correct record subject to the amendment that Councillor Steve Wemyss was present.

RESOLVED that the minutes of the meeting held on 18 July 2019 be agreed as a correct record.

34. Clinical Commissioning Group (CCG) update - Enhanced Care Home scheme (AI 4)

Jo York, Director of New Models of Care, gave a verbal update in which she explained the Enhanced Care Home (ECH) scheme is run by an alliance comprising the CCG, GPs, Solent NHS and Adult Social Care (ASC). The aim is to pro-actively support and improve residents' quality of life so they can stay in their care homes for as long as possible and avoid hospital admissions. Another two homes are going to be added to the original six though expansion has challenges. Primary care support is improved through an MDT (multi-disciplinary team meeting), weekly visits to assess and review, and appropriate care plans. Trust is built up and queries and crises can be resolved on the day. The maintenance phase comprises a three-weekly MDT combined with weekly nurse visits and is more manageable than weekly MDTs due to staffing constraints.

The scheme has had a big impact on primary care demand. Some of the larger care homes deal with GPs from 10 to 12 practices but under the scheme one practice takes responsibility for a home's residents while still maintaining relationships with residents' individual GPs. Calls to GPs have reduced by about 70% and ambulance call-outs and hospital admissions are lower.

Next steps are to work with the two additional care homes, see if Telecare can provide homes with a better alternative if there is a crisis, how to make the MDTs more manageable and for GP practices to work with care homes as a joint network. A single template for the SystmOne record system is needed rather than the current three versions so that staff in care homes can access the same information as GPs and nurses.

In response to questions Ms York clarified the following points:

The aim of Telecare is help carers, relatives and staff find appropriate help, for example, avoid using NHS 111. The "news and restore" structure for homes helps them with triage to get the right information.

The team worked with partners to see where the biggest issues were when choosing which homes to include in the scheme, for example, the CCG over the number of hospital admissions and ASC with residents from the former Edinburgh House.

The team is working on several other projects such as Hydrate (awareness of importance of hydration of care home residents) and Six Steps (end of life). They are liaising with Gosport and working closely with Fareham; however; the project is easier to run at city level than over a wider area such as South East Hampshire where there about 200 homes. The team is also working with the Frailty Team to see how residents can return sooner from hospital.

The panel was very impressed with the scheme and thought NHS England should be aware of the consequences of not implementing it. Ms York explained the Primary Care Network (PCN) have picked areas where the scheme is likely to have the most impact. The PCN will be at the heart of networks. The team will continue to monitor and develop the "phased development and implementation" (pilot). There is scope to add social workers to the scheme, for example, if a resident moved from a care home to a nursing home a social worker may be needed at the MDT.

Councillor Attwell thanked Ms York and the staff of the care homes he visited for their time and patience in answering his questions.

RESOLVED that the update be noted and that an update be provided on the implementation of a shared version of SystmOne in care homes.

35. Portsmouth Hospitals Trust update (AI 5)

Jane Druce, Deputy Director Information & Governance, and Mark Roland, Associate Medical Director, presented the report and elaborated on some aspects.

Psychiatric provision in the Emergency Department (ED)

Approach to support has been piecemeal for years and although there were pockets of support for some areas such as severe asthma or nutritional disorders it was not co-ordinated. In addition, some services like podiatry are not hospital based.

Bed occupancy

The PHT is working on continuous improvements and re-testing of evidence of performance. When hospitals are full it is difficult to deliver safety and quality. The goal is 92% occupancy as it enables the hospital to cope with daily variation. Occupancy is now around 95%. Initiatives aim to avoid admissions and having medically fit patients in hospital. The longer elderly people are in hospital the more they decline physically and mentally. Modelling has shown that if discharges are earlier in the day then peaks are fewer and more beds can be released to the ED. A reduction in hospital stay of 0.9 of a day can have a palpable effect on occupancy. In addition, if about one third of the patients ready for discharge have gone home by 1 pm that has a significant effect on the ED flow and ambulance holding. Pareto charts are used to identify key areas of focus, for example, booking patient transport.

The "Early Bird" initiative aims to have about 20 out of 130 or 140 patients ready to go home by using a simple checklist so that the ED can have the bed for occupation by 10 am.

The importance of having prescriptions and medication ready on discharge is fundamental to decompressing the ED; it is frustrating for patients and families having to wait. NHSI guidance recommends the "Four Questions" for which patients should have answers, for example, What's wrong with me? What happens when I get home? However, this is more difficult than it sounds to implement.

A multi-disciplinary team approach is being taken on long stay patients (those in hospital for more than 100 days). The perception they are all frail and waiting for a place in a nursing home is inaccurate as some have surgical needs and others have complex health problems, not necessarily social issues.

In response to questions Ms Druce and Mr Roland explained that

The weekly group bed occupancy is still in its early days but shows that more work needs to be done.

Retention as well as recruitment is making excellent progress. Staff have noticed the positive difference of having more nurses on the wards. The panel congratulated the PHT on recruiting more nurses.

Delayed transfers of care is a complex domain but PHT is taking full responsibility for its area. There are still challenges but Hampshire have more challenges than Portsmouth.

The staff passport has had some impact but not as much as anticipate. The situation is unclear about "DBS check porting."

Ambulances holds are subject to significant scrutiny and last year the PHT examined the efficiency and safety of ambulance handovers. Generating better flow from the ED is fundamental to reducing holds.

Early discharge is an imperative part of winter planning. Last year a kit for flu testing was trialled in some departments (ED, renal, oncology, paediatrics). The result is ready in 20 to 30 minutes and shows if a patient needs isolating, thereby helping reduce cross-infection.

With regard to CQC comments on some areas such as maternity requiring improvement the PHT will examine all areas, not just those specific to the CQC report, at a granular (ward) level to inform priorities. Although there is always work to do much improvement has been made and talking to staff on the wards helps them to see the difference they have made. Staff welcomed the opportunity and those wards that were not visited were disappointed. The PHT also talks to patients and the CCG to see their point of view, for example, to gather feedback from GPs once patients go home.

The new model of having GP cover (including double-up at peak times) in the ED aims to prevent people leaving before being seen because they are frustrated with waiting. The pilot will see how many people for whom seeing is a GP is more appropriate. The Urgent Care Centre is a rationalisation of existing support and a focus for future models of working, for example, diverting people from the ED to ambulatory care or clinics. Significant further opportunities are part of the transformation of the new ED building. Putting extra chairs in some areas for four weeks reduced numbers in the waiting room, where there can be 80 to 100 patients. The impact on dignity for patients and families when the ED is very crowded is acknowledged. There is also awareness that being asked the same questions several times is frustrating and the PHT is trying to improve this.

It was acknowledged there are still problems with discharge prescription. Only one third of patients had a TTO (To Take Out) on the day of discharge or before and the situation is worse at the weekends as the Pharmacy service is reduced. The TTO is needed a day before discharge. Prescriptions will be part of a targeted refresh at the stakeholders' meeting on 25 September. Although there is an out-patient dispensary resources are concentrated on the in-patient Pharmacy. It is recognised this is inconvenient for patients but some medications are very specialised. Some acute wards now have ward based pharmacists who can process prescriptions in 25 minutes, depending on the complexity.

Patients with mental health conditions presenting at the ED need to be identified. Staff are inducted on how to deal with them and when to refer to other services. There are links to trained mental health nurses who can support and also specific support from community colleagues. Some patients are in the ED as they have nowhere else to go but the ED is not set up for them. There are a limited number of absconders. Some wards are locked if

they have patients who wander. Security supports the PHT to reduce the risk of tailgating. Staff aim to manage challenging behaviour without resorting to physical restraint. Incidents are taken seriously but it is very hard to prevent them completely.

The panel commended the report for its readability.

RESOLVED that the update be noted and that updates be provided for the next meeting on:

- Progress on the initiatives described in the June and September meetings: psychiatric provision in ED
- Urgent care recovery plan (ED transformation)
- Recruitment, including DBS passporting
- Improvements sprints and initiatives such as "early bird" discharges

Councillor New left the meeting at 3 pm.

36. Solent NHS Trust - Jubilee House (AI 6)

Sarah Austin, Chief Operating Officer, gave summarised developments since the previous meeting on 18 July.

Jubilee House's 25 beds will be divided amongst the new building, end of life (EOL) care at home with the support of an enhanced EOL team and care homes. Staff are fully aware and engagement will continue for some months to plan where they prefer to work. CHC (Continuing Healthcare) assessments will take place in care homes. Jubilee House will remain half-full to maintain standards of care and training. The semi-closure has not impacted negatively on hospital discharges. Step down assessments will be distributed amongst several care homes, not just Harry Sotnick House.

One option for the new Jubilee House will be next to the Spinnaker Ward at St Mary's Hospital. Making the new building high quality is taking longer than anticipated but the end result will be worthwhile in meeting patients' needs. The current Jubilee House is adequate for the next 12 months. Ms Austin had agreed the process for building the business case with the Finance Director the previous day. A sideways move, for example, the 10-bed Kite Unit may be considered for some residents before the new building is ready. In the meantime two Advanced Practitioner roles have been appointed to start at the end of October. The paramedic pilot will continue for another six months.

In response to the panel's questions Ms Austin clarified

The Kite Unit is near The Limes, St James' Hospital, and was used for neuro-rehabilitation for Hampshire residents. It is not suitable for the proposed Podiatry Hub as it was an in-patient unit.

Harry Sotnick House is being used as planned; different types of resident are occupying beds.

Portsmouth Pensioners can be included in consultations and Ms Austin awaits an invite.

There was assurance that the city council had had appropriate discussions with Hampshire County Council over Harry Sotnick House (they manage it until April 2020).

Jubilee House has free parking but there are charges at St Mary's and Harry Sotnick House is surrounded by residents' parking zones.

Any care home registered for CHC assessments can accept residents, either on a spot or block purchase basis. As many beds as needed can be arranged in order to ensure flow from QA Hospital. The situation is flexible according to demand.

No staff have resigned over the new approach and developments are still at an early stage. However, some have expressed interest in joining the EOL team.

RESOLVED that the update be noted and requested the following information be brought to the meeting on 21 November:

- Solent NHS to involve Portsmouth Pensioners in consultation
- Parking for Harry Sotnick House
- Keep the panel updated on plans for the new Jubilee House building and bring full costings and business case
- Contact Hampshire County Council to inform them of the Harry Sotnick House aspect of proposals and report back

Councillor Trevor Cartwright left the meeting at 3:10pm.

37. Dental Services update (AI 6)

Julia Booth, Acting Head of Primary Care (Hampshire, Isle of Wight and Dorset) at NHS England and NHS Improvement South East, presented the report and in response to questions explained that:

Since the report was written, she could confirm that the third provider referred to in the report is Perfect Smile who had said that they could start to provide additional services straightaway and will provide further additional activity in the next financial year. Along with Bupa Dental Care in Cosham and the proposed arrangements with University of Portsmouth Dental Academy, the interim arrangements will provide the same or more activity as the three Colosseum practices did in the year before they closed.

The interim arrangement with the Portsmouth Dental Academy will be an additional temporary contract for general dental services. The existing contract is to provide training and education. The temporary contract will be for 12 months to bridge the gap whilst new services are procured.

Colosseum had initially asked for news of the planned closures to be kept confidential so as not to alarm staff. However, in hindsight it was acknowledged that the way residents had been informed could have been handled better and that communication is vital. NHS England are asking patients for feedback to inform the procurement of the new services and

would like all partners to promote the survey, which will be distributed in the next few days. The survey is available in "easy read" versions or can be done by phone.

38. Southern Health NHS Foundation Trust update (AI 7)

Richard Webb, General Manager for East Adult Mental Health, presented the report and in response to questions explained

Since July non-contracted referrals have decreased which is more convenient for families, carers and health staff. The average length of stay in Elmleigh (Havant) has reduced from about 30 to 20 days. Alternative provision is being considered to try and avoid admission.

The bed stock is what Southern Health are commissioned to provide and the focus is on 85% occupancy as long as the right systems and processes are in place. Patients are followed up 48 hours after discharge to help prevent a relapse and re-admission to an Emergency Department.

The panel were concerned that beds gained in one area were lost in another and that demand may not be met. In particular, they were concerned about the proposed loss of ten beds at Marchwood Priory. They were also concerned that the proposals might be a change in service delivery.

Mr Webb acknowledged the panel's concerns but he could not comment on a similar area model used in 2014/2015 as he was not in his post then. In addition, his area does not cover Portsmouth but he noted that in the East Hampshire area ECRs have reduced dramatically without using out of area beds.

RESOLVED that the update be noted and requested the following information be brought to the next meeting 21 November:

- A business case for the proposed ending the contract for ten mental health beds at Marchwood Priory before the beds are closed.
- At the end of September provide a three-month review of the six-month pilot that started in July

39. Healthwatch Portsmouth update (AI 8)

Siobhain McCurrach, Healthwatch Portsmouth Manager, presented the report and in response to questions clarified that:

Healthwatch became aware of the closure of the Colosseum practices via a Facebook post. They contacted NHS England and were then asked for comment by The News. Healthwatch then had further discussions with NHS England and were invited to sit on the support committee and were about to be invited to sit on the procurement committee. They were aware patients were being advised to go to Drayton. NHS England's update today was good news and it was acknowledged they had been pro-active in providing information on dentists to residents who did not have one.

Spring 2019 had been very difficult for Healthwatch due to the liquidation of their provider (Learning Links) and the move to the new provider (Help and

Care). The impact was significant on all aspects of activity, for example, re-registering clients and volunteers; it was almost like starting again. However, Healthwatch has been operational since mid-June. There are currently about 23 clients receiving advocacy support.

RESOLVED that the update be noted.

40. Care Quality Commission (CQC) update (AI 9)

Sarah Ivory-Donnelly, Hospitals Inspection Manager, presented the report and in response to questions clarified that:

The CQC engage with hospitals and have telephone or face to face engagement meetings with NHS trusts on a set schedule according to risk additionally they have ad hoc contacts as necessary. CQC use the information from engagement and other internal and external data to inform when to investigate further. Therefore, inspections are now more proportionate and a more effective use of resources. Inspectors have specific questions in mind as well as a general overview when they inspect.

There have been some organisational changes. Thirteen regions have now become seven and mental health in hospitals has a separate team.

The CQC collect and review a huge amount of all types of data, for example, deaths (reviewed monthly), serious incidents, diseases and all other data that hospitals report on nationally. The CQC looks at outliers and discusses the outcomes with hospitals.

The CQC are keen to be a resource for the panel and build relationships with them. Therefore, they will attend twice a year rather than annually. Their next attendance will be after the publication of the Portsmouth report.

RESOLVED that the update be noted and that the CQC attend a meeting once the Portsmouth report has been published.

Councillor Graham Heaney left the meeting at 4.10 pm.

41. Podiatry Hub at St Mary's Campus (AI 11)

Katie Arthur, Head of Operations, Primary Care Services, and David Noyes, Chief Operating Officer, presented the report together with Senior Podiatrists Robina King and Lawrence Fisher. In response to questions they clarified that

About 7,000 people use podiatry services annually. The re-location to St James is longstanding and has already been presented to a HOSP meeting. Current buildings are no longer fit for purpose and do not meet NICE clinical guidelines. One of the existing five sites which provides podiatry services, the Turner Centre, is being sold by the NHS, who own it.

The panel were concerned that a centralised service would greatly inconvenience large numbers of people who will have to travel longer distances, especially as many of them will have mobility and transport problems. There was also concern that the NHS selling properties can force service changes.

It was explained that patients wait a long time for podiatry appointments but waiting times would be shorter with a central hub. Multiple appointments (and therefore travel) will be reduced as all services will be together. Podiatry has changed greatly in the last ten years and conditions are much more complex.

The Sustainability Transformation Partnership awarded £10.3 million to re-develop and re-furbish blocks B and C on the St Mary's Campus with £8.3 million for block B and the remainder on block C.

RESOLVED that the report be noted and that a report showing consultation with key stakeholders, including Portsmouth Pensioners, be brought to the next meeting on 21 November.

The meeting ended at 4:30pm.

Signed

Councillor
Chair

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Agenda Item 4

Portsmouth City Council Health Overview and Scrutiny Panel 21st November 2019

Portsmouth Hospitals NHS Trust update

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health Overview and Scrutiny Panel (HOSP) on the following issues of interest:

- 1. Psychiatric provision in the Emergency Department**
 - Specifically addressing the number of Emergency Department (ED) staff trained in mental health and autism awareness and the number of specialists in the ED.
 - Information about the patient pathway in place for patients presenting with mental health issues and autism and any improvements made or that will be made in the immediate future.
- 2. Urgent Care Recovery Plan**
 - An update on what has been put in place and how well this is working.
- 3. Recruitment**
 - Update on recruitment, including the number of staff who have been helped by the staff passport.
- 4. Sprints**
 - Update on Quality Improvement sprints and how these are working.

1. Psychiatric provision in the Emergency Department

Training and practice in respect of patients with learning disabilities (including autism)

- 1.1. The Trust's Learning Disability (LD) Liaison Team are employed by Solent NHS Trust and although seconded to PHT, remain part of the wider Community Integrated LD team at Solent. There are two members of the team based at PHT, both of whom are band 6 Registered Nurses for people with a learning disability.
- 1.2. The team's role includes
 - Receiving referrals and visiting patients in the hospital
 - Offering hospital passports to patients who do not already have them, and requesting that familiar carers and family support the completion of these. A hospital passport magnet is placed above the patient's bed to ensure the passports are used to develop nursing care plans
 - Supporting wards and departments (including the Emergency Department (ED)) to make reasonable adjustments to enable diagnosis and treatment to take place in a timely manner. These may include adjustment to support carers
 - Developing and implementing the Carers' Protocol, developed by the Trust for LD patients
 - Offering advice upon the provision and completion of funding agreements, where own familiar carers are funded by the hospital to support patients throughout their admission.
 - Supporting discharge planning and the transition from hospital back to usual place of residence.
 - Supporting outpatient appointments.
- 1.3. The LD team also offers training to all new starters as part of the setting directions programme and have Trainee Nursing Associates and nursing students shadowing them, along with multi-agency professionals from QA and the community. The LD team takes part in the Preceptorship and midwifery training programmes and offer training to departments on an as required basis.
- 1.4. This year the team is focusing on developing the use of the sensory trolley, which has been purchased with charitable funds.
- 1.5. The Trust has invited Paula McGowan, campaigner for learning disability and autism, to deliver specific training to 100 Trust staff of all levels on 12 December.

Mental health pathways

- 1.6. We are seeing more patients with more complex mental health needs attending our Emergency Department, with or without physical health conditions.
- 1.7. Members will recall that there has been consideration of the creation within the Emergency Department (ED) on the Queen Alexandra Hospital (QA) site of a Psychiatric Decision Unit to support the care of patients with mental health needs arriving at the ED in crisis.
- 1.8. Following extensive discussions across the Portsmouth and South East Hampshire health and social care system, and in particular with commissioners and mental health service providers (Solent NHS Trust and Southern Health NHS Foundation Trust), a range of alternative approaches has now been agreed:

- 1.9. Portsmouth Hospitals NHS Trust (PHT) has worked collaboratively with Southern Health NHS Foundation Trust to secure significant national funding for additional services. A mental health liaison team led by registered mental health nurses will be based in the ED at QA 24 hours a day, seven days a week. Staff in the team will be able to improve the speed and quality of mental health assessments undertaken, and help ensure that patients begin on the right pathway in a timely manner. They will be in place until April next year when mental health liaison teams and associated services will be in place for our ED and inpatients, in-line with the national “Core 24” service standard.
- 1.10. Child and Adolescent Mental Health Services (CAMHS) in the ED at the QA site have also been re-introduced, following a successful pilot last year. Learning from the pilot has meant that the daily time slot for the service has been changed to run from 4pm until midnight, when need for the service is greatest. The pilot resulted in a significant reduction in the number of young people needing admission to the QAH, and the service received very positive feedback from the children and families who used it. The pilot was recognised by the Care Quality Commission (CQC) as a beacon of good practice and will now become a fully commissioned service.
- 1.11. A mental health matron will join the ED team at the QAH site in mid-November. This post-holder will support ED staff in improving the management of mental health patients and be an effective liaison with mental health services. This is a joint appointment with Southern Health.
- 1.12. The specification for the service provided to PHT by Southern Health NHS Foundation Trust has been updated to reflect the increase in the number of detentions within the trust and an additional Mental Health Act administrator will be provided.
- 1.13. The themes for Key Performance Indicators to be used to measure the quality of the service provided by the Mental Health Liaison Team have been agreed (the relevant figures are now being identified):
 - % Patients seen by MHLT in one hour in ED
 - % Patients seen within one hour on the ward when deemed a crisis – definition of crisis to be determined
 - % Patients seen within 24 hours for an urgent referral from ward area
 - % Patients seen within 48 hours of a routine referral from ward area
 - 2.5% reduction in 30 day readmission/re-attendance rates
 - Time taken to reach a MH bed from MH gatekeeping
 - Delivery against these key performance indicators will be monitored, and where necessary managed, by the PHT Trust Board.
- 1.14. Additionally, the ED team has introduced a number of local improvements which help to improve the quality of care provided to mental health patients. These include the implementation of a scheme involving the use of brightly coloured wristbands to help the ED team easily identify patients who may require time sensitive medication, including patients with serious mental health problems. This clearly indicates to the ED team that any patient wearing one of these wristbands may become unwell quickly if they miss doses of their medication. This measure is proving very effective in our ED to date.
- 1.15. The ED team has also focused on relevant training. Mental Capacity Act and Deprivation of Liberty Safeguards training is included as part of the Trust’s Essential Skills training for all patient-facing staff. In September 95% of staff had completed this training at level 1 and 84%

had completed the more advanced level 2 programme. 96% of staff also completed safeguarding vulnerable adults training at level one and 83% have completed level two training in this area.

2. Urgent Care improvement Plan

- 2.1. Providing timely emergency care to patients is an essential part of the Trust's own objectives, as well as fundamental to its contractual, regulatory and constitutional obligations. It is the Trust's primary concern in the ED to ensure the safety and wellbeing of patients, and that everyone who arrives at the ED is assessed and prioritised according to clinical need.
- 2.2. The Portsmouth and South East Hampshire health and care system will have invested £8.5m in this financial year to improve access to capacity out of hospital to support the smooth transition of patients who are awaiting ongoing care. Detailed modelling has been undertaken to identify the nature of capacity required in order to bring bed occupancy down at QA. Our bed occupancy has been running at 97-98% and our overall aim is to bring bed occupancy down to 92%. We are working with all of our partners to achieve this. We also have a plan to bring down our numbers of patients who are Medically Fit For Discharge to 100. As an organisation this is one of our top priorities.
- 2.3. The system-wide Urgent Care Improvement Programme (UCIP), overseen by the A&E Delivery Board has four key work-streams:
 - Population health & demand
 - ED processes and admission avoidance
 - Bed occupancy reduction
 - Out of hospital services

and, since the last meeting of the Health Overview and Scrutiny Panel this has focused on improving ambulance handover times. Measures introduced to address these issues include:

- The assessment, in the ambulance, by an experienced senior (Band 6 or 7) Emergency Care Nurse of all patients whose safe transfer into the ED is delayed, and the delivery of care to those patients by South Central Ambulance Service NHS Foundation Trust (SCAS) personnel until a care space is available within the department is available.
- The introduction of SCAS Hospital Ambulance Liaison Officer (HALO) to the ED at QAH. Joint working between the ED Nurses and the HALO ensures that patients are brought into the department based on prioritised clinical need. The SCAS patient record includes observations made, medications given and any other clinical details taken during the patient's wait in the ambulance, and is integrated to the ED patient management system (Oceano) for continuity of care.
- A band 7 paramedic from SCAS is working jointly with the Trust's ED staff as part of the Quality Improvement team. The quality improvement work includes the implementation of the PHT ED safety checklist by SCAS staff when the patient is being held in an ambulance. This checklist will provide a documented regular review of the patient when they are held in an ambulance.
- An Ambulatory Majors area, introduced in August, has reduced waiting times by 20 mins and increased productivity by 10% and further improvements are expected.

- A direct access/advice and guidance pathway for SCAS into the Ambulatory Medical Unit (AMU) commenced in September 2019. This effectively bypasses ED and enables patients to be directly conveyed to AMU, reducing pressure in the ED.
- Emergency Nurse Practitioners have been providing a “see and treat” service at the front door for patients presenting with minor injuries/illness since September 2019 – the impact of this new arrangement is expected to increase as the service establishes
- A two-week pilot of a redirection project for GP type patients started on 4 November, with increased primary care capacity and hours, providing up to 48 appointments each day – this has already demonstrated its value in the first week of operation
- An enhanced model of Frailty Assessment began on 4 November to pull appropriate patients from the main ED in to a dedicated Frailty assessment unit, improving experience and outcomes for frail older patients and reducing pressure on the main ED
- The UCIP has delivered a number of improvements, including some of those referenced above, and work within and beyond the Trust continues to deliver these projects – this include the provision of an additional 36 community beds during October, with another 12 community beds to follow in November
- As outlined above, a mental health ED Matron is due to join the Trust in mid-November and will support ED staff in better managing mental health patients, and improve liaison with mental health services.
- Comprehensive work is being undertaken with system partners to ensure patients are discharged from hospital to other care settings in a more timely way once they have received all of the acute care they need, as part of ongoing work to improve flow throughout the hospital and support ED capacity.

2.4. Although October was a challenging month, the total number of ambulance handover delays over 60mins has reduced, with an ongoing improvement focus on elimination of these holds.

3. Recruitment

- 3.1. The Trust has made significant investments in recruitment and retention in this financial year, resulting in considerable progress being made in reducing nursing vacancies and staff turnover. This has included an international recruitment campaign and the introduction of a number of new staff benefits and wellness initiatives.
- 3.2. As a result in the year from October 2018 to September 2019, nursing vacancies have reduced by 37.1% and Band 5 nursing vacancies by 50.5%. These additional nurses will add greater stability to many teams and departments and allow the Trust to provide greater continuity of care to patients.
- 3.3. The Trust is set to achieve its target of recruiting an additional 250 international nurses this financial year. The number of international nurses employed since March 2018 has increased from 280 to 534. Thanks to extensive focus on support and pastoral care, the Trust has achieved an excellent retention rate amongst the international nurses; since March 2018 only five international nurses have left the organisation.

- 3.4. Retention has also improved Trust-wide, and there has been a significant reduction in staff turnover rate from 13.5% to 11.6% in the last 12 months, which means the Trust has had to recruit to 150 fewer posts in the last year. As a result, the Trust is expecting to have filled almost all nursing vacancies across the organisation by April 2020.
- 3.5. The Trust is also seeing the benefits of a new provider of “bank” staff. The new provider has taken a range of innovative approaches to recruitment, and has a strong digital presence which makes both booking and accepting shifts much easier. As a result, the Trust has seen a 1,126 increase in bank staff over the last 10 months, meaning a significant reduction in costly agency staffing. Together, these factors mean that there are far fewer occasions when departments have to rely on staff who are strangers to the Trust and its systems, processes and values. This reduces the incidence of poor quality care and increases compliance with key safety and quality requirements.

Staff Passport

- 3.6. “Passporting” is the agreement between NHS organisations that allows staff who have completed Statutory and Mandatory Training (Essential Skills) in other NHS organisations to bring their training record with them into a new role, reducing the need for repeat training. The training has to have been aligned to the Skills for Health Core Skills Training Framework to be eligible and there has to be a minimum of 12 weeks left before a refresher is due. In total 39 staff have been able to “passport” in one or more subject relevant to their new PHT role since February 2019.

4. Sprints

- 4.1. As part of the Trust’s “Always Improving – Unscheduled Care” intensive improvement initiative, an eight week “Sprint” was held during the summer, with the aim of identifying key internal improvement projects across the Trust. Staff of all grades and disciplines, including trainees in all specialties and non-clinical staff, were invited to join and play a part in helping to improve the quality and safety of care provided.
- 4.2. While the sprint sessions have finished, the work to implement many of the ideas and work-plans are still underway. Since the last updates provided to the HOSP, additional outputs include:
- Bed Occupancy Project – good progress is being made to improve the discharge profile. This project is being led by the older persons medicine and renal teams
 - Frailty Assessment Unit - enhanced usage project commenced from 4 November with daily utilisation and enhanced medical support (outlined above)
 - ED redirection pilot – two-week pilot commenced on 4 November with appropriate patients being redirected from ED to Cosham Park House 7 days per week (also outlined above).
- 4.3. These improvements, alongside those reported from the last meeting of the HOSP are already benefiting patients and staff. This is attributable to the incredible hard work and dedication of the whole PHT team.

ENDS

Agenda Item 5

Title of Meeting:	Health Overview and Scrutiny Panel
Date of Meeting:	21 November 2019
Subject:	Adult Social Care Update
Report By:	Andy Biddle, Assistant Director, Adult Social Care

1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the composition of the Adult Social Care Strategy Board and details on how the 2015 Health and Care Blueprint priorities will be achieved

2. Recommendations

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

2.1. Overview

Portsmouth City Council Adult Social Care, (ASC) provides support and advice to adults aged 18 years and over who require assistance to live independently. This may be the result of a disability, long term health condition or frailty associated with growing older. Our aim is to help people have as much choice and control as possible over how their needs for care and support are met. For some, when independent living is no longer possible, we will help people find the longer term care arrangements that best suit them.

ASC's purpose is defined as:

- Help me when I need it to live the life I want to live

3. Adult Social Care Strategy Board

- 3.1. Much of the work in the ASC Blueprint will be progressed through discrete project arrangements, but for the purposes of co-ordination and ownership there will be a regular review of the full ASC leadership team to provide examination and challenge. Furthermore, on a monthly basis, a strategy session will be held to review progress on work-streams, and allow ASC senior leadership team to work together on the strategy development in a programmed way.

- 3.2. The progress with the strategy implementation will be further supported by having a wider perspective from across the Council. This is consistent with good project practice, which would assume some level of external view on the

progress. In addition, there is a need to ensure that the wider organisation knows that shaping the future of ASC is important to all areas of the business and that all areas of the business have a contribution to make in serving the city's most vulnerable residents. For example, clear links with the work of colleagues in Housing and building services are already being developed, along with a developing relationship with the work of the HIVE.

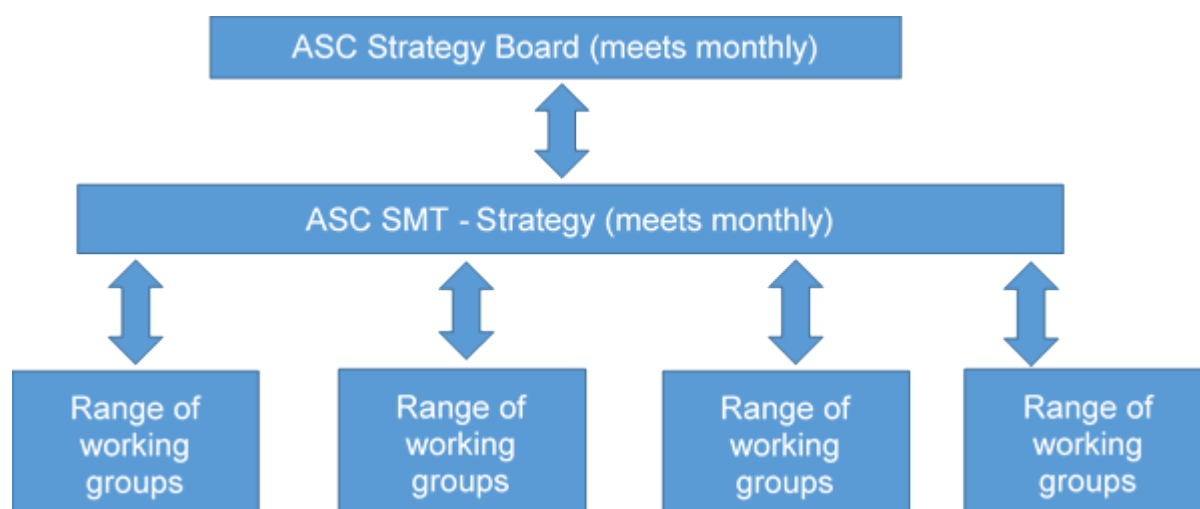
3.3. A Governance Board will therefore meet regularly to consider progress against the strategy, with a remit to:

- oversee the development and implementation of the ASC strategy, including receiving and responding to issue and highlight reports
- put in place effective and sufficient resources to support the change programme
- unblock any barriers to delivery and escalate major issues to relevant bodies; and
- ensure effective communication across the city of the programme

3.4. The board membership will include:

- Chief of Health and Care Portsmouth - Chair
- Cabinet Member for Health and Wellbeing
- Director of Adult Social Care / Representative of ASC leadership team (attending on a revolving basis)
- Director of Finance and s151 officer
- Director with responsibility for VCSE development
- Director of Housing, Neighbourhood and Building Services
- Corporate Communications Representative

3.5. The structure for the ASC Blueprint implementation is set out below. Critically, the service leadership team is the engine room for the implementation, driving the business of the working groups and developing clear position statements for, and asks of, the Strategy Board.



4. 2015 Health and Care Blueprint Priorities

4.1. Implementing the ASC Strategy will enable ASC to be financially stable and sustainable whilst achieving outcomes for residents. By 2022, our aim is that adult social care in Portsmouth will be:

- Delivering services that have technology at the heart of the care and support offer;
- Working in way that recognises the strengths that people have, and have access to in their networks and communities - and draws on these to meet their needs;
- Working efficiently and responsively, using a reablement approach centred around the needs of the customers;
- Delivered through a market based on individual services to people that meet their needs and helps them achieve the outcomes they want to achieve and keeps them safe;
- Delivered, (where appropriate) through PCC residential services in one service area to enable quality and maximum effectiveness.

These outcomes align to the priorities in the 'Blueprint for Health & Care in Portsmouth' published in 2015, which were:

- Improve the range of services people can access to maintain their independence;
- Give people more control, choice and flexibility over the support they receive;
- Do away with multiple assessments and bring services together in the community;
- Bring together services for children, adults and older people where there is a commonality of provision, including a family centred approach; and
- Create better resources and opportunities for vulnerable people and their carers.

Furthermore, the ASC Strategy is being viewed alongside Solent NHS Trust Business Planning to identify opportunities for further developing the work programme for Health and Care Portsmouth to deliver the 'Blueprint for Health & Care in Portsmouth

4.2. Delivering the Blueprint Priorities

A number of work programmes are being established to deliver the ASC Blue Print and in turn will meet the priorities of the 2015 City Blue Print. These include:

4.2.1. Implementation of the 'System1' client record system

System1 went live for ASC in March 2019. This enables NHS and social care professionals to view patient records and inform decision making and

communication by knowing of each other's involvement. Initial feedback from GP's in the city demonstrates the positive impact of seeing social care involvement. This will support the reduction in the need for multiple assessments and enable services to be brought together in the community. The project is now focused on the development of an archiving solution and change development requests. The success of the project has been made possible by full user involvement in planning and decision-making.

4.2.2. Developing the domiciliary care market

In order to move from 'time & task' to more personalised support, the 'systems thinking' intervention, has worked with a cohort of people in Somerstown / Southsea, to design a prototype system which includes:

- Real-time digital care records available to the Care Coordinator, Social Worker, applicable family members, and anyone else who needs access.
- Scheduling care based on the actual time needed by the client, rather than pre-planned multiples.
- Increasing/decreasing the length of care call based on need.
- Chargeable clients being billed on the basis of the actual minutes they received.

'Roll-in' of the new model is expected to begin in January 2020 and is expected to lead to an improved service to people to improve their independence and give people more control, choice and flexibility over the support they receive.

4.2.3. Accommodation based services

Following the closure of Edinburgh House, Council colleagues in regeneration and housing are supporting ASC in repurposing the site to provide extra care for people with dementia. This aims to lead to an improved service to people to improve their independence and give people more control, choice and flexibility over the support they receive. Furthermore, this will create better resources and opportunities for people with care and support needs and their carers.

In addition to Dementia Extra Care and to improve services available for people to improve their independence and give more control, choice and flexibility over the support they receive, ASC are developing a range of options for the use of Harry Sotnick House. This is in addition to its use of a nursing home and aims to create better resources and opportunities for vulnerable people and their carers in the city.

Following residents and their families identifying placements and wishing to move sooner than the proposed closure date, Hilsea Lodge is also no longer in use as a residential home as of September 2019. Future options for the Hilsea Lodge site need to be explored, however the site will be repurposed to

provide for gaps in provision in the city, likely to be extra care, supported living or social housing.

4.2.4. Integrated Localities

In order to do away with multiple assessments and bring services together in the community where there is a commonality of provision, ASC and Solent NHS Trust commissioned an integrated localities intervention in 2018. This brings together health & social care professionals in a single team, using systems thinking methodology in their work. The development of System1 has meant this intervention uses the shared client record system. Challenges with Information Technology have prevented a scale up from a pilot team to the South Locality health & social care teams in the summer of 2019. The increase in this way of working is still anticipated, but delayed until January 2020.

4.2.5. Community Independence Service

This service is configured to provide intensive support to people at home, using a reablement approach to prevent avoidable admission to hospital, long term care and care packages at home. Initial feedback from residents and colleagues is positive and the service continues to develop as an ASC priority making an impact on unnecessary hospital admission. The result will be improved services available for people to access to maintain their independence.

4.2.6. Medium Term Financial Strategy

As detailed previously, the MTFs was drafted in 2018 to enable a single view of known factors affecting the financial position and financial sustainability over the medium term. The MTFs aims to balance the financial implications of decisions against resources, enabling informed decision making. Following demand challenges in the current financial year, the MTFs is being updated.

5. The 2019/20 Focus

The central task for the rest of 2019/20 is to ensure the ASC strategy is deliverable, has a clear work programme underpinned by robust project planning to enable the anticipated savings requirements and outcome improvements to be achieved across Health & Care Portsmouth.

Demand for Services:

The number of older people receiving domiciliary care from ASC per week as of March 2019 was 1012 at a cost of £168,000, as of October 2019 these costs have risen to £181,722, whilst the numbers of people have reduced, this

indicates a higher level of need from less people. From March 2019 to October 2019, the number of people receiving care costing between £50 and £200 per week has fallen slightly, (502 to 499) whereas those whose care costs £200+ per week has seen a 6% increase.

The emphasis on care in people's own homes has been consistently reflected in less people in Portsmouth placed in residential care homes, however there has been an increase between May and October of 2019. This will be monitored to understand whether this is a new pattern or a minor spike in numbers.

- 258 (March 2016)
- 242 (March 2017)
- 230 (December 2017)
- 207 (June 2018)
- 210 (May 2019)
- 225 (Oct 2019)

The residential care market continues to experience challenges locally, however as at October 2019 has improved from 9% of residential care homes being rated as inadequate to 3% and moving from 31% to 34% requires improvement. Portsmouth Clinical Commissioning Group, ASC and Solent NHS trust continue to work in the sector to support improvement and decrease hospital admission from care homes. Whilst in 2018/19 A&E attendance rates in Portsmouth increased, they decreased from care homesⁱ.

There continues to be a waiting list for assessment in community Social Work and ASC. The project conducted from June 2019 has now reported and a new model is proposed to address the waiting list. The business case for temporary resources to enable this is in preparation.

Whilst ASC continues to monitor the domiciliary care market, providers remain under pressure financially both nationally and locally. ASC in Portsmouth pay around 10% below the South East region Hourlyⁱⁱ rate. ASC has a programme of engagement with providers set up in 2019 and is actively working with the sector to redesign the cost model for domiciliary care.

5.1. The number of applications for Deprivation of Liberty Safeguards, (DoLS) authorisations have continued to rise in Portsmouth:

- 786 (2014/15)
- 1473 (2016/17)
- 1695 (2017/18)
- 1787 (2018/19)
- Projectedⁱⁱⁱ 1876 (2019/20)

The Department of Health & Social Care, (DHSC) have announced that the 'Liberty Protection Safeguards' (LPS) will replace the current system of DoLS by October 2020. ASC are currently engaged in scoping the impact of the changes, though this is likely to need specific project management and a dedicated training resource.

5.2. Acute Hospital Pressures

As previously reported, mitigating the pressure to maintain the flow through the Hospital by discharging patients was managed by funding committed from the Department for Health & Social Care. This funding was used to build extra domiciliary care and increase Social Work assessment and therapy/reablement capacity, decreasing the number of people awaiting assessment and making care available in a more timely way. These arrangements were continued in the 2019/20 year and ASC are awaiting written government confirmation of the grant continuing into 2020/21. The rationale for allocating PCC resource to this work continues to be that admission to hospital can drive deterioration in ability and lead to greater care needs.

Reporting figures to June 2019, Portsmouth Delayed Transfers of Care, (DTC) have reduced from a high of 9.3 per 100,000 to 7.3 per 100,000, significantly below the rates for all England, (9.8) and comparator Authorities, (10.7)^{iv}

Signed by:

ⁱ Portsmouth local authority area profile - Older people's pathway - CQC 23/10/19.

ⁱⁱ Portsmouth local authority area profile - Older people's pathway - CQC 23/10/19.

ⁱⁱⁱ Based on 5% increase in referrals to September 2019

^{iv} Portsmouth local authority area profile - Older people's pathway - CQC 23/10/19.

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Agenda Item 6



Proposed St Mary's Community Health Campus Podiatry Hub

Background

Solent NHS Trust believes that high quality care, delivered in the right environment, for the benefit of patients, is of the utmost importance.

The Solent NHS Trust Podiatry Team currently provides services to people living in Portsmouth from four sites within the city:

- Cosham Health Centre
- Eastney Health Centre
- Lake Road Health Centre
- The Turner Centre, St James' Hospital (given notice by the owners, NHS Property Services)

People who use the service include those with moderate and high risk diabetes patients and high risk non-diabetes patients e.g. vascular patients.

For patients who are house or bed bound the service provides home visits, along with the support of community nursing, who provide the majority of their care.

The service also offers nail surgery for patients 10 years of age and over and assessment and a treatment plan for patients with foot deformity and/or pain from the age of 10 to 17.

HOSP Update

Please note that the HOSP minutes of 12 September have been amended to reflect a change from 'consultation' to 'engagement' activity.

The trust previously approached HOSP with outline proposals for a number of podiatry sites to relocate to St. Mary's Community Health Campus. Further to this proposal HOSP requested specific actions around community engagement for the podiatry service and users.

The rationale for this change is primarily due to the requirement to relocate from the Turner Centre on the 13th December 2019, due to the sale of the site by NHS Property Services. In addition contributing factors around a reduction nationally in Podiatry training places due to lower interest in the profession; recruitment and retention challenges; a change in case mix which has increased acuity and complexity of patient presentations, and suitability of the clinical environment which have required the service to consider the sustainable delivery of Podiatry within Portsmouth and South East Hampshire.

Following a meeting in April 2019 between Portsmouth City Council and NHS Property Services, Solent NHS Trust was informed that NHS Property Services

would not be renewing their lease at Paulsgrove Healthy Living Centre. This location was being used for initial nail surgery assessments and not for treatment. The CCG and Solent were therefore content to support NHS Property Services' decision.

It is noteworthy that some of the existing clinical estate is not fit for purpose, causing access issues for patients and inhibiting optimal service delivery for staff. St Mary's Community Health Campus had been identified by the Health & Care System as a community hub and focal point for increased concentration of clinical activity, development of new ways of working and clinical excellence. As the only Community Hospital in Portsmouth, St Mary's Community Health Campus provides an important focal point for secondary and community based care intrinsic to the delivery of the HIOW STP Clinical Delivery and Estates Strategies, and given the pressures around training, recruitment, retention and fitness of estate it was the natural choice for the service to consider, in order to improve the operational challenges to sustainable service delivery.

Following the significant investment at St. Mary's Community Health Campus, a new podiatry hub could offer much improved facilities, new equipment including bariatric facilities that would benefit both staff and patients. Alongside this, many of our health partners who share caring responsibilities for patients are collocated at St. Mary's Community Health Campus, leading to the opportunity for improved communication and relationships across disciplines, positively impacting on patient pathways.

Some of the benefits of being located at St. Mary's Community Health Campus would include access to an onsite emergency team in the event of a clinical emergency, Porter and Reception support with wheelchair provision and access to refreshments on site. The new, modern environment at St Mary's Community Health Campus will improve the overall patient experience and enhance clinical outcomes for those who attend there.

As part of the St Mary's Community Health Campus redevelopment, Solent has taken steps to move the majority of staff parking off site, to allow increased access for patient parking. There has been an increase in the number of Blue Badge spaces and all Blue Badge holders may park on site, free of charge. In addition, there are a number of public transport routes that link the city with the St. Mary's Community Health Campus, along with ample bicycle parking.

There will be no change in provision to the home visits for bed bound patients.

Further to the HOSP Committee meeting in September, Solent were advised to review their engagement strategy to ensure that all stakeholders were be engaged with.

Since that meeting, Paulsgrove Healthy Living Centre was closed by NHS Property services, handing the premises back to Portsmouth City Council last month. In hindsight, this proposed move of the service should have been mentioned in our last

paper in September, when we set out our initial proposals; unfortunately the service only received confirmation at the start of October 2019 to vacate the premises. That said, the impact to patients was minimal because the site was used for initial nail surgery assessments whilst Nail surgery itself was performed at the Turner Centre, St. James Hospital. Additional staff were available to undertake the surgery on Saturdays at the Turner Centre, which has been beneficial for patients by enabling more timely access to the nail surgery service. Lone working had previously been raised as a risk to staff, and a need for supervision and development of staff within the clinical environment was also less than ideal from a clinical perspective at this location.

Following the NHS Property Services sale of St. James Hospital, the Turner Centre is due to close on the 13th December 2019 with services relocating to St. Mary's Community Health Campus. With the substantial reinvestment into our estate, Solent is presented with the unique opportunity to re-shape the delivery of key services to the benefit of its patients.

Solent is engaging with patients to ensure that they have a smooth transition from the St. James site to St. Mary's Community Health Campus. The Podiatrists have been informing patients of changes, through face to face meetings and providing a leaflet with information about the change. There has been a delay in commencement of the wider engagement due to staff absence, and an unforeseen building delay at the St Mary's Community Campus. However, engagement sessions are planned between 12th November and early December 2019, dates for sessions in late November and December will be released imminently. Following these sessions we will write to patients to address, where possible, concerns that were raised, alongside further information about transport options for the St Mary's Community Campus. In addition we will also provide visuals of the new site, to assist patients in understanding what the new area will look like and how they access the new area. All information will also be available on our website. Interested patients from the engagement sessions have been offered the opportunity to visit the site, alongside Healthwatch, so that we can understand any further access concerns for those with mobility issues, and to help patients familiarise themselves with the new premises.

In relation to our other clinics, we have written to all patients, inviting them to a number of engagement events (please see Appendix 1), to discuss the proposed relocation of podiatry services to St. Mary's Community Health Campus. Further engagement sessions will be planned from Mid December to the end of January 2019 to enable us to continue a conversation with patients around the impact of the proposal to move services from Lake Road Health Centre, Cosham Health Centre and Eastney Health Centre to St Mary's Community Health Campus. These letters include preliminary details on parking arrangements and alternative transport options to St. Mary's Community Health Campus. Where patients are unable to attend in person, we have provided a dedicated email address and manned phone line, to ensure we capture any comments or queries.

This phase of engagement activity will be completed by the end of January 2020. The service will consider patient's views and liaise with HOSP. Any patient concerns will be acknowledged and key concerns identified, with the Podiatry team seeking to address these with scrutiny from HOSP. We would then propose writing to all patients by the end of February 2020, providing feedback and updating information on suggested service moves.

Solent has worked with Healthwatch Portsmouth to understand any potential impact and the benefits to service users with the regard to the Phase 2 redevelopment at St. Mary's Community Campus. Healthwatch have been invited to provide scrutiny and oversight at our patient engagement events, over the coming weeks. In addition, we will review our findings with Healthwatch, prior to any further service changes.

Following Purdah, we will be in a position to communicate and engage more widely and propose using the following channels (please refer to our Communication and Engagement Plan for the full breakdown of low level engagement which will continue during Purdah)

- Letters to service users
- Press releases and briefings to local media
- Solent NHS Trust and Portsmouth City Council's websites.
- Letters to GPs and other health and social care partners

In October, the STP engagement event at the Marriott Hotel in Portsmouth, offered an opportunistic juncture to highlight the our proposed relocations. , A number of individual patients and partner organisations, such as Healthwatch and Portsmouth Hospitals Trust, took the opportunity to discuss our proposed relocations.. As a result of one of these discussions, it was agreed with Healthwatch that they would be invited to attend the engagement events in November and December.

HOSP had previously requested that Solent contact Pompey Pensioners directly to brief them about the proposed service moves. We have invited Pompey Pensioners to meet with us immediately following the purdah finishing date, to engage around our proposed Podiatry service moves and our redevelopment at St. Mary's Community Health Campus, alongside a tour of the new area.

Prior to Purdah, both of Portsmouth's MP's were briefed by Sarah Austin, Chief Operating Officer (Portsmouth) for Solent about the Phase 2 redevelopment at St. Mary's Community Health Campus. Both were satisfied with the proposed plans and delighted with the improved service that is proposed from St. Mary's Community Health Campus.

Appendix 1

Planned Podiatry engagement events

Lake Road Health Centre – Tuesday 12 November, between 10am and 12pm, and between 1pm and 3pm

Turner Centre (Group room 2), St. James Hospital Wednesday 13 November, between 10.30am and 12pm

Cosham Health Centre, Wednesday 13 November, between 1 and 3.30pm

Turner Centre (Group room 3), St. James Hospital, Tuesday 19 November, between 1pm and 3pm

Eastney Health Centre, Tuesday 19 November, between 1.30pm and 3pm

St. Mary's Community Health Campus (Seminar Room,) Friday 6 December between 10.30am and 12pm and 1pm until 3pm.

Additional December dates for Eastney, Cosham and Lake Road Health Centre are currently being agreed with NHS Property Services.

Invitation extended invitation to Portsmouth Pensioner's Association for meeting with their Chair and Secretary, after Purdah.

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Portsmouth Podiatry Service

Communications and Engagement plan

Introduction

Solent NHS Trust is engaging with Podiatry service users regarding the required move of podiatry services from the Turner Centre, St. James to St. Mary's Community Health Campus, due to the trust being given notice to leave the Turner Centre by NHS Property Services.

In addition, service users attending Cosham, Eastney and Lake Road Community Health Centres are being engaged with to ask their views on their Podiatry service and a proposal to move of these services to St. Mary's Community Health Campus.

The new clinical environment at St. Mary's Community Health Campus consists of 14 clinical spaces that may be booked by the Podiatry service, enabling additional clinical support for podiatrists to assist with the full range and complexity of patient care. Under the current system our ability to deliver a full range of clinical service is constrained by the need for a higher grade podiatrist with more clinical experience and specialist expertise to be located at sites during clinic. The new hub could enable lower grade staff to assist with complex patient care, due to higher grade supervision and support always being available.

All specialist areas of podiatry can be accommodated within purpose built rooms including nail surgery, wound care, assessments and podiatry MSK. Specialist bariatric chairs are fitted for patient's comfort.

It is anticipated that patient experience could be vastly improved through access to a larger number of clinicians, a modern clinical environment and a variety of supportive clinical teams, including Diabetes, Dermatology, Phlebotomy and Pharmacy.

St. Mary's Community Health Campus also benefits from a restaurant and a League of Friends shop, for patient's convenience.

On-site parking is available, with free parking for Blue Badge Holders; additional disabled bays have recently been added on site. In addition, bicycle racks are available, and the site is serviced with public transport links.

Whilst Solent NHS Trust believes moving podiatry services to St. Mary's Community Health Campus would positively affect service users and staff, this engagement plan seeks to ensure that the views of service users are captured and, where possible, reflect the service delivery going forward.

Solent's podiatry network

A review of current clinical sites has revealed that they are not all fit for purpose.

The nature of the buildings we occupy means that we have limited ways to improve them i.e. they are leased and not owned by Solent.

Where buildings are in poor repair and the landlord has failed to maintain to Solent's standards, Clinicians have sometimes been forced to cancel appointments due to the environment

Environmental issues are a cause for concern for similar reasons and can include waste collection and rodent infestation.

Lone working is a risk across all of these sites, as clinics often run without other support within a building.

Due to the locality and workload of our senior clinicians, there is a lack of mentorship for junior clinicians. This irregular access to senior clinical advice and support is severely detrimental for junior clinicians, who are often managing a complex and high risk caseload.

The lack of mentorship is affecting morale and our ability to recruit to the profession, at a time when there is a national shortage of Podiatrists.

Rationale for the service centralisation

The increasing complexity of the patients seen within podiatry has resulted in the decision to review the sustainability of the podiatry service to be able to continue to working in its current format and delivering the current range of service. As mentioned, there is a national shortage of podiatrists. This, juxtaposed to the lucrative benefits of joining private practice means we face losing our experienced teams due to poor working environments and a lack of support. Less qualified podiatrists are approaching the Trust but they require access to immediate support on site.

The service has already attempted to make changes to improve the service by developing an action plan and, where possible, implementing multi-chair clinics to support staff and provide a mix of skill levels from a Band 5 to 7. These changes, however, are a temporary fix and do not change the patient environment, access to appointments or the levels of stress experienced by our staff.

The service faces the challenge to greatly increase capacity, provide safe, timely and effective care for patients, in, line with NICE guidance (NG19), whilst operating in inadequate environments that are out of Solent's control. In the case of the clinics run at the Turner Centre at St. James Hospital, the Trust has been given notice by the owners, NHS Property Services, to leave the building, with Podiatry services ceasing on the 13th December 2019. However, this may be subject to delay dependant on the completion of buildings works at St. Mary's Community Health Campus.

The St. Mary's Community Health Campus offer

Due to the recent £8.3M investment into Block B at St. Mary's Community Health campus, the Trust is now able to provide its own purpose built rooms, offering a safe, clean and modern environment to patients and staff alike. Having multiple chairs and a varied mixed skill onsite offers a number of opportunities, including:

- Utilising our Apprenticeship programme, to bring in new people to the field.
- Reduced number of cancelled appointments and an opportunity to review moving to extended opening hours to suit patient needs.
- Multi-disciplinary (MDT) clinics working alongside colleagues and services, such as Diabetes and Vascular services.

- Direct access to patient group directives which allow our team to dispense specific anti-biotics and on site X-rays for timely management of infection and Charcot.
- Appropriately trained clinicians with a diverted prescribing budget will have the opportunity to prescribe antibiotics, reducing the burden on GP's prescribing and reducing the risk of hospital admissions and amputations from infection.

The Trust believes that by reviewing the skills mix, including investing in apprentices, there is an opportunity to create a healthy and sustained recruitment and retention drive, that could run counter to the national picture. In addition, by employing a mixed skill and specialist treatment option all on one site, Solent will enable patients to be seen for a multitude of injuries and issues, such as MSK, wound care and nail surgery. This would reduce travel time and appointment waiting times for patients as there would be no specialist 'off-loading'.

Staff annual leave and sickness cover would be easier to plan and manage from a larger single team, improving service continuity.

There would be no risk to staff through lone worker arrangements and there are many wellbeing factors, including a newly refurbished public and staff restaurant, which offers healthy and affordable meals.

The engagement process

Key stakeholders

Solent NHS Trust has a large number of stakeholders to engage with through this proposal exploration. By stakeholders we mean anybody who has an interest in the trust and the Podiatry services we provide. This includes: health partners, Commissioners, members, public, patients/ service users and their carers and influencers, such as local Councillors, Member of Parliament and Healthwatch Portsmouth.

Key stakeholders are outlined below:

- Podiatry and affiliated administration teams at all locations.
- Portsmouth City Council
- PCC Ward Councillors and Health Portfolio holder
- Portsmouth MPs
- Portsmouth City CCG
- Current service users and their families or carers
- GPs
- GP federation/ alliance
- Portsmouth Healthwatch
- Portsmouth HOSP
- Solent NHS Trust Board
- Media
- Healthwatch Portsmouth
- Pompey Pensioners

To achieve consistency in how stakeholders are categorised and prioritised, stakeholder mapping has been used. The model provides the opportunity to examine how stakeholder interests may positively/ negatively impact upon our work. The model also highlights where we see our stakeholders in terms of influence and interest at a point in time. The mapping will be regularly monitored and revisited and we will be flexible in moving stakeholders

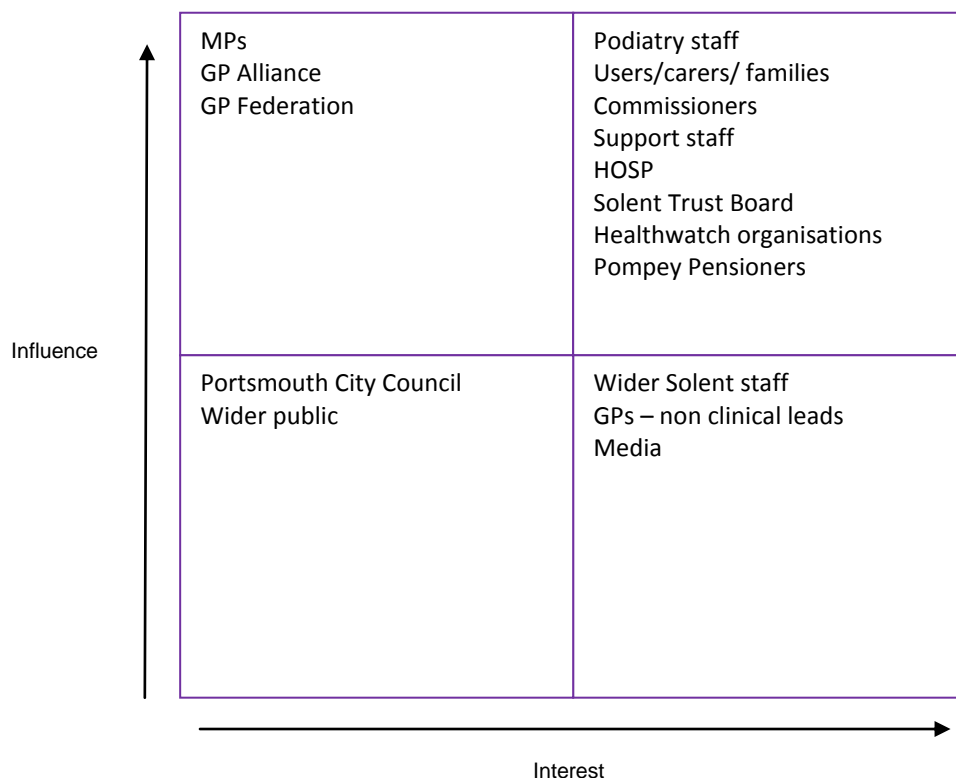


Figure 1: Stakeholder mapping

Using the stakeholder mapping in figure 1, we have identified the strategies we will use to communicate with our stakeholders. The strategies have been identified using the methods highlighted below in each quadrant shown in figure 2 below.

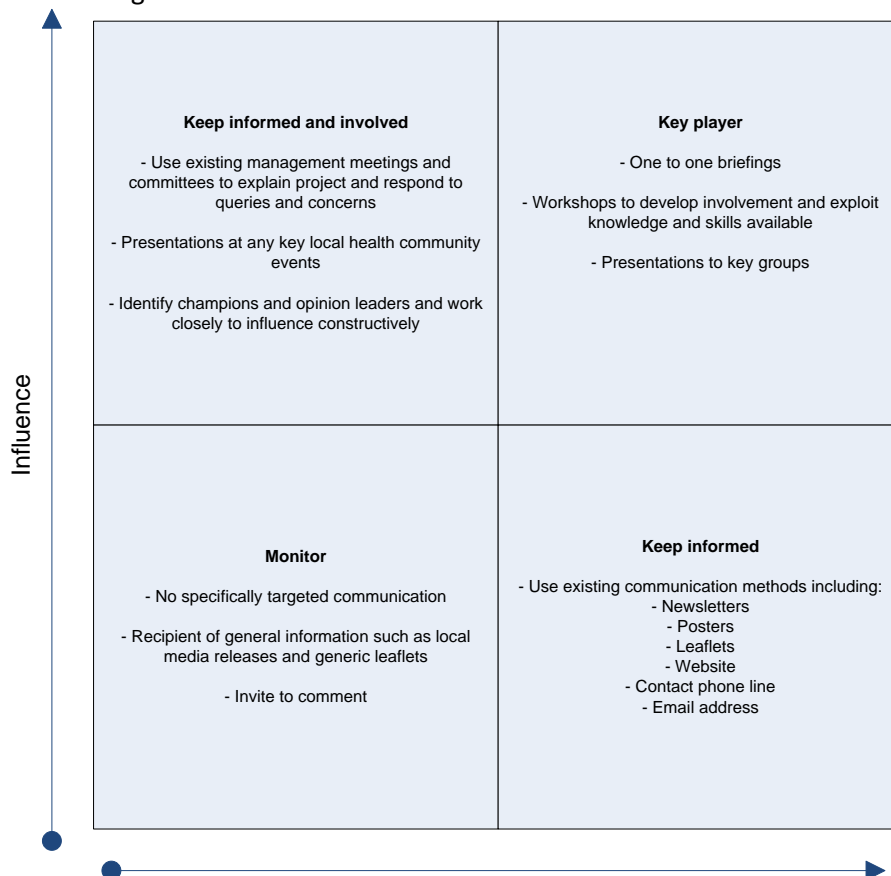


Figure 2: Stakeholder engagement strategies

- Solent NHS Trust currently delivers podiatry services across Portsmouth – Cosham Health Centre, Eastney Health Centre, Lake Road Health Centre and the Turner Centre, St. James Hospital.
- The trust was awarded £8.3M by the STP to refurbish Block B on the St. Mary's Community Health Campus.
- Part of the bid for refurbishment was the relocation of Podiatry services from inadequate environments to a new, modern and fit for purpose Podiatry Hub.
- The trust proposes the creation of a centralised Podiatry Hub for Portsmouth; a 'one-stop-shop' for patients, ensuring they have access to a range of skilled Podiatry specialists with the right skills, qualifications and experience in a timely and consistent manner.
- Patients should have faster access to X-rays and antibiotic prescribing, reducing patient disengagement.
- In bringing the Podiatry team together, Solent would increase utilisation of all its Podiatry team, with support from senior clinicians, providing mentoring and helping to manage complex and diverse caseloads and hence deliver better patient outcomes.
- The Podiatry Hub would be ideally located with specialists from other related fields, including Dermatology, Vascular, Diabetes and Phlebotomy teams, increasing cross department working, treatment and prescribing.
- St. Mary's Community Health Campus is served by frequent, direct bus routes from across the city. In addition, the Trust's new Access and Transport Policy means that the majority of staff are required to park off site, providing additional patient parking, including a greater number of Blue Badge bays, and bicycle racks.
- In recognition of our patient group, we will be ensuring that we engage the assistance of support groups and charities across Portsmouth, including Healthwatch and Portsmouth Pensioners Association, to enable us to engage in a meaningful way.
- In addition, we undertake to engage with service users, in writing, at regular intervals and at the point of their visit to their Podiatrist, to ensure we receive feedback on the proposed move and can assist with any queries.
- We are committed to undertake a thorough list of engagement activities well into 2020, to ensure that all Podiatry service users are informed and able to have their voice heard.

Action plan

Last updated: 8/11/2019

This plan will be updated on an ongoing basis as activities arise

Date	Audience	Type of comms/engagement event/ approach	Lead	Progress
September	MP's	Brief Portsmouth Members of Parliament regarding Phase 2 and proposed public engagement regarding Podiatry services.	SA	
16 October	Public/partners	STP public engagement event at the Marriott Hotel, Portsmouth	FG, LF	
7 November	Patients	Letters to patients inviting them to attend engagement events throughout November.	Service	
8 November	Healthwatch Portsmouth	Communication and Engagement Plan, initial patient letters and HOSP update shared with Healthwatch for comment.	FG	
November	Public	Develop Solent website information – FG to draft and Podiatry team to upload.	FG	
On-going	Podiatry service teams	Staff engagement: Staff to be engaged via team meetings. D'OB to organise team meetings.	Service	
15 November	CCG Comms	Update from CCG to GP's, on a fortnightly basis, updating with information on the service	FG	

		engagement strategies and rationale.		
November	Solnet intranet	Information to all staff – managed by Podiatry Admin	Service	
November/December	TipToe Podiatry Patients	Updated leaflet and mailshot.	FG	
December	Solent Webpage	Update external web page to reflect services.	FG	
13 December	Portsmouth City Council	Liaise with Communications colleagues at PPC re moves – include in Health & Care monthly updates.	FG	
13 December	Message for Solent NHS Trust Members	Solent NHS Trust Membership message re service line moves to SMCHC and patient engagement.	FG	
13 December	Wider Solent NHS Trust staff	Information in Staff News – message re engagement in Manager’s Matters – weekly email to Managers.	FG	
December	GPs	GP Tiptoe Newsletter and SMCHC update	FG	
13 December	Portsmouth News / Radio Solent	Update on podiatry service	FG	
December	PPG	Patient Participation Group engagement – approach to meet and arrange engagement opportunities with groups.	FG	
December	Portsmouth Pensioners Association	Meeting with Portsmouth Pensioners Association and Healthwatch Portsmouth. Date to be confirmed. Will contact Chair via phone on 13 December, after Purdah date.	FG/KA/D O’B	
December	Patient visits	Invitation to patients who attended initial engagement events to visit SMCHC on a Friday afternoon, in groups of 4. Aspiration is hold these tours before opening on the 16 December.	FG	
December	Patient letter-updates	Patient letters with feedback and full details of the Podiatry service at St. Mary’s Community Health Campus, including photographs, bus routes and additional service information. Content to be viewed by Healthwatch prior to distribution.	FG	
January	Healthwatch	Conclude initial engagement activity programme and review findings with Healthwatch.	Service	
February	Patients	Feedback to patients in February through a one off engagement event at SMCHC.	Service	

Solent Team and Stakeholders

HOSP Committee
 Roger Batterbury – Chair, Healthwatch Portsmouth
 Portsmouth Pensioners Association
 Portsmouth MPs
 Mark Young – Head of Estates
 Katie Arthur – Head of Primary Care Services
 Debra O’Brien – Podiatry Clinical Operations Manager
 Lawrence Fisher – Podiatry Operational Lead
 Robyna King – Business Development Manager
 Andrea Hewitt – Head of Communications
 Sarah Austin – Chief Operating Officer

Revisited Comms Plan: 8 November 2019

Please note this plan has been significantly revised, taking Purdah guidelines into account. Normal engagement will be resumed following the General Election on 12 December.

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