Portsmouth CITY COUNCIL

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NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 13 JUNE 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 Trevor Cartwright
Councillor Marge Harvey
Councillor Philip Raffaelli
Councillor Rosy Raines
Councillor Mike Read
Vacancy

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 (Pages 5 - 8)

RECOMMENDED that the panel agree the minutes of the meeting held on 14 March 2019 as a correct record.

4 Portsmouth Hospitals' NHS Trust update - CQC report on Emergency Department (Pages 9 - 12)

Lois Howell, Director of Governance & Risk, will answer questions on the attached report.

5 Public Health update (Pages 13 - 44)

Dr Jason Horsley, Director of Public Health, will answer questions on the attached report.
Dr Adam Holland, ST2 Public Health, will answer questions on the attached report to the Portsmouth Events Safety Advisory Group (research findings on drug-related harm at music festivals).

6 Southern Health NHS Foundation Trust update (Pages 45 - 46)

Nicky Adamson-Young (Divisional Director of Operations) and Dr Robin Harlow will answer questions on the attached report.

7 Portsmouth Clinical Commissioning Group update (Pages 47 - 50)

Innes Richens, Chief of Health & Care, Portsmouth will answer questions on the attached report.

8 Adult Social Care update (Pages 51 - 58)

Name of attending officer to be confirmed.

9 South Central Ambulance Service update (Pages 59 - 62)

Tracy Redman, Head of Operations, South East, will answer questions on the attached report.

10 Sustainability Transformation Programme update (Pages 63 - 84)

Richard Samuel, Senior Responsible Officer, and Sue Harriman, CEO Solent NHS, will answer questions on the report.

11 Care Quality Commission update

Sarah Ivory-Donnelly, Inspections Manager 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.

Date Not Specified

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HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 14 March 2019 at 1.30pm at the Executive Meeting Room, third floor, the Guildhall

Present

Councillor Jennie Brent (Chair)
Gemma New
Leo Madden
Rosy Raines

11. Welcome and Apologies for Absence (AI 2)

Apologies were received from Councillors Terry Cartwright, George Fielding, Marge Harvey, Philip Raffaelli, Mike Read and Steve Wemyss.

12. Declarations of Members' Interests (AI 3)

No interests were declared.

13. Minutes of the Previous Meeting (AI 1)

RESOLVED that the minutes of the previous meeting were correct subject to the following corrections:

Councillor James Fleming did not attend the meeting.
Councillors Gemma New and Rosy Raines had sent their apologies.

Matters Arising.

The panel was disappointed that a representative from the Care Quality Commission had not been able to attend two consecutive HOSP meetings.

14. Local Dental Committee update (AI 4)

Keith Percival, Honorary Secretary and Philip Gowers, Chair of the Hampshire & Isle of Wight Local Dental Committee presented their report and the University of Portsmouth Dental Academy Community Outreach Health Promotion Report and in response to questions, clarified the following points:

They had attended a meeting the previous day with NHS England to raise their concerns regarding the future commissioning of intermediate oral surgery contracts and avoidance of the standard NHS contract template because of the lack of benefits normally expected with the Schedule of Financial Entitlements - superannuation.

In terms of job satisfaction and professionalism, the working conditions are usually better for dentists in the private sector. However, there is no pension. In 2006 the new NHS contract was launched and accepted by dentists because of the good NHS pension and the promise of improved information governance and IT systems.

Recruitment of dentists particularly consultant orthodontists is currently a problem. Also, approximately 1,000 of the 7,000 Europeans dentists in

England have left because they are now offered better conditions at home and because of concerns about Brexit.

Staff at 80% of dental practices are reportedly stressed and there are high levels of burn out. Support schemes like the LDC's Practitioner Advice and Support Scheme (PASS) are available and funded by the Local Dental Committee.

There are 110 Local Dental Committees in the UK (96 in England and Wales).

The total number of children enrolled in the Portsmouth Dental Academy Brush Up programme had fallen from 992 in 2012/13 to 622 in 2017/18.

Only 70% of children in Portsmouth are registered with a dentist. The national average is lower at around 68%.

Health Education England does not generally directly commission activity that links schools and dental health education. One of its main roles is to address the training needs that have been identified by the Local Dental Network (LDN) but its budget has been cut by approximately 30% and this has reduced some of its training programme activity.

Public Health England is responsible for scrutinising children's dental health. Dental decay is caused by high levels of sugar intake, its frequency and lack of fluoridation. Brushing does not prevent decay but does remove plaque and most toothpastes contain Fluoride which is benficial.

In the past, the panel had requested that the Local Dental Committee update be aligned and presented with the Dental Public Health updates. This did not happen because Dental Public Health tends to present alongside Public Health.

The panel was pleased with the performance of the Portsmouth Dental Academy, particularly its outreach work. However, members had concerns about the level of Portsmouth children registered with a dentist.

RESOLVED that the report be noted.

15. Southern Health NHS Foundation Trust Organisational Restructure (AI 5)
The panel was disappointed that a representative from Southern Health did not attend to explain the rationale behind the changes.

RESOLVED that the following questions be sent to Southern Health:
1. **Why have 5 directorates been agreed rather than 6?**
2. **What impact will the reorganisation have on our residents?**
3. **Is the structure under constant review?**

16. Hampshire & IoW Partnership Clinical Commissioning Group (AI 6)
Sara Tiller, Managing Director for NHS Fareham & Gosport & South Eastern Hampshire CCGs presented her report and in response to questions, explained that

A business case had been submitted to NHS England recommending that the Emsworth Victoria Cottage Hospital be refurbished and become the new home for the GPs from Emsworth Surgery. Discussions will continue regarding the location and details of the designs.

The results of a structural survey have shown that the building's condition is better than expected. This means that refurbishing the building for a GP surgery and some community space is a viable option.

There is a strong cohort of GPs in Emsworth. However, recruitment is an issue in Gosport. There have been a number of GPs retiring over the last two years. A number of innovative and well regarded service developments have been carried out.

There had been problems regarding telephone access and availability of routine appointments which resulted in many patients moving between surgeries. In order to give the GP practices time to stabilise, the decision was taken to suspend moves over winter. During this time, new patients can still register and some patients can move if there is a breakdown in the relationship with their practice.

The Fareham & Gosport & South Eastern Hampshire CCG has a statutory responsibility to report regularly to the Hampshire Health & Adult Social Care Scrutiny Panel but is very happy to present updates to the Portsmouth Health Overview and Scrutiny Panel.

The British Red Cross (BRC) ran three mobility equipment centres in the area: Fareham; Lee on Solent and in the Gosport War Memorial Hospital. Although this is not a commissioned service, it is supported by the CCG. When the CCG received notice of the BRC's intention to withdraw drop in centres across the whole area, it stated that there was a need for the service but did not stipulate where it should be based.

The BRC subsequently closed the centres in Lee on Solent and in the Gosport War Memorial Hospital.

Councillor Raffaelli and the local MP's office had been in contact with the CCG expressing concerns over the closures particularly because the customer numbers for these two centres were higher than for the one in Fareham. The CCG will continue discussions with them.

A pop up mobility service may be the solution for addressing the need in Gosport.

RESOLVED that this update be noted.

17. Response to the Gosport Independent Panel Report into the War Memorial Hospital (AI 7)

Sara Tiller presented the report.

RESOLVED that the report be noted.

18. Hampshire NHS Mental Health Trusts Service Redesign: Mental Health Crisis Provision and Oakdene Mental Health Rehabilitation Services (AI 8)

Suzannah Rosenberg, Director of Quality & Commissioning introduced the report and highlighted the following points:

For the Crisis Service
It is the Solent NHS and Southern Mental Health teams not Hampshire.

A great deal of engagement had been carried out with service users and carers regarding access to mental health services e.g. focus groups, live Facebook pages and workshops.

The proposed changes had been welcomed by service users and carers.

Bringing Southern Health and Solent crisis services together will bring challenges particularly as the trusts are of different sizes and offer slightly different services.

In response to questions, she clarified the following points:

The panel expressed concern about current access to crisis services for service users or their carers.

Current mental health service users should now be able to ring the crisis team and receive a response 24/7. If this has not happened, the trust needs to be informed so that the service can be improved.

People who are not already a mental health service user can also call the crisis team and receive support.

It is only possible for health professionals to talk to a carer about a mental health service user if that client has given permission.

For the Oakdene Rehabilitation Services
There will be a phased closure of the Oakdene Ward. The current cohort of patients is not long stay. Once the alternative options for them have been put in place, the ward can be closed but is likely to be re-opened for the provision of other mental health services.

RESOLVED that the reports be noted and that updates be provided to the panel in Autumn 2020.

The meeting ended at 2:45pm.

Portsmouth Hospitals NHS Trust

Portsmouth City Council Health Overview and Scrutiny Panel
June 2019

Portsmouth Hospitals NHS Trust update

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

1. **Care Quality Commission (CQC) report following its focused inspection of the Emergency Department**

    - The CQC published its report on the focused inspection of the Emergency Department carried out at the Trust in February 2019. This paper provides a briefing on findings from the inspection and the Trusts response to date, to help ensure the Trust fully complies with its regulatory obligations.

Care Quality Commission focused inspection report

The Care Quality Commission (CQC) published its focused report on the Emergency Department at Queen Alexandra Hospital site on 16th April 2019. The inspection took place on 25 February 2019.

The hospital has been under considerable pressure over the past weeks and this was particularly so at the time CQC inspectors visited in February. Since the beginning of the year increasing numbers of patients have been accessing the Trust urgent care services, with an additional 1,300 patients attending the ED in February compared to the same period last year.

The CQC recognised that improvements have been made and welcomed the steps the Trust has already taken to help reduce pressure on ED. The report also highlighted that staff feel supported and want to make a difference. Examples of the improvements the inspection noted include:

- New bereavement facilities were a considerable improvement for families.
- The improvement board, located in the department, was observed to be well used with the views and voices of staff being considered and heard.
- Staff reported members of the executive team to be highly visible and supportive during times of surge.
- Dedicated time to provide and to access training was welcomed by junior doctors across the department.
- The CQC observed good working relationships between ED staff and ambulance staff.
- Staff reported they were able to raise concerns to the management team.
- Health professionals reported good multi-disciplinary working with positive relationships existing between doctors and nurses for example.

The Trust is currently rated as “requires improvement” overall and this latest inspection does not change the rating. The CQC required action against two of the Health & Social Care Act (Regulated Activities) Regulations following the inspection:

- Regulation 10 Dignity and Respect,
- Regulation 12 Safe care and Treatment

The actions required are to:

- Ensure patients receive a timely assessment of their care needs and that a plan of care is established and delivered in line with national best practice.
- Ensure patients receive care and treatment in an environment which is fit for purpose and meets national standards.
- Ensure staff consistently utilise safety measures as determined by Trust policy.
- Ensure the emergency department operates an effective and safe process for receiving and assessing patients who self-present to the department.
- Ensure staff abide by the Trust’s values and behaviours at all times, including ensuring the privacy and dignity or patients is maintained.
- Ensure medical equipment is checked and ready for use as defined by Trust policies.

The Trust recognises, as outlined in the report, that there is more work to do and will continue to focus on ensuring the required improvements are made. A formal response has been provided to the CQC as requested. However it should be noted that the points above already form part of the Trust's current quality recovery plan and are overseen and managed formally.

The Trust's urgent care transformation programme is well underway, and will include redevelopment of the Emergency Department. This will help to improve patient flow and deliver a better experience for patients and staff.

The Trust has not yet received a further visit from the CQC to assess for themselves the impact of the actions taken to address S29A, and is expecting its routine full inspection later this year.

ENDS

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HOSP – Public Health general update for Portsmouth

Dr Jason Horsley – Director of Public Health

Commissioned areas – sexual health

- Sexual Health – some pressure in activity levels but currently managing within the budget
- Opportunities to improve cover of contraception by working jointly with the CCG
- Improving sexual health screening
- Person in post to develop PHSE offer to schools

Commissioned Areas – Drug and Alcohol service

- Significant cost pressure coming from price rise in cost of single drug (buprenorphine) – price increased by 600% in the last year – creating a cost pressure of ~£80-100k
- Otherwise service doing well – underwent systems thinking redesign, embedding that work, and also doing work to improve data quality.
- Additional funding secured
  - Capital funding for premises
  - Funding for support of children affected by parental alcohol use

Commissioned Areas – health visiting and school nursing

- Progressing section 75 arrangement with current provider Solent (joint work with Children's directorate)
- Focus set by children's team has been on the increased offer to those most at risk of poor outcomes

In house service – wellbeing service

- Combined service to deliver smoking cessation advice, healthy eating advice, alcohol support
- Service running well following upheaval of restructure
- Collecting data on performance – currently analysing first year

Joint working – licensing and events

- Worked with Portsmouth Safety Advisory Group to produce evidence review around interventions for safer festivals (adopting harm reduction approach)
  - Good engagement from festival organisers and variety of charities working in this area
  - Range of sensible recommendations adopted
  - Disappointing that The Loop were unable to get permission to operate at South Central festival from the Home Office, especially when they have previously outlined a supportive position.

Joint working – violent crime

- Working with police and other colleagues across HIOW patch
  - Finding out what data we hold collectively and how this helps
  - Developing processes for sharing information better
  - Defining a “public health” approach to violence
    - Taking learning from Glasgow experience
      - Long term
      - Recognising drivers (alcohol, drugs, debt, abuse, social exclusion)
      - Focus on changing social discourse
        - Victims and perpetrators often overlap
        - Viewing perpetrator in context of early adverse experiences, as a potential victim of exploitation, and as someone with potential to reform
      - Care in not increasing perception of crime
    - Identifying resource

Joint working – homelessness and health

- Held workshop to hear from people with lived experience of homelessness and their healthcare experiences
  - Taken findings to CCG clinical advisory group – informing commissioning intensions
  - Developing bid to PHE for additional funding (one off) to pilot new approaches
- Working with cross party homelessness reduction group – working with independent chair to better understand the data we hold across the council
- Working on health protection specifically around reducing risk of MRSA in people who are rough sleeping and who are injecting

Joint working – childhood obesity

- Working with Project Bridge on a “whole systems” approach to childhood obesity
  - Incorporating work across the council and VCS

Joint working – air quality

- Chairing and supporting with health information to air quality board
- Strong links with transport and planning teams, as well as environmental health
- Complex!
  - Responding to ministerial directive is first priority
    - Risk of legal challenge on anything we do – will inevitably disappoint someone somewhere
  - Really an infrastructure problem
    - Need integrated public transport and active transport infrastructure to offer acceptable alternative to private cars
    - Hard to deliver this in timeframe required by central govt
  - Also need to recognise health and economic co-benefits
  - Challenge of ensuring that any proposed CAZ does not worsen inequalities, and need to be considerate of links to IoW and other ferry linkages

Joint Working – CCG

- Merging commissioned functions where appropriate with CCG and adults / children's
  - Shared resources
  - Potential to pool funding on programme areas
  - Main benefits from PH services perspective
    - Better join up of sexual health commissioning (remove false barriers between funding / provision)
    - Opportunity to improve join between mental health and addiction services
    - Link / support into Primary Care Networks as they develop

Joint Working - STP

- Linked into number of the STP workstreams – main ones
  - Population Health Management
  - Prevention
  - Children's
- Contribute to clinical executive group
- More opportunities to influence will arise as future shape of ICS develops

Joint working – mental health

- Time to Change hub – accepted as a hub site, some funding
- Suicide prevention partnership plans being delivered
  - Multi-agency plan
  - Peer review process helped us improve our plan (but well ahead of other areas)
  - Expecting some additional funding to HIOW region to support delivery of these
- Work around sleep campaigns across the age spectrum

Some other successes

- Smoke free play park initiative
- Working with food outlets to reduce calories of favourite dishes
- Finally got majority of promised defibrillators in place

Challenges

- Uncertainty!
  - Funding
    - Still no update on public health grant / BRR
    - Some clarity on funding for NHS Agenda for Change pay rise
      - Funding for this is apparently going to go direct from NHSE to providers of public health services
    - Lots of funding opportunities are very short term – 1 yr funding – challenge to recruit or develop good people in that context, and providers unlikely to invest in the city
  - Mandate
    - Still no response from government on the consultation they held into mandated functions a year ago!
  - Structures of partners
    - NHS structures – significant upheaval

Positives

- Amazing team
  - Hardworking, dedicated
  - Resilient and managing significant uncertainty well
  - Supportive of council and each other
- Strong relationships with partners
- Developing intelligence offer locally and regionally

Report to Portsmouth Events Safety Advisory Group

Dr Adam Holland (Public Health Registrar) and Dr Jason Horsley (Director of Public Health for Southampton City Council and Portsmouth City Council)

Purpose - To outline the key findings from research on drug related harm at music festivals.

Background to report - This report explores the harms arising from drug use at music festivals and the interventions available that may mitigate these harms to assist the Safety Advisory Group (SAG) in its advisory role.

For the purposes of this report a music festival is defined as a large, fenced, ticketed event organised primarily for attendees to see musical artists.

A broad literature review was performed of documents related to drug use and harm reduction at music events; semi-structured interviews were performed with nineteen stakeholders involved in event planning, licensing, policing and the provision of medical, welfare and drug testing services; and time was spent observing welfare and drug testing services at two festivals.

General points -

- Data on the prevalence of drug use at festivals is limited but suggest that it can be widespread and normalised. Prevalence is associated with various factors but is not reliably predictable.
- The harm reduction paradigm identifies that despite advice on the harms of drug use, many people will continue to use drugs. It will never be safe to use drugs but there are measures that can be taken to mitigate some of the risks involved, and that we can improve health outcomes overall by adopting these measures.
- Measures recommended or adopted need to be proportional to the risk posed by events. PSAG should collectively consider the risk posed by any event, and this should be based on factors such as the size of the event, its duration, and the type of music or entertainment being offered, as well as its marketing (events marketed nationally or internationally will have a different risk profile).
- Because of the secretive nature of drug use there is not a strong evidence base guiding efforts to prevent drug related harm at festivals. It is difficult to design studies assessing the impact of interventions on individuals that do not want to be identified.
- It is important to note that when assessing an intervention; the absence of evidence for a beneficial effect is not the same as evidence of absence of effectiveness. This means that we cannot say we don't believe an intervention is useful or sensible just because we have not studied its impact on outcomes.
- Quantifiable physical harm related to drug use in these settings is relatively uncommon but can be severe; as has been seen with drug related deaths at festivals in recent years. Psychological and long-term physical harm, as well as harm related to behaviour and criminalisation is likely much more common, but it is extremely difficult to quantify this.

Recommendations and considerations

(See appendix for further details, evidence and references)

1. **Continuing and refining good practice in Portsmouth -**

    a) **Water provision** plays a vital role in preventing drug related dehydration and overheating. As per the Licensing Act 2003 free potable water is provided at all events in Portsmouth. This should clearly continue in the future. Efforts to ensure backup supplies are available and that there is obvious signposting to cold water supplies should continue; especially adjacent to welfare tents, stages playing electronic dance music and where dancing is likely. Consideration could be given to price caps on bottled water.

    b) Harm reduction messages are more likely to be favourably received by existing drug users than abstinence based health promotion messages. Information of this type is propagated at festivals currently and efforts should be maintained to maximise the proportion of attendees exposed. Consideration could be given to the mandatory viewing of materials at point of ticket sale or entry.

    c) Drugs outreach workers can fulfil various roles including the provision of harm reduction information and looking out for dangerously intoxicated users. Services such as this have been present at some local festivals including Mutiny 2018 and would be of benefit at all local festivals in the future.

    d) Welfare tents provide a safe space for vulnerable users suffering from the physical and psychological side effects of drugs. Welfare volunteers can help with information gathering and providing psychological support to distressed drug users. The continued provision of well-staffed and well-resourced welfare services should be ensured.

    e) Medical services at Portsmouth festivals are supplied by private event medical providers. There are a host of factors to take into account when determining the appropriate level of medical provision for events; some of which are listed on page 8. The SAG plays an important role in considering these factors and offering advice to event organisers as to whether their planned provision is adequate based on the risk assessment of the event. A recent memorandum from the Care Quality Commission raised concerns regarding the quality of care supplied by some private event medical providers. No concerns were raised specifically about Portsmouth festivals but this highlights the need for continued vigilance and scrutiny of providers by both event organisers and the SAG to ensure they are capable of supplying quality medical care.

2. **Non-persecution messages may have a role to play, however there are practical problems implementing this.**

    Messages that reassure users that they will not be prosecuted in the event that they are seeking medical help for themselves or a friend who may have taken an illegal substance are an important way of reducing risk. However, it may not be possible to offer a complete assurance or amnesty from prosecution in the event of harm occurring as a result of drug sales, consumption or transfer. Any prosecution has to be deemed "in the public interest" to proceed, meaning that it is unlikely that individuals taking drugs or giving them to friends will be prosecuted if they seek medical attention promptly, and consideration of communications campaigns that promote this message should be given to future events.

3. **Drug checking services should be considered at all festivals**

Drug testing within festivals designed to test the content and purity of drugs, alongside delivery of harm reduction messaging, is a relatively new intervention in the UK. The Loop is a charity delivering this approach. Evidence from Europe where the use of this approach has been established for some time suggests that there are a number of beneficial outcomes:

- Surveys have demonstrated that people self-report that they will change their behaviour after engaging with testing, towards taking more appropriate harm reduction measures**.**
- Surveys and service data suggest that drug checking services can improve user safety by preventing the ingestion of dangerously strong or adulterated drugs.
- The provision of drug checking acts as an incentive for drug users to engage with professionals who can provide tailored harm reduction information that may reduce long term risky drug taking behaviour.
- Testing allows particularly dangerous batches of drugs to be identified so warnings can be propagated, which could prevent others from taking dangerous drugs and potentially influence the drug market.

Our understanding of the effectiveness of these measures is currently incomplete but growing. The number of English festivals utilising drug checking services provided by the Loop has been increasing since the first trials in 2016. Services at festivals and other settings have functioned in other countries since at least 1992. Randomised controlled trials represent the gold standard but they have not been performed to assess the benefits of these services and logistical considerations mean it is highly unlikely that such studies will take place in the foreseeable future. It is likely we will need to accept other forms of evidence to inform our approach.

It is feasible that some people who would not otherwise take drugs might do so in an environment where testing is available that they perceive to be safer. This has not been extensively studied, but a single study has shown this to be a fairly small proportion of potential users. Increased use by a relatively conscientious minority of users must be balanced against benefits to the wider drug taking population and potential reductions in overall drug use.

There is a potential issue around the legality of drug testing, where the drugs being tested for are illegal. The issue of drug checking services was debated in parliament on the 6th April 2018. During the debate the Minister of State Nick Hurd specified that whether they are provided is a local operating decision and that the government would not stand in the way if the decision was made to provide them. Additionally, he highlighted previous cooperation between drug checking services and the Chief Constable of Hampshire; Boomtown in Winchester was one of the first English festivals the Loop operated at. The Chief Constables of Cumbria and Avon and Somerset forces have stated their desire to cooperate.

Based on the risk assessment undertaken by the PSAG informing the likelihood of drugs being present at an event, the recommendation is that drug testing should be offered at any event where drug use is likely to be significant. It is also important that where testing is offered, cooperation with studies of the effectiveness of this as an intervention should be encouraged.

N.B. Addendum to report added 11th June 2019

In February 2019 the Home Office issued a license for a publicly accessible drug checking clinic. It is not clear what this means for drug checking services at festivals in the future and whether a license will be required. Despite publicity to the contrary, drug checking services did not feature at South Central festival in Portsmouth in May 2019.

4. **Considerations around the unclear evidence for efforts to confiscate drugs**

Portsmouth festivals, like all festivals in the UK, have security services, searching protocols and drug detection dogs that attempt to prevent drugs entering events. This is in keeping with their obligations as per the Licensing Act 2003 to prevent criminal activities on site. The literature search undertaken did not uncover any research evidence of the effectiveness or otherwise of these measures in reducing harm at festivals. There was limited evidence that drug dealers were caught as a result of these measures, or that individuals intending to take drugs were deterred from entering events with drugs.

A heavy presence can lead to unintended consequences such as people pre-dosing with drugs before entering, possibly at levels far higher than they would normally consume. There is also a risk that people take their supply in panic on seeing the measures, which could also have harmful effects. These potential harms are extremely difficult to quantify, but should be considered when designing information for those attending and for the design of entry screening.

Police and security efforts are best focussed on dealers rather than recreational users. There is a risk that dealers will seek to offload supplies that they may not know the purity of at large scale events, because this will not impact on their repeat customers. Such dealing is likely to take place in proximity to events. Policing efforts may be best focussed on footprints surrounding events as well as within the event footprint. This was no considered as part of the literature search, but was raised in discussions.

Appendix - Further information, evidence and references

1. Continuing and refining good practice in Portsmouth

a. Water provision

Description / role	Ecstasy/MDMA and other drugs such as cathinones (mephedrone, N-ethyl pentylone, etc.) increase the user's core temperature. This is compounded by hot days and dancing. Increased water intake is necessary for hydration and cooling. The 2003 Licensing Act states it is necessary that "free potable water is provided on request to customers". Beyond that, cold water should be *easily* available without barriers or need to make request of it and its consumption encouraged. The dangers of over-consumption of water should also be highlighted as in some instances this can lead to over-hydration and low blood sodium, which may be fatal. Harm reduction organisations advise MDMA users drink about 500ml of water an hour. Ways of encouraging water intake currently undertaken to be continued: • Ensuring water supply points are widely available and easily accessible. • Bottled water distributed by the welfare team. • Health promotion materials highlighting the importance of proper hydration; especially when using drugs. Future options: • Free bottled water, or bottled water price cap. • Bottled water distributed by the outreach team.
Evidence	Clear understanding of the effect of MDMA on temperature and importance of hydration. • Review - Kiyatkin and Ren (2014) explore the evidence for MDMA and temperature increases - they also highlight the dangers of over-hydration, which can lead to low blood sodium and death. • Case study - Nadesan et al. (2017) described the death of three festivalgoers from heatstroke following the ingestion of MDMA at a festival in Malaysia.
Logistical considerations	• Water points should be clearly signposted, supplies should be cold, and there is the need for a back-up supply in case of interruption of supply. • Supply is particularly important adjacent to areas where dancing is likely, tents playing electronic dance music and the welfare and medical tents.
Recommended by	*Safer Dancing* (Newcombe, Manchester City Council, 1995) *Safer Clubbing* (Home Office and London Drug Policy Forum, 2002) *Safer Nightlife* (Home Office and London Drug Policy Forum, 2008) *Managing Drug Use at Your Event* (Dance Safe, 2015) Greco (2017) and Weir (2000) recommend MDMA users drink 500ml of water an hour if dancing.

b. Harm reduction / non-persecutory messaging

Description / role	The harm reduction paradigm identifies that despite our best efforts, some people are always going to take drugs. Although this is never going to be safe, there is information that can be provided to make it safer. For example; the importance of drinking water, warnings about overheating, which drugs should never be mixed, the strength of pills in circulation and the risk of blood borne viruses from sharing snorting paraphernalia. Potentially, some individuals might avoid seeking help if unwell for fear of punitive measures so efforts can be made to reiterate that safety is the primary concern and that they will be looked after by the various

	services on site.
Evidence	Minimal - however would be logistically difficult to gather. • Survey - Abstinence based education focussing on the risk of drugs may be ineffective on existing drug users. 73% of surveyed ecstasy users were aware that ecstasy use came with at least some risk but used it regardless (Gamma et al., 2005). • Surveys - Authors working with recreational users suggest that they are more amenable to harm reduction advice than advice to abstain and interviewees readily asked for harm reduction information (Benschop et al., 2002; Deehan and Saville - Home Office Research, 2003). • Case study - there were 2 deaths and 20 requiring hospital care due to drug use at a 2013 New York festival. The next year various measures were instituted - including the mandatory viewing of harm reduction information before entering and one outreach worker per 500 attendees. In 2014 there was a 50% reduction in the number of people requiring hospital care for issues related to drug use. There was still one death related to methamphetamine use a few hours following the festival (Ridpath et al., 2014).
Logistical considerations	Information can be delivered in various mediums including: • Messages on screens between acts - videos / audio messages may draw more attention. • Leaflets. • Posters - especially in areas that people might use drugs such as toilets and secluded areas. • The mandatory viewing of information on point of entry or ticket sale. There is work to be done on how to maximise the impact of messaging: • Welfare volunteers who were interviewed thought that messages highlighting the health risks of drugs were ineffective for many users. Instead they suggested focussing on other factors like users' behaviour and the maximisation of enjoyment. • Service users of the Loop seemed to respond well to scientific explanations of how drugs work. • Involvement of stakeholders in the artistic industries could be beneficial.
Examples of practice	• Currently instituted on some level in many festivals and settings (e.g. dab and wait, start low go slow). • Harm reduction education forms the mainstay of the interventions delivered by the Loop. • Various other NGOs deliver harm reduction information; e.g. crew, drugsand.me.
Recommended by	*Safer Dancing* (Newcombe, Manchester City Council, 1995) *Safer Clubbing* (Home Office and London Drug Policy Forum, 2002) *Safer Nightlife* (Home Office and London Drug Policy Forum, 2008) *Managing Drug Use at Your Event* (Dance Safe, 2015)

c. Outreach workers

Description / role	Outreach workers circulating amongst the crowd and/or stationed in a drugs information tent can fulfil various roles: 1. Circulating workers can identify and provide assistance to dangerously intoxicated revellers.

	2. Providing information about services within the festival (targets less safety conscious users who might not seek out services such as drugs testing) and outside (if individuals are identified with problematic drug use requiring formal drugs services). 3. Providing drug harm reduction advice - verbally and providing literature. 4. Gathering information about the level of drug use of festivalgoers.
Evidence	Minimal - however would be logistically difficult to gather. • Case study - After outreach workers and the mandatory viewing of harm reduction information were introduced in a New York festival there were reductions in drug related hospital episodes and drug related deaths - see harm reduction / non-persecutory messaging section (Ridpath et al., 2014).
Logistical considerations	• The level of benefit is likely related to the number of workers. The *Safer Dancing* guidelines recommend one worker for every 500-1000 customers at an event. • Potentially services could be commissioned from existing local drugs services provided they had workers with expertise around the use of club/festival drugs. Alternatively, existing harm reduction organisations such as the Loop may be able to provide the service. • A dedicated local outreach service would be beneficial to cover festivals and night clubs. • There is a potential role for volunteers with the requisite knowledge and qualifications in return for festival tickets - this is how most welfare organisations / the Loop function. • Peer-to-peer advice from individuals with lived experience may be better received - (Carvalho et al., 2014; Dilkes-Frayne, 2016; Ruane, 2015; Ruane, 2018).
Examples of practice	• Mutiny - 2018 - Motiv8 provided an outreach service. • Southampton - Safe in Sound - Dedicated outreach service founded in 1997 that provided harm reduction information at events. It stopped functioning due to lack of funding in 2007. • Sheffield - 2018 Tramlines festival trial - team of 10 outreach drugs workers provided 346 interventions ranging from low level (distributing water) to extended harm reduction interventions for self-disclosed drug users. On average cost £5.10 per intervention. Positive evaluation by Sheffield Public Health team; recommended for future festivals. • Scotland - Crew outreach service - Provide outreach in festivals and other settings.
Recommended by	*Safer Dancing* (Newcombe, Manchester City Council, 1995) *Safer Clubbing* (Home Office and London Drug Policy Forum, 2002) *Safer Nightlife* (Home Office and London Drug Policy Forum, 2008)

d. Welfare services

Description / role	Many welfare services are in operation staffed mostly by volunteers. Their role includes general services, for example caring for lost children, but some aspects are particularly valuable for drug users. 1. Providing a safe space for vulnerable drug users to overcome physical or psychological side effects of drug use; can improve user safety and reduce the strain on medical services. 2. Providing emotional and psychological support for those suffering psychological crises related to drug use; can improve user safety, reduce the strain on medical services and potentially help to mitigate longer term psychological trauma. 3. Providing drinking water.

	4. Providing harm reduction information. 5. Gathering information on the drug use of attendees and liaising with the medical team. 6. Providing sexual health information and condoms. Drug users may be more likely to undertake risky sexual behaviour; 81.7% of American MDMA users reported increased sexual outgoingness when taking the drug (Palamar et al., 2018).
Evidence	Minimal - however would be logistically difficult to gather. • Observational study - Carvalho et al. (2014) demonstrated statistically significant improvements in the symptoms of those having psychological crises following interventions by the Portuguese organisation Kosmicare - although it is uncertain whether this was because of the interventions. • Qualitative studies - describe the role of 'sitters' in helping users overcome psychological crises (Ruane, 2018).
Logistical considerations	• The approaches of welfare organisations differ. Some are more specialised to deal with issues related to drug use. • Peer-to-peer advice and welfare from individuals with lived experience may be better received - (Carvalho et al., 2014; Dilkes-Frayne, 2016; Ruane, 2015; Ruane, 2018).
Examples of practice	Victorious festival 2018 - TTK welfare (https://www.ttkwelfare.net/), smaller psychedelic festivals - PsyCare (https://www.psycareuk.org/), Manchester Warehouse Project - the Loop (https://wearetheloop.org/interventions/). The Samaritans festival branch do not provide a full welfare service but are a complementary volunteer run service that can provide support for those in emotional distress, some cases of which may be related to drug use (https://www.samaritans.org/branches/festival-branch-0).
Recommended by	*Managing Drug Use at Your Event* (Dance Safe, 2015)

e. Medical provision

Medical and social care providers in England are regulated by the Care Quality Commission (CQC), however private event medical providers do not operate under their jurisdiction. In December 2018, the CQC circulated a letter detailing various concerns with event medical care following a series of incidents. Concerns included:

- Providers demonstrating a lack of knowledge of local health systems and not pre-alerting local hospitals to patients requiring escalation.
- Proper checks not being carried out on employees.
- The unsafe storage and administration of drugs.
- Inappropriate treatment being given with resultant harm to service users.

The CQC drew attention to the Event Industry Forum's Purple Guide (www.thepurpleguide.co.uk). This includes guidance on the provision of medical care not only for event organisers and medical providers but also for SAGs to ensure that planning is being undertaken with due diligence. It does not give definitive guidance on necessary levels of care at events; various factors need to be considered, including the demographics of attendees and genres of music being played.

The matter was discussed with two A&E consultants, one of whom is the director of an event medical provider. Various pertinent considerations were highlighted, which are listed below.

There was a lack of consensus on some issues. Clearly, determining what is an appropriate level of cover is complex; future discussions could benefit from the input of an independent senior clinician.

Factor	Considerations
Proximity to local hospital	Less medical cover may be acceptable if the festival is nearer to a hospital, however this could increase the strain on local services. The Purple Guide states that event organisers should minimise the impact of their event on local medical services.
Treat on site or expedite transfer?	The level of care that should be provided on site is debateable. More advanced procedures and medications could be beneficial if used appropriately but require more senior practitioners and more expensive equipment. Ideally, endotracheal intubation would be possible on site for patients having seizures if rapid transfer was not possible.
Doctor or paramedic led?	Doctor led services may decrease the impact on local services as more patients are triaged and dealt with on site. More senior clinicians would be better at recognising the symptoms of drug related issues. Paramedics are trained in intubation but may not be confident performing the procedure.
Staff training and accreditation	Including advanced life support qualifications.
Therapeutic drugs on site	For example, medications to stop seizures and specific drugs for rapid sequence induction and intubation. Cyproheptadine is used for MDMA induced serotonin syndrome and dantrolene is sometimes used for MDMA induced hyperpyrexia but both are expensive and normally used in a hospital setting.
Equipment on site	For example, access to ice and cooling vests for MDMA induced hyperpyrexia and equipment for intubation.
Psychiatric provision	Various drugs can cause psychological problems, for example N-ethyl pentylone, which can be sold as MDMA can lead to insomnia and psychosis. The welfare team can provide basic support; larger festivals such as Glastonbury have psychiatric workers on site.
Ambulances and patient transport	For transport to local services and within the event footprint.

3. Drug checking services should be considered at all festivals

Description / role	The Loop utilise a range of processes including infrared spectroscopy to identify the constituents and strength of drugs. Services can be provided front of house (direct contact with drug users, results of the tests given alongside harm reduction advice), or back of house (drugs that have been confiscated or deposited in amnesty bins are tested to allow warnings to be propagated about particularly dangerous batches of drugs). Proposed benefits: 1. Maximising the safety of drug users by preventing the consumption of particularly hazardous drugs (front of house only). 2. The opportunity to deliver harm reduction information to a hard to reach group (front of house only). 3. Gives the opportunity to propagate warnings when adulterated or high strength drugs are identified. 4. Allows monitoring of the drugs market.
Evidence of benefits	Moderate - logistically difficult to perform controlled trial.

During a 2016 pilot the Loop found that one in five substances tested were not what they were sold as (Measham, 2018). Drug users cannot reliably tell the difference between drugs; hair testing demonstrated that four out of ten self-reported ecstasy users in America had previously taken a cathinone despite denying having done so; presumably because the cathinone was sold in lieu of MDMA (Palamar et al., 2016).

Maximising user safety

- Service data - One in five people testing drugs during a 2016 pilot at Secret Garden Party in the UK submitted their drugs for destruction following testing. A further one in six said they would moderate their behaviour. The year the pilot was introduced there was a 95% reduction in drug-related hospital admissions at the festival compared to the previous year. It is not clear how much of this reduction was due to the introduction of drug checking (Measham, 2018).
- Service data - Only 4% of a Canadian testing service's users submitted their drugs for destruction, but this increased to 36% if the result was 'unknown' (Sage, 2015).
- Service data - 18-74% of drug users who used testing services in three countries said they would not take their drug after receiving their test results (Saleemi et al., 2017; KnowYourStuffNZ, 2018; STA-SAFE consortium, 2018).
- Service data - 50% of service users in Austria said their behaviour was influenced by testing services (Kriener and Schmidt, 2002).
- Service data - 90% of Australian service users said they knew others using the same batch who they would share information with (STA-SAFE consortium, 2018).
- Surveys - 30-85% of respondents to four hypothetical surveys reported they would not take a tested drug if the result was unexpected (depending on exact result) (Benschop et al., 2002; Day et al., 2018; Johnston et al., 2006, RSPH, 2017).
- Anecdotal - The organisers of Boomtown reported reductions in medical issues related to drug use following the introduction of drug checking (Bushby, 2018).
- Anecdotal - An event organiser interviewed also suggested there had been reductions in medical issues related to drug use at his events following the introduction of drug checking.

Delivering harm reduction information and promoting behaviour change in a hard to reach group

- Service data - Less than one in five of those using drug testing services in Europe would otherwise have been seen by a drugs service (Benschop et al., 2002).
- Surveys - Most drug users rely on their peers for information, which may be erroneous (Benschop et al., 2002; NUS, 2018). Drug checking services are seen as a credible alternative source of information (Benschop et al., 2002). 23.2% of service users responding to the Global Drugs Survey shared information received from drug checking services with friends (GDS, 2018).
- Service data - Those that use drug testing services have been shown to know more about the risks of MDMA and unsafe doses (uncertain if this was a result of drug testing or if they were using testing services because they had greater level of knowledge initially) (Benschop et al., 2002). Riskier drug taking behaviours (more frequent and poly-drug use) decreased over time in those using testing services in Switzerland (uncertain if this was a result of drug testing) (Hungerbuehler et al., 2011).

Benefits of warnings - influencing the market

- Service data - After warnings were publicised about dangerous batches of drugs in the Netherlands no more samples from those batches were received suggesting they were no longer in circulation (Spruit, 2001).

Evidence related to concerns	**Does front of house drug checking encourage drug use?** • Survey - Across three countries, of the 225 individuals surveyed who were using testing services 8.8% had not tried ecstasy before. 60.6% of these said they would be taking ecstasy even if there was no testing service. This means 8 out of 225 service users might not have taken ecstasy if the service was not present. On the other hand 27.9% of non-ecstasy users said they would not take pills because testing often reveals dangerous substances. (Benschop et al., 2002). • Survey - 19% of American survey respondents said they would be more likely to try ecstasy if they were "sure of what [they were] ingesting and knew that an organization of knowledgeable volunteers was present". This figure should be interpreted with caution given the wording of the question, and it does not take account of the influence of a harm reduction intervention delivered alongside the results of testing (Dundes, 2003). • Surveys - Contrary to this suggestion; the level of drug use in the UK is higher than most European countries where drug checking services have been utilised for many years (EMCDDA, 2017). The potential risk of additional use by a relatively conscientious sub-group (who are only taking drugs with careful preparation) must be balanced against the benefits to the wider drug taking population. This risk can potentially be mitigated with the framing of results and co-delivery of harm reduction information. **Could drug dealers use the service to promote drug quality?** This is possible; however, although it is unpalatable from a criminal justice perspective it is perhaps not detrimental to user safety as people are made more accurately aware of the strength of their drug. Regardless, it is likely that dealers would make claims about the strength of their drugs without testing, or overestimate it; a study demonstrated that the strength pills were purported to be online was greater than that confirmed by testing (Vrolijk, 2016).
Logistical considerations	• It is difficult to define clear criteria for events that should definitely have drug checking services. Unless they have a specific focus that is associated with not taking drugs; for example classical music, larger festivals would likely have a significant number of drug taking individuals in attendance warranting its provision. • There may be a perceived stigma for event organisers about having drug testing services at their event. This could be combated by adopting the attitude that it is 'opt-out' - with clear reasons, rather than 'opt-in'. • Those who are forthcoming in their attempts to access testing services are more likely to already be aware of some harm reduction measures. Outreach services promoting and directing users to the service could help draw in the subgroup with higher need. • A local service would be beneficial to provide drug checking at festivals and other settings (student / clubbing areas). • Drug checking services are relatively new and as such their role and working relationships with other agencies are still being defined. Other agencies at an English festival outside of Hampshire visited during research were reticent to propagate warnings of dangerous batches of drugs that had been identified by the Loop, presumably because of reputational concerns. And the medical team did not look favourably on advice received from drugs experts working with the Loop, which led to the sub-optimal care and psychological deterioration of drug users who had unwittingly taken N-ethyl pentylone. If drug checking was introduced locally prior efforts to specify working agreements and protocols for the publication of warnings would be of benefit.

Legal considerations	The provision of drug checking services is a new area for UK law and clearly there are legal concerns around the handling of controlled substances. The Misuse of Drugs Regulations 2001 gives some leeway for services of this type. Section 6(1e) states that persons may handle controlled substances if they are "engaged in the work of any laboratory to which the drug has been sent for forensic examination when acting in the course of his duty as a person so engaged". Section 6 (1f) states that other persons may if they are "engaged in conveying the drug to a person who may lawfully have that drug in his possession", which would include a laboratory worker as per section 6(1e). Additionally, if a legal clause was identified that was relevant to prosecute a drug testing organisation the Crown Prosecution Service would still have to be satisfied that prosecution was in the public interest; which seems unlikely when the intention is to reduce drug related harm. Nick Hurd has stated that the provision of drug checking services is a local operating decision and that the government will not stand in the way of their provision (House of Commons Debate, 6 July 2018, c677). Festivals in other parts of England, including Boomtown in Hampshire have provided drug checking since 2016 and WEDINOS has provided a mail based drug checking service since 2009. The author is not aware of legal challenges to either service. **N.B. Addendum to report added 11th June 2019** In February 2019 the Home Office issued a license for a publicly accessible drug checking clinic. It is not clear what this means for drug checking services at festivals in the future and whether a license will be required. Despite publicity to the contrary, drug checking services did not feature at South Central festival in Portsmouth in May 2019.
Examples of practice	• The first drug checking service was established in the Netherlands in 1992. There are now drug checking organisations in the USA, Australia, Canada, New Zealand and various other European countries. Organisations utilise various service models and types of technology. • In the UK - the Loop provide mobile front and back of house testing in various festivals and town centres in England, and in Wales WEDINOS provide a mail order service.
Recommended by	The 2009 Home Office Advisory Council on the Misuse of Drugs, the Royal Society of Public Health, ChangeGrowLive, Public Health Ontario and various academics (AMCD, 2009; ChangeGrowLive, 2018; Groves, 2018; King, 2015; Leece, 2017; RSPH, 2018).

4. Considerations around the unclear evidence for efforts to confiscate drugs

Notwithstanding their other purposes, in relation to drug use there are two arguments for routine searching and the use of drug detection dogs:

i. Confiscating and preventing drugs from entering the site

Undoubtedly, many drugs are confiscated due to searching efforts, but it is likely many more still enter festival sites. On a large festival site with thousands of customers, vendors and other staff entering; many of whom have large bags and vehicles, there are limitations on the effectiveness of searching measures. A stakeholder involved in event planning described a large amount of condoms discarded in festival toilets thought to be used for smuggling drugs internally. Another stakeholder described how dog repellent spray can be used to avoid drug detection dogs.

It is highly likely that those with more experience smuggling drugs would be more successful in their attempts and successful drug dealers would have this requisite experience. Between 2002 and 2004 of 9400 searches performed by drug detection dogs in Sydney, Australia, 2587 led to the discovery of drugs. From these searches only 19 prosecutions resulted for the supply of drugs. An Ombudsman report concluded that detection dogs "do not significantly assist police in targeting drug suppliers" (Dunn and Degenhardt, 2009).

Infrequent users who have their drugs confiscated when entering events could seek out dealers within the event footprint. The drugs available would be from a new and untrusted source, may be stronger, contain unexpected adulterants and could have been smuggled into the event inside a body cavity with an associated risk of infection. From their pilot data the Loop reported that drugs were more than twice as likely to be mis-sold when purchased within the festival as compared to outside (Measham, 2018).

ii. Deterring individuals from trying to enter with drugs

Another Australian survey calls into question the efficacy of the deterrent effect of such measures. Of 647 drug users going to events where they expected to see drug detection dogs only 4% chose to not take drugs at the event, 7% chose to take smaller quantities with them and 11% purchased drugs inside the event. The others took measures to avoid the dogs, hide the drugs or simply 'hoped for the best' (Grigg et al., 2018). The measures may be more effective in deterring some dealers.

Unintended negative consequences

- Qualitative studies explore the potential negative effects of preventive measures. Users may pre-dose with large doses before an event to avoid taking drugs through security. They may choose to smuggle their drugs internally with a risk of the packet rupturing leading to overdose, the necessity of procedures to remove the drugs or the spread of infection. They may use other drugs believed to be less easily detected, which could be more dangerous. And they may panic upon seeing security and ingest high doses of drugs to dispose of them (Race, 2014; Ruane, 2015).
- The survey previously mentioned by Grigg et al. explored the magnitude of some of these issues. Of 614 drug users who expected to see dogs, 7% took their drugs before the event. Of 418 who carried their own drugs and expected to see dogs 10% concealed them in a body cavity and 1% swallowed them and retrieved them within the festival. Of those who had drugs on their person when they saw a dog 8% consumed some of them and 2% took all of them (Grigg et al., 2018).

The evidence in favour of or against measures such as these is not definitive. The evidence that is available does highlight that supply reduction measures can be a double edged sword, and accordingly should be used with caution.

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Southern Health
NHS Foundation Trust

Update on Southern Health's new clinical structure and our new senior leadership teams

Background

The most recent mandate given by the Government to NHS England includes increasing integration with social care so that care is more joined up to meet physical health, mental health and social care needs. More recently, the House of Commons Health and Social Care Committee has expressed its support for improving integration of care, highlighting its potential to improve patient experience.

What we are doing

We are restructuring our organisation to create clinically led, integrated mental health and physical health services across Hampshire. The restructure will also enable more effective population based care, better aligned to local integrated care partnerships. We are clear that joint working with primary care colleagues is crucial to the success of these changes and will bring the greatest benefits to the people we support. National evidence suggests very tangible benefits have been reported for our patients as a result of health and care partners working together more effectively, these include:

- 1% reduced emergency admissions compared to an average of 3.5% growth nationally
- New models of care are successfully managing and treating people more effectively in the community, reducing potentially "avoidable" emergency admissions by 10% on last year
- 4% reduction in GP referrals on last year
- Reduction in the number of people experiencing mental health crisis/emergency admission to acute mental health beds as a result of enhanced support in the community.

Update

Please find our new operational organisational structure enclosed.

Our new structure has five divisions:

- Four integrated geographical Divisions aligned to the developing Integrated Care Partnerships across the county and one specialist Division with a county-wide remit
- Our physical specialist services (such as diabetes, MSK, tissue viability and heart failure) are now integrated within three geographical Divisions.
- Our specialised forensic services, Learning Disabilities service, children's services and public health services (such as Quit4life, our smoking cessation service) now also sit under the Specialist Division

Alongside this, we have also appointed five strong senior operational leadership teams (structure enclosed), who formally started their roles from 1 April. Each leadership team consists of a Clinical Director, Director of Operations, Medical Director and Director Nursing and Allied Health Professionals. Teams are currently developing robust and effective next-in-line structures that will sit within their divisions. Enclosed is a list of the names and contact details of the Senior Leadership Team within each of our five divisions.

We have asked these leadership teams to prioritise their relationships with local primary care networks going forward.

This new structure will help facilitate the overarching goals set out previously and with the NHS 10 year plan. It will help:

- support the local population to have access to high quality consistent care, as close to home as possible and for it to be delivered in the most integrated way so service users and their carers have the right care at the right time by the right person
- support the development of a more effective and integrated approach with physical, mental health and social care teams. Helping staff work more flexibly, making full use of the range of skills available, and making the most of the community resource that surrounds the service user
- enable cluster working to improve outcomes, patient experience, satisfaction and the quality of care people receive
- improve performance, financial sustainability and help address our workforce challenges through reduced duplication, partnership working and improved working networks and conditions.

In our South East Division (area relevant to the HOSP) this will mean building on the existing partnerships and priorities which include:

- Preventing acute hospital admissions and facilitating timely discharge from hospital through proactive community services, working alongside Portsmouth Hospitals Trust, Solent NHS Trust and local authorities.
- Improving access to mental health services, especially crisis care. We are developing a new crisis care service with Solent NHS Trust, and ensuring psychiatric liaison into acute hospitals meets national standards. We have also launched a new mental health triage service, which puts mental health practitioners in the NHS 111 call centre, 24/7. This is improving access to appropriate care, and reducing emergency department attendance. The NHS 111 mental health triage is open to all residents in the Hampshire and Isle of Wight area, including Portsmouth City.
- Aligning our services more closely to primary care networks to improve joined up care between our services and local GPs.

It's important to note that while the new structure is being put in place, every effort is being made to ensure our services continue as usual so the people we support are not impacted by these changes.

This is our most significant and ambitious shift in the shape of Southern Health to date and will no doubt enable our divisions to provide more effective, joined up care.

If you have any further questions, comments or concerns please contact Barry Day, Chief Operating Officer via email at Barry.day@southernhealth.nhs.uk by telephone on 023 8087 4661.

NHS
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4th June 2019

Cllr Chris Atwell
Chair, Portsmouth Health Overview and Scrutiny Panel
Members Services
Civic Offices
Portsmouth PO1 2AL

Dear Cllr Atwell,

Quarterly update letter for HOSP for June 2019

On behalf of the CCG, I would like to wish you well in your new role as chair of the Portsmouth Health Overview and Scrutiny Panel.

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

This formal update is in addition to the regular informal meetings which are arranged with Panel members to look at some issues in more depth, and we will, of course, be happy to continue with these arrangements to suit members.

Our website – www.portsmouthccg.nhs.uk –provides some further details about what we do if members are interested and, of course, we are always happy to facilitate direct discussions if that would help.

Health & Care Portsmouth update
Members of the Panel may recall that Health & Care Portsmouth is our programme for changing the way we plan and provide health and social care in the city. It builds on the work that the NHS and Portsmouth City Council have already undertaken together, to bring services together in a way that is positive and proactive, particularly since the publication of the Health & Care Portsmouth blueprint document in 2015. Solent NHS Trust and the Portsmouth Primary Care Alliance (the organisation that represents the interests of GPs in the city) are other key partners in the programme.

In effect, we all want to support people in the city to live healthy, safe and independent lives by offering health and social care services that are joined up and provided in the right place, at the right time.

We are doing this because it matters to people locally and we know that it will make a measurable difference to their lives. Talking to those who use our services, there is one consistent message we hear – that we must continue to bring primary care, community, mental health and social care services together in a way that makes sense for the individual but also allows front-line professionals to deliver care in a way that is not restricted by professional, organisational or financial boundaries.

Over the past few months we have been able to see some real examples of how our plans are coming together to support these objectives, including:

- **One system for storing patient information:** we now have a shared record system for patient information across primary care, adult social care and community services (SystmOne) which means that appropriately qualified care staff within these three areas now have access to the same patient record, providing benefits for staff and patients, ensuring that people only have to tell their story once.

- **A centrally located, integrated 24/7 primary care service**: we are coming up to the first anniversary of the launch of this service, based at Lake Road Health centre, which gives people improved access to urgent out of hours (and out of hospital) care. Patients registered at a city GP practice can now not only access routine appointments in-hours at their own GP surgeries as usual - but now also weekday evening and Saturday appointments at this GP hub. It brings together three services: an acute visiting service (home visits to patients); out of hours provision (GP access from 10pm to 8am via NHS111); and the extended access service (routine medical provision until 8pm and urgent, same day appointments to 10pm.)

- **Enhanced support for care homes:** an enhanced care home team which provides coordinated and integrated support for staff and residents in care homes in the city, with more emphasis on proactive care. The team includes a GP, pharmacist, community nurses and care home teams working together, with additional support on standby when needed (such as mental health nurses and occupational therapists.) This service has helped improve continuity of care and reduced urgent care usage in the homes participating in the schemes so far.

There are further schemes being developed currently, including piloting a long term conditions hub. This sees two local GP practices linking with staff from Portsmouth Hospitals NHS Trust to provide support to specific, defined groups of people who are living with diabetes and respiratory illness. We are also launching a new physiotherapy triage service, First Contact Physio, which puts people with a range of muscle and joint complaints directly in touch with a physiotherapist, without the need to see another clinical professional first. This means that when patients with symptoms such as back or neck pain, or a hip, knee or shoulder complaint contact their surgery they are offered a same-day telephone appointment with a specialist physiotherapist. The consultation will provide an opportunity for patients to gain advice or treatment directly to speed up recovery.

The overall aims of Health & Care Portsmouth continue to be underpinned by shared teams and posts as well as pooled funds in some instances, and fit with the guidance and recommendations outlined in the NHS Long Term Plan published early in 2019 (the successor plan to the Five Year Forward View.)

Primary Care Networks

One of the key aims set out in the NHS Long Term Plan, and the new, national five year GP contract, is the development of primary care networks across the country.

Primary care networks encourage GP practices to work together to deliver services to populations of 30,000 – 50,000 patients. Benefits are expected to include creating greater sustainability and stability within primary care, improving opportunities around workforce, workload and estates; and, again, the theme of bringing together health and care teams to deliver integrated services focused on an individual's needs within local communities.

The development of networks will also enable a greater focus on the wider health and care needs of populations, encouraging a proactive approach in managing population health needs and reducing inequalities.

There are clear and obvious links here with our Health & Care Portsmouth work and practices locally are being encouraged to support and participate in the development of networks through the new contract and the CCG is facilitating work currently going on in the city to establish these.

We expect to be able to announce over the coming weeks the form that the networks will take but we are anticipating five will be developed in the city. These will be built around already-established natural communities that make sense to patients and will maximise opportunities for engagement with those communities in, for example, tackling health inequalities.

National funding is available to support the development of the networks over the next five years and while the first year will encompass much of the preparatory work, the expectation is that the ensuing years will focus much more closely on how networks will collaborate with community partners to deliver the wider, longer term vision for integrated, personalised health and care.

Merger of Southsea Medical Centre and The Devonshire Practice

The CCG has approved a proposal from Southsea Medical Centre and The Devonshire Practice to merge.

The intention behind the merger is to ensure long-term sustainability of service for patients and ensure the viability of both practices, and enable them to build on opportunities to develop cost-effective and high-quality services. Both the sites that the practices currently operate from will remain open.

The new practice will be called The Lighthouse Group Practice, and is aiming to provide:

- Improved same day access for its patients
- Service resilience and improved choice

- Modern facilities fit for the future
- A more attractive workplace for future staff, helping recruitment and long-term sustainability.

Several practices in the city have seen the benefits of merging over the past few years as a means of ensuring resilience in the face of greater pressure on primary care services generally.

GPs at these two practices believe that pooling their clinical skills and staff resources will have a number of benefits for patients. Meanwhile there will be a number of back office improvements that can be made that will free up time for clinical staff to focus on patient care.

The NHS app
GP practices in Portsmouth are involved in the national roll out of the NHS app programme that will be complete by July. This means that practice patients using the app can access information about conditions and treatments, book and manage appointments, order a repeat prescription, check if they need urgent help and view their medical record.

The app was initially tested with over 30 practices and around 3,700 users across the country and it has proved to have benefits all round. Patients like it because they get 24-hour access from anywhere, they don't have to spend long periods of time on the phone and they have more control over appointments. It works for practices too, in that it means staff spend less time dealing with requests to book appointments and order repeat prescriptions. It also means that instances of patients not attending for appointments are reduced as it is easier for them to cancel appointments if they need to. Meanwhile, safeguards and controls are in place to manage the system appropriately, support effective triage and to protect vulnerable patients.

The CCG will be looking to promote the app through social media channels, and it will be helpful in supporting our urgent care publicity campaigns.

Yours sincerely

Innes Richens
Chief of Health and Care Portsmouth

Title of meeting:	Health Overview and Scrutiny Panel
Date of meeting:	June 2019
Subject:	Adult Social Care Update on Key Areas
Report by:	Andy Biddle, Assistant Director, Adult Social Care

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1. Purpose of Report

1.1. To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) in the period September 2018 to May 2019.

2. Recommendations

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

3. Overview

3.1. 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.

3.2. ASC's purpose is defined as:

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

3.3. ASC provides a service to approximately 7,500 people throughout the year with a staff complement of 800, (600 full time equivalent posts) undertaking a wide variety of roles, both in commissioning and direct delivery of services.

4. Adult Social Care Strategy

4.1. In order to provide a social care service that meets the needs of Portsmouth residents, the Council's statutory duties and manages the demands of increasing needs and costs, ASC has been developing a service wide strategy covering changes in the way we work from 2018/19 to 2020/21.

4.1.2 Context

Implementing the ASC Strategy will achieve outcomes for residents and work toward financial balance. 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 meets 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.

This strategy will enable ASC to be financially stable and sustainable.

These outcomes align to the priorities in the 'Blueprint for health & care in Portsmouth' published in 2015:

- 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
- Create better resources and opportunities for vulnerable people and their carers.

The delivery plan and priorities for the ASC strategy will be presented to the Adult Social Care Strategy Board in May 2019, following a consultation and restructure within ASC. The Board is a cross-Council Board led by the Chief of Health & Care Portsmouth which holds the service to account for progress and delivery. This Board will ensure the 'fit' with the Blueprint so that the strategy works toward more integrated health and social care in the city and aligns with the recently published NHS plan.

4.1.3 Key achievements/priorities.

The strategy and delivery plan is designed to develop over time, key achievements/priorities aligned to the strategy at May 2019 include:

Implementation of the 'Systm1' client record system.
Systm1 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. 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.

Developing the domiciliary care market.
In order to move from 'time & task' to more personalised support, the 'systems thinking' intervention, (commissioned in 2018) is in the 'redesign' phase. This involves working with a cohort of people in Somerstown/Southsea, designing a prototype system which includes

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

Redesign findings will be presented to Members/Senior officers in July 2019, to decide on next steps.

Older Persons Care Homes.
In line with the Cabinet Member decision in November 2018. ASC engaged with residents and families and enabled people to move to new accommodation from Edinburgh House by the end of April 2019. This was earlier than planned as relatives decided to move their loved ones more quickly than had been anticipated. Council colleagues in regeneration and housing are supporting ASC in repurposing the site to provide extra care for people with dementia.

Harry Sotnick House
In order to develop the market for care and support and provide a wider range of housing and support options, a project group has been established to transfer the management of HSH to ASC. Hampshire County Council colleagues have been managing the home since 2018 and will transfer management to ASC in April 2020. Under HCC management, the home have moved from a rating of 'Inadequate' to a rating of 'Good' in less than 12 months, which is a significant achievement. ASC will work closely with HCC colleagues to ensure a safe and effective transition through shadowing management of the home, consultation and discussion with residents and their families and planning for the future use of the home.

Integrated Localities.
In order to deliver health and care in an integrated way ASC, Solent NHS Trust and Portsmouth Multi-speciality Community Provider, (MCP) 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 Systm1 has meant this intervention uses the shared client record system and the model will scale up from a pilot team to the South Locality health & social care teams in the summer of 2019. The team are currently working on a shared assessment process which will enable a more holistic approach regardless of discipline.

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. CIS is funded through the ASC transformation fund and we are working to validate the mix of preventative and actual cost savings with finance colleagues. Finding the right skills has been challenging, the team is still recruiting. 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.

Medium Term Financial Strategy
In 2018, finance colleagues and ASC developed an MTFS 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.

The MTFS is designed to be a living document that develops over time. Finance colleagues are currently working with ASC to refresh the MTFS and reflect developments in the ASC strategy. In 2019/20, the key elements within the MTFS which support the service becoming financially sustainable include the focus on the ASC care homes, high cost placements, the learning disability budget and the CIS.

The central task for the current year will be to ensure the ASC strategy is deliverable, with the anticipated savings requirements and methodology being regularly monitored and reported. The MTFS will also act as the vehicle for identifying future ASC savings to meet the corporate requirements.

5. Developments & Challenges

5.1. During the period September 2018 to May 2019 ASC have seen a number of developments and challenges

5.2 Demand for Services:

The number of older people receiving domiciliary care[1] from ASC per week as of December 2017 was 959 people, at a cost of £150,000, increasing to 995 people at a cost of £163,000 per week by June 2018 and 1012 at a cost of £168,000 by March 2019. Between December 2017 and June 2018 the number of people receiving care between £50 and £200 per week reduced and the number of people receiving domiciliary care funded at £200+ per week increased by 17%, indicating a greater complexity of need. As of March 2019, the split between those receiving care costing between £50 and £200 and those costing £200+ has remained relatively stable, which suggests a lower complexity and a potential impact of reablement services.

The emphasis on care in people's own homes is reflected in less people in Portsmouth placed in residential care homes:

[1] Based on the monthly financial trend figures for 'domiciliary care', 'in-house domiciliary care', 'in-house day care' and 'community services'

258 (March 2016)
242 (March 2017)
230 (December 2017)
207 (June 2018)
197 (May 2019)

In addition to the needs of older people in the city, we continue to see pressure on budgets for people with challenging behaviour resulting from a learning disability. Within Portsmouth, 90 people with a learning disability amount to £8.5m of the ASC budget commitment.[2]

The residential care market continues to experience challenges locally with 9% of residential care homes being rated as *inadequate* and 31% *requires improvement* as at May 2019. Portsmouth Clinical Commissioning Group and ASC continue to work together through a 'Quality Team' to help providers improve quality and CQC ratings, the team are currently working with 11 providers. The quality team also coordinate visits to care providers through independent visitors, for a view of the provider's quality.

There continues to be a waiting list for assessment in community Social Work and ASC have used existing staff to lead a piece of work analysing the demands on the community service. The aim of the work is to understand the demands and then plan how to reduce the wait for people.

In November 2018, a national domiciliary care provider, (Allied Health Care) was unable to continue trading and was purchased by another company. In Portsmouth, the number of people affected was small compared to neighbouring Local Authorities and the new company was able to employ existing staff, minimising the impact on service users. Whilst ASC continues to monitor the domiciliary care market, providers remain under pressure financially both nationally and locally. ASC has a programme of engagement with providers set up in 2019 and is considering how to support the market in addition to cost of living rises.

5.3 Statutory Impact:

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)

The Department of Health & Social Care, (DHSC) announced in May 2019 that the 'Mental Capacity (Amendment) Act' had received Royal Assent. The 'Liberty Protection Safeguards' will replace the current system of DoLS. DHSC state that the reforms seek to:

[2] *Based on R250 using LD as a filter.*

- introduce a simpler process with a swifter access to assessments
- be less burdensome on people, carers, families and local authorities
- allow the NHS, rather than local authorities, to make decisions about their patients
- get rid of repeat assessments and authorisations when someone moves between a care home, hospital and ambulance as part of their treatment[3]

ASC will begin to focus on preparation for the LPS which will involve strategic and operational planning, ensuring sufficiently trained staff to implement and give advice around the new system, commissioning sufficient independent advocacy and transitioning existing DoLS arrangements

5.4 Acute Hospital Pressures:

Whilst the December, Christmas and New Year period was managed successfully and remained stable, urgent care pressures on the health & care system have increased since, with Portsmouth Hospitals Trust experiencing higher numbers of people attending A&E, high bed occupancy and delays in ambulance handovers at QA.

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.

Portsmouth City Council has approved similar arrangements for the 2019/20 financial year, whilst working with NHS Solent colleagues to provide community alternatives to conveyance and admission. The rationale for allocating PCC resource to this work is that admission to hospital can drive deterioration in ability and lead to greater care needs.

5.5 Funding and Budget:

The reported 18/19 gross annual expenditure for adult social care (ASC) activities was £74.9m. The majority of this figure comes from the ASC council cash limit budget of £37.3m. ASC funding also relies on income (assessed charges for care) which is anticipated to be £10.7m in 18/19.[4]

ASC is also funded by monies transferred from the NHS in order to support social care activities. In 2018/19 funding transferred from the NHS via the Better Care Fund (BCF) was £7.4m.

[3] https://www.gov.uk/government/news/new-law-introduced-to-protect-vulnerable-people-in-care

[4] *These projections are based on the reported position as at Q1 2018/19.*

As reported in the March 2018 HOSP update, additional grant funding has been made available to adult social care over the financial years 2017/18, 2018/19, 2019/20.

The conditions for use of this fund were specified as:

- meeting adult social care needs;
- reducing pressures on the NHS (including supporting transfers of care from hospital);
- ensuring the local social care provider market is supported.

The significant pressures at Q4 2018/19 are DoLS, services commissioned for people with a learning disability and in-house care home staffing costs.

5.6 Savings

The saving target for 2019/20 is £966k and progress against savings are reviewed monthly within the service and discussed with the portfolio member. Whilst the service continues to have an estimated underlying budget deficit of £2.5m.[5], he ASC strategy is linked to moving back into financial balance by 2021/22. The budget position continues to be reported in line with council procedures.

Signed by:

[5] *Budget & Council Tax 2019-20 and Medium Term Budget forecast 2020/21 to 2022/23 - 12 February 2019*

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South Central Ambulance Service NHS
NHS Foundation Trust

Title	Health Overview and Scrutiny Panel
Author	Tracy Redman MSc Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	May 2019

Contents

Developments

National Ambulance Response Programme & SCAS Transformation Programme

UK Ambulance Services have seen some significant changes over recent years with the introduction of the National Ambulance Response Programme (NARP).

The Programme aims to improve patient outcomes and increase the operational efficiency of ambulance service provision.

The changes include call handlers being given more time to assess 999 calls that are not immediately life threatening, which will enable them to identify patients' needs better and send the most appropriate response.

SCAS fully implemented NARP on 31st October 2017 and is currently working through a transformation programme to ensure optimum service delivery. There has been a change to fleet mix which has resulted in an increase in ambulances and a decrease in response cars. Alongside this changes to workforce, rosters and estates are ongoing.

Staff rotations into the wider Health System

SCAS continue to work closely with partner health care providers to ensure efficient and effective collaboration. SCAS staff have previously worked in Primary Care in the South East Hampshire area and are now working in a community multi-disciplinary team in Solent NHS Trust. This model is also soon to be rolled out Southern Health NHS Trust as well. This will support wider system working as well as providing opportunities for staff to develop.

Admission avoidance / Urgent care pathways

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. The access for SCAS to a wide range of urgent care pathways continues to grow.

CQC inspection

The Care Quality Commission (CQC) attended SCAS for a formal inspection during July / August 2018 with a focus on Urgent and Emergency Care. The outcome was positive with a move from 'requires improvement' to 'good' in this area and an overall rating for SCAS as good – Report published in November 2018.

Performance

The below details performance by Clinical Commissioning Group (CCG) area against targets set. Whilst there are still some areas requiring improvement against the targets, the majority of measures against the same period last year have improved (shown as yellow highlighted).
Ongoing development and embedding of the SCAS transformation programme will further enhance performance.

Fareham & Gosport CCG

		2017 / 2018 Q4			2018 / 2019 Q4		
Category	**National or Local HCP Standard**	**Demand**	**Mean**	**90th**	**Demand**	**Mean**	**90th**
Cat 1	7 Mins (Mean); 15 Mins (90th)	356	0:07:37	0:12:21	347	0:07:38	0:13:58
Cat 1T	Int Transport Measure 18 Mins (Mean)	212	0:14:59	0:26:11	184	0:12:13	0:20:19
Cat 2	18 Mins (Mean); 40 Mins (90th)	3212	0:24:50	0:52:27	3930	0:22:23	0:45:37
Cat 3	120 Mins (90th)	2391	1:25:15	3:31:09	2425	1:11:59	2:49:43
Cat 4	180 Mins (90th)	227	1:57:10	4:35:50	139	1:43:31	3:37:27
		6398			7025		
Conveyance rates to ED		**51.2%**			**49.2%**		

Portsmouth CCG

		2017 / 2018 Q4			2018 / 2019 Q4		
Category	**National or Local HCP Standard**	**Demand**	**Mean**	**90th**	**Demand**	**Mean**	**90th**
Cat 1	7 Mins (Mean); 15 Mins (90th)	485	0:06:25	0:10:31	553	0:06:17	0:10:12
Cat 1T	Int Transport Measure 18 Mins (Mean)	280	0:10:21	0:16:17	337	0:10:24	0:15:15
Cat 2	18 Mins (Mean); 40 Mins (90th)	3760	0:19:40	0:43:30	4487	0:18:29	0:41:42
Cat 3	120 Mins (90th)	2360	1:23:52	3:34:56	2521	1:10:14	2:53:03
Cat 4	180 Mins (90th)	235	1:53:40	4:49:57	149	1:42:46	3:48:34
		7120			8047		
Conveyance rates to ED		**47.7%**			**47.1%**		

South Eastern Hampshire CCG

		2017 / 2018 Q4			2018 / 2019 Q4		
Category	**National or Local HCP Standard**	**Demand**	**Mean**	**90th**	**Demand**	**Mean**	**90th**
Cat 1	7 Mins (Mean); 15 Mins (90th)	333	0:08:22	0:14:44	415	0:08:10	0:14:11
Cat 1T	Int Transport Measure 18 Mins (Mean)	204	0:13:00	0:23:41	250	0:10:43	0:19:19
Cat 2	18 Mins (Mean); 40 Mins (90th)	3164	0:22:33	0:47:21	4004	0:21:14	0:43:29
Cat 3	120 Mins (90th)	2338	1:20:51	3:21:53	2587	1:10:29	2:48:15
Cat 4	180 Mins (90th)	268	1:37:44	3:51:21	184	1:44:19	4:07:15
		6307			7440		
Conveyance rates to ED		**51.1%**			**50.7%**		

Challenges / Opportunities

Retention of experienced staff / Recruitment of qualified staff

A continued area of challenge due to workforce dynamics and other opportunities for health care professionals. Mitigation is in place through staff rotations to other parts of the NHS and increasing flexible working options, as well as the current roster review having much more focus on staff health and well-being.

Embedding NARP and new service delivery model

The transformation programme is well underway and has resulted a reduction the number of response cars across the trust and replace these with ambulances in line with NARP. This is to ensure we have more patient carrying vehicles to enable us to send the right resource to the right patient. The ambulances will target category 1 and 2 calls as these patients are more likely to be conveyed. The programme also includes new rosters to incorporate additional staff, alongside an estates review.

In addition we are reviewing the feasibility of where our resources should start and finish their shift. The review of the response cars has taken place and they are now targeted to where they are most needed.

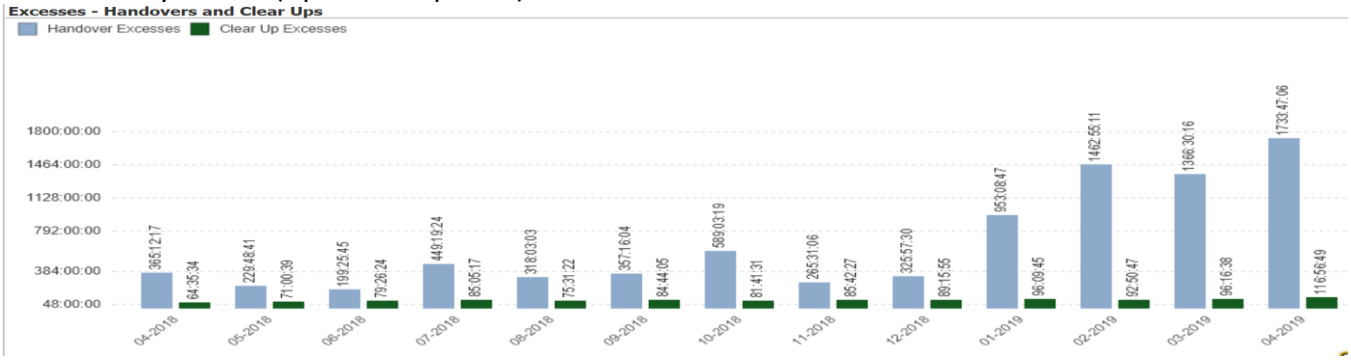
The next step is to review the ambulance locations. Currently the majority of ambulances in SE Hampshire operate from North Harbour and we will assess if this still the requirement under NARP. Having the resources start in one location does have benefits for our teams and our make ready service.

The ambulances are deployed by the control room to where the demand is, and this could be from North Harbour or when they become available at QA Hospital. With demand increasing it is usual for there to be a call outstanding awaiting an ambulance response as soon as one comes available and therefore they will be deployed to the call based on clinical priority. Where there are ambulances available (ie not committed to a task) they will continue to be dynamically spread across the geography.

Hospital/System resilience and capacity - Impact of Hospital Handover delays

Hospital handover delays remain a significant challenge to SCASs service delivery due to the resultant reduction of available resources.

Hours lost by month (April 18 – April 19):



SCAS continue to work closely with NHSI/E, the CCGs, Portsmouth Hospitals and other health and social care providers to mitigate the effects of these delays on patient care, and the impact on staff.

NHS
Hampshire and Isle of Wight
Sustainability and Transformation Partnership

Hampshire and Isle of Wight Working together in 2018/19

MOVING FORWARD TOGETHER

Contents

Introduction

The Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) is one of 44 STPs in England, where local NHS organisations and councils have drawn up proposals to improve health and care in the areas they serve.

During 2018/19 health and care organisations across Hampshire and the Isle of Wight continued to work together as a partnership, to address the many opportunities and challenges facing us. We have been developing ways by which local people know how to stay well whilst making sure we provide safe, high quality, consistent and affordable health and care for our population.

We have worked together on projects where it makes sense to work at scale. For example, on projects where we can take advantage of economies of scale, share expertise or make better use of our finite resources.

We are tackling issues such as reducing the amount of time it takes people to recover from illness, improving the quality of care, supporting people to manage their day to day health whilst making sure we make the best possible use of tax payers money. Our plan is long-term, well-thought through, based on feedback from our local population and devised by people who work in the local NHS and social care system.

As a partnership, we are committed to ensuring health and social care services are about helping keep people well for longer – allowing them to live independent lives and avoid being admitted to hospital. This document details the progress we made in 2018/19 towards achieving our goals.

Key achievements

Opened 11 children's hubs, where a variety of health and care professionals support parents across the area

GP appointments now available during the evening and at the weekend across Hampshire and the Isle of Wight

£ Achieved £190 million in savings by reducing waste and becoming more efficient

Antibiotic prescribing in primary care reduced by 20% - the biggest reduction in the country

Mental health nurses and clinicians with specialist paediatric training now based at the 111 call centre

111.nhs.uk

Introduction of our staff passport saves us £6000 every time someone moves to another role within the local system

People throughout the area can now book an appointment at their GP practice, order repeat prescriptions and view their medical record online.

We are one of two national exemplars for the way in which we offer personalisation and choice to pregnant women

Hampshire and Isle of Wight has one of the highest early diagnosis rates and as part of the Wessex Cancer Alliance the highest ten year survival rate in the country

One of the first areas in the country to have mental health services working closely with housing to ensure people can be treated safely as close to home as possible

Involving you

Community Ambassadors in North and North East Hampshire and Farnham

The Community Ambassador Programme brings together individuals, voluntary sector, faith organisations and community groups who have a large reach into and throughout the north and north eastern parts of the county.

Community ambassadors help us better understand local issues, who we need to speak to and the best way to reach them. They help us to learn from individual experiences and those with expert knowledge when developing, improving or evaluating local health services.

Our community ambassadors are involved in many ways, including but not limited to:

- supporting and shaping projects using their own lived experience, local or specialist knowledge
- reviewing, testing and developing leaflets or literature intended for patients and the public
- passing on important information through their networks.

Opposite are just some of the ambassadors supporting our work.

Wessex Voices

We are delighted that we have been supported throughout the year by Wessex Voices, a partnership between NHS England and the five local Healthwatch. Wessex Voices was established in 2015 to transform the way local people are involved in designing and planning health services.

They have provided advice and guidance on how to make patient and public involvement more meaningful to many of the Hampshire and Isle of Wight work programmes, including cancer, mental health, children and young people, and digital.

Wessex Voices are also training our staff through their well respected Empowering Engagement Programme. This programme is supporting staff from a variety of disciplines to involve local people in their improvement projects, embedding good engagement into their day to day work.

Involving you

Improving mental health through peer support

Peer Support Worker Support Network

A peer support worker is an individual who has lived experience of a situation and can help others focus on their recovery. We have begun implementing an exciting and innovative project, seeking to provide a Peer Support Network across Hampshire and the Isle of Wight, accessible to all, irrespective of location, and which provides a consistent service across the area.

The network, hosted by Solent Mind, will provide support, advice, guidance and training to peer support workers, further progressing the work already undertaken though Building Healthcare Partnerships programme.

The network is being developed and supported by representatives from NHS England, CCGs, local authorities, voluntary sector, peer support workers and other partners.

The Network was launched in January 2019 and will begin reporting progress later in 2019/20.

Our plans for the coming year

During 2019/20 we will be extending the ways in which we involve people by introducing an online Hampshire and Isle of Wight Citizens' Panel. The Panel will be a way for local people to share their views on a range of health and care topics and will help us reach an even wider selection of our population. This exciting development will be an opportunity for us to hear from those people with whom we don't often speak due to a variety of reasons such as their availability, accessibility issues and time constraints.

Involving our staff

The engagement of our workforce is key in ensuring that we utilise their expertise and experience in the way we work as a health and care system.

This year, we developed a system-wide staff partnership forum, engaging with staff representatives and unions on key issues and developments within the system. We have also held a number of workforce summits to engage a wide range of people across our system, and have covered issues such as recruitment and retention, the availability of nurses and allied health professionals and technology.

We use many different methods to share information with our workforce and to engage with them. We have undertaken a range of focus groups and surveys to gather data to inform our work around the collaborative bank (a way in which to share staff between organisations reducing the need to pay for agency staff) and flexible retirement. We have also introduced regular staff communication to keep partners informed about the developments and achievements of this work stream.

This work, along with that described on the previous page, are just a small selection of the things that we are doing to make sure the voice of local people and our staff are central to our efforts to improve health and care in Hampshire and the Isle of Wight.

Making care more convenient

Online consultations - Three quarters of GP practices across Hampshire and Isle of Wight now provide online consultations via their practice website. This supports patients to get to the right service first time around and helps staff by reducing admin time on the phone. 80% of people using the service say they would recommend it to their friends and family.

GP appointments - GP practices across Hampshire and the Isle of Wight are working together to make improvements to the care you receive. This includes providing evening and weekend appointments for all our population.

Online appointment booking and electronic prescriptions - People throughout Hampshire and the Isle of Wight can now book an appointment at their GP practice, order repeat prescriptions and view their medical record online.

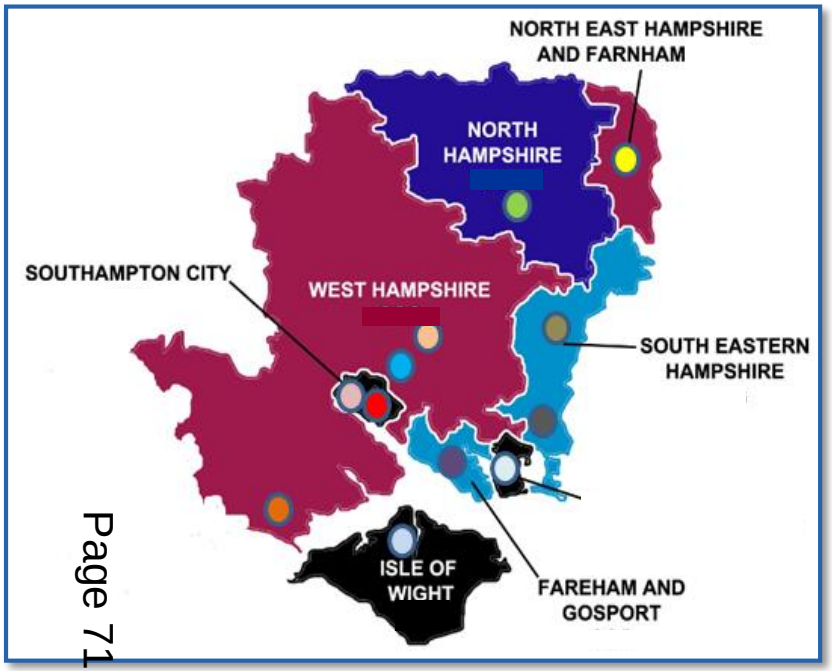
Smartphone apps – We have developed a number of apps to support you in managing your health
My Maternity - A digital maternity record for women and health professionals, replacing paper notes.
My Medical Record – An online personal health record, used in our hospitals, which allows you to add information about your health including details which may be monitored as part of your current treatment, such as your weight or blood pressure. In some cases this may reduce the need for you to attend outpatient appointments.
NHS App – this will go live across Hampshire and the Isle of Wight during 2019.

Accessing data to improve care - Your medical record can be accessed, when appropriate for your care, by professionals across the area. This has helped our staff to provide services more locally at community and medical centres, reducing the need for unnecessary trips to hospital whilst also reducing the need to have repeat tests.

WiFi - Wi-Fi access for patients and staff is now available in over 90% of NHS buildings. This enables a wider range of staff to work in local areas as well as allowing patients to access their medical records on their mobile devices.

End of life care - We have been working to improve the care for patients who are at the end of their life, enabling more people to leave hospital and die peacefully ,with the care that they need, in a place of their choice.

Making care more convenient



Connecting care children's hubs – Across Hampshire and the Isle of Wight we have established 11 connecting care children's hubs. These are a one-stop service supporting children and their families to reduce the need for them to attend hospital. The hubs offer support from a variety of professionals such as GPs, paediatricians, mental health workers, school nurses, health visitors and children's dieticians and we are already seeing the benefits. Feedback from parents shows that 98% of those that have used the hubs would recommend them to friends, with 93% of hub staff saying they would recommend this new approach to colleagues.
Since it started, the Chandlers Ford hub has witnessed a 13% drop in children's GP appointments, a 20%drop in the need to refer children to hospital and a 3% drop in the number of children attending A&E.

Sexual Health - Promotion of digital appointments for sexual health screening has resulted in an increase in uptake. This has led to infections being treated quicker, supporting a reduction in spread of sexually transmitted diseases.

Follow-up care - Following treatment for breast, colorectal and prostate cancer, more patients are now able to control their own follow up care, supported by training and access to clinical support. Access to online support has reduced the number of follow up appointments and enabled faster access to care when needed.

Maternity Pioneer – Hampshire and the Isle of Wight was given Pioneer status for personalisation and choice. This means that we have been able to test out new ways for women to receive maternity care which is centred around them and their families. Following this pioneer period we were named as one of two national exemplars.

Care homes - We have improved the way in which we support people living in care homes by offering additional clinical care and support in homes across Hampshire.

Looking after our workforce

Collaborative bank
We have developed a system-wide staff bank to help support staffing levels in our trusts and reduce the reliance on agencies. This will enable staff to book shifts in either their own or another trust in our system. This exciting project is at an early stage and will be closely monitored to understand the financial and staff benefits.

Reducing recruitment incentives
We know that many of our staff move around our system for new roles**.** In order to stabilise our workforce and reduce competition we have ceased to offer **'golden hello'** finance incentives to staff from within the system.

Mental health first aid training
We have delivered training to 180 staff across a number of sectors, including the police, increasing both awareness and knowledge of how to support people experiencing a mental health crisis or illness.

Education and development
During times of change we know that we need to provide our workforce with even more support. We have therefore developed a system-wide organisational development plan and network, offering support for the development of local teams as well as system-wide issues such as values based recruitment and talent management. We have also developing education approaches across the system, including improving English language skills for overseas nurses.

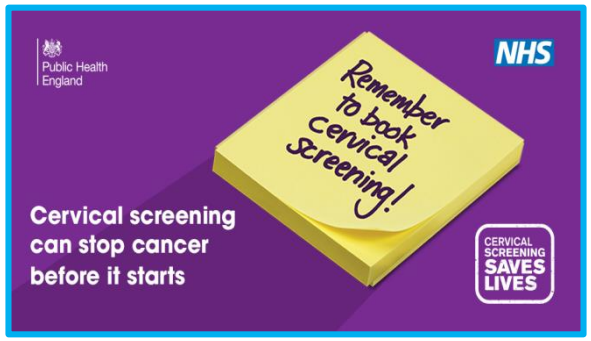
Staff portability
We have introduced a staff passport, which means that training, pre-employment checks and references can be carried from one organisation to another. It costs about £6,000 to perform these checks for each new member of staff. The passport therefore saves both time and money and means our staff spend more time caring for patients. Our plan is to expand the passport to social care and primary care over the coming year.

Recruitment and retention
We want our staff to experience a high level of job satisfaction and we are looking at new ways to attract and retain our value workforce. Amongst the options under consideration are flexible retirement and housing.

Primary care workforce
Hampshire and the Isle of Wight has been included in the national GP International Recruitment Scheme and we have a number of programmes running to support better GP recruitment and retention.

Nursing supply
We have begun a system-wide nursing supply programme to address the issues our trusts face with recruiting and retaining nursing staff.

Helping you to live well with cancer



In a drive to save lives by **improving the early diagnosis of cancer,** we are working to increase the uptake of cervical screening across Hampshire and the Isle of Wight. Working with local women to understand the reasons for not attending a screening appointment, we have been investigating ways to make appointments more accessible.
In addition, Southampton City CCG, in partnership with the Wessex Cancer Alliance, was awarded £4.75 million in funding over the next four years to support the roll out of **lung cancer health checks**.
Southampton is the only area in the south of England chosen for this new scheme and only one of ten in England.

Cancer patients who are physically fit before having surgery tend to have a better recovery. Unfortunately, cancer treatments such as chemotherapy, which patients often receive before their surgery, reduce a patient's fitness.

The **WesFit fit for surgery** programme was launched this year, providing people who have a cancer diagnosis access to an exercise programme aimed at improving their recovery after surgery. The first of its kind, the programme has attracted national and international interest.

Living with cancer - We are delighted to report that, in Hampshire and the Isle of Wight, more people continue to survive one year and beyond from their cancer diagnosis. In fact, we have **one of the highest early diagnosis rates** in the country with 55% of cancers diagnosed at stages 1 and 2,(Jan 2017). In addition, the Wessex Cancer Alliance, of which Hampshire and Isle of Wight is a part, have the **highest ten year survival rate in the country**.

Helping you to live well

Reducing smoking rates
All our hospital trusts now actively encourage patients to stop smoking. As part of a Hampshire and Isle of Wight scheme, hospital staff hold discussions with patients and encourage them to stop smoking, describing the positive impacts on their health. Smoking cessation is now a core element of patient conversations, with 70% of smoking patients at our hospital trusts having received stop smoking advice. Work will continue in 2019/20 to increase the uptake of stop smoking support.

Making every contact count (MECC) is an approach to behaviour change that uses the millions of day to day conversations that health and care professionals have with people, to encourage positive changes in behaviour. These changes are aimed at having a positive effect on the health and wellbeing of individuals, communities and populations. This year we trained 1,041 health and care staff to hold these sometimes difficult conversations, with the people with whom they come into contact. This is a significant rise from the number of people trained last year and we will continue to support our staff to Make Every Contact Count.

The NHS Diabetes Prevention Programme is in action across Hampshire and the Isle of Wight, identifying and supporting people at high risk of developing Type 2 diabetes.

7,000 people have now been referred to the programme with over 3,000 people attending the initial session. People attending the course are losing an average of 3.4kg (7.5 lbs) in six months.

Helping you to live well

The Keep Well Collaborative

The Keep Well Collaborative is a network of housing, health, social care, statutory and voluntary agencies who work together to improve the mental health and wellbeing of local communities by keeping people safe and well at home.

As part of our work we have provided key advice and guidance which has improved the quality of the services that offered by health and social care. For example, the newly launched mental health service within NHS 111 now ensures someone's home situation is taken into account to understand their overall wellbeing. We have supported collaborations between Solent NHS Trust and Vivid Housing and Southern Health NHS Foundation Trust and Winchester City Council to develop wellbeing services which keep people safe at home.

We have also facilitated training for housing staff in mental health first aid (MHFA) and Connect 5 principles to help them provide support to those vulnerable residents experiencing mental ill health that do not meet the criteria for ongoing support . This work also led to a local housing provider developing specific call centre scripting when tenants threaten suicide.

The team are also supporting work to:

- improve accommodation options for those people coming out of hospital who potentially need access to rehabilitation services/facilities
- support NHS colleagues to explore the options for key worker housing;
- support the development of a set of housing options to reduce the need to care for mental health patients far from their home;
- use health, housing and social care data across Hampshire and Isle of Wight neighbourhoods to support the development of primary and community care.

CALL 111

The NHS non-emergency number

MHFA England

Improving the quality of your care

The Personalised Care Programme aims to offer people greater choice and control over the way they receive health and care support. During its first year it provided over 1500 people with a personal health budget, over 8,500 now have personalised care plans and support in place, and over 20,000 people have been offered the opportunity to personalise their care (more than double the target for the year).

Parent Health Literacy

The Healthier Together Programme continues to go from strength to strength. Led by Dr Sanjay Patel, paediatrician at University Hospital Southampton, the programme provides parents with clear and consistent advice and information to support them in making decisions about their child's health, including when and where to seek help. It also aims to provide appropriate training and education to staff, parents, children and young people through workshops, courses, the curriculum and the resources on the Healthier Together website.

Over the last twelve months use of the Healthier Together website has more than quadrupled, with A&E attendances for children remaining static whilst the national average continues to rise. Training courses for a wide variety of staff have taken place including staff in A&E, NHS 111 and GPs ,all aimed at ensuring parents receive consistent advice no matter where they access care.

The impact of this initiative has been further recognised by the 20% reduction in antibiotic prescribing via primary care over the last year. Nowhere else in the country has seen such a substantial decrease.

Over the coming year the team will be expanding their training sessions to paramedics and community pharmacists, and developing advice on a wider range of illnesses.

The Healthier Together resources can be found here what0-18.nhs.uk

Healthier Together

Improving the health of children and young people in Dorset, Hampshire and the Isle of Wight

Improving the quality of your care

RESTORE2

Recognise early soft-signs, Take observations, Respond, Escalate

West Hampshire Clinical Commissioning Group has developed RESTORE2, a practical support tool for nursing and residential homes which detects and manages patients whose condition is deteriorating. This has now been rolled out to many homes across Hampshire and the Isle of Wight, and is making sure the right decisions are made quickly when a patients condition deteriorates.

It is designed to support homes and health professionals to:

- recognise when a resident may be deteriorating or at risk of physical deterioration
- act appropriately according to the residents care plan to protect and manage the resident's health
- obtain a complete set of physical observations to inform escalation and conversations with other health professionals
- speak with the most appropriate health professional in a timely way to get the right support
- provide a concise history to health professionals to support their professional decision making.

Winter plans

The winter of 2018/19 saw all health and care organisations in Hampshire and the Isle of Wight working together to provide the best possible services for local residents. Using systems which helped staff understand when emergency services across the area were under significant pressure whilst adapting our approach to ensuring appropriate staffing levels, saw an increase in the number of patients being seen within the four hour target over the peak winter period.

Mental health crisis support in Portsmouth and SE Hampshire

During the year Southern Health NHS Foundation Trust and Solent NHS Trust began a project with commissioners to look at how people access our community mental health services and how improvements could be made. We undertook months of careful observations of how teams were working, including over 150 hours of workshops and consultations with hundreds of patients, carers and staff. Amongst other things, people told us that they want the same service available to all, with timely access and alternatives to being admitted to hospital. We have already started to make changes in response to these findings.

Mental Health - *A case study example*

The Willow Group in Gosport now employ a General Mental Health Practitioner (GMHP) to support patients with mental ill health. Within the GP practice, the GMHP provides early support and use of non-medical therapies in the treatment of mental health issues.

This additional expertise within the practice also increases the speed at which people are referred for assessment to the right mental health specialist.

Improving the quality of your care

Discharge from Hospital

Over the last two years all our hospital trusts have been focusing on reducing the amount of time people stay in hospital after being admitted in an emergency. As well as putting new processes into place to reduce hold ups, Hampshire Hospitals is looking at how it can support patients even more. Amongst other things, they now assess people for frailty in order to understand what support they might need when they're discharged. The result of this has been a reduction in the amount of time spent in hospital, a reduction in the number of patients staying more than 21 days and a reduction in the number of patients waiting to be discharged.

Caring for you closer to home

We have established 35 groups of GP practices who are working together with community services to support people in their local area. Within these groups are dedicated teams made-up of a mixture of different health and social care professionals such as pharmacists, physiotherapists, mental health practitioners and community signposters. They provide a wide range of support to stop people having to go into hospital when they don't need to; reduce the amount of time people stay in hospital (by getting them home safely, as quickly as possible) whilst giving GPs, and all members of the team, more time to focus proactively on people with the most complex needs.

Shared care records

With our partners in Dorset, Hampshire and the Isle of Wight is one of five areas nationally that have been chosen to develop and speed-up how we share health and care information internally to improve services. Our digital teams have built on the success of the Hampshire Health Record and upgrading the system to the new **Care and Health Information Exchange** (CHIE). This will improve our ability to plan and offer the best care services for local people.

An example of how services are already using the shared care record is detailed below in our 'Focus on Sepsis' section which would not have been possible without the ability of staff from different sectors to be able to read a patient's medical record.

Focus on sepsis

Over the last year all our trusts have been focusing on how they improve the quality of care for patients with sepsis. At Hampshire Hospitals NHS Foundation Trust teams have worked together across the different aspects of sepsis care to improve both the safety and quality of care they provide. Key partners in this work are the Wessex Patient Safety Collaborative, South Central Ambulance Service, the Local Medical Committee, local GPs, out of hours GP services, Hampshire County Council, along with local care/nursing homes, CCGs and trusts.

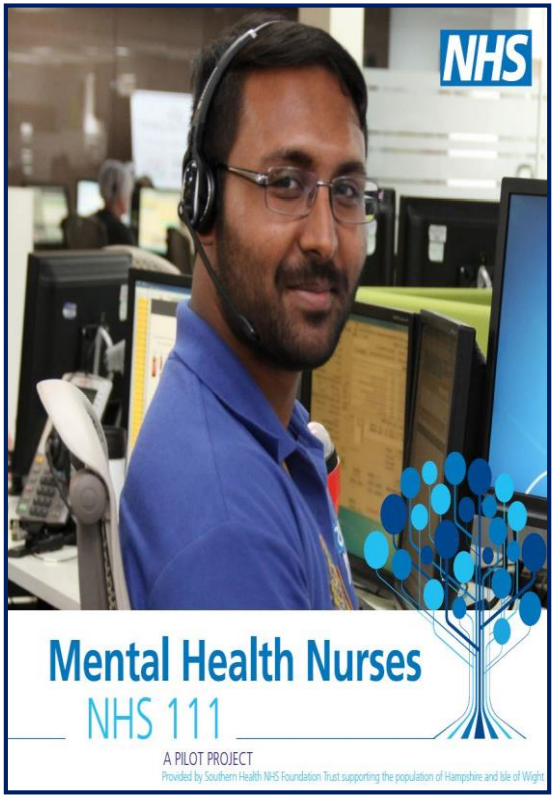
This combined approach has meant that more patients are now receiving antibiotics within an hour of diagnosis, a key target in the treatment of sepsis.

CHIE
Care and Health Information Exchange

NEW NHS 111 services

We know that when people have an urgent health need they want to speak to someone that can help them quickly. The NHS111 and 999 services are receiving more calls from people with mental health conditions and parents with unwell children than ever before. This often leads to ambulances being dispatched and people being referred to A&E and GP services. However, people have told us that this isn't what they want, they would prefer instead to receive specialist support straight away and not be sent to a busy emergency department or travel to an out of hours GP, which could, in many cases, be a worse experience for them.

To respond to this feedback we have developed two new elements to the NHS111 service. The first provides 24/7, 365 day access to mental health nurses to ensure a consistent, confident and reliable service for both children and adults. Mental health nurses are located in the operations centre of NHS111 and 999 and calls are transferred to them when the caller is assessed as possibly having a mental health need with no physical health need. Calls can last around 30 minutes, allowing the mental health nurses to support individuals into a more stable condition, either whilst they wait for further care or are in a position to look after themselves. Once the callers needs are assessed the nurses are able to refer people on to a wide range of professionals, from mental health specialists to housing specialists. This new service forms part of the wider mental health strategy across Hampshire and the Isle of Wight apart of which is a focus on offering alternative places for people to go to when they are in crisis.



The 111 service in Hampshire and Isle of Wight receives about 1500 calls every week regarding children between 0 – 5 years of age. 80% of these calls are referred to a GP, with 10% sent to A&E. Often, in less serious situations, parents are keen to look after their child at home. Therefore, we have provided paediatric training for the nurses in the 111 call centre, to help them support the parent to care for their child, if appropriate, or alternatively to direct them to the best service for their child's needs. This coming year we aim to improve this service even further by introducing video consultations and providing access to paediatric nurses.

Both of these initiatives are part of the review into urgent and emergency care, supported by all the health and care organisations in Hampshire and the Isle of Wight. It proposes a fundamental shift in the way urgent and emergency care services are provided. Improving out of hospital services, offering more care in community settings and reducing the need to attend and be admitted to hospital. Our aim is to provide an urgent and emergency care service that is safe, consistently high quality and which meets the needs of our local population.

Investing in your care

£3.6 million is being invested to improve the way in which lung cancer is assessed and diagnosed across Hampshire and the Isle of Wight. This work will also increase the number of lung cancers diagnosed at an early stage, often making them more treatable.

£1 million has been invested in the Wesfit programme to help people on the road to recovery as soon as they receive a cancer diagnosis, rather than waiting for them to undergo treatment.

£1 million has been secured to support GP retention. This money has been used within local health systems to develop schemes to help doctors, who might otherwise leave the profession, remain in clinical general practice.

We have attracted **£12 million** in funding to **improve the IT capabilities** of our hospital trusts.

Additional funding has placed **pharmacy services in care homes,** to ensure the frail members of our population are taking the most appropriate medicines.

£2.5 million will be invested in increasing the uptake of **screening and immunisations** for harder to reach populations.

We secured a total of £30.8 million for Hampshire and Isle of Wight in 2017/18 (Wave 3 funding)

We received:

- £17.5 million for additional theatres, a pharmacy distribution centre, improved outpatients and a single patient record.
- £10.3 million for the transfer of services to allow the sale of St. James Hospital
- £3 million for the reconfiguration of Woodhaven at Tatchbury Mount for children and adolescent mental health services.

In 2018/19 we secured **£81 million of funding** (known as Wave 4 funding).

- £10.2 million to upgrade the Burrell Centre in Winchester
- £58.3 million for a new emergency department at Portsmouth Hospital
- £15.8 million to upgrade wards in the Western Hospital in Southampton
- £2.6million to relocate the GP practice at Cosham Health Centre to a more modern site
- £2.4million for the same day access centre in Basingstoke

During the year we received **a Health Foundation Award of £75,000.** This funding was used to support a review of **inpatient and community mental health services** in order to improve outcomes for adults and older people experiencing severe mental illness. The team is using the money to develop new ways to reduce the number of people travelling out of area for acute and psychiatric intensive mental health care, instead focusing care and treatment as close to home as possible.

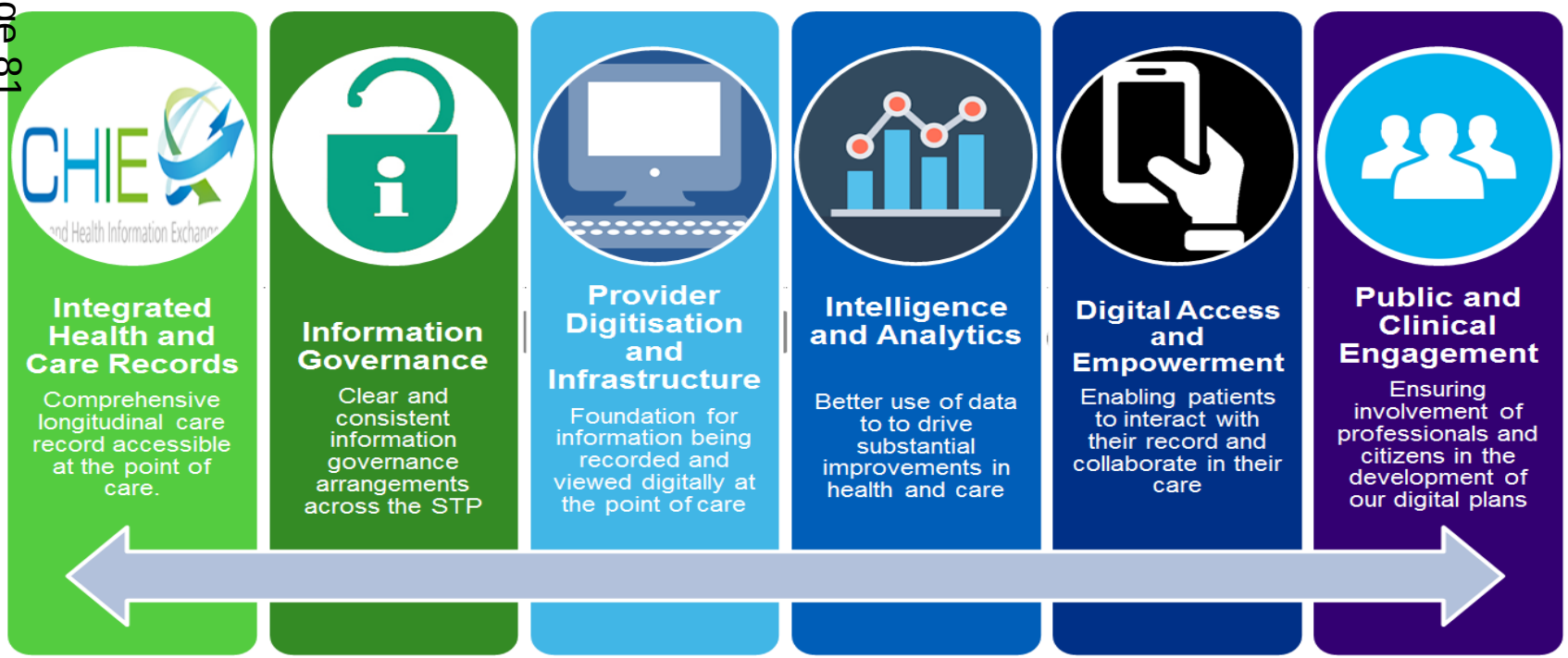
Investing in your care – Digital Transformation 20

Over the last two years, teams from across health and care organisations in Hampshire and Isle of Wight have worked together in a new way to start to make positive changes for our citizens and our staff.

Our digital teams have brought together experts in technology, information security and data analysis, to understand the best ways in which we can share your data securely, using the right technology, to help our staff work across the area to support people in a variety of locations.

In fact, leaders of the health and care system nationally have recognised our progress and provided us with additional funding to modernise the IT in our hospitals and develop our shared care record. Our investment in technology in GP practices and community health centres is making it easier for people to access health and care professionals through access to WiFi, apps and online and video consultations.

We are delighted to have three trusts named 'Global Digital Exemplars': Hampshire Hospitals, University Hospital Southampton and South Central Ambulance Service have all received funding to invest in new technologies to improve patients' experience.



Reducing waste

Whilst improving the quality of the care we provide is our top priority, we also want to make sure that we reduce waste and spend taxpayers money as wisely as possible. Many of the pieces of work mentioned in this document have already generated efficiencies of both time and money over the last year and we expect this to continue into 2019/20. Below are just a few examples of how we're reducing waste and becoming more efficient.

Reducing unused and unfit buildings

During the past two years we have improved the way in which we deliver some of our services by moving them away from properties that were no longer fit for purpose. We have released a total of 3.06 hectares of unneeded land with a value of £11.9 million. We have also reduced the operating costs of our buildings by £1.3 million per annum.

This work is ongoing with a five year plan in place to identify surplus land and to reinvest in our estate.

Online appointments have meant that two thirds of the people using the system could be managed remotely, reducing the need to travel into the GP practice. This is saving just under 5000 GP appointments every month in Hampshire and the Isle of Wight equating to a financial saving of around £55,000 per year. We know however, that this is just the start. As more and more people know about the service we anticipate usage rising considerably with savings forecast to reach well over £1million each year. Whilst saving money this will also free up valuable GP and nurse time to spend with people with more complex needs.

Staff portability - The introduction of our staff passport is saving £6000 every time an employee moves within the system. Whilst in its infancy we expect to see significant savings during 2019/20.

Improving mental health services for children and young people

During the year we implemented a six month pilot project aimed at reducing the number of children and young people admitted to hospital with severe mental illness. The project also looked at how we can make sure children and young people are cared for in an environment as close to their home as possible, reducing the amount of time spent in hospital and supporting families following discharge. By undertaking this project we not only provide local children with a better experience of care but also streamline the way we work so that mental health specialists are able to spend more time supporting young people more intensively in their home.

Overall the project generated £1.1 million savings from a £500,000 investment and is currently being refined to make sure we further improve outcomes for children.

Contact us

The following organisations are supporting the delivery of sustainability and transformation programmes of work in Hampshire and the Isle of Wight:

NHS Fareham and Gosport Clinical Commissioning Group
NHS Isle of Wight Clinical Commissioning Group
NHS North Hampshire Clinical Commissioning Group
NHS North East Hampshire and Farnham Clinical Commissioning Group
NHS Portsmouth Clinical Commissioning Group
NHS South Eastern Hampshire Clinical Commissioning Group
NHS Southampton City Clinical Commissioning Group
NHS West Hampshire Clinical Commissioning Group
Hampshire County Council
Isle of Wight Council
Portsmouth City Council
Southampton City Council
NHS England and Improvement
NHS England (HIOW)
NHS South Central and West Commissioning Support Unit
Hampshire and Isle of Wight GP surgeries
Hampshire Police
Hampshire Hospitals NHS Foundation Trust
Isle of Wight NHS Trust
Portsmouth Hospitals NHS Trust
Solent NHS Trust
South Central Ambulance Service NHS Foundation Trust
Southern Health NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
Care UK
Wessex Academic Health Science Network
Wessex Clinical Networks
Wessex Clinical Senate
Wessex Local Medical Committees
Health Education Wessex
Local voluntary and community organisations
Hospital and community trusts in neighbouring areas
Wessex Voices
Healthwatch Hampshire
Healthwatch Portsmouth
Healthwatch Isle of Wight
Healthwatch Southampton

For more information on any of the details within this document or to get involved in our work please email:
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