
NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 19 NOVEMBER 2020 AT 1.30 PM

VIRTUAL REMOTE MEETING - REMOTE

Telephone enquiries to Lisa Gallacher, Local Democracy Officer 02392 834056
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Membership

Councillor David Fuller (Chair)
Councillor Lee Mason (Vice-Chair)
Councillor Graham Heaney
Councillor Leo Madden
Councillor Steve Wemyss
Councillor Tom Wood

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

Standing Deputies

Councillor Gemma New
Councillor Robert New

Councillor Luke Stubbs
Councillor Ian Bastable

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

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

AGENDA

- 1 Welcome and Apologies for Absence**
- 2 Declarations of Members' Interests**
- 3 Minutes of the Previous Meeting (Pages 3 - 8)**

The minutes of the last meeting on 17 September 2020 are attached for approval.

4 Update from Adult Social Care (Pages 9 - 20)

Andy Biddle, Director of Adult Social Care, will answer questions on the attached report.

5 Update from NHS Southern Health Foundation Trust (Pages 21 - 30)

Ron Shields, CEO and Nicky Adamson-Young, Director of Operations (Portsmouth & South East Hampshire) will answer questions on the attached report.

6 Update from South Central Ambulance Service (Pages 31 - 34)

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

7 Update from Portsmouth Hospitals Trust (Pages 35 - 42)

Penny Emerit, Deputy Chief Executive and Director of Strategy and Performance will answer questions on the attached report.

8 Update from NHS England on dental practices (Pages 43 - 44)

The update is presented for noting and NHS England will attend the next meeting to provide an updated report and answer questions.

Agenda Item 3

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held remotely on Thursday 17 July 2020 at 1.30pm.

Present

Councillor Chris Attwell (Chair)
Lee Mason
Graham Heaney
Leo Madden
Arthur Agate, East Hampshire District Council
Rosy Raines, Havant Borough Council (from agenda item 5)

31. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Vivian Achwal, Trevor Cartwright, David Keast, Philip Raffaelli and Steve Wemyss

24. Declarations of Members' Interests (AI 2)

No interests were declared.

25. Minutes of the Previous Meeting - 9 July 2020 (AI 3)

RESOLVED that the minutes of the meeting held on 9 July 2020 be agreed as a correct record.

Matters Arising

RESOLVED that the reasons and the plans for the merger of Hanway Road and Kingston Crescent surgeries be brought to the November meeting.

26. Portsmouth Hospitals University NHS Trust Update (AI 4)

Penny Emerit, Deputy Chief Executive and Director of Strategy & Performance and Lesley Bishop, Divisional Director of Medicine & Urgent Care, introduced the report and gave the following update on developments that had happened since it had been written.

111 First

Timely update on the 111 First initiative in light of media coverage earlier in the day following an announcement by Rt Hon Matt Hancock, Secretary of State for Health and Social Care. Coverage referenced the announcement by the Health Secretary of the intention for 111 First to be rolled out nationally by December 2020 as a key part of preparations for winter.

Media also referenced Portsmouth and updates included in the paper, as Portsmouth and South East Hampshire is an early mover for the 111 initiative. Since the end of June, patients who choose to access care via 111 have already been directed to the most appropriate service for their needs which includes their ability to get a booked appointment in the Emergency Department at Queen Alexandra Hospital if that is the best thing for patients.

Coverage of the Secretary of State's announcement talked about a national communications campaign launched in December but locally health partners had been running their own campaign including leaflet drops and advertisements encouraging patients to contact 111 where appropriate.

More than 1,100 patients had accessed the Emergency Department via a booked appointment made by the 111 service. PHT is continuing to gather patient feedback to support improvements in the service.

Four full system test days had been held where patients attending ED have been supported to access the most appropriate service for their needs via 111. The absolute focus is on patient safety throughout to ensure any patient requiring emergency care could continue to access this through the ED at QA.

An increase in attendances to ED had been seen, back up to levels seen prior to the COVID-19 pandemic. 111 First is a key part of winter preparedness

COVID-19 response update

Throughout the pandemic, PHT has prioritised delivery of urgent and cancer work. All cancer waiting time targets in June and July had been achieved. The trust continued to prioritise urgent and cancer services as part of the Phase Three Plan while increasing capacity for routine elective patients to ensure it is able to maintain patient safety and reduce risks relating to COVID-19.

The paper also highlighted plans for winter, with flu vaccination campaign due to launch the week after the panel meeting. The trust is also maintaining preparedness for additional COVID-19 patients and potential local outbreaks of the virus.

The trust was currently caring for 14 patients with COVID-19 at QA and the organisation had sadly reported two deaths in the previous fortnight. Ms Emerit confirmed that the trust's thoughts were with the patients' families.

In response to questions, the following points were clarified:

Flu vaccinations

David Bailey, Deputy Managing Director, Fareham and Gosport & South Eastern Hampshire CCGs was best placed to answer queries regarding the flu vaccination programme for members of the public. The trust's focus is on ensuring that all of their staff are offered the opportunity to have the flu vaccination as a key part of the organisation's preparedness and plans for winter.

David Bailey added that the Clinical Commissioning Groups were working on making the vaccination readily available where the population needed it.

111 First

This service is run by South Central Ambulance Service. It is a national number but local calls are directed to a local call centre. At times of surge a national support comes in to play.

An appointment at ED is only one of a range of possible outcomes as a result of calling 111. If the call handler determines that a patient might need to be seen in hospital, the call is dealt with by a GP in the Clinical Assessment Service (CAS). This is an additional service whereby the GP has access to the patient's medical records and will speak to the patients determine if an ED appointment is the most appropriate outcome.

Feedback is mostly positive. Some service users had requested that the message for people to call 111 rather than going straight to the ED be made clearer.

The communications campaign is important to enable the local population to understand the right way to access the right services.

A review is underway to understand the number of people who are directed from the CAS to an alternative service rather than ED and the impact on GPs' general workload.

RESOLVED that the report be noted.

27. Hampshire & Isle of Wight Partnership of Clinical Commissioning Groups (AI 5)

David Bailey introduced the report and explained that in order to maximise the opportunities to work at scale and accelerate change, the Boards of six CCGs (North Hampshire CCG, West Hampshire CCG, South Eastern Hampshire CCG, Fareham & Gosport CCG, Isle of Wight CCG and Southampton City CCG) are developing a business case to merge and create one new CCG for Hampshire, Southampton and Isle of Wight from April 2021. The panel's views would feed into these designs.

In response to questions Mr Bailey explained that:

An application will be submitted to the Secretary of State by the end of September and will demonstrate that stakeholders have been consulted including clinical leadership, GP member practices, other NHS organisations and community patient engagement committees (with representation from patient participation groups) and upper tier local authorities.

Maggie Maclsaac is the Chief Executive Officer of the six CCGs. Merging would enable them to retain a local focus, benefit from working at scale where it makes sense to do so and reduce the complexity and fragmentation of some processes by bringing them together at a higher level to centralise governance, estate management and corporate accounts functions, for example.

RESOLVED that

- 1. An update be brought to the March meeting including the Clarence Unit.**
- 2. Information regarding consultation with borough and district councils will be sent to the panel.**

28. Public Health update (AI 6)

Helen Atkinson, Interim Director of Public Health reported that there had been no updates since the report was published. In response to questions from members she clarified the following points.

As part of the national care home testing programme, care home staff were being tested for Covid 19 every week and residents every month. Positive cases in care homes are followed up with infection control visits.

Pillar One Testing covers people in care homes and hospitals. Pillar Two Testing is for people in the community who are tested at home or at regional, mobile and local testing centres.

The laboratories currently do not have the capacity to meet the increased demand for tests. This is due to be resolved in the next few weeks by increasing weekend coverage and bringing new laboratories on board.

The weekly intelligence summary is presented to the Gold Command Committee, the Health Protection Board, adult social care, child services and published on the website.

Guidance, policies and delivery have been regularly changed often a short notice.

DHSC has contacted out tier three (non-complex cases) of the national contact tracing service and more complex cases are managed by Public Health England contact tracing teams. Local Authorities are now able to work with PHE to deliver local contact tracing of confirmed cases with PHE colleagues.

The Public Health Team work closely with schools providing advice and communication packs.

A local contact tracing pilot involving more Public Health involvement is currently being conducted in the North East and the North West. Portsmouth's application to be a pilot was approved last week.

A Process Project Manager was recently appointed and reservists are being recruited. These are volunteers from other teams and the redeployment pool and will be joined by eight officers from the Wellbeing Team.

The infection rate is increasing in Portsmouth and the Hampshire & Isle of Wight but is much lower than in some areas of the North East and North West.

	Infections per 100,000 residents
Portsmouth	11.2
Isle of Wight	7.1
Southampton	9.5
Hampshire	12.3
Bolton	121.9

	Number of cases in the 7 days prior to 15 September.
Portsmouth	13
Hampshire	76
Isle of Wight	6
Southampton	16

The infections are community-based and predominantly in young adults (20-30 year olds).

70 people across the region were admitted to hospital and 4 intensive care beds used.

Local Resilience Forums are a statutory responsibility of the Civil Contingency Act and are led by key partners.

Local Authorities are responsible for local outbreak planning.

RESOLVED that the update be noted.

The meeting ended at 2:55pm.

Councillor Chris Attwell
Chair

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Agenda Item 4

Title of Meeting:	Health Overview and Scrutiny Panel
Date of Meeting:	November 2020
Subject:	Adult Social Care Update
Report By:	Andy Biddle, Director of Adult Care

1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) in the period April 2020 to September 2020.

2. Recommendations

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

3. Overview

Portsmouth City Council Adult Social Care, (ASC) provides support and advice to adults aged 18 years and over who require assistance to live independently. This may be the result of a disability, long term health condition or frailty associated with growing older. The 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, the service will help people find the longer term care arrangements that best suit them.

ASC's purpose is defined as:

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

4. Priorities

- 4.1. The period that this report covers includes the initial rise in COVID-19 infections, subsequent arrangements for closing some services and redeployment of staff to cover gaps in provision in critical services. It also covers the first national 'lockdown' and subsequent recovery plans. The focus for ASC in this period was to;

- Maintain critical services to protect the most vulnerable and work with all partners in the health, voluntary and independent sectors to provide support and advice to people affected by COVID-19. Support the NHS in admission avoidance and discharge from hospital in a safe and timely way.

- Comply with all government legislation & guidance in response to COVID-19.
- Work toward restoration and recovery of normal services.

4.2. In addition to these local priorities, the Department for Health & Social Care, (DHSC) have published varied guidance which Local Authorities have been required to follow in discharging their Adult Social Care duties. This guidance has included:

- Infection prevention and control
- Hospital discharge requirements
- Personal Protective Equipment
- Social Care Action Plan
- Working in care homes
- Working in domiciliary care
- Providing unpaid care
- People supported through direct payments
- Care Home Support Plan
- Adult Social Care Winter Plan
- Designated Premises

5. Health & Care Portsmouth

Portsmouth City Council has a strong history of integrated working relationships with all NHS partners in the City, in particular with NHS Portsmouth Clinical Commissioning Group (CCG), where there are long standing partnership arrangements in place, including a joint post incorporating leadership of Adult Social Care and Portsmouth Clinical Commissioning Group through the Chief of Health & Care Portsmouth. These arrangements cover integrated commissioning functions and a pooled fund arrangement for Better Care Funding and Continuing Health Care. A Senior Responsible Officer for hospital discharge has also been agreed, working in partnership with NHS Solent. Most recently, increasingly close working between Local Authority and CCG finance have enabled agreement in working with people in receipt of 'Scheme 1' NHS funding.

This partnership provides the basis for the integrated health and care approach between Portsmouth City Council, NHS Portsmouth CCG, Solent NHS Trust, Portsmouth Hospitals University Trust and Portsmouth Primary Care Alliance, forming 'Health & Care Portsmouth'. These working relationships were critical in mobilising a timely and effective response to COVID-19.

This work emphasised working at an integrated 'place level' as referenced in NHS and Local Government plans. As a Local Authority, there is an ambition to gain an even greater focus on integrating health and care for the citizens of

Portsmouth. It is hoped to achieve this by supporting of progressing integrated working further via the delegation of PCCG functions to the Chief Executive of the City Council to enable the arrangements that have benefitted Portsmouth citizens to develop and expand.

6. Themes

There have been some significant themes and responses required that developed between April and September 2020

6.1. Personal Protective Equipment (PPE)

Care providers experienced limitations in supply through their usual suppliers and the Council initially gained stocks distributed via the Local Resilience Forum, then moved rapidly to establishing a strategic reserve at city level and appointing officers to coordinate this work. No care provider in Portsmouth went without essential PPE via this supply and the Council continues to maintain a strategic stock. Nationally publically funded PPE related to COVID-19 will be distributed to social care providers as of October 2020.

6.2. Provider Support

ASC established a daily situation report monitoring the risks against staffing PPE and COVID-19 infection across the range of care providers in Portsmouth. Additionally, the support available through a nurse led team for care homes in place prior to COVID-19 was scaled up to ensure that care homes had contact and support to review residents identified as a clinical priority for assessment and care.

Working through joint contracting and quality arrangements, Health & Care Portsmouth have supported all providers of care, (care homes; domiciliary care, day care, supported living, extra care) with regular communication, guidance and advice, linked to the local director of Public Health. This has included support and information around COVID-19 testing, care home visiting and flu vaccination. Early on in the pandemic response, ASC established a provider portal on the PCC website to enable providers to access the latest guidance and advice locally and nationally. This has been maintained by ASC/CCG colleagues and is due to change to a direct mail newsletter to providers.

As reported extensively in the national press, the social care sector had pre-existing significant financial challenges. Financial stability was maintained amongst Portsmouth care providers during the first wave of the pandemic by PCC reimbursing PPE costs when providers were able to order it. The Council also made arrangements to reimburse costs for increased staffing when provider staff were self-isolating or unwell. A 'minimum income guarantee'

was also put in place so that providers would be paid based on the 3 months prior to the pandemic, even where occupancy reduced. ASC continues to provide support to day service providers until March 2021, whilst they adjust their delivery model. There is also an open request to care providers who may be concerned about financial stability to approach the service for discussion.

In addition, following the publication of the national Social Care Action Plan, an Infection Control Grant was distributed to care providers based on government guidance.

The impact on PCC care homes of between 28 and 30% staffing absence, (due to requirements on social distancing, self-isolation and COVID-19 related ill-health) required a daily review of staffing levels. A combination of over-staffing and redeployment from other areas of the Council sustained safe care throughout the period. For the independent sector there were staffing shortages in 4 of the city's care homes and the increased domiciliary care that was part of ASC contingency planning was able to be redeployed temporarily to help maintain safe care. In addition, Council colleagues supported care providers struggling to maintain regular food delivery with local knowledge and contacts; this resulted in food deliveries to some care homes.

6.3. Shielding and Vulnerable People

ASC staff worked with colleagues in HIVE Portsmouth to set up initial support around medication and food delivery and contact for those who were shielding or vulnerable in the community. ASC helpdesk colleagues worked closely with the HIVE to ensure a two way flow of referrals, ensuring ASC staff were available to the helpdesk to take referrals and advise. The service also handled a lot of the data relating the Shielded Patient List alongside the CCG. This enabled people to access the right support when they needed it.

6.4. Hospital Discharge

The discharge guidance required Local Authorities to work with NHS partners and facilitate rapid discharge to enable the NHS to prepare for the rapid increase in COVID-19 related admissions. This led to the development of the Gunwharf Unit within Harry Sotnick House. However, there has still been a requirement for 'spot' placements in the private sector when Gunwharf has been full or has been unable to meet the needs to the person.

When moving on residents from D2A placements, there have been difficulties in sourcing long term placements at Local Authority rates. In addition, whilst reported capacity numbers suggest there is reasonable bed availability in the private sector, these are not necessarily the right type of beds (for example sourcing long term placements for people with particular behavioural difficulties, or sourcing ground floor rooms to reduce falls risk and therefore

need for additional staffing is problematic). An analysis of this is underway in order to establish a longer-term plan that results in the right mix of Private, LA and Health community beds.

ASC worked with Solent NHS Trust colleagues, Infection Prevention and Control experts, (IPC) and Public Health colleagues to implement IPC procedures in our care homes. CCG colleagues offered IPC training to all care providers, to help prevent the spread of infection. A single Senior Responsible Officer for discharge has also been appointed by the PCC, PCCG and NHS Solent to oversee discharge in Portsmouth.

The national Social Care Action Plan required Local Authorities to put in place alternative accommodation and care for people discharged from hospital who had a positive test result or for whom the outcome of their test was not confirmed, where their care home could not provide isolation care for a 14 day post-discharge period. ASC worked with CCG colleagues to agree arrangements and equipped and staffed the Gunwharf Unit on the 1st floor of Harry Sotnick House as an isolation care unit to provide this resource. The unit opened on 1st June and is funded until 31st March 2021. The unit also provides an opportunity for 'discharge to assess' capacity for those coming out of hospital needing support in a care home environment, prior to a substantive package of care. People with a positive COVID-19 test are cared for as a separate cohort. Social work and Therapy resources are available to support people in the Gunwharf unit.

The Adult Social Care Winter Plan contained a commitment to a Care Quality Commission (CQC) designation scheme for care home premises for people leaving hospital who have tested positive for COVID-19 or were awaiting a test result. Subsequently a letter from the Department for Health & Social Care has required inspection and designation before anyone with a positive COVID-19 diagnosis needing discharge to a care home can be discharged. CQC visited the Gunwharf Unit on 2nd November 2020 and the Head of Regulated Services is in discussion with CQC to designate the unit.

6.5. Bereavement

Sadly, despite following IPC guidance and caring for people in isolation where this was required, the city experienced deaths of people symptomatic or confirmed as COVID19 positive in its care home population, including PCC care homes. The fact that this was not unexpected in a pandemic from an easily spread airborne disease did not take away from the impact that every death had on family and the care home community. In light of this impact, wellbeing champions for relatives and staff were appointed in PCC homes and the opportunity to access wellbeing resources was extended to independent sector care providers. ASC also continued with regular training and reinforcement of IPC procedures in all its services.

6.6. Testing

ASC worked with local Public Health and Portsmouth Hospitals colleagues to access testing through the Hospital and accessed the Tipner site for those staff who were drivers. As whole care home testing became available Public Health, CCG and ASC colleagues prioritised care homes based on levels of risk. Given the difficulties in securing adequate testing over time, the advice and support of CCG and local Public Health was invaluable in weighing risk and reacting to staff showing symptoms of COVID-19. Care homes in Portsmouth now regularly access whole care home testing.

6.7. Inspection

During wave one, the Care Quality Commission, (CQC) introduced an Emergency Support Framework, which was based on information held about providers and an interview with registered managers. The process included a focus on managing infections risks; knowledge of current guidance; access to PPE; management of medicines; risks around workforce capacity and ensuring respectful and safe care. All of the PCC regulated services underwent the Emergency Support Framework process and were deemed to be successful in these areas.

6.8. Recovery

From May 2020 ASC began planning for services such as day services; respite; carer's support and assessment functions to move to a new business as usual format. The service created plans and risk assessments to be able to operate services safely and consulted with local Public Health colleagues and any relevant government guidance. Over time, some services that could not fully operate during the first lockdown period have since expanded capacity and have managed to support more citizens with care and support needs. Within the 'second wave' of COVID-19, the service aims to maintain as many services as possible. This acknowledges the impact that standing down services has on people who rely on ASC for respite from caring.

6.9. Work with People with a Learning Disability

In the initial stages of the crisis the service developed and distributed easy read information about the changes in service provision with information about how people could continue to access their support and developed social stories to help service users to understand what was happening, a system for 'checking in' on all service users was put in place. To accompany this, a Red Amber Green, (RAG) rating system was used to provide centralised information about those who may be heading towards crisis so that services and interventions could be co-ordinated proactively. In addition the service

vulnerable patient database was updated and named workers were asked to ensure service users had up to date hospital passports should they find themselves in hospital. These passports contain information to help hospital staff provide appropriate care and support depending on someone's needs and preferences.

When the crisis began a resource pack for maintaining physical and emotional health during lockdown was also developed and sent to providers. The service also designed and produced notification cards for people with learning disabilities to carry with them while they are out to show to the police if they were stopped. The development of a closed facebook group was an important way of maintaining contact and connectedness with service users. This enabled useful advice about things such as sleep hygiene and hand washing and service users could share pictures of what they were doing to pass the time, to offer each other moral support and advice. Though challenging times, the service we have tried to see the potential for supporting service users not just to maintain their health but to also grow and develop. This has been a great opportunity to strengthen links with providers and families.

7. Demand

The figures below are snapshots of people with care and support needs with open care packages on the last day of the month.

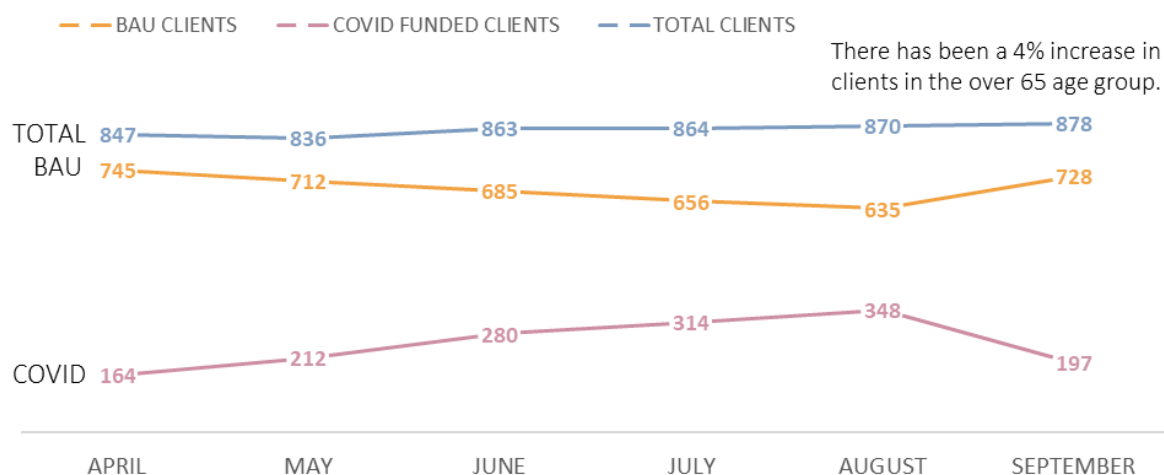
7.1. Domiciliary Care - Age Group 65+

The domiciliary care packages over this time period were split between BAU ('normal') domiciliary care and Covid funded domiciliary care. A client may have received both and therefore the numbers for BAU and Covid will not add up to the total client count.

	BAU DOM CARE PKG		COVID FUNDED DOM CARE PKG		CLIENT COUNT	WEEKLY COST
	CLIENT COUNT	WEEKLY COST	CLIENT COUNT	WEEKLY COST		
APRIL	745	£ 146,136	164	£ 29,415	847	£ 175,551
MAY	712	£ 139,078	212	£ 36,485	836	£ 175,563
JUNE	685	£ 133,542	280	£ 46,208	863	£ 179,750
JULY	656	£ 128,259	314	£ 54,048	864	£ 182,307
AUGUST	635	£ 126,090	348	£ 62,360	870	£ 188,450
SEPTEMBER	728	£ 151,027	197	£ 36,655	878	£ 187,681

Client numbers (for the 65+ group) rose by 4% by September, over the April figure.

DOM CARE 65+ CLIENTS OVER 6 MONTH PERIOD



Looking at cost bands:

All domiciliary care packages across ASC (excl Continuing Health Care).

All client groups, includes Covid funded clients.

Predicted weekly cost, care package open at the end of the month.

Total cost per client.

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
£0-50	124	120	127	130	128	127
£050-200	545	541	547	548	552	545
£200-300	158	155	164	167	167	179
£300-400	54	53	64	66	67	64
£400-500	77	80	75	78	82	80
£500+	95	101	102	103	117	108
DISTINCT CLIENTS:	1053	1050	1079	1092	1113	1103
CHANGE OVER PREVIOUS MONTH		-0.3%	2.8%	1.2%	1.9%	-0.9%
CHANGE OVER APRIL		-0.3%	2.5%	3.7%	5.7%	4.7%

	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
£0-50	12%	11%	12%	12%	12%	12%
£050-200	52%	52%	51%	50%	50%	49%
£200-300	15%	15%	15%	15%	15%	16%
£300-400	5%	5%	6%	6%	6%	6%
£400-500	7%	8%	7%	7%	7%	7%
£500+	9%	10%	9%	9%	11%	10%

Whilst client numbers were up by approximately 5% over the period, the distribution of the cost bands did not vary greatly, most remaining within 1% of April. The exception was a drop in the £50-£200 pw cost band.

7.2. Residential Care

Residential (and nursing) care figures need to be viewed within the context of the pandemic. By April, the figures had already dropped significantly and have not yet recovered. Therefore the table below has the trend with relation to April and February (as the last normal month).

	NUR PERM	IN HOUSE RES	INDP RES
Feb-20	167	72	287
Mar-20	168	67	288
Apr-20	152	57	274
May-20	144	61	271
Jun-20	149	65	271
Jul-20	149	63	274
Aug-20	144	63	274
Sep-20	140	65	274
CHANGE since April	-8%	14%	0%
CHANGE since February	-16%	-10%	-5%

The drop clients across all February

in (47 3 areas, to

September) was not just due to deaths from Covid-19, but also thought to be a reluctance for families to place loved ones at this time and even some being taken back home (anecdotal).

ONS figures show that there were 44 Covid-19 deaths out of a total of 266 deaths in Portsmouth care homes over this period. These are not necessarily all the clients recorded above. 33% of Portsmouth care homes reported an outbreak of Covid-19, from March to July which was relatively low compared to other LA's in the region.

Residential care numbers have started to increase again, nursing figures continue to fall.

7.3. Deprivation of Liberty Safeguards (DoLS)

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)
- 1917 (2019/20)

We have not reported on the applications for this time period, as the number would have been skewed by temporary arrangements in place during the first national lockdown. The government made no adjustments to the Mental

Capacity Act/DoLS in legislation created to manage the pandemic, but rather issued guidance. During this time the service developed a desk top process to enable the completion of DoLS assessments taking account of social distancing, PPE and the policies put in place at care homes and hospitals in regard to visiting, as well as the guidance issued by DHSC. This is due to review.

The Department of Health & Social Care, (DHSC) had intended that the 'Liberty Protection Safeguards' (LPS) would replace the current system of DoLS by October 2020. However, the DHSC have announced a further delay to the implementation of LPS until April 2022 at the earliest. ASC began scoping work looking at the impact of the changes and will review this work during the next 12 months, it is anticipated that this will be likely to need specific project management and a dedicated training resource.

7.4. Mental Health Act Assessments

The Government made proposed adjustments to the use of the Mental Health Act during the 1st wave of Covid-19 documented in Section 8 of the Coronavirus Bill however, the Secretary of State for Health & Social Care did not authorise these changes to commence so for the Approved Mental Health Professional service in Portsmouth, assessments continued as usual.

There was a small increase in requests for assessment for those with Learning Disability and those under 18 who experience eating disorders as some struggled to manage the changes created by the adjusting of some support services or the loss of work based/school/college activity. Recognising the cause of the increased referrals from these groups enabled the AMHP team to be creative in regard to least restrictive options to avoid hospital admissions.

During the initial lockdown period referrals to the service dropped from usual levels but as soon as this restrictions began to be lifted the referral rates returned to normal levels.

During the pandemic, the service has continued to undertake assessments and provide external scrutiny to the care and support arrangements made for adults who are unable to consent to those arrangements. We have conducted assessments remotely and when it has been required we have visited and completed a face to face assessment. Some resource was diverted away from the team to support the delivery of our assessment and care planning function. This has led to a small waiting list of approximated 60 adults. Assessments are prioritised to ensure that anyone objecting to their care and support arrangements are prioritised.

7.5. Adult Safeguarding

The safeguarding team had to quickly adapt at the start of the first lockdown to ensure the council met its statutory duties to ensure adults at risk could access the care and support that they needed. The team relocated to sit with frontline fieldwork teams/AMHPs and this proved beneficial. It has significantly increased joined up working/communication and response times. Fortnightly safeguarding clinics for all PCC staff have been utilised well. They have provided an opportunity to discuss concerns and give advice. They have also been used to support staff induction. Policy/legal clarification and guidance. A weekly meeting was in place with Police, Housing and Health colleagues which has promoted excellent communication and strengthened partnership working. The frequency of this meeting has now reduced but there is a commitment across all partners to continue post-COVID-19.

The referral rate into the safeguarding team has been variable with no particular pattern of concerns. The team were initially quiet in the early part of the pandemic but referral rates have now increased to pre-COVID-19 levels. During the early stages of lockdown the team saw an increase in concerns raised for nursing and residential care homes. These related to an increase in deaths and concerns linked to the use of PPE. The team worked well with colleagues in the CCG, Public Health and Solent NHS Trust, to manage these concerns and support and advise the homes in what was a very difficult and challenging time.

The team saw an increase in the number of referrals relating to people who were homeless or in temporary accommodation. The team has a link practitioner who has worked closely with housing colleagues and the third sector to support them to reduce risk and signpost to the relevant services. The Head of Safeguarding, Mental Health and Learning Disability is working with colleagues in housing and the third sector to develop an assessment pathway to support early access to appropriate services such as adult social care or secondary mental health support. The pandemic has had an impact on the mental health of adults in Portsmouth as this has resulted in an increase in concerns relating to self-neglect. Covid restrictions have made this challenging for staff to address. There is a fine balance between respecting people's right live their lives the way they would like alongside our duty of care.

8. Summary

Whilst it is not possible to cover all of the work undertaken across adult social care in response to the first wave of the pandemic, this report highlights the main issues and acknowledges the work and dedication of all care staff in the city, (whomever their employer). The response to the pandemic would not have been as strong without the integrated approach that we have

established through Health & Care Portsmouth. As stated earlier, it is hope that the Local Authority can enable an even greater focus on integrating health and care for the citizens of Portsmouth.

12 10 2020

Media and Communications Team

Briefing note:

Estates improvement works at Gosport War Memorial Hospital – Poppy Ward and Rose Ward

Introduction

From as early as 2001 the NHS has been trying to address and update mental health facilities – many of which still provide accommodation in out dated, dormitory style ward. In 2018 an independent review of the Mental Health Act added further weight to the need to update environments. In its final report, the review made a number of recommendations to support this, which included the following core points

- physical environment of wards needs to be improved, through co-design and co-production with people of relevant lived experience, to maximise homeliness and therapeutic benefit and minimise institutionalisation
- The backlog of maintenance and repairs needs to be addressed so that mental health facilities are brought up to standard.
- The government and the NHS should commit in the forthcoming Spending Review to a major multi-year capital investment programme to modernise the NHS mental health estate.
- All existing dormitory accommodation should be updated without delay to allow patients the privacy of their own room.

You can read the full recommendations here: <https://www.gov.uk/government/publications/modernising-the-mental-health-act-final-report-from-the-independent-review>

During our latest CQC report the environments on Poppy and Rose wards were also highlighted as areas that needed improving. This was linked directly to the points above and the fact the wards were operating in a dormitory style and not conforming with current guidance.

Following a successful bid for funding, we are undertaking significant improvement works at Gosport War Memorial Hospital (starting 7 October 2020) to our Poppy and Rose wards. This funding is part of the £400million announced by Matt Hancock on 10 October (<https://www.gov.uk/government/news/over-400-million-pledged-to-remove-dormitories-from-mental-health-facilities>)

These wards support those with organic (Poppy Ward) mental health needs and functional mental health needs (Rose Ward). The updates will ensure the wards meet the aims and recommendations set out above, eradicating the current dormitory style settings and addressing a key action from the CQC as well as ensuring the best care and therapeutic environment is provided to our patients.

OUR VALUES



Overview of work

As outlined above, the current layout of the wards has been highlighted as an area of improvement by our regulator, the CQC, and does not meet best practice.

Poppy and Rose wards are currently both arranged in a dormitory style with 16 beds on each ward. The work undertaken will remove the dormitory style format and replace it with individual ensuite rooms. This will afford patients great privacy and provide a more therapeutic environment. It will also mean the wards meet the longstanding aim of the NHS to eliminate dormitory style wards in mental health settings.

The work is expected to take 26 weeks in total with the work running consecutively. Poppy Ward, which cares for those with organic mental health needs (e.g dementia) will go first. The work to change the ward is estimate to take 16 weeks. During this time patients currently on the ward will be supported in the Trust's other organic mental health wards, such as Beaulieu Ward in Southampton. Following the completion of Poppy Ward, patients will return and work will begin immediately on Rose Ward. Rose Ward supports those with functional mental health needs (e.g depression). The timescale for this work is expected to be around 10 weeks. Again, patients will be supported in our other wards during this time, or if possible, they will be supported in the community.

We recognise that this work will have an impact on patients, their families and carers. From 21 September we ceased admission in to these wards in anticipation of the work. At the Beginning of October we only had 6 patients on Poppy Ward and 10 patients on Rose. This meant the number of patients affected by the disruption was minimal. Patients who needed to be temporarily placed in other wards have been moved to alternative OPMH in patient wards within the Trust. This is something we have been able to do through the constant managing of our beds, with our current bed occupancy around 64%. Pre COVID this figure was around 80%.

Due to the physical size of the space involved, the improvement work will reduce the overall number of beds from 16 to 14 on each ward. It is recognised that acuity on wards increase as community provision is strengthened, therefore this marginal bed reduction will not directly affect the required staffing but will slightly increase the nurse to patient ratio to support our capacity to support patient need. Thus enabling staff to be more responsive and develop care further in line with current best practice. Furthermore, ensuite rooms provide greater flexibility with regards to meeting the mixed needs of a patients, allowing us to be more responsive and care for more patients who might otherwise have had to go elsewhere for treatment.

We recognise the incredibly short notice for this work is less than ideal. We were told we were successful in late September and began to plan, but only received the funding this week (07 October). We have moved quickly as the previous environment was a risk. We are keen to make these improvements as soon as possible, ensuring the best care and therapeutic environment is provided to our patients.

Alongside the improvement works to the physical wards, a dedicated Intensive Support Team has been set up. This team will support more people to remain in their home, avoiding unnecessary admissions. The team will work alongside the local Community Mental Health Team (CMHT) to provide intensive, regular and emergency support for a mental health crisis that cannot be facilitated through the CMHT. They will work closely with the CMHT, GPs and extended primary care and relevant teams at QA.

This work represents a significant investment. This is by far the biggest investment in older person's mental health (OPMH) in the area and will ensure that Gosport War Memorial is providing the best care possible for people in a modern environment. The creation of the Intensive Support Team will also ensure that more people are able to be supported in their own home, alongside their loved ones, avoiding admissions unless absolutely necessary whilst also providing support to other mental health teams.

Our public and patient experience team are working closely with the teams at the Hospital to ensure full involvement of patients and carers as part of this work. This includes a dedicated session (virtual) in November to talk to carers, families and other patient stakeholders, including third sector, with the aim of sharing key parts of the transformation plans and facilitating regular engagement and involvement meetings. This will ensure the re-design has full service user engagement and is co-produced to high degree.

Further points of note

- Whilst these plans have developed and been implemented at pace we have been working closely with our commissioners who are supportive of our plans
- With the looming threat of a second wave of COVID and the ever present winter pressures we have undertaken a risk analysis to ensure this work will not have a negative impact on our response to these key issues. Whilst patients on Poppy and Rose wards are living with multiple comorbidities and frailty, the wards are not part of local system contingency plans for any second wave. In addition to this, moving to ensuite rooms also enables Infection Prevention and Control teams to better contain contagious patients, improving the safety of others on the ward.
- During the work, staff will be temporarily redeployed to other relevant wards. Moving from 16 beds to 14 beds will be reflected in future staffing numbers. Staff will be given the opportunity to remain on the wards, become part of the new Intensive Support Team or be redeployed elsewhere.

Any questions?

If you have any questions, please contact Kate Smith (Southern Health's Mental Health Head of Operations PSEH) via email: Kate.smith@southernhealth.nhs.uk

Ends

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20 10 2020

Media and Communications Team

Briefing note:

Southern Health's response to coronavirus epidemic: update 5

Introduction

This paper is the fifth in a series of updates and follows the first written briefing on 27 March 2020 (which also provided some background on the coronavirus), the second one on 6 April 2020, third on 29 April 2020 and fourth on 15 June 2020

Copies of these past papers can be provided upon request to provide the detail of all those services which were either temporarily ceased, reduced in frequency or offered in an adapted way (i.e. digitally/virtually).

This paper describes what Southern Health has done since July to ensure the best possible services are delivered and what has been done to protect patients, service users, our staff and the public.

Overview of Service Changes

Our staff and services have fundamentally transformed the way in which we work. We saw a phenomenal effort by our teams to work differently and collaborate with partners across the health and care system. The focus has been to provide the safest, most effective care possible during the pandemic, for those with Covid - 19 as well as those with other health needs.

Some examples to illustrate these efforts include:

- We recruited an additional 580 staff (about 10% of our workforce) including students and 278 substantive recruits.
- Around 400 colleagues redeployed into different settings - this includes trainers redeploying into clinical practice, staff transferring to acute hospitals, and corporate support staff moving to help with the distribution of supplies to our hospitals.
- We made a significant number of additional beds available at our community hospitals. These plans mean we are able to quickly react to any future increase in cases too. We also supported acute hospitals to ensure there were beds available for people on discharge.
- We facilitated a major shift towards supporting patients using video and telephone, where this was clinically appropriate. This enabled us to minimise the risk of infection whilst continuing to provide vital care. Our teams have carried out over 32,000 video appointments since March. The Lighthouse, a safe haven for people with a mental health crisis in Southampton, used text messaging and telephone to support patients, with over 600 contacts.
- We implemented risk assessment tool to help keep our staff safe. It accounts for major risk factors including age, gender and ethnicity. Overall 94% of staff at risk have completed the risk assessment, including over 99% of all staff from Black, Asian, and minority ethnic heritage, as well as 97% of staff aged over 50.

OUR VALUES



- The Trust developed an online Wellbeing Hub for staff enduring the stresses of working in the pandemic. More than 3,300 staff have access the site for resources, guidance and links to additional support. We also set up a dedicated 'Listening Ear' coaching service which has been used by over 100 staff with overwhelmingly positive feedback.
- As the largest local provider of mental health services in the county, we also developed a psychological support offer to partner organisations, this included access to our wellbeing hub and fast track access to psychological therapies.
- The procurement team were successful in ensuring our staff had access to the right equipment and protection. This work continues. For example:
 - Aprons, gloves and masks have been issued to staff and patients in line with the changing guidance so that we now issue approximately 10,000 masks per day.
 - In March/April, 4,500 sets of uniform were supplied to staff not typically in uniform.
 - 217 beds/mattresses were purchased to support our surge capacity with another 705 associated items of related furniture.
 - In the first 4 months the Trust gave 91,000 items of PPE to other organisations including masks to Stoke Mandeville, and gloves to the ambulance service. We also received 9,000 items when we needed such assistance.
- During this period when more than 1,300 staff had to self-isolate at differing times, more than 500 staff took periods of sickness with either confirmed or suspected Covid-19 and more than 120 staff were shielding.

Community services

- Community services have been returning to near normal levels of activity.
- Staff have contacted patients who are clinically vulnerable and those whose non Covid care may have been delayed.
- Efforts have been to address the backlog of childhood immunisations through specific catch-up initiatives and additional capacity.
- Enhanced support for care homes, and a programme of structured medication reviews.
- Community health teams have resumed home visiting care for all those vulnerable/shielding patients.
- The Government has made additional funding available to support timely and appropriate discharge from hospital inpatient care. Hospitals, community health and social care partners have worked to embed the **discharge to assess** processes. New or extended health and care support has been funded for a period of up to six weeks, following discharge from hospital. During this period a comprehensive care and health assessment for any ongoing care needs, including determining funding eligibility, must now take place. The fund can also be used to provide short term urgent care support for those who would otherwise have been admitted to hospital.

Mental Health services

- There has been additional investment in mental health services and funding is being directed towards core Long Term Plan (LTP) priorities, which is helping strengthen the response to the Covid pressures.
- Significant investment in our IAPT service, italk, is enabling us to recruit more practitioners and expand services, ensuring more people can get access to the support they need in response to the rise in mental health demand. During this first wave of Covid all IAPT consultations have been virtual.
- The **24/7 crisis helplines** for all ages that were established locally during the pandemic should be retained.
- We should maintain the growth in the number of **children and young people accessing care**.

- We will proactively review all patients **on community mental health teams' caseloads** and increase therapeutic activity and supportive interventions to prevent relapse or escalation of mental health needs for people with SMI in the community.
- Ensure that **local access to services is clearly advertised**.
- Additional funding to help **eliminate mental health dormitory wards**. The improvements include:
 - Gosport War Memorial Hospital – Poppy Ward and Rose Ward
 - Parklands Hospital in Basingstoke
 - Antelope House in Southampton – Abbey Ward. Whilst not related to the elimination of dormitories, this project will enable us to provide female only PICU beds within Hampshire by providing 10 female PICU beds at Antelope House.

Learning disability and/or autism services

- Continue to **reduce the number of children, young people and adults within a specialist inpatient setting** by providing better alternatives and by ensuring that Care (Education) and Treatment Reviews always take place both prior to and following inpatient admission.
- Complete all **outstanding Learning Disability Mortality Reviews (LeDeR)** by December 2020.
- GP practices are trying to ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged.

Winter preparations

- Delivering an expanded seasonal flu vaccination programme – it is vital all staff receive their flu vaccination to stop it spreading to vulnerable patients, colleagues and family.
- Expanding 111 services to treat people with low-complex urgent care
- Continue to work with local authorities to ensure those that are medically fit, are discharged home as soon as it is safe for them. This is part of previously discussed work
- Ensuring that everyone with a Learning Disability is identified on the GP Practice registers and that they have their annual health checks, and access to screening and flu vaccinations is proactively arranged.

Lessons learned

- Health and wellbeing of staff needs to continue as a priority
- COVID-19 has further exposed some of the health and wider inequalities in our society. The virus itself has had a disproportionate impact on different groups within the population, including those living in most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, those who are obese and who have other long-term health conditions and those in certain occupations. It is essential that recovery is planned in a way that inclusively supports those in greatest need.

Current Position

Southern Health NHS Foundation Trust, along with NHS and local authority partners, have worked well together in managing the impact of the first wave of the Covid pandemic. Over the past week, or so, efforts have been made to return all services to as near normal activity as has been possible. It is now clear that we are well into a second wave of the Covid pandemic and we will, with our partners, be building on what we learned in the first phase. We will utilise the additional capacity that we have built in to the system and are

doing our collective best to ensure that everyone is kept safe from Covid, whilst at the same time trying to protect and sustain all non Covid services.

We continue to work closely in partnership with our CCG and local authority colleagues to agree and implement future changes.

Portsmouth and South East Hampshire update

This paper provides an overview of the Trusts work since July to ensure the best possible services are delivered and what has been done to protect patients, service users, our staff and the public. However, for the benefit of the panel, below are a number of updates relevant to the Portsmouth and South East Hampshire area, including projects the panel has previously asked about.

- **Woodcot Lodge**

A core part of Phase 3 will be how we prepare to meet the dual demands of winter pressures and the ongoing COVID pandemic. Woodcot Lodge opened towards the start of the year and sees staff from Southern Health working alongside colleagues from Hampshire County Council and Portsmouth Hospitals Trust to jointly provide temporary “step down” accommodation for patients discharged from QA following treatment for COVID-19 who are well enough to leave hospital but not yet well enough to return home. Those cared for at the Clarence Unit at Woodcot Lodge in Gosport, which HCC Care opened in June, benefit for a dedicated team of nurses, occupational therapists, social workers and skilled care staff, supported by physiotherapists and primary care, who continue to work with them to plan their rehabilitation, recovery and onward care. To date 141 people staying on average 23.23 days, with more than 50% returning to their own home, have been supported in the service that forms a key element of the ongoing safe discharge model.

- **Psychiatric Liaison**

We previously updated the panel about this work. The team helps reduce load and provide dedicated mental health support for any one attending Emergency Department with mental health issues, they can provide interventions and work closely with colleagues at SCAS and the police as well as ED staff. During COVID the team has responded to a number of issues including referral sources being diminished due to the reduction in community services, moving off site and adapting to emergency changes in the Mental Health Act. The service has now moved back onto the QAH site.

Due to the recruiting success the team is rapidly expanding to meet national Core’24 standards. The team is expanding and becoming fully multidisciplinary involving Psychiatrists, Medics, Psychologists, Clinical Nurse Specialists, Nurses, Social Workers and admin support. The service is already 24/7 within the ED and has achieved full Phase 1 recruitment. Key learning from the last few months that will be taken forward into Phases 2 & 3 is the importance of building and maintaining relationships with staff at QA, as these diminished dramatically during the period the team moved off site and the awareness of ‘compassion fatigue’ and the need to act as advocates for mental health patients. That said, the team have a good direct relationship with ED staff and have supported the reduction in inappropriate admissions during some very challenging periods for the urgent care system. The overall impact for patients has been a quicker and more appropriate response to their mental health needs.

The process time for patients has been shortened by having both additional staff in situ and those not needing to attend ED (IE without physical health needs) are being either diverted to the off site

location (for a face 2 face appt) or being telephone assessed where appropriate to do so. This has had a huge impact on the numbers coming in to ED and provided a more convenient and lower stimulus pathway for those patients. On top of the Mental Health 111 service, the additional support the MHLT provide via secondary triage to SCAS and Police crews on the ground have been very well received, building confidence with crews when told to leave a patient and not convey, whilst not always adhered to, has been positive.

- **Transformation and IIC**

Recurrent and non-recurrent funding for 2020-2021 has been secured to increase Integrated Intermediate Care (IIC) provision to

- a) enhance our Urgent Community Response (UCR) capacity
- b) support 7 day working in line with the Hospital Discharge Service Policy

Recruitment has started and is anticipated to have a phased impact to admission avoidance and discharge capacity from December 2020. Recognising the need to reduce the Medically Fit for Discharge (MFFD) numbers at Portsmouth Hospitals University NHS Trust, system partners have agreed a joint action plan to address operational improvements to be implemented over November. This will play a vital role in supporting the system through the coming months.

- **Health and Wellbeing of Staff**

As noted above it is vitally important that we continue to support staff through this continued period. As a Trust we set up a number of different avenues for staff to access support. This included our Listening Ear phone line for staff to access confidential support and a dedicated health and wellbeing hub.

Our learning from the last few months are that staff like to be kept informed and updated on all the changes, even those that don't directly affect them. Within the Trust we have issued twice weekly COVID dedicated bulletins to ensure all staff understand the changing, and often, challenging landscape we now work in. Earlier this month our Chief Nurse, Chief Operating Officer and Chief Medical Director held a Zoom call to talk about how we are preparing for COVID-19 and the winter period. They also addressed issues such as maintaining staff resilience, the latest position within Hampshire and the Trust, PPE and IPC measures and how you can play your part in fighting the virus and keeping safe.

- **Leadership roles and Governance**

After a period of time with key roles not being filled in our leadership structure we are pleased to announce the following clinical leaders set to join the South East Division. Dr Riaz Dharamshi will join us in December as Divisional Clinical Director. Dr Dharamshi is a Community Geriatrician and was previously the deputy medical director at Dorset Healthcare, along with his divisional role, Dr Dharamshi will also be Deputy Chief Medical Officer for physical health, working alongside the current team to drive change and service provision developments across the discipline. Dr Steve Plenderleith

has been appointed Medical Director for physical health. Dr Plenderleith has led significant developments in end of life care with Southern Health and his work at The Rowans Hospice and will take up his new role in November. Finally, Dr Denzel Mitchell has been appointed Medical Director for mental health. Denzel has previously worked locally in and around Hampshire, most notably for the Trust from 2011-2013 providing community based care in the Gosport area.

Filling these roles will strengthen our governance and reporting structures. These are vital for us to properly respond to changes during these months. Despite officially moving to Phase 3 we have continued with regular SitReps to ensure leadership across the Trust is sighted and to allow us to quickly escalate any issues. Further to this we have also continued our 'COVID command structure', which are a series of calls (bronze silver and gold) which have allowed us to quickly address and escalate any issues as well as responding to various demands across our mental health, physical health, community and learning disability services. This we feel is the best way to respond to the dual demands of COVID and winter pressures.

Any questions?

If you have any questions, please contact Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: heather.mitchell@southernhealth.nhs.uk.

Ends



Agenda Item 6

South Central Ambulance Service **NHS**

NHS Foundation Trust

Title	SOUTH CENTRAL AMBULANCE SERVICE NHS FOUNDATION TRUST – AN OVERVIEW
To	Health Overview and Scrutiny Panel - Portsmouth
Author	Tracy Redman MSc Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	November 2020

Contents

- Developments
 - Integrated Urgent Care
- Performance
- Challenges
 - COVID-19
 - Hospital/System resilience and capacity - impact on Hospital Handover delays

Developments

Integrated Urgent Care

SCAS continue to work with partners across health and care to provide the most appropriate care to our patients at the right time and the right place.

SCAS have clinicians working closely with multi-disciplinary teams and partners in the community as well within the SCAS Coordination centre. In addition, there are enhanced arrangements in place to improve working directly with GP colleagues and hospital specialities.

Ongoing work continues to progress out of hospital and non-ED pathways to further enhance the patient care and experience; this work is supported by innovation and developments in technology.

Performance

Year on year the demand on SCAS 999 service has increased across all areas. The below details performance by Clinical Commissioning Group (CCG) area against national targets. Ongoing developments and embedding of the SCAS transformation programme, and a reduction in hospital delays will further enhance performance.

PORTSMOUTH		Q2 19/20		Q2 20/21	
Category	National or Local HCP Standard	Mean	90th	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	0:05:49	0:09:30	0:05:02	0:08:46
Cat 1T	Internal Transport Measure 18 Mins (Mean)	0:07:17	0:11:52	0:06:24	0:11:04
Cat 2	18 Mins (Mean); 40 Mins (90th)	0:13:46	0:27:29	0:13:16	0:27:02
Cat 3	120 Mins (90th)	0:47:25	1:50:36	0:43:48	1:43:19
Cat 4	180 Mins (90th)	1:10:12	3:03:52	1:11:07	2:45:07
Conveyance to ED		49.0%		47.7%	

SOUTH EASTERN HANTS		Q2 19/20		Q2 20/21	
Category	National or Local HCP Standard	Mean	90th	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	0:08:12	0:14:43	0:07:21	0:13:12
Cat 1T	Internal Transport Measure 18 Mins (Mean)	0:09:44	0:16:16	0:08:57	0:15:24
Cat 2	18 Mins (Mean); 40 Mins (90th)	0:16:49	0:32:42	0:15:31	0:29:21
Cat 3	120 Mins (90th)	0:50:54	1:59:37	0:43:37	1:42:44
Cat 4	180 Mins (90th)	1:10:13	2:45:22	1:05:07	2:43:14
Conveyance to ED		51.7%		50.1%	

FAREHAM & GOSPORT		Q2 19/20		Q2 20/21	
Category	National or Local HCP Standard	Mean	90th	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	0:07:25	0:13:13	0:06:09	0:10:51
Cat 1T	Internal Transport Measure 18 Mins (Mean)	0:11:48	0:19:56	0:12:11	0:22:22
Cat 2	18 Mins (Mean); 40 Mins (90th)	0:18:28	0:35:14	0:17:23	0:31:46
Cat 3	120 Mins (90th)	0:52:40	1:59:06	0:48:14	1:49:14
Cat 4	180 Mins (90th)	1:22:37	3:02:22	1:14:36	2:56:07
Conveyance to ED		49.4%		49.9%	

Challenges

COVID-19

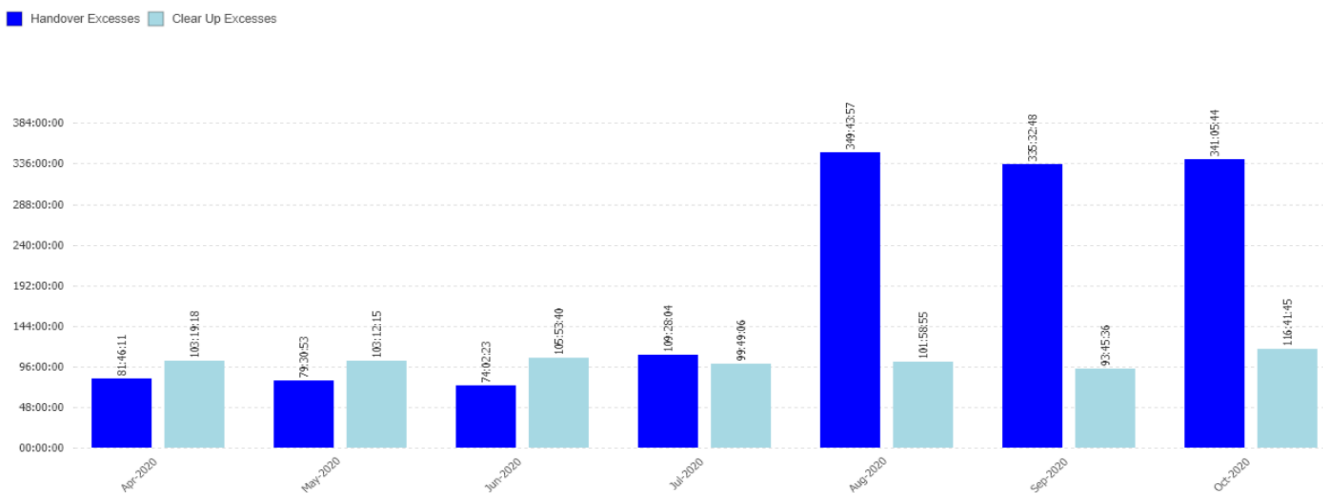
COVID-19 wave one saw a number of challenges including those around understanding and managing the changing demand at different times in different parts of the organisation, and staff health safety & welfare.

At the time of writing the position is fairly dynamic in terms of activity and actions. SCAS continue to work closely with partners to ensure the best possible understanding of predicted demand and capacity, its impacts, and the subsequent actions required.

SCAS have plans in place to enhance operational capacity including established support from the military and Fire & Rescue Services. The command structure is in place with the ability to escalate its activity and functions as required.

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

Hospital handover delays have seen improvement but remain a significant challenge to SCASs service delivery; the chart below shows the number of Ambulance hours lost (handover excesses) by month from April 20 – Oct 20.



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

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**Portsmouth Health Overview and Scrutiny Panel
Portsmouth Hospitals University NHS Trust update
19 November 2020**

1. Trust response to COVID-19

1.1 Introduction

The COVID-19 pandemic remains a priority for the organisation, including progress against national requirements for the third phase of the response.

As of 6 November 2020, prevalence of COVID-19 locally and nationally is continuing to rise. We are caring for an increasing number of patients with the virus at Queen Alexandra Hospital in Portsmouth.

We continue to follow all national guidance related to COVID-19 as we closely monitor and respond to emerging evidence about the virus, prevalence and impact. Regular Gold Command meetings chaired by our Chief Executive are ongoing and we have enhanced our Silver Command meetings in light of the increase in prevalence of the virus locally.

We have plans in place to step up our command structure further in response to any escalation of the local situation.

We continue to work closely with our partners across Hampshire and the Isle of Wight to respond to the COVID-19 pandemic.

1.2 Third phase progress

On 31 July 2020, Sir Simon Stevens, NHS Chief Executive, and Amanda Pritchard, NHS Chief Operating Officer, set out NHS priorities for the third phase of the response to COVID-19, as follows:

- A. Accelerating the return to near-normal levels of non-COVID health services, making full use of the capacity available in the “window of opportunity” between now and winter
- B. Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes locally and possibly nationally
- C. Doing the above in a way that takes account of lessons learned during the first COVID peak; locks in beneficial changes; and explicitly tackles fundamental challenges including support for our staff, and action on inequalities and prevention

Our current progress against each of these three priorities is as follows:

A. Accelerating the return to near-normal levels of non-COVID health services

We have prioritised the delivery of urgent and care work throughout the COVID-19 pandemic, and all of our services are fully operational. The safety of our patients remains an absolute priority. We continue to clinically review all of our patients and prioritise patient safety for those who are clinically urgent with a secondary consideration of the length of time that a patient has waited.

We continue to utilise independent sector capacity, maintaining high levels of advice and guidance to support GPs and in support of our outpatient service delivery. We are continuing virtual outpatient clinics where appropriate and are making good progress.

B. Preparation for winter demand pressures

We are building on a number of changes made in response to the COVID-19 pandemic for the benefit of patients. This includes working with our partners across the local health and care system to ensure that patients are supported to access the right care in the right place at the first time, potentially reducing the length of time it takes for patient to receive care they need. This in turns helps us to maintain social distancing, reducing the risk of COVID-19 transmission.

During the pandemic we continue to support patients to access the most appropriate service for their needs, including signposting patients to a local Minor Injuries Unit or Urgent Treatment Centre where appropriate. Mental health pathways developed support patients to access appropriate care without needing to visit the Emergency Department at Queen Alexandra Hospital (QA) first and the continuation and further development of our Same Day Emergency Care pathways also support patients to access the right service the first time. Working with our health and care partners we continue to make good progress on the 111 First pilot initiative which provides an additional, more convenient way for patients in Portsmouth and South East Hampshire (PSEH) to access urgent care.

Patients in PSEH are encouraged to call 111 first before attending the Emergency Department at QA if they need medical help but it is not a life-threatening emergency. An advisor will direct them to the most appropriate service for their needs, such as their GP, a local pharmacy, urgent treatment centre or minor injuries unit, or can book the patient a time slot to attend ED if appropriate.

The national policy and operating model for hospital discharge, which was updated in August, builds on much of the good practice developed during the COVID-19 response to avoid delays for patients who are medically fit for discharge. We are working with our health and social care partners to embed the requirements and these changes form a core part of our readiness for winter.

We continue to work to discharge as many patients home as possible when they have received all of the acute care they need. For those who require some form of ongoing care, we continue to work closely with our health and care partners to jointly provide temporary “step down” accommodation for patients discharged from QA following treatment for COVID-19 who are well enough to leave hospital but not yet well enough to return home. This accommodation is provided at units at Harry Sotnick House in Portsmouth and the Clarence Unit at Woodcot Lodge in Gosport. Patients discharged to these facilities are initially cared for in isolation for a 14-day period to minimise the risk of the spread of any infection. They are supported by a dedicated team of nurses, physiotherapists, occupational therapists, social workers and skilled care staff who work with them to plan their rehabilitation, recovery and onward care. This forms a key part of the ongoing safe discharge model and we are working in partnership to continue to provide these services.

We are working continuously to ensure our services remain fully accessible to all. We recently held a deaf awareness learning event as a result of patient feedback to enhance understanding among individuals and teams of the potential needs of patients who are deaf or hard of hearing to support improvements to patient experience. In response to the work initiated by the High Intensity User Group we have also introduced Standard Operating

Procedures for patients with specific, complex mental health needs to enhance the care we provide to these patients.

We continue to enhance the support available to patients with learning disabilities who are admitted to QA, including helping to ensure that patients can be discharged in a more timely way having received all of the acute care they need and ensuring their specific needs are recorded in a “hospital passport”. We remain vigilant to safeguarding issues and continue to make referrals to appropriate services as required, ensuring that we support with skilled staff in our clinical areas.

We comply with all national guidance related to visiting and keep this under constant review, recognising that there is a changing picture of COVID-19 prevalence locally, and will make any further changes as required.

Meanwhile our Family Liaison Officers (FLO) service introduced as part of the first phase of our COVID-19 response to enable patients to stay in touch with loved ones has proved so successful that a FLO team has now become a valued part of our workforce. The team continues to build on this initiative for the benefit of patients, their relatives and carers, supporting everything from virtual weddings to anniversaries, video calls and text speak, which enables those with impaired speech and/or hearing to connect with loved ones.

Flu vaccination programme

Our flu vaccination programme is progressing well and as of 29 October more than 66% of individuals working across the organisation have been vaccinated against the virus to help protect our patients, loved ones and themselves and ensure that we are as resilient as possible this winter. We continue to encourage all colleagues to ensure that they are vaccinated as soon as possible and are providing regular opportunities for colleagues to have the flu jab in their ward or department or at one of our regular clinics as part of our flu campaign.

C. Action on inequalities

The health and wellbeing of every individual working across the organisation remains a priority. We have dedicated support in place for teams, including structured debriefs where appropriate. We provide a wide range of support covering emotional, physical, social and financial wellbeing, and have increased the support available to all staff further during the COVID-19 pandemic. A detailed Staff Support Pack is available to all staff, which includes information about the psychological and wellbeing support available to staff 24 hours a day, seven days a week.

Our Staff Support Line and Manager Support Line continue to be open daily to provide advice, guidance and access to professional occupational health support and welfare services. This ensures that we can co-ordinate and monitor actions introduced to support colleagues, helping us to enhance the resilience of our workforce. We have extended both our staff and manager support lines to run until at least March 2021.

We have built on the work we undertook in-line with national guidance to carry out risk assessment for groups of staff who are at higher risk due to pregnancy, age or underlying health conditions. Our colleagues from ethnic minority have been supported to complete a work health assessment with their manager with any issues acted on, and this has also been introduced as part of the new starter process.

The national NHS People Plan has been finalised and we continue to work closely with our partners across Hampshire and the Isle of Wight to identify and act on system-wide opportunities in support of our response to the pandemic.

2. Building Better Emergency Care Programme

2.1 Background

Our five-year Trust strategy, *Working Together*, sets out our ambitious vision: “*working together to drive excellence in care for our patients and communities.*” Launched in July 2018, the strategy responds to national, local and organisational priorities, identifying the key areas we are focusing on to improve and build on the high-quality services we already provide.

The need for emergency care pathways to be transformed, working in partnership with local health and care organisations, is identified as a key deliverable in our Trust strategy. Building Better Emergency Care programme (BBEC) has been developed to deliver this transformation, working in collaboration to design a sustainable clinical model to deliver safe, effective, efficient, timely and patient centred emergency care and the associated clinical, workforce and estates changes that are required.

The programme is working across the organisation and with health and care partners to tackle some of the longstanding challenges that have contributed to delays for patients attending our Emergency Department (ED) over a number of years. Our ED is more than 40 years old and the constrained size and layout of the department has limited our ability to make improvements to the way care is delivered and implement best practice. The physical condition does not provide a good enough experience for patients, visitors or staff.

In recognition of these challenges, the Trust was awarded a £58.3m capital investment for new emergency care facilities at QAH in December 2018, subject to standard business case approvals, providing an opportunity to transform the way we deliver emergency care with modern, fit for purpose accommodation.

2.2 Developing a new model of care

We know that simply providing a new facility will not enable the Trust and the Portsmouth and South East Hampshire system to make the improvements needed for patients in our communities. This capital investment provides an opportunity to redesign how unscheduled and emergency care is provided:

- working with our partners, clinicians are designing a sustainable new clinical model that will support the timely assessment and care of all patients requiring emergency care, minimising handovers, duplication and delays.
- the new ED is being designed to deliver this new model of care, providing modern facilities and capacity to meet national standards standards and promoting a positive experience for our patients and staff, while being flexible for the future.
- reconfiguring urgent and emergency care facilities at QAH will maximise productivity and efficiency of the urgent and emergency care pathway, streamlining the flow of patients through ED and beyond.
- meanwhile we are making continuous improvements day-to-day to help ensure that patients receive the right care, in the right place, at the right time.
- we continue to work closely with our health and care partners to make sure people have appropriate alternatives to ED and that the right care is available when people no longer need hospital care.

The clinical model is being redesigned against a set of core principles that provide the framework for all decision making on pathways, processes, workforce, digital and estates options:

- 7-day specialty model
- 7-day access to diagnostics and reporting
- 24-hour, 7-day access to assessment and initiation of treatment by a senior decision maker
- All patients will be managed on a same day emergency or outpatient pathway unless/until requirement for admission to hospital
- Pathways will maximise first place admission under an appropriate specialist, minimising handoffs and handovers of care unless clinically justified
- Emergency workflows separately planned and resourced to allow sustainable delivery of emergency and elective activity

The programme will deliver safer, more timely care, greater efficiency and an improved experience for patients, visitors and staff.

2.3 Approval of Strategic Outline Case

We have recently shared positive news with committee members that the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, has now approved the Strategic Outline Case for the Building Better Emergency Care programme, which is the first step in the approvals process.

2.4 Appointment of Preferred Supply Chain Partner

The Trust has followed the national framework for selecting a contractor and is pleased to have now appointed Integrated Health Partners (IHP) following confirmation from the Department of Health and Social Care. IHP, a partnership between Vinci Construction UK and Sir Robert McAlpine, will work with us through the detailed design and building stage of the programme. The team is highly experienced in delivering complex schemes across the NHS, including Emergency Departments, and we are delighted to be working with IHP.

2.5 Identification of site

The Trust has undertaken detailed option appraisals to identify the most appropriate location in the QA site to design and build the new facility. A range of criteria have been considered to inform the outcome:

- sufficient space to accommodate the physical requirements to deliver the clinical model
- adjacencies and travel distances to other essential services within the hospital
- phasing & timing – whether multiple decants and moves will be required to create space for a new facility prolonging the timetable
- disruption to essential clinical services during construction
- implications for amendments to site infrastructure (eg provision or re-routing of utilities) and subsequent budget available to spend on clinical accommodation
- budget implications (for example if underground services need to be re-routed).

The East Car Park, which provides parking for staff, has been identified as the preferred location to be taken forward, subject to planning approvals. All patient car parking impacted

by this development will be replaced on the hospital site, and a traffic solution will be included as part of the design.

2.6 Timeline

Timelines and processes continue to be subject to NHS England and NHS Improvement and HM Treasury approvals processes. The Trust is planning towards submitting the Outline Business Case in early 2021 and is involving patients, communities, staff and stakeholders to help shape our plans. Timings are subject to approvals timescales and the potential impact of the ongoing COVID-19 pandemic, however it is currently estimated that the new facilities will open to patients in 2024.

2.7 Making improvements every day

We continue to work closely with our health and care partners in Portsmouth and South East Hampshire to make improvements every day to ensure that right care is available to patients once they have received all of the acute care they need, and that patients can get the right care in the right place, at the right time.

The Trust, South Central Ambulance Service NHS Foundation Trust (SCAS), Primary Care Alliances, out-of-hours-providers and local Clinical Commissioning Groups (CCGs) continue to work in partnership to provide an additional, more convenient way for patients to access urgent care at Queen Alexandra Hospital via the 111 First pilot initiative.

Under the initiative, if a patient in Portsmouth and South East Hampshire needs urgent care but it is not a life-threatening emergency, they are encouraged to contact 111 first. An advisor will direct the patient to the right service for their needs, such as your GP, local pharmacy, urgent treatment centre or minor injuries unit. Calling 111 first helps patients to access the right care in the right place at the right time and helps us keep patients and their loved ones safe by maintaining social distancing. Patients who call 111 and are assessed as needing urgent care may be offered a booked slot to attend the Emergency Department where appropriate.

No patient will be turned away from our Emergency Department and anyone who is experiencing a medical emergency should still attend or call 999.

2.8 Patient and public engagement

The capital investment will enhance the current provision of services, rather than changing their nature or location. We will carry out engagement in the coming months to inform the clinical model and the design principles that will underpin the new facilities. In later stages there will be wide-ranging engagement activities to inform the detailed design and we are committed to continuing to engage with patients, the public, staff, committee members, partners and our communities

2.9 Wider improvements to the Trust estate

We continue to work to maintain and improve our buildings facilities and the environment for the benefit of patients, visitors and staff in-line with our Trust strategy, ensuring that we deliver flexibility for the future.

As part of this we are planning to increase the number of acute beds available on the QA site for patients to provide additional resilience to our bed base, resulting in:

- reduced bed occupancy
- continued improvements to waiting times for patients
- reduced pressure on emergency services, consistent with the urgent care improvement plan for Portsmouth and South East Hampshire
- accommodation outside of peak demand to support backlog maintenance works by our Private Finance Initiative (PFI) partner

Subject to relevant approvals, the scheme aims to provide an additional 72 beds at QA supported by £10m of the £48m funding from the Department of Health and Social Care, secured as part of the Isle of Wight NHS Trust's Acute Services Review Strategic Outline Case. This is key to increasing resilience as part of our existing partnership with the Isle of Wight NHS Trust (IWT).

We are developing a package of measures to help alleviate traffic congestion, manage demand for parking and promote sustainable travel. A number of proposals are being considered to expand or re-provide parking spaces to ensure availability for those who need it most. We also continue to work closely with Portsmouth City Council and the University of Portsmouth on sustainability initiatives to tackle challenges around climate change.

We are also making improvements to enhance the physical environment across the site to increase biodiversity and improve the experience of our patients, visitors and staff. Works have recently started to develop two of the hospital's outdoor spaces for the benefit of patients, visitors and individuals and teams across the organisation. The projects are funded by the Portsmouth Hospitals Charity Board and support our vision for the estate to deliver an environment that supports the best possible standards of care and experience for our patients.

2.10 Further updates

We will ensure that committee members are regularly updated and The Trust would be pleased to provide further updates as required.

ENDS

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Agenda Item 8

OFFICIAL



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4 November 2020

Sent by email

Dear Chair

PORTSMOUTH DENTAL SERVICE PROCUREMENT – UPDATE TO PORTSMOUTH HOSP

Further to our letter of 1 September 2020, we would like to provide an update on the procurement of NHS dental services in Portsmouth.

As previously advised, the original contract commencement date was paused due to COVID-19 restrictions which impacted on the completion of the procurement process. As you know we have been working with the preferred bidders in the two areas in Portsmouth to mobilise the contracts at the earliest possible date.

We have now carried out additional due diligence and can confirm the Portsmouth South lot was awarded to Smile Dental Care Ltd on 29 October 2020. The premises at 2 Hanway Road, Portsmouth, PO1 4ND will not require D1 planning consent as the building is already being used as a medical practice.

The successful bidder anticipates that building refurbishment will commence during November 2020 and complete early March 2021. Recruitment of the dental practice staff should complete during February 2021. Providing that the CQC are able to carry out a practice inspection as soon as the refurbishment is complete, it is anticipated that the practice will open on 1 April 2021. Whilst this may seem a lengthy time for refurbishment to take place, it is necessary to ensure that contractors and associated staff involved in the refurbishment are working within strict COVID-19 guidance and social distancing measures; it is not anticipated the current lockdown will impact on the refurbishment due to the guidance the contractors are following. However, we would point out at this time that if there are further lockdowns or key personnel are unwell, or must self-isolate, this position may change.



Regarding the Portsmouth North procurement, this is currently in the standstill period which is due to complete at midnight on 9 November. Providing there have been no objections, we will issue the formal contract award on 10 November. We will then be able to provide HOSP with a further update for the meeting on 19 November.

Yours sincerely

Alison

Alison Cross
Senior Commissioning Manager (Dental)

