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# NOTICE OF MEETING

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## HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY 18 MARCH 2021 AT 1.30PM

### REMOTE MEETING

Telephone enquiries to Jane Di Dino 023 9283 4060  
Email: [Democratic@portsmouthcc.gov.uk](mailto:Democratic@portsmouthcc.gov.uk)

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#### Membership

Councillor David Fuller (Chair)	Councillor Vivian Achwal
Councillor Lee Mason (Vice-Chair)	Councillor Arthur Agate
Councillor Graham Heaney	Councillor Trevor Cartwright
Councillor Leo Madden	Councillor David Keast
Councillor Steve Wemyss	Councillor Philip Raffaelli
Councillor Tom Wood	Councillor Rosy Raines

#### Standing Deputies

Councillor Gemma New	Councillor Luke Stubbs
Councillor Robert New	Councillor Ian Bastable

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(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](http://www.portsmouth.gov.uk)

### AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting - 21 January 2021 (Pages 3 - 20)**

**4 Portsmouth Clinical Commissioning Group - update.** (Pages 21 - 26)

Jo York, Deputy Chief Health and Care Portsmouth NHS Portsmouth Clinical Commissioning Group / Portsmouth City Council NHS Portsmouth CCG will answer questions on this report.

**5 Portsmouth Hospitals' NHS University Trust update.** (Pages 27 - 30)7

Penny Emerit, Deputy Chief Executive and John Knighton, Medical Director from Portsmouth Hospitals' University NHS Trust will answer questions on the attached report.

**6 Guildhall Walk Healthcare Centre** (Pages 31 - 34)

Jo York, Deputy Chief Health and Care Portsmouth NHS Portsmouth Clinical Commissioning Group / Portsmouth City Council NHS Portsmouth CCG will answer questions on this report.

**7 Public Health update.** (Pages 35 - 58)

Helen Atkinson, Director of Public Health, Portsmouth City Council will answer questions on the attached reports.

**8 Portsmouth dental data update**

This report previously marked to follow was published on 15 March.

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 21 January 2021 at 1.30 pm at the Virtual Remote Meeting

### Present

Councillor Lee Mason (Chair)  
Councillor Graham Heaney  
Councillor Leo Madden  
Councillor Steve Wemyss  
Councillor Tom Wood  
Councillor Vivian Achwal, Winchester City Council  
Councillor Arthur Agate, East Hampshire District Council  
Councillor Trevor Cartwright, Fareham Borough Council  
Councillor David Keast, Hampshire County Council  
Councillor Philip Raffaelli, Gosport Borough Council

#### 1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors David Fuller and Rosy Raines.

#### 2. Declarations of Members' Interests (AI 2)

Councillor Steve Wemyss declared a personal and non-prejudicial interest as he works for the South Central and West Commissioning Support Unit.

#### 3. Minutes of the Previous Meeting (AI 3)

**RESOLVED that the minutes of the meeting held on 19 November 2020 be agreed as a correct record.**

#### 4. Update from Solent NHS Trust (AI 4)

Suzannah Rosenberg, Chief Operating Officer, introduced the report.

In response to questions Ms Rosenberg explained that:

Regarding the extent to which lessons had been learnt during Covid, including empowering frontline staff, Solent's research department had collated the valuable learning so that nothing was lost. In the first wave of Covid operational delivery was transformed in a very short space of time and most of the good ideas came from staff, who had demonstrated the "art of the possible." Managers and leaders want to listen to staff and have a two-way conversation with them.

60% staff have had Covid vaccinations and 15% have appointments booked so the number of staff vaccinated will soon be 75%.

The community mental health transformation programme has been paused nationally; further information can be brought back to HOSP.

Despite concerns expressed by some members that remote consultations are not suitable for everyone, they are not going to be implemented across the board. Most patients can have a face-to-face consultation, particularly those with mental health issues, older patients with mental health issues and those with sensory impairments. It will be a blended approach tailored to patients. On the other hand, some members noted that remote consultations allow GPs to increase productivity by up to 50% so they should not be dismissed.

The Trust is making plans on how to cope with increased demand from a mental health mini-epidemic as a result of Covid. Demand is likely to come through Positive Minds, Talking Change and GP referrals rather than in-patient admissions so work is being done to increase their capacity. Positive Minds have been operating during the pandemic even though their building in the city has been shut. There will be an injection of funding to expand the work of frontline services. If organisations like community centres have concerns or need help they can contact Positive Minds, who are run by Solent Mind, and have links to all the community support providers. Ms Rosenberg thanked members for this suggestion and agreed to pass it on to Positive Minds.

It is acknowledged that some mental health issues need addressing immediately as delays can be serious and problems do not go away. The transformation programme addresses this by ensuring that at the first point of contact people receive the best support from the most appropriate service. Funding will be put towards the range and timeliness of services.

Members were pleased to see what had been learnt from the response to Covid, particularly with empowering frontline staff and the focus on leadership. The Chair thanked Ms Rosenberg for her report and attending the meeting.

#### **5. Update from NHS England on dental practices (AI 5)**

The Chair explained that NHS England were not able to send a representative to the meeting today due to a number of staff changes and sickness.

The panel noted the update from NHS England on the procurement of dental services in Portsmouth. If members had questions on the update the Chair asked that these be emailed to the Local Democracy Officer to be forwarded to NHS England for a response.

#### **6. Update from Sustainability & Transformation Partnership (AI 6)**

Richard Samuel (Director of Transition & Development) and Sarah Reese (Director of Transformation & Delivery) introduced the report and summarised the main points

In response to questions Ms Reese and Mr Samuel explained:

The Hampshire and Isle of Wight System is now referred to as an integrated care system (ICS). The benefits of the joint working across Hampshire and Isle of Wight (HLOW) has been apparent for some time and is one of the starting points for the system's current work. With regard to the merging of 6 of the 7 CCGs across Hampshire and Isle of Wight and the national proposals around the further development of integrated care systems (ICS), there is no intention to disrupt current ways of working and hinder supporting colleagues and communities as it is a challenging time to make major changes in view of Covid. It is expected teams will be focussed on specific geography. The merging CCGs are working on the level of detail for budgets, autonomy and the decision-making framework but for the time being the starting point is the current way of working, level of autonomy and configuration of teams. Details will be worked out over the next few months, particularly going into the next financial year which will coincide with the next phase of the pandemic.

The Covid virtual wards identify patients who would benefit from closer support and monitoring from primary care or community organisations. Patients are remotely and safely monitored at home so it can be seen if they need more intensive support, including home visits where necessary. As of today 70 people in Portsmouth have been supported at home with a pulse oximeter to measure their oxygen saturation; they can return to hospital if their blood oxygen levels drop. 110 people in the community have an oximeter at home and are managed by GPs and primary care. Digital monitoring was considered but it was decided best if patients kept a diary. Oximeters are only used if patients are happy to do so or have a relative or carer who can help them.

In South East Hampshire (including Fareham and Gosport) there are 46 patients on the Covid virtual ward with home oximetry and just over 100 patients in primary care with pulse oximeters

The ICS can supply members with more information on the Apprenticeship Academy, for example, the number and type of roles.

Precursor arrangements are in place for the Assembly. In 2019 there were two whole system summit meetings with a wide range of colleagues which experimented with types of forums. The concept is inclusive and draws from political, clinical, executive and community roles. It is proposed that the Assembly meets twice per year and acts in an advisory capacity. The Integrated Care System (ICS) Partnership Board will meet more frequently as a smaller group to develop strategy but will report to and test the strategy's content with the Assembly. It is intended to use the Assembly in a slightly more informal way to test and support involvement and alignment of work at a local level, including by local authorities in various tiers and organisations such as Healthwatch and NHS partners. Ways of working will be refined over the next 12 to 18 months.

The ICS has a "financial envelope" to live within so will need to use every pound as effectively and efficiently as possible despite the pandemic. However, the past year has shown that incredibly creative, innovative and safe ways of supporting people have been learnt. Those delivering and receiving services may want to revert to pre-Covid practices or they may keep some of the new ways of working and not just for financial reasons.

The "financial envelope" this year is no different to that of previous years but the environment is fundamentally changed. Instead of an allocation at the start of the year the revenue costs associated with the pandemic were identified mid-year then projected forward and each system has to live within their revised "financial envelope" until the end of March 2021. There is no responsibility for Continuing Healthcare costs this year but there will be next year. The ICS is within £5 million of hitting the year-end £2.5 billion target, which has been accepted by the regional team. The ICS also believes it will hit the national allocation of capital which is just under £100 million. Next year it is believed that Quarter 1 will see a rollover of a quarter of last year's allocation; then after a re-set of budgets it will be understood what allocation will be received; the Treasury's ambition is to cover NHS costs as they are incurred. From Q2 onwards the ICS is awaiting guidance on the nature of the allocation for the NHS. In addition, the traditional "fee for service" model is changing from payment by results to one built around outcomes to reduce inequalities, rather than the "you do something, you get something" model. The costs of having to increase the workforce to cope with the challenges of Covid have been covered by increasing revenue into the NHS but confirmation of the ongoing allocation in 2021/22 is awaited.

Members' concern that patients should be discharged safely from hospital, not just as quickly as possible, was noted. The discharge protocol is based around safety. Beds are designated for Covid positive patients due to be discharged and two negative test results in the 48 hours before discharge are required. Everything is geared to a safe discharge but it is inevitably a huge challenge which changes almost daily and affects capacity. Sophisticated arrangements are needed to cope with matching capacity, workforce shortages, and patients' needs with their safety. The ICS has just been allocated the Portsmouth Spire Hospital as a discharge facility. However, it is more suited to "green" (non-Covid) patients with lower acuity whereas most patients awaiting discharge are Covid and / or higher acuity. The complexity of managing discharges cannot be underestimated.

The ICS' work with housing services to support vulnerable people has been nationally recognised. Housing sector staff have been trained as Mental Health First Aiders so they can act early if tenants have mental health distress. There is an example on page 51 of the agenda pack. The best location for receiving help is usually people's own homes so those in vulnerable tenancies are sustained. There is also a focus on the homeless when they present in urgent care settings so health staff can work with housing as homelessness is recognised as a key driver of health needs. Although there may be some scepticism about how much can be done to improve inequalities there have been some significant achievements.

The STP is continually learning how to prevent the spread of infection and have been applying this learning over the course of the pandemic. During the first wave there was a very strong focus on social distancing and handwashing. Since then much has been learnt about ventilation and air flow and how the virus operates and moves. Occupancy has had to be reduced, particularly in older sites. Once any site has over 50% occupancy it is a constant challenge to keep "green" (non-Covid) and "red" (Covid) patients separated, particularly with the new variant which accounts for about 60% new Covid cases. Despite every effort to improve air flow and constant testing of staff and patients there are occasionally outbreaks in "green" settings. It has been the greatest challenge for infection and prevention control (IPC) in the last decade. Where there is an outbreak a root cause analysis is done to see if the infection came from staff, patients or another source. As Covid is not going to go away and there will be new variants, sectors like care homes and schools will have to develop fundamentally different methods of IPC. The IPC team could give more information if the panel would like it. Confirmation of nosocomial (hospital acquired) infections ie patients who did not have Covid on admission can be provided.

With regard to the national consultation on ICS development, all partners' responses considered that the HIOW ICS' direction of travel is very much in step with the proposed legislative changes and is supported by the proposals in the document. The level and mechanism of involvement is more robust than what is described in the consultation document. For example, the Assembly is expected to sit very neatly and appropriately in the new legislative arrangements. Other partners have asked for more detail on what NHS England is proposing. The expected focus of developing services at the local level is at the core of legislative changes.

With regard to clinical commissioning there is a very close working relationship between Portsmouth and colleagues in the rest of HIOW. The national consultation implies that consolidation is preferred and there may be legislation which may mandate that organisations join together in order to be stronger. However, current relationships are strong and ways of working are in place which will continue to develop. The ICS will work through any future structural changes.

The Chair thanked Ms Reese and Mr Samuels for the report and attending the meeting.

## **7. Dates of future meetings (AI 7)**

The Panel agreed the proposed dates for future meetings (all Thursdays at 1.30 pm):

24 June, 16 September, 18 November, 20 January, 17 March.

The meeting ended at 2.55 pm.

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Councillor Lee Mason  
Chair



# Keep Well Collaborative

*Keeping people safe and well at home*



## Vision 2025: What will people say?

### Local People:

*"I feel safe and secure in my home. My home supports what is important and what matters to me. It helps me live my life & does not hinder my physical or mental wellbeing."*

### System:

*"We understand that someone's housing situation is a key determinant of their health. We use the home as a lens to wellbeing to align policy and strategy to design and deliver services alongside local people."*

Join the conversation...

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Hampshire and Isle of Wight  
Sustainability and Transformation Partnership

# Who we are and what we do

We help build collaborative relationships between housing, health, social care, statutory and voluntary agencies breaking silos, building trust and inspiring a relentless focus on championing change, despite the obstacles.

Our radically ambitious approach shifts our focus from health initiatives which treat the symptoms of the lives we lead, to the place where we live our lives.

By recognising that 'health begins at home' we are unlocking capacity and resources, strengthening our reach beyond individual organisation boundaries and in so doing we:

1. Maximise the impact of our collective investment in the region
2. Strengthen common aims and strategic cross sector strategic thinking
3. Enable smarter/shared cross-sector risk mitigation
4. Inspire a relentless focus building trusted relationships which
5. Keep people safe and well at home



# Our approach

We work to improve the mental health and wellbeing of our shared communities through a focus on the home by:

- Building greater community resilience
- Making better use of collective workforces
- Making better use of collective buildings, land and property assets

Directly supporting priorities within the HIOW STP Strategic Delivery Plan we have co-produced a specific Housing Programme which stretches strategic thinking and operational practice through cross-sector collaboration to:

- Reduce Out of Area Placements
- Reduce Health Inequalities of our most marginalised communities
- Unlock the social capacity of public land and in so doing, provide housing solutions for key workers

## **NHS Integration and Innovation White Paper ... a journey we've already begun**

This means that as a system we have already begun to make great strides in developing a more integrated, innovative and creative response to joining up primary, social care and support as close to home as possible, directly improving health outcomes.

Work with system 'early adopters' has already levered in excess of £900K into the health economy in additional value.

# Some examples of our impact

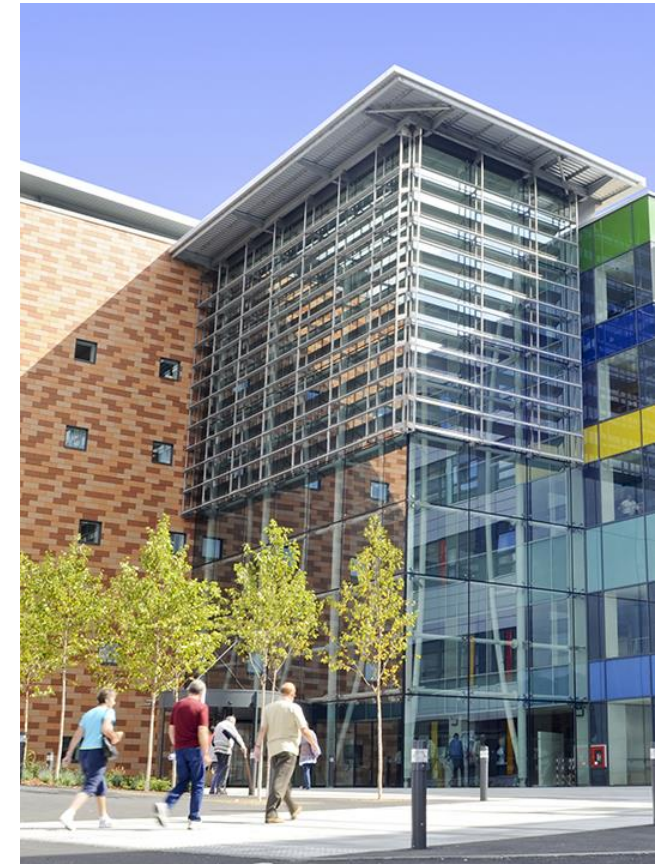
Reframing our existing map of the world, presents game changing opportunities

Specialist mental health in-reach service at Queen Alexandra Hospital, Portsmouth

Building on the early successes of our specialist housing in-reach work last year, we continue to enable collaborative action supporting QA Hospital, Two Saints, Solent NHS Trust and Portsmouth City Council, to secure winter funding to provide on-site support for inpatients or visitors to the Emergency Department (ED) who have a mental health support needs.

The service, which went live on the 18 January 2021 for six months, covers all patients who access QA living in Portsmouth, Fareham, Gosport and South East Hants. It provides help to access/navigate services and support and guidance around housing – avoiding people self-discharging before completing their treatment and ensuring no one is discharged on to the street.

The service is provided by two members of staff from Two Saints, and runs on-site Monday to Friday, 10am-6pm with out of hours emergency on call support.



[Queen Alexandra Hospital \(porthosp.nhs.uk\)](http://porthosp.nhs.uk)

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**Hampshire and Isle of Wight**  
Sustainability and Transformation Partnership

  
keep well  
COLLABORATIVE

# Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

The success of our specialist in-reach collaboration is also extending to support our ambulance colleagues.

Similar to the in-reach service at QA, we are also mobilising a new collaboration with South Central Ambulance Service (SCAS) to provide rapid mental health and housing support when NHS colleagues are called to attend people who are sleeping rough, those in mental health crisis and/or people living in temporary/hostel accommodation to support their access to appropriate primary or secondary services.



**NHS**

**South Central  
Ambulance Service**

NHS Foundation Trust

We anticipate the benefits of both QA and SCAS collaboration to:

- Reduce ED waiting time
- Support timely discharge
- Reduce hospital (re)admission
- Reduce Out of Area Placements
- Prevent people self discharging
- Prevent people being discharged no fixed abode

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**NHS**

**Hampshire and Isle of Wight**  
Sustainability and Transformation Partnership



# Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

## Enabling people to 'step out' of the system

Working with our partners Abri, Southern Health and the Society of St James, we've brokered a growing pipeline, initially of five permanent homes, pepper potted around a local a community café enabling patients to 'Step Out' of MH acute and rehab facilities – improving inpatient flow and reducing the need for out of area placements.

## Staff report:

- Patients leave with feelings of joy and happiness
- Increased staff morale seeing people step out of the system into true independence
- Patients were able to be discharged an average of three months earlier than expected
- Achieving bed cost savings of ~£27K per person + reduced costs/cost avoidance with zero readmissions plus wider public purse savings

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## Early evaluation with residents finds:

- Improved optimism and hope for the future
- Sustained mental wellbeing
- Settled, secure lives back in the local community

*“... I have come on leaps and bounds from where I was a year ago and having my own flat has played a part in that. My flat feels secure and it's so nice to have my own home; it gives me a sense of wellbeing and being in control.”*

*- Step Out resident, February 2021*



Hampshire and Isle of Wight  
Sustainability and Transformation Partnership



# Some examples of our impact

Reframing our existing map of the world, presents game changing opportunities

## Keeping people safe and well at home

We've also brokered pioneering collaborations between Solent NHS Trust:VIVID and Southern Health NHS Trust:Winchester City Council to develop housing led Wellbeing Services which keep people safe at home.

Page 65  
Our community mental health hospital colleagues provide monthly cross sector mentoring and support to three Wellbeing Workers employed by housing partners who support people living in the community with mental ill health.

VIVID's Wellbeing Service launched in December 2018 and was a finalist in the national Housing Heroes Awards 2019.

With a caseload of around 30 residents at any one time, the Wellbeing Service has already helped turn lives around and in just one case alone saved the NHS £17,000 a year through reduced GP appointments and repeat calls to 111 and 999 services.

VIVID has now gone on to appoint volunteer counsellors and introduced mental health champions into their contact centre to provide dedicated support to customers with mental health issues.

# Some examples of our impact

## Reframing our existing map of the world, presents game changing opportunities

### Working to reduce Health Inequalities

We have been instrumental in bringing together District and Unitary partners alongside NHS, Public Health and community partners to enable a system response to the impact of the Covid19 pandemic upon our homeless communities.

We have built trusted cross sector relationships and continue to develop shared appetite to change the way we work together, proactively addressing the health inequalities of some of our most marginalised communities.

For the first time we know that ~1700 (May 2020) people across Hampshire and the Isle of Wight are currently homeless, with the largest concentrations in Portsmouth, Isle of Wight and Southampton. Across Hampshire Districts

- 77% have mental ill health; 80% misuse substances
- 61% have co-occurring mental health/substance misuse – with the largest numbers in Fareham & Gosport
- Average age circa 31 years old
- 88% of shared accommodation settings do not have a linked GP practice
- Although many are registered with a GP, in some areas engagement with primary healthcare services is challenging and many have unmet health needs

Homelessness costs the Hampshire & Isle of Wight system an estimated additional £38m a year. Quite simply it costs more to keep someone homeless, than it would to house and wrap around support.



# Some examples of our impact

## Reframing our existing map of the world, presents game changing opportunities

As part of our collaborative action to develop a system response to homelessness prevention we have:

- Shaped the development of a **primary level Homeless Healthcare specification** which will, once approved by CCGs, provide consistent healthcare to people experiencing homelessness across the HIOW footprint
- Supported the **development of the 111 service to ensure call handlers are aware of the Duty to Refer** people who may be at risk of homelessness to LA partners
- Shaped the implementation of **acute hospital discharge pathways** to ensure that people without a home are not discharged with no fixed abode; reducing hospital readmissions
- **Facilitated co-production which in turn supported a successful bid securing circa £250K** from Public Health England to implement a bespoke homeless healthcare offer in Portsmouth.
- **Chaired and developed a system wide peer support** network, encouraging cross sector peer mentoring
- Joined up cross sector teams and networks enabling partners to **extend their reach beyond organizational boundaries** with the potential to make better use of collective staff resources
- Continued to build appetite for a system wide response to homelessness prevention including:
  - The development of a **regional homelessness dashboard**
  - **Housing First** approaches
  - A **whole system review of transition/discharge points** to prevent people experiencing multiple disadvantage falling through the gaps in services

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# Keep Well Collaborative Strategic Delivery Plan 2020-2025

**Reduce Out of Area Placements**

**Reduce Health Inequality**

**Change Agents**  
(Thought Leadership)

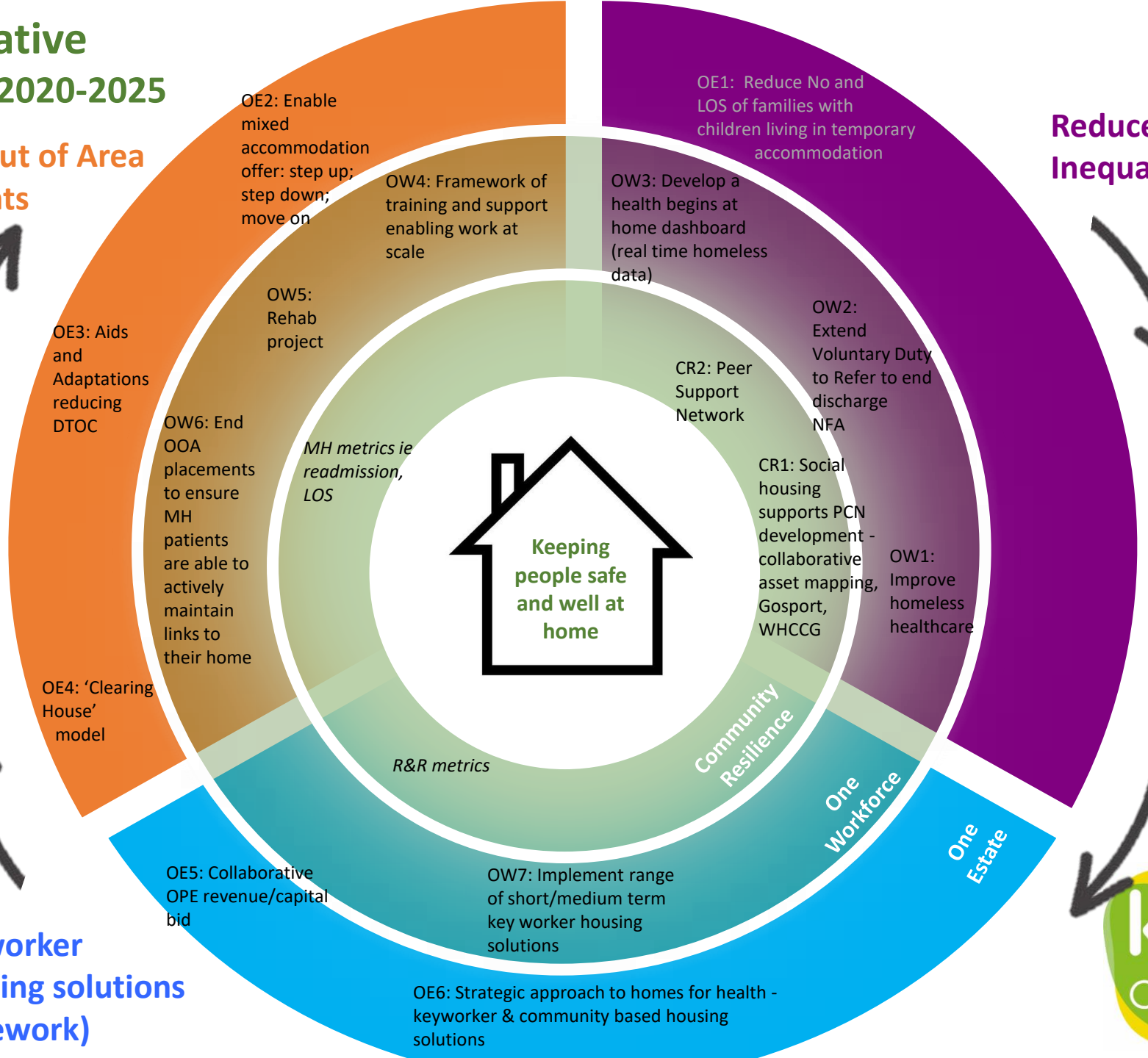
**Sector Engagement Strategy**  
(Thought Leadership)

**Key worker**  
(housing solutions framework)



- 3 priorities:**
1. Reduce Health Inequality
  2. Key Worker
  3. Reduce OOA placement
- 3 core strands:**
1. Community Resilience
  2. One Workforce
  3. One Estate

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# Keeping people safe and well at home



## Queries?

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# Agenda Item 4

NHS Portsmouth CCG Headquarters  
4<sup>th</sup> Floor  
1 Guildhall Square  
(Civic Offices)  
Portsmouth  
Hampshire  
PO1 2GJ  
Tel: 023 9289 9500

26 February 2021

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

Dear Cllr Fuller,

## **Update letter for HOSP for March 2021**

This letter is intended to update you and the members of the Panel on some of the activity that the Clinical Commissioning Group has been involved with in recent months.

Given the impact of COVID-19 this is the first official update we've provided since spring 2020. It's in addition to some informal briefings provided to update on certain time sensitive activity, which we're happy to continue to suit members.

Clearly the pandemic has been the primary focus for health and care during the past year, which has impacted on much of the planned activity and business as usual areas. This letter will summarise some of the COVID work but also include other projects and activity that we have been able to progress or support.

Our website – [www.portsmouthccg.nhs.uk](http://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. As an aside, an updated website will shortly be launching which meets new accessibility criteria.

## **Health and Care Portsmouth update**

**Integrated Care Systems** - in February the Government published a [White Paper](#) outlining proposals it plans to take forward to Parliament to become law as a Health and Care Bill.

These proposals include:

- Legislate for every part of England to be covered by an integrated care system (ICS).

- Merge the functions currently being performed by non-statutory STPs/ICSs with the functions of a CCG
- Permit joint committees, collaborative commissioning approaches and joint appointments, to encourage greater integration.
- Give the Secretary of State for Health and Social Care new powers to set the objectives of NHS England, intervene in service reconfiguration, have the ability to make direct payments to social care providers, and take on specific public health functions
- Enable NHS England to delegate or jointly commission some of its responsibilities to ICSs
- Ensure more effective data use across the health and care system
- Allow ICSs to delegate significantly to 'place level' and to provider collaboratives
- Legislate for the NHS to be free to make decisions on how it organises itself without the involvement of the Competition and Markets Authority (CMA)
- Amend previous legislation on social care to provide a new duty for the Care Quality Commission to assess Local Authorities' delivery of their adult social care duties, alongside powers for the Secretary of State to intervene and provide support where there is a risk of local authorities' failing to meet these duties.

The enactment of these proposals would mean that Portsmouth CCG and the functions it currently fulfils will become part of the wider Hampshire and Isle of Wight ICS. However, the proposals are also clear that place-based activity - which will typically align to local authority boundaries - will be essential. ICSs will be given a great deal of flexibility in how this will work and will be expected to build on the agreements and relationships already in place rather than starting from scratch.

At the heart of the Health and Care Portsmouth operating model is partnership working to deliver the best health and care to city residents so we're already aligned with what the white paper is looking to achieve from this perspective.

In addition, prior to this paper we were in the process of establishing closer links with the ICS through the appointment of a shared Accountable Officer (AO), which is being formally signed off with a view to taking effect from 1 April. In line with this, Dr Linda Collie will become the new Clinical Lead for the CCG and Health and Care Portsmouth, continuing to jointly chair the Health and Wellbeing Board. Linda's new appointment will ensure we can continue the strong clinical focus we have always had. Linda will continue to work as part of our clinical executive and with Dr Elizabeth Fellows as Chair of the CCG Board. In addition Linda will work closely with Dr Nicola Decker, the Clinical Lead for SHIOW CCG, and other CCG locality clinical leads to ensure strong primary care representation within the ICS.

We were also continuing to work on strengthening our integration with Portsmouth City Council which has now seen us delegate responsibility for the executive delivery of the

Health and Care Portsmouth agenda to David Williams, Chief Executive of PCC. David will lead a shared executive team across Portsmouth CCG and the City Council, comprising of The Director of Adult Social Services (DASS), Director of Children's Services (DCS), Director of Public Health (DPH), Director of Housing and Neighbourhoods, Chief Finance Officer and Director of Health and Care Portsmouth. This offers us an exciting opportunity to build on the work we have done together to date and put us in a really good position to focus on the wider determinants of health to improve health outcomes and reduce health inequalities within the city. It will also help us work more closely with the H10W ICS. The hope is that these changes can also take effect from 1 April. Alongside this we are also working through the internal CCG management structure that will support these changes and will update as this progresses.

We will continue to work closely with colleagues in the Portsmouth and South East Hampshire area and across the Hampshire and Isle of Wight system to agree how we will work together in future.

**Kooth** - Health and Care Portsmouth commissioned Kooth, the online counselling and emotional wellbeing service for young people. This became available in January 2021 and replaced the previous U Matter service. Kooth.com is for young people aged 11-18 years old, or up to the age of 25 for care leavers and those with an Education Health and Care Plan. The site provides young people with a free, safe and anonymous way to access support from qualified counsellors as well as a range of self-help resources for mild to moderate mental health issues, such as anxiety, loneliness, stress and body image.

Kooth has no referrals, thresholds or waiting lists. Young people can self-register at kooth.com. The site is available 24/7, with counselling available 12pm - 10pm Monday to Friday and 6pm - 10pm at weekends, all year round.

The decision to introduce an online platform follows feedback from young people and their families that a digital service would be a convenient and accessible way to access support, with young people liking the ability to remain anonymous.

The launch of Kooth further bolsters Portsmouth's mental health support for children and young people which was praised in the recent multi-agency report following joint targeted area inspections (JTAs) in the city. The Kooth offer complements the Mental Health Support Teams, which are currently available in 32 Portsmouth primary and secondary schools, and this additional provision will help to ensure that young people can be supported more quickly. The Child and Adolescent Mental Health Services (CAMHS) continues to be available to support with more moderate to severe mental health issues in young people. Other online national resources also exist to provide mental health advice and support to young people and their families, ensuring there is a well-rounded offer available.

**Badgernet Maternity** - we've been working closely with PHU as it changes the way it delivers maternity care for women across Portsmouth and South East Hampshire with the implementation of a new digital system, Badgernet Maternity. This transition means that women both self-refer for maternity support online and have access to their personalised care plans online and via an app, My Maternity Notes. A self-referral phone number and paper notes can be used for those not online.

This new digital system allows midwives, maternity support workers, doctors, anaesthetists and other specialities to spend more time delivering efficient and timely care, while making it easier for women to access the information they need.

Once fully implemented across all local sites, this will allow the maternity team to easily transfer care between sites, whether as an emergency or elective transfer, or for women receiving care across two Trusts.

Portsmouth is the first area for this new system to go live and this was launched at the end of February. We'll be able to update at subsequent meetings on how this is helping to improve maternity care.

## **Primary Care**

### Guildhall Walk Medical Centre

A decision has been made not to renew the contract to provide primary care services through the Guildhall Walk Healthcare Centre when it comes to an end on Thursday 30 September 2021. As a result of this, the practice will close on this date.

This decision has been taken as the future of the building that currently houses the surgery is uncertain, and we would like to minimise any disruption or anxiety this situation could cause for patients.

The three nearest practices all have capacity and the 8,400 registered patients at Guildhall Walk Medical Centre will be given a choice of where to attend. This transition will be managed by the CCG meaning no inconvenience for patients.

Please see the separate report provided for more detailed information on this decision.

### North Harbour Medical Group

There is a proposed move for the North Harbour Medical Group (NHMG) from their current location in Cosham Health Centre to a purpose built premises on the Highclere site (currently an underused car park) by Treetops in Cosham, PO6 3EP. Planning permission is due to be submitted shortly. There have been communications for NHMG patients about this potential move, and the contractor has issued letters to residents living near the new proposed site.

Cosham Health Centre is an older building but the new premises would be more modern with good on-site parking facilities and improved access. The new location is a short distance from Cosham Health Centre and is well served by public transport.

North Harbour Medical Group would stay in Cosham Health Centre until the new premises was ready so there would be no disruption to patient care. The same team would then relocate to the Highclere site so patients would continue to see the same faces they're familiar with.

If planning was granted without any delays then work could begin in spring and would be projected to take approximately nine months.



## University Surgery Practice

Between December 2021 and January 2022, the University Surgery Practice will move into new larger modern premises in the heart of Commercial Road. This is necessary due to University redevelopment plans and a growing population, which means the practice needs to be able to accommodate more patients. It will also allow them to offer additional services. Patient care will continue at the current site until the new building is ready for the practice to move into.

**TrUE update** - One of the challenges emerging from the ongoing NHS response to the COVID-19 pandemic is the impact this has on planning with certainty for the future development of some health and care services, including a number of community-based urgent and elective care services.

A number of contracts for the provision of urgent and elective care services held by Portsmouth, Fareham and Gosport, and South Eastern Hampshire (PSEH) Clinical Commissioning Groups (CCGs) were due to expire between January-May 2021.

In the months before the pandemic, and responding to the potential opportunity afforded by certain contracts reaching their renewal stage at the same time, organisations in the Portsmouth and South Eastern Hampshire health and care system had begun considering the future of urgent (same day) care services and some elective procedures. This included a range of services at St Mary's NHS Treatment Centre and same day/integrated primary care services across Portsmouth and South East Hampshire. The work was beginning to look at opportunities to transform aspects of urgent and elective care to better meet the aspirations set out in the NHS long term plan, and to provide improved, more integrated services for patients locally.

Events of the past 12 months have caused this work to be paused, whilst also seeing the emergence of new solutions (such as the NHS 111 First programme and a more integrated approach to the delivery of primary care services) as a direct result of the pandemic which, obviously, would need to be considered alongside future transformation plans.

Given the current situation, and the ongoing uncertainty about when this work might fully resume, the decision has been taken to extend those contracts that were due to expire this year to ensure that stability is maintained in the system at this critical time.

We propose to do this utilising a mix of contract extensions (where available) and direct award notices to incumbent providers in order to secure provision for the foreseeable future (typically a further 24 month extension). This enables us to maintain the 'status quo' in terms of working with existing providers which enables us to ensure stability for our local communities during this period when so much remains uncertain.

During this period we will continue to work with our providers within the local health system to continuously improve care in terms of access, quality and outcomes.

A further additional briefing can be provided if this is considered helpful.

## **Coronavirus**

Unsurprisingly COVID-19 has dominated focus over the past 12 months. Our activity has included:

- Supporting GP practices to provide care differently
- Managing the vaccination programme via Primary Care Networks and linking in with the wider programme including hospital hubs and vaccination centres
- Working with HIVE Portsmouth and Portsmouth City Council on outreach to clinically extremely vulnerable residents to detail support available whilst shielding
- Working closely with Adult Social Care and other health partners to support the care sector

### **Winter pressures**

Covid has meant that trying to mitigate pressures on the health and care system has become even more important.

There has been a high degree of co-ordination between all parts of health and care, both in Portsmouth and the surrounding areas with a focus on:

- Encouraging uptake of the free flu vaccination for those eligible
- Supporting PHU with the roll out of 111 First to encourage those wanting to attend ED to speak with NHS 111 first who might direct them to another more appropriate service e.g. urgent treatment centre, pharmacy, GP or who can book them an appointment at ED if this is where they need to be seen.
- Promoting alternatives to ED and detailing what support is available at these sites
- Ensuring safe and timely discharges from hospital including the Gunwharf unit at Harry Sotnick House where patients with Covid who are well enough to leave hospital but can't return home can be treated in isolation
- Strengthening out of hours primary care provision

Yours sincerely

Innes Richens

**Chief of Health and Care Portsmouth**

# Agenda Item 5

## **Portsmouth Health Overview and Scrutiny Panel Portsmouth Hospitals University NHS Trust update 8 March 2020**

### **Introduction**

The response to the COVID-19 pandemic remains an absolute priority for Portsmouth Hospitals University NHS Trust (PHU) and the plan for recovery is a key part of this. Following a significant rise in COVID-19 cases, ahead of most areas in the south of England, Portsmouth was moved into the tightest government restrictions, tier four, from 20 December 2020. The Trust's Covid admission numbers had been rising from mid-October, and by mid-November were beyond those reached at the height of the first wave in April. The rest of Hampshire, along with the whole of England, were also moved into tier four, on 26 December. We remain under the restrictions of a national lockdown at the time of this report, however a roadmap for releasing restrictions has since been released. We all have a role to play in the local community in encouraging compliance with the guidance.

According to the Office for National Statistics, prevalence of COVID-19 in Portsmouth remains above the national average at 53 cases per 100,000 compared to 50 per 100,000 across England. We are currently treating 158 patients with a positive diagnosis of COVID-19 at Queen Alexandra Hospital (QA) in Cosham. This is a significant reduction from the peak in this most recent wave when we had 539 inpatients with a positive diagnosis of COVID-19 (representing nearly 60% of our total G&A beds). Our Intensive Care Unit expanded to over 300% its normal capacity, peaking at 61 Level 3 critical care patients. While the rate of infection is moving in the right direction, the number of patients requiring intensive treatment remains higher than usual. Our current inpatient numbers are now on a par with those we saw in wave one where we peaked on 8 April 2020 also with 168 patients.

We continue to work closely with our local health and care partners to support each other in caring for patients with COVID-19, as well as those presenting with urgent needs. A significant proportion of patients with COVID-19 who required admission at Queen Alexandra Hospital have needed higher levels of care than previously seen during the pandemic, however as the rate of prevalence in the local area has reduced, so too has this need, albeit at a much slower rate. We continued with plans to provide additional intensive care space in other areas of the hospital, which means a reduction in our elective and planned capacity. The next phase is a de-escalation from these additional areas.

Regular Gold Command meetings, chaired by our Chief Executive, and Silver meetings, chaired by our Chief Operating Officer, are ongoing with the time spent on recovery increasing. We continue to follow all national guidance, while closely monitoring and responding to emerging evidence about the virus, prevalence and impact including new variants. This includes sharing information regularly with staff.

With the slow reduction in prevalence locally we are, as a Trust and as part of the wider healthcare system, planning a different balance of services, implemented in

phases to reflect the demand for our services. We know that many of our staff have been redeployed elsewhere in the organisation to support the care of our sickest patients and have been working under increased pressure for some time. The next phase of our plans must take into account that some of these staff will still be needed in their temporary bases and unable to return immediately to their usual roles, as well as needing time to rest and recover themselves.

The safety of our patients, visitors and colleagues remains our priority and we continue to work closely with our partners across Hampshire and the Isle of Wight to respond to challenges we face not only due to the pandemic, but wider health and system care pressures. Following on from guidance around the support of staff during this period of prolonged pressure, we have stepped up the health and wellbeing services including mental health support available to them.

We do not underestimate the role we have to play in encouraging compliance with national guidance and setting an example to support a reduction in the transmission of COVID-19. We have hosted numerous media outlets over the last few months sharing information about the position the Trust is in as well as the pressure our teams and individuals face. This has been well received and we continue working with media organisations to support accurate, timely updates.

### **NHS vaccination programme**

In December 2020 PHU were confirmed as one of the very first “Hospital Hubs” for delivery of the COVID-19 vaccine, along with 49 other locations across the country. PHU remain incredibly proud of the role we continue to play in supporting the largest immunisation programme in NHS history.

We began vaccinating priority groups, as set out by the Joint Committee on Vaccinations and Immunisations (JCVI), with the Pfizer/BioNTech vaccine. Earlier this year we also received a limited supply of the Oxford-AstraZeneca vaccine, which has been used with individuals unable to have the Pfizer/BioNTech vaccine due to contraindications.

In February we completed the task of offering all PHU staff their first dose of vaccine and are working with colleagues who have declined to offer support and advice that we hope will encourage uptake. This includes hosting a webinar recently for PHU staff and health care workers across Hampshire and Isle of Wight featuring prominent clinicians to share their views and answer any questions around vaccine hesitancy. We continue working closely with health and social care partners to support communications and engagement around encouraging high-risk groups that we know have expressed hesitancy around getting the vaccine.

Following a change of national guidance, the interval between doses was increased from 21 days up to 12 weeks. This has enabled a higher number of people to have their first dose more quickly.

### **Asymptomatic testing for COVID-19**

In November 2020 we started distributing asymptomatic testing kits for all individuals working in patient facing roles across the Trust to use twice a week. Over 8,000 test kits were distributed at the time and we continue working with staff to remind them around the importance of carrying out these tests and reporting them each time. These kits help identify when a member of staff may be carrying the virus but not showing symptoms and helps us reduce the risk of them unknowingly passing this onto our patients and staff. These tests are an important part of the work we are doing to protect our patients and staff against the transmission of this virus, and compliance with at-home testing kits means we are playing an essential role in this.

Since this initial distribution, we have been able to distribute a second round of these kits and open it up to all staff working here at the Trust. This includes staff from Engie, Bank Partners, military staff, students and trainees. We are working with infection prevention and communication colleagues to support awareness and uptake, as well as information technology to improve the ease of reporting.

### **Infection prevention and control**

We continue to follow national guidance on infection prevention and control, including the PHE national guidance on appropriate use of PPE, and have been supporting wards and departments as updates and changes come into effect. As the prevalence rose in the community and admissions increased, so did the number of infections within the hospital, which is comparable to similar organisations in the region. We continue to monitor rates at both the Infection Prevention and Control Group, and our Gold command meetings.

As a Trust we have taken several actions to ensure good standards of infection prevention and control, and ongoing monitoring and analysis of information. There are good governance arrangements in place to monitor any possible outbreaks and learning associated with these. This includes the identification of contributory factors and audit findings, and sharing learning from other organisations

Infection prevention and control compliance regarding hand hygiene, respiratory hygiene, PPE use, environmental clutter and cleaning, and regular testing of patients is monitored. These results are discussed at daily meetings and good practice is shared.

We have established an “IPC Reference Group” with a senior clinical and research-focused background, meeting weekly, to provide additional expertise and insight to the Director of Infection Prevention and Control and the Executive Team in identifying and addressing questions that arise regarding IPC data and practice related to infection rates in the hospital.

Several actions have been taken throughout the pandemic as outlined below:

- Screening protocol to reflect national guidance and intelligence of when patients were becoming positive as an inpatient
- Risk assessments of clinical and non-clinical areas

- Risk assessments of staff
- Enhanced routine screening including point of care testing within the Emergency Department.
- Targeted education and support for any area needing additional input, as requested, or identified through audit.
- An IPC reference group has been established to review new evidence and to make recommendations.
- Lateral flow testing in place for all staff
- Lateral flow testing in areas who support people who are clinically vulnerable e.g., maternity and renal.

### **Partnership working**

We continue working closely with health and social care providers across the Hampshire and Isle of Wight area, as well as with other partner organisations. This includes the deployment of volunteers from Hampshire Fire and Rescue Service who were trained in proning – a way of turning patients with COVID-19 to relieve pressure on their lungs – to support staff in our Critical Care unit. While we maintain our close links with the military, we have also received additional support from members of the Royal Artillery who were recently re-deployed to QA where they have been supporting our teams and our patients over the past few weeks.

### **Further updates**

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

# Agenda Item 6

## Guildhall Walk Healthcare Centre update report for HOSP March 2021

### Background

The Guildhall Walk Healthcare Centre is located close to the city centre, with a list size of 8,400 patients. The practice holds an Alternative Provider Medical Service (APMS) contract with the CCG which was recently extended for a year until the end of September 2021 and this contract cannot be extended again. The current practice premise is in poor condition and there has been a change of landlord. Other sites in the area have been explored, in particular at the Somerstown Hub, but there is already a practice operating in the Hub, which makes this a less attractive option for both practices (for example, there is likely to be movement of patients between practices, affecting the stability of both).



### Primary Care Commissioning Committee decision

After discussion and review of the options the Primary Care Commissioning Committee of NHS Portsmouth Clinical Commissioning Group (CCG), which includes clinical, officer, public health, lay member, NHS England and Healthwatch representation, has confirmed that the contract to provide primary care services through the Guildhall Walk Healthcare Centre will not be re-procured when it comes to an end on Thursday 30 September 2021. As a result of this, the practice will close on this date.

This decision was made due to a number of factors;

- The future of the building that currently houses the surgery is uncertain and the condition of the building is poor.
- The requirement to therefore relocate the practice patients regardless of any contract change
- Considerable investment is taking place in the new premises for the University practice in the city centre which is due to open in December 2021 (0.4 miles from the current Guildhall Walk premise)
- The University practice and other nearby ones have capacity to take on the patients from Guildhall Walk
- The NHS national direction of travel is towards bigger, co-located or merged practices which are more sustainable for the future

- The ability to offer patient choice, alongside minimum disruption for patients
- It is the most sensible option financially allowing more investment in primary care services and the wider NHS offer overall, bringing greatest potential benefits for patients

The CCG has considered the different options to ensure that the 8,400 registered patients will have continued and ongoing access to primary care services and will do this through what is called a 'managed transfer', which offers patients a choice of nearby practices.

This will secure the transfer of all registered patients to other practices in Portsmouth in an organised and facilitated way without any inconvenience to patients.

The three nearest practices all have capacity and are rated 'Good' by the Care Quality Commission. These practices are:

- The University Surgery – currently located a four-minute walk from Guildhall Walk and scheduled to move to new and improved premises in 2021 (see separate HOSP update letter for more details)
- The Somers Town Health Centre – currently located an eight-minute walk from Guildhall Walk
- The Southsea Medical Centre – currently located a 13-minute walk from Guildhall Walk

The NHS has also seen a lot of changes to the way that people access health care during the pandemic, and recent resident research suggests that many people will continue to take advantage of the convenience and flexibility offered by digital tools rather than in-person appointments.

We recognise the impact that this decision will have on staff, and it is with regret that this is happening in the current circumstances. Affected members of staff were informed of the changes on Wednesday 24 February 2021. Other practices in the city are, and will be, recruiting during the practice closedown timescales. The CCG will work with the practice to support staff, particularly to encourage a smooth closure of the practice with minimal disruption on the quality of care on offer.

## **Next Steps**

The CCG has written to all patients to inform them of the decision and outline the next steps. Patients will have a choice about which practice they move to, and every effort will be made to ensure that they are registered with a new practice that meets their needs. There will be online information events for patients to find out more about what the changes mean for them and their care.

Guildhall Walk Healthcare Centre will remain open until 30 September 2021 and patients can continue to access all of the same services. They are being actively encouraged to remain with the practice until there is a need to transition to a new surgery. The CCG will continue to work closely with Guildhall Walk Healthcare Centre to ensure that everyone affected by the changes is supported to make sure they continue to receive the care they need, particularly if they live with long term health conditions.

We recognise the impact this will have on both patients and staff working in the practice, particularly at this time. The CCG will be working very closely with the practice in the coming months ahead, to ensure that patients continue to receive consistent and high-quality care.



The CCG has had initial discussions with practices across the city and have been given assurance that there is capacity with regard to premises and workforce to accommodate the Guildhall Walk patients. The CCG will continue to work with practices to support and gain assurance that the transfer of patients can be accomplished in a safe and managed way.

The Panel is asked to note the update briefing.

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# HOSP – Public Health general update for Portsmouth

Helen Atkinson– Director of Public Health

Thursday 18<sup>th</sup> March 2021

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# Homelessness and health

- Portsmouth has been awarded £682k of additional funding for homeless drug & alcohol treatment from now until March 2022. This will fund a team of staff to engage and support people with their complex needs. This will include psychological and mental health support for those with co-occurring conditions. There will be additional funding for inpatient detox and residential rehabilitation for this group.
- Portsmouth has also been awarded an additional £150k p.a. funding from NHSE to provide specialist homeless mental health provision. This will build on and compliment the drug & alcohol project.
- We have undertaken Covid-19 vaccinations of rough sleepers and homeless living in hostels and other interim accommodation. To date we have vaccinated 61 people within this group, with further sessions planned.
- Public Health continue to work closely with PCC Housing and third sector homelessness providers providing Covid-19 advice and guidance

# Substance misuse

- Public Health England have advised that there will be additional drug treatment funding coming to Portsmouth. This is part of £80 million of additional national funding. Our allocation is not known yet, however the funding will be drug treatment specific and targeted at the criminal justice system and reducing crime; and harm reduction, specifically reducing drug related deaths.
- Additionally, part of the £80 million is allocated for bids to develop high medical support inpatient detoxification provision. Portsmouth is working with Hampshire, Southampton & the IOW on a joint proposal.

# Sexual Health

- Cross-practice referral pilot in place within primary care for Long Acting Reversible Contraception (LARC) to improve equal access
- Working group across HIOW PH team & the Local Maternity System to implement contraception within maternity settings
- Patient Group Directives (PGD) in progress to permit free emergency contraception up to 5 days after unprotected sex in community pharmacy
- All New STIs for all ages increasing & highest on record (2019\*)
- Working with Public Health England to understand rising Gonorrhoea rates (2019\*)
- Working with Public Health England to:-
  - reduce late diagnosis of HIV
  - work towards 2030 national target of Zero domestic transmission of HIV
- Demand on local sexual health services reduced by 30% on average, however demand for Abortions has stayed stable.
- Teenage Contraception data was lowest on record (2018\*)

\*Latest data available.

# In House Wellbeing Service

## Year to 30<sup>th</sup> September 2020:

- Received 2636 referrals
- Source:
  - Self 35%,
  - Primary Care 30%
  - Secondary Care 17%
  - Midwifery 13%
  - Other 5%
- 1655 took up support and
- 312 provided advice, information and signposted

## Screening for 4 risk factors, mental wellbeing and activation level:

- Smoking status
- BMI
- Physical Activity
- Alcohol consumption
- Warwick Edinburgh
- Patient Activation Measure

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## Support Provided – 1431 Interventions:

- 1113 Smoking cessation (78%)
- 287 Healthy weight (20%)
- 31 Alcohol (2%)

### Brief Advice to 2066 clients

### Joint working – 20 clients

### Onward Referral to other services – 52 clients

## Outcomes:

- Smoking: 997 set quit date of which 49% (493) remained quit at 4 weeks and of those 70% (346) remained quit at 12 weeks
- Weight: (most weights self reported) 73% of clients lost weight, 10% stayed the same, 17% gained weight (COVID) an average of 1.8 kilos
- Activation: average increase of 6.35% in individual's activation following Wellbeing Support
- Mental wellbeing: 55.5% improved, 13.5% remained the same and 31% declined

## Training:

Trained 339 face to face and 80 via Zoom (due to COVID) Health Care Professionals in Connect 9 (Mental Health), MECC (Making Every Contact Count), Smoking Cessation Practitioner Level 2

## Covid-19 and Current:

Still providing support via phone/Zoom  
Currently 275 active clients



# Childhood Obesity

- Family weight management via Wellbeing Service continues to be provided.
- Physical Health Strategy for children is being up-dated, with a focus on excess weight, physical inactivity and breastfeeding included amongst the strategic objectives.

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A new national Sport and Physical Activity strategy highlights poor experiences of children and young people in sport and physical activity as one of 5 big issues to address. This will feed through to our regional strategy (currently being developed) and then into action planning with the Active Portsmouth Alliance later in year.

- Work with key professionals (maternity, health visitors and school nurses) and community physical activity organisations, continues. Development of resources and utilising joint working to tackle childhood obesity is on-going.

# Mental health and emotional wellbeing

- There is an expectation that there will be an increase in debt, financial insecurity issues and a rise in unemployment compounding mental health distress in the coming months, we are working with debt collection and debt advice services in the city to ensure that the system screens for mental wellbeing and signposts effectively.
- We are also working with mental health service providers to ensure that they screen patients for debt and money issues and signpost to debt support services.
- We are building capacity in anticipation of an increase of low-level mental and emotional distress across the city. Working with employers and trade groups through the Portsmouth Mental Health Alliance to offer mental health & wellbeing training (Connect 5), as part of their workplace wellbeing workstream.
- Review underway of Suicide Prevention Action Plan and refresh scheduled, informed by audit on coroners records of suicides and national intelligence on emerging 'at-risk' population groups to target prevention training and resources at key 'touch-point' e.g. community leaders, businesses and service providers.
- Set-up is underway of the local real time surveillance (RTS) i.e. gathering intelligence on suspected suicides that have taken place locally, trigger protocols for local partners response &/or escalating further action and provides the means to offer timely support to people who have been bereaved or affected by a suspected suicide.
- Locally we are leading the way on postvention for children and young people who are bereaved by suicide, the training and resource piloted here will also be utilised to build capacity regionally through the STP suicide prevention fund and regional RTS systems.

# Locally Commissioned Services (GP and Pharmacy)

Local Commissioned Services (LCS) are health services which provide a response to local health needs and priorities, and ensure additional local provision, delivered by GP and Pharmacy providers, in the areas of:

- Sexual Health; including LARC (long acting reversible contraception) and EHC (emergency hormonal contraception)
- Smoking Cessation
- NHS Health Checks (mandated)
- Substance Misuse; including alcohol awareness, needle exchange and supervised consumption.

The current contracts end March 2021 and Public Health are currently in the process of retendering for contracts to commence 1st April 2021.

# Healthwatch Portsmouth Re-tender

- English local authorities have a legal duty to commission a local Healthwatch service (Health and Social Care Act 2012)
- The current contract runs until 31<sup>st</sup> March 2021, and the current provider is Help & Care
- The Healthwatch service specification was updated using latest guidance and input from Healthwatch England
- A competitive tendering process was completed and in February 2021 a new provider was awarded the Healthwatch Portsmouth contract.
- The new provider from 1<sup>st</sup> April 2021 is The Advocacy People.

# Joint Working – Air Quality and Climate Change

## Air Quality

- Air Quality Exec Board - Public Health Chair
- Continued provision of health intelligence to support Transport colleagues in the delivery of the city's Clean Air Zone
- Transport colleagues undertaking a range of projects (e.g behavioural change project to reduce car use, promote active and sustainable travel), which delivers against broader health priorities (prevention, obesity, physical activity etc)
- Working in collaboration to broaden the scope of air quality work programme across Council services, seeking to better integrate planning, transport and public health on corporate priority issues
- Early engagement with NHS colleagues to:
  - Develop working links between the air quality agenda, clinical practice, skills and knowledge
  - Explore working with the NHS as an Anchor Institution

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## Climate Change

- Cross-agency Portsmouth Climate Action Board created 2019 in response to Climate Emergency
- Chaired by University, Public Health and Portsmouth Hospital Trust included on membership
- Public Health currently using questions 8 and 9 from to the CfPS '10 Questions to ask about Climate Change' to better understand what climate change means for our most vulnerable communities ([CfPS-Climate-Change-LINKS.pdf \(cfigs.org.uk\)](#))

## Green & Healthy City

- Appointment of a Green and Healthy City Officer to coordinate a work programme focussed on 'greening' the city.
- Post managed in Public Health with strategic support from Planning Policy, sitting under the direction of a multi-directorate steering group.

# Joint Working – Transport

- LTP4 Consultation (December 2020)
  - Online consultation, stakeholder workshops
  - Large number of responses currently being analysed
- Public Health a member of LTP4 working group
- Key strategic objectives deliver positive health outcomes.
- Providing health intelligence to support flagship programmes, including:
  - Transforming Cities Fund / South East Hampshire Rapid Transit
  - Tranche 2 DfT Active Travel Fund

## Our priorities



Transforming public transport



Delivering cleaner air



Prioritising walking



Prioritising cycling

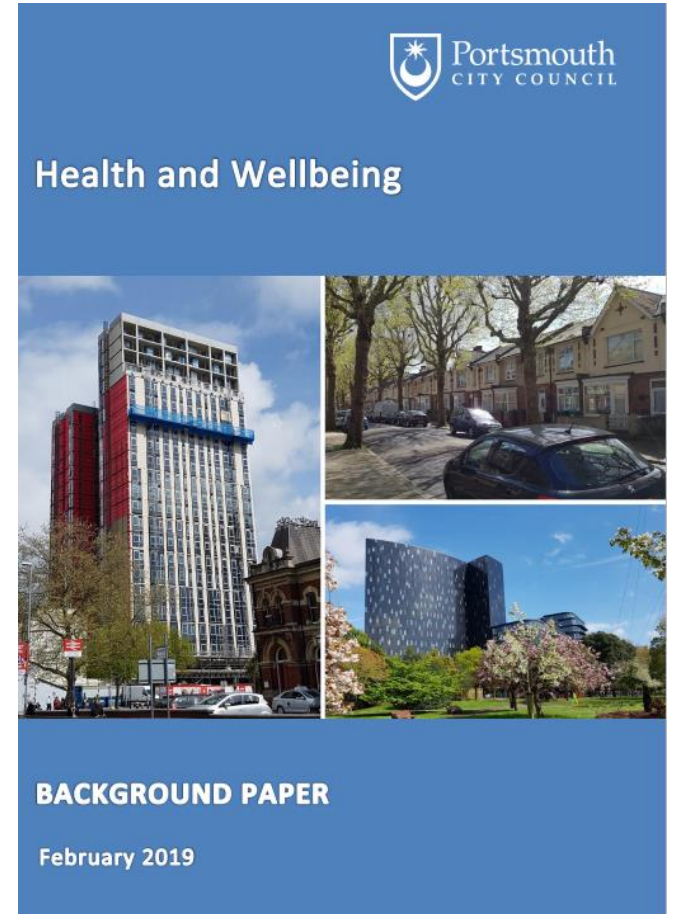


Supporting business

# Joint Working - Planning

- Portsmouth Local Plan, sets policy requirement for Health Impact Assessment (HIA) for major development applications.
- Public Health working with Development Management colleagues to
  - consistently require HIAs,
  - respond to scoping requests and
  - to develop a clearly articulated framework for HIA submissions
- Public Health routinely consulted on development applications and included in:
  - Planning Performance Agreements
  - steering stakeholder groups for strategic development and regeneration proposals
- Emerging Local Plan:
  - Planning Policy colleagues have worked in collaboration with Public Health to undertake an HIA of proposed policies
  - Health And Wellbeing Background Paper updated December 2020
  - Health and wellbeing to sit as an overarching principle in the draft local plan, alongside climate change and sustainability.

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# Public Health Intelligence

- Sourcing, collating, analysing and presenting the latest Covid-19 data and intelligence to a range of meetings and audiences to ensure informed decision making. This includes:
  - Local Outbreak Engagement Board
  - Health Protection Board
  - PCC Gold
  - Member briefings
  - HIOW LRF Recovery Coordinating Group
  - Health and Care Portsmouth Care Home Support meeting
  - Operational activity e.g. Local Contact Tracing Service
  - PCC communications with residents e.g. through the website and social media
- Working with HIOW Public Health analyst teams to provide a suite of products to support the Covid-19 response and recovery. This includes detailed modelling to local systems of potential scenarios around cases, hospital admissions and deaths, which informs planning around demand and capacity
- Continuing to produce data and analysis that supports the local authority and the health and care system to understand and respond to the needs of residents beyond the immediate challenges related to the pandemic. This will inform a refreshed Joint Strategic Needs Assessment that will underpin and enable cross-system priority setting through the next Health and Wellbeing Strategy for Portsmouth
- Building on the learning from joint work to address Covid-19 in order to effectively implement Population Health Management



# Joint working – violent crime

- Integration of the Community Safety analysts into the Public Health Intelligence Team formally took place from January 2021. The Community Safety analysts produce an annual Community Safety Strategic Assessment for Portsmouth that informs local partnership efforts to address the priority issues in the city.
- We continue to support the implementation of the serious violence strategy, including further research to understand the cohort at risk of being drawn into serious violence.
- Data is now regularly received and analysed on violence, drugs and alcohol related activity in the Emergence Department at Portsmouth Hospitals University Trust. This provides a richer understanding of these what are known to be under-reported issues to the Police.

# Joint Working – Portsmouth 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
- Strengthened Intelligence links including:
  - Supporting intelligence-led Population Health Management approaches across PSEH
  - Providing maps and analysis e.g. using SHAPE to support CCG planning and decision-making
  - Engaging the CCG in joint approaches to key city challenges through the Knowledge Network, Modelling Stakeholders meeting etc

# COVID-19 Public Health Response

- PH rota provide advice and interpretation of the national guidance into HR plans for staff including use of PPE, social distancing, resident home visits, volunteering and infection control in care homes, schools, sheltered housing and our homeless accommodation
- Via our Communications lead, much of the internal and external facing communication messages on our intranet and internet sites have a PH focus
- Public Health Portsmouth has worked in partnership with colleagues across HIOW to develop a range of Covid-19 Intelligence products that are being used to inform the local response and recovery efforts – incl. modelling, recovery timeline and PCC GOLD dashboard
- PH are part of local Test and Trace arrangements (working with PHE) in terms of managing more complex outbreaks in Portsmouth.
- PH have set up the local contact tracing service in Portsmouth that follows up all confirmed cases of Covid-19 not contacted by the national team at 24 hours.
- PH have led the team setting up of the Community Testing Site in the Guildhall offering twice weekly asymptomatic testing to critical workers.
- PH have led the development of the local outbreak plans and the DPH Chairs the local Health Protection Board and sits on the local Member Led Engagement Board

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<b>Title of meeting:</b>	Health Overview and Scrutiny Panel
<b>Subject:</b>	Public Health COVID-19 Response Update
<b>Date of meeting:</b>	18 <sup>th</sup> March 2021
<b>Report by:</b>	Director of Public Health, Portsmouth City Council
<b>Wards affected:</b>	All

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**1. Requested by**

Chair of the Health Overview and Scrutiny Panel.

**2. Purpose**

- 2.1 To update the Health Overview and Scrutiny Panel on the Public Health COVID-19 Response including Test and Trace, Vaccination, Intelligence work and the work of the Health Protection Board and the Local Outbreak Engagement Board (sub-committee of the Health and Wellbeing Board).

**3. Test and Trace**

- 3.1 Overall test availability is good for symptomatic testing options including our two Local Testing Sites (LTS) at Eldon Road and North Harbour, our Mobile Testing Unit (MTU) at Portsmouth College and the Regional Testing Site at Southampton Airport.
- 3.2 A bid was approved by DHSC on Monday 15<sup>th</sup> Feb to undertake Community Testing at the Guildhall in Portsmouth. Asymptomatic testing is now available twice a week for all critical workers who must leave home to go to work, and who are not covered by any other national programme. Eligible workers include health and social care workers, volunteers, blue light services, retail workers and transport workers among others. The site can test around 2,400 people a day, and is open 8am - 8pm 7 days per week. Critical workers can book a testing slot online, and testing is free.
- 3.3 A number of other national asymptomatic testing programmes are also underway in the city including regular testing for NHS and care home staff, other adult social care settings, nursery, primary and secondary school staff and Universities and the Naval Base. Businesses with over 50 employees are also now eligible for workplace testing via a national DHSC offer.

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- 3.4 The Portsmouth contact tracing service is now following up all confirmed cases of coronavirus not contacted by the national test and trace service within 12 hours. The service received 63 cases between 8 - 12<sup>th</sup> Feb, averaging around 13 cases per day. Referrals rose substantially during January, but have now stabilised. We anticipate that community asymptomatic testing could increase our caseload. We are still consistently reaching 88% of cases referred to us and completing their contacts, which is in excess of the 80% SAGE recommend for an effective contact tracing service.
- 3.5 On Monday 15<sup>th</sup> February we launched the HIVE volunteer support for vulnerable people older people, whereby HIVE volunteers will visit all those over 70 years that cannot be contacted by our team. We had 5 referrals transferred to the HIVE in the first week, and all were unanswered with cards posted through letterboxes. We are working with Police who are following up on all cases we cannot contact in case they are hospital.

#### **4. Vaccination**

- 4.1 The NHS COVID Vaccination Programme is NHS led and Portsmouth is within the Hampshire, Isle of Wight programme area. In Portsmouth, there are five GP vaccination sites, two community pharmacy sites, a community vaccination centre at St James's Hospital and a hospital hub at Queen Alexandra Hospital. GP vaccination sites are able to invite their registered populations. The community vaccination centre and community pharmacies take bookings via the National Booking System to eligible groups according to the national roll out of the programme. Walk in slots have also recently been made available for specific groups. The Hospital Hub is largely focused on vaccinating eligible health and social care workers.
- 4.2 There are two vaccinations currently being deployed in England, the Pfizer/BioNTech vaccine and the Oxford/AstraZeneca vaccine. Vaccination sites in Portsmouth are using both of these. Both comprise a two dose schedule. The Moderna vaccine has also been approved for use by the Medicines and Healthcare Regulatory Agency and is expected to enter the supply chain in Spring 2021. The Chief Medical Officer has endorsed the Joint Committee of Vaccination and Immunisation (JCVI) recommendation to prioritise first doses in order to protect the greatest number of at risk people overall in the shortest possible time. This will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services.
- 4.3 National priority groups for vaccination have been defined, as recommended by the JCVI. The aim of phase 1 of the vaccination programme, which comprises 9

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cohorts, is the prevention of mortality and the maintenance of the health and social care systems. At the time of writing, the vaccination programme is inviting cohorts 5 and 6; individuals aged 65 years and over and individuals aged 16 to 64 in a clinical at risk group. Cohorts 1-4 who have been offered vaccination include older adult care home residents and staff, individuals in the clinically extremely vulnerable group, frontline health and social care workers, and, adults 70 years of age and over. The target for individuals in cohorts 1 to 9 (all aged 50 years and over) to be offered their first dose is by 15<sup>th</sup> April, with all adults offered by 31<sup>st</sup> July 2021.

- 4.4 Decisions to move through the steps set out in the 'roadmap out of lockdown' (February 2021) is linked to the continued success of the vaccine roll out as well as effectiveness of the vaccinations in reducing hospitalisations. It is the real-world surveillance of these vaccines which will build understanding of many aspects including effectiveness in preventing onwards transmission and duration of protection.
- 4.5 For the vaccination programme to be an effective control measure, effective vaccines are crucial, but high uptake is also needed. Uptake can be affected by many factors, including an individual's decision on whether to take up the offer of vaccination, as well as the offer of vaccination needing to be accessible which may differ upon the needs of groups within our local population. A HIOV COVID Vaccine Equalities Group has been established to consider groups at risk of lower uptake and to develop proposals for improving access. As part of this work, Portsmouth has been noted as an example of good practice in local work to offer vaccination to individuals who are homeless. This was achieved through collaboration between a GP practice who host the homeless healthcare team, Portsmouth City Council housing and public health teams as well as the Fire Service.
- 4.6 Communications and community engagement work to address vaccine hesitancy is also underway with work going on across the city. Portsmouth City Council now have a vaccine uptake co-ordinator. The initial focus of this role will be to work with colleagues to encourage uptake in Black and Minority Ethnic Groups, recognising tailored approaches will be needed for communities within this group.

## **5. COVID-19 Intelligence**

- 5.1 Public Health Intelligence continues to be at the heart of the local and regional Covid-19 response. Data is sourced, collated, analysed and presented to a range of meetings and audiences to ensure that latest Covid-19 data and intelligence informs decisions. This includes:

- Local Outbreak Engagement Board
- Health Protection Board

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- PCC Gold
- Member briefings
- HIOW LRF Recovery Coordinating Group
- Health and Care Portsmouth Care Home Support meeting
- Operational activity e.g. Local Contact Tracing Service
- PCC communications with residents e.g. through the website and social media

5.2 An example of the weekly Intelligence Summary that is available on the PCC website is attached as Appendix 1. Working collaboratively with the HIOW Public Health Intelligence teams, the Modelling and Intelligence Cell provides detailed modelling to local systems of potential scenarios around cases, hospital admissions and deaths, which informs planning around demand and capacity. Data analysis is also carried out to support the local authority and the health and care system to understand and respond to the needs of residents beyond the immediate challenges related to the pandemic.

5.3 In January 2021, the Community Safety analysts transferred into the Public Health Intelligence team, building on the strong collaborative work already undertaken to create a more integrated service, while continuing to meet the needs of the Community Safety Portfolio. This includes the work to support the local Violence Reduction Unit, the Community Safety Strategic Assessment, and Domestic Abuse performance reporting.

## **6. Health Protection Board and the Local Outbreak Engagement Board**

6.1 In June 2020, Government announced the requirement for Local Outbreak Control Plans (COVID-19) to be developed to reduce local spread of infection and for the establishment of local Health Protection Boards and a Member-led Covid-19 Engagement Board for each upper tier Local Authority.

6.2 Government guidance required that local plans should be centred on 7 themes:

- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
- Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
- Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing



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assumptions to estimate demand, developing options to scale capacity if needed).

- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.
- Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

6.3 Terms of reference for Health Protection Board (HPB) and the Local Outbreak Engagement Board (LOEB) were agreed at the Portsmouth Health and Wellbeing Board on 17<sup>th</sup> June, and this was established as sub-committee of the Health and Wellbeing Board.

6.4 Since September the LOEB has met five times. Full minutes of board deliberations are published at <https://www.portsmouth.gov.uk/ext/coronavirus-covid-19/local-outbreak-control-plan> . Significant business has included:

- Continuing to oversee the Local Outbreak Plan, including significant changes relating to the local testing picture.
- Regularly receiving a summary of the latest intelligence and data relating to COVID-19 in the local community. This information is updated weekly and is also placed on the Local Outbreak Plan page on the PCC website at the link above.
- Considering changes to powers and regulations and ensuring that proposed responses are appropriate.
- Receiving reports relating to Test and Trace payments to support those at risk of hardship through losing income because of a requirement to self-isolate.
- Considering progress in developing a local contact tracing service.
- Considering issues in relation to the developing vaccination programme.
- Considering matters relating to testing.

6.5 The LOEB also receives a regular assurance report which summarises the supporting work of the local Health Protection Board, which is providing the focus for local outbreak prevention activity, and assesses the local preparedness picture. The report is structured around four key areas:

- Local context, looking at local data including the early warning indicators
- Local activity, looking at confidence in a range of local matters such as enforcement, provision of PPE, testing etc.

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- Assurance to PHE, looking at the confidence in the seven areas of the plan required to be included; and
- Risks, looking at what are the issues that may cause Portsmouth to see an increase in infections.

6.6 The LOEB will continue to meet on a monthly basis, and will receive reports summarising the activity of the Health Protection Board, which meets weekly, and the resultant assurance levels. The Board is a helpful forum for providing check and challenge around local outbreak arrangements, and for ensuring that the arrangements are fully appropriate to the city and its communities.

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Signed by Helen Atkinson, Director of Public Health, Portsmouth City Council

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

<b>Title of document</b>	<b>Location</b>