
NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 18 NOVEMBER 2021 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Jane Di Dino 02392 834060
Email: Democratic@portsmouthcc.gov.uk

Membership

Councillor Ian Holder (Chair)
Councillor Lee Mason (Vice-Chair)
Councillor Matthew Atkins
Councillor Judith Smyth
Councillor Rob Wood
Vacancy

Councillor Arthur Agate
Councillor Ann Briggs
Councillor Trevor Cartwright
Councillor Lynn Hook
Councillor Rosy Raines
Councillor Roger Bentote

Standing Deputies

Councillor Ryan Brent
Councillor Stuart Brown
Councillor Lee Hunt

Councillor Kirsty Mellor
Councillor Gemma New
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 - 16 September 2021 (Pages 3 - 10)**

The minutes are attached for approval.

4 Adult Social Care (Pages 11 - 24)

Simon Nightingale, Assistant Director for Health and Care Partnerships will answer questions on the attached update.

5 South Central Ambulance Service (Pages 25 - 28)

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

6 Solent NHS Trust update (Pages 29 - 36)

Suzannah Rosenberg, Chief Operating Officer, will answer questions on the attached report.

7 Portsmouth Clinical Commissioning Group and Health & Care Portsmouth update (Pages 37 - 46)

Jo York, Managing Director of Health and Care Portsmouth, will answer questions on the attached report.

Agenda Item 3

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 16 September 2021 at 1.30 pm as a Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Lee Mason
Councillor Rob Wood
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Lynn Hook, Gosport Borough Council

26. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Roger Bentote, Trevor Cartwright and Rosy Raines. Councillor Matthew Atkins was present but had to leave due to the meeting's delayed start.

27. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

28. Minutes of the Previous Meeting - 24 June 2021 (AI 3)

RESOLVED that the minutes of the meeting held on 24 June 2021 be agreed as a correct record.

29. Update from Portsmouth Hospitals NHS University Trust (AI 4)

Dr John Knighton, Medical Director, and Mark Orchard, Chief Financial Officer, introduced the report. As at today QA has 63 patients with Covid compared with 83 three weeks ago. The recent Victorious Festival does not seem to have resulted yet in a surge in cases but there is a sustained impact of patients needing high-level treatment. Last week overall hospital occupancy was on average over 99% which is higher than in the depths of winter. Walk-ins and ambulance conveyances at the Emergency Department (ED) for both Covid and non-Covid patients have been steadily rising since April with a consequent increase in admissions. This reflects the challenges in the community of providing post-acute care for medically optimised patients (those awaiting additional support), of whom there are currently 150.

The Trust is working on increasing elective work and has exceeded the target of the 2019/2020 baseline of elective activity and is meeting cancer targets despite Covid. The focus is on maintaining a flow as good as possible through the hospital to minimise delays and improve patients' experience. Over 93% of the workforce are fully vaccinated and will receive a booster at six monthly intervals. The pressure on the Trust is extreme and is sustained coming out of Covid. The Trust had one of the busiest caseloads of Covid patients in terms of numbers and impact, for example, over 60% in-patient beds had Covid patients in February. There was not as much rest and recuperation for staff over the summer as hoped. Staff taking their leave has been prioritised and they have been given an extra wellbeing day. Staff wellbeing is a priority, especially with winter approaching, so as to maintain business continuity.

In response to questions, Dr Knighton explained:

With regard to the Urgent Treatment Centres (UTC), some of them have not been able to maintain their scheduled operating hours, mainly because of staffing difficulties, which in turn has a negative impact on QA. The last six to eight weeks have seen an increase in attendance at QA as the UTCs have had to reduce their hours. The UTCs play an important part in emergency care. The Trust meets providers daily to discuss operation; however, staffing is a challenge which is not easy to resolve. Other operational models or locations may need to be considered over the next few months.

If it looks as if capacity is being exceeded, and demand is currently outstripping capacity, the Trust will implement marginal gains on different fronts. Demand at the "front door" needs to be managed to re-direct those who do not need acute hospital care; the hospital's own internal processes need to be streamlined as much as possible; packages of care or other support need to be in place so patients can leave hospital. If capacity is exceeded then it will have a knock-on effect on elective activity, which the Trust wants to avoid at almost all costs. However, QA has a relatively small proportion of elective bed base compared with other hospitals and elective work is rigorously and clinically prioritised. The Trust is aware of the potential risk of harm and escalating backlogs. Cancer care will continue to be prioritised no matter what. However, there may be a point where elective care is compromised.

Mark Orchard outlined progress on the proposed new ED and gave a presentation. £58 million national capital investment has been committed and there is a three-stage process to confirm release of funding. The project is currently at the detailed design stage (showing where rooms and co-locations will be sited) and subject to approval work could start early next summer with completion planned for 2024. Three locations had been considered. Expanding the existing building was discounted as being too disruptive and the North public car park was not near enough other departments. The new ED will have just over 5,000 sq m floor space as opposed to 3,500 sq m in the current facility. The Trust has liaised closely with Planning and Traffic officers to allow for the best traffic flow. The outline planning application was granted in July. Lessons have been learnt from the pandemic so adults and children will be treated in single rooms to ensure privacy and dignity and also to manage respiratory conditions. Adult recess bays have been increased from four to eight and a further two paediatric bays have been added. CTI scanner capability will be increased to minimise delays.

In response to questions, Mr Orchard and Dr Knighton explained that:

There are three to four parking spaces at the entrance to allow for drop-off outside the walk-in entrance and there will be a new multi-storey car park a short walk away with 300 spaces by the end of March. The Trust has liaised carefully with Planning and Transport to minimise traffic congestion and enable people to access the ED. Members' comments about the need to allow, for example, parents bringing children, will be taken back for

consultation on the final design. It may be possible to designate some spaces in the staff area for the public. Portering and availability of wheelchairs when people arrive will be taken into account by the design team. Feedback is always welcome.

The Trust has not navigated the third stage of the business case yet though the individuals involved in reviewing the business case are very positive. However, Mr Orchard acknowledged that the project team is experiencing some issues caused by the national shortage of construction labour and materials and this may impact on the building work when it starts.

The new ED will not provide a huge gain in space but will in clinical effectiveness. The current layout is not effective. Although the intent is to avoid ambulance delays, the new ED is a way of providing clinical space that is the most efficient and safest way to treat patients. There is an inexorable trend for people coming to QA for treatment and the Trust needs to work with providers to support patients to get help from other routes.

The HOSP thanked Dr Knighton and Mr Orchard for their report.

RESOLVED that the report be noted

30. Update from Hampshire, Southampton & Isle of Wight Partnership of Clinical Commissioning Groups (AI 5)

As the Hampshire, Southampton & Isle of Wight Partnership of Clinical Commissioning Groups (CCGs) works closely with the Hampshire & Isle of Wight Integrated Care System (ICS) this item was considered jointly with the next agenda item. Jo York, Managing Director of Health & Care Portsmouth, was in attendance for these two items.

Jane Ansell, Senior Responsible Officer for the Hampshire & Isle of Wight Covid-19 vaccination programme, introduced the report and summarised the main points. To date, over 2.6 million Covid vaccinations have been delivered across Hampshire and the Isle of Wight ICS area in a variety of locations including festivals and places of worship. Targeted outreach work is continuing to encourage vaccination take-up. Ms Ansell outlined the next steps of the vaccination programme, including for children. Schools are grateful for the support with delivering vaccinations for 12 to 15-year-olds. The booster programme will be deployed to priority groups 1 to 9 as far as possible in the same order as with the first and second doses; the NHS will contact people when it is their turn. The booster should be given no earlier than six months after the second dose. The CCG is working closely with partners to prepare for winter.

In response to questions, Ms Ansell explained:

Vaccinations will be given in locations convenient for people. In the early days of the vaccination programme vaccines were allocated to hospitals but they are now focussing on their own staff so they can plan for winter. "Co-administration" (giving Covid and flu vaccinations at the same time) is permitted and will be done wherever possible.

Paul Gray, Director of Strategy at the ICS, said the Health & Care Bill removes barriers so as to join up services for residents. The Bill builds on existing arrangements rather than unpicking them although it is recognised that some structural changes are happening.

Dr Derek Sandeman, Chief Medical Officer, agreed that population health management (discussed at the previous meeting) is crucial to everything services do and central to all delivery. The ICS is charged with "walking" more strongly with partners to improve health and wellbeing. Conversations will take place through the Health & Wellbeing Board and other organisations; widening conversations will be valuable. Health has improved over the last six decades with 80% of improvements due to the wider determinants of health (poverty, housing etc) and 20% (vaccinations, treatment delivery etc). However, life expectancy has stalled and is decreasing; the ten added years of life are spoilt by being spent in poor health which creates much work and is becoming a problem. The public's health as a country has worsened.

Viewed through a macro lens the population is doing badly on general wellbeing, obesity, diabetes etc; obesity is an epidemic leading to other diseases such as stroke and cancer. Secondly, there is too little focus on air pollution and it may be that our children will judge us on this, as they might with climate change; they are exposed to particulates equivalent to smoking 20 cigarettes per day. Pollution affects the lung development of foetuses. We face a similar challenge to that of the Victorians in improving health and wellbeing.

Viewed through a micro lens there are inequalities and individual risks. The ICS have engaged Cerner to mine and investigate data to show who is attending hospital more frequently so as to take a more proactive approach to preventing poor health. The Optum approach examines how physicians ask questions and intervene. It is being trialled in parts of HIOW amongst primary care networks who seem very enthusiastic and cannot wait to start applying it. The intention is to offer it to all aspects of health and wellness, and inequalities such as psychiatric morbidity.

Members thought the work described is vital to improve wellbeing and prevent poor health. Dr Sandeman said it is up to everyone to make a difference and "walk together." When he was a physician treating stroke patients there was little he could offer for what is mainly a preventable condition.

Dr Sandeman agreed with members that it is vital to understand how younger people communicate and behave in order to engage with them. Fast food organisations have the advantage of knowing how to affect young people's behaviour and influence them. However, the root cause of obesity is inactivity; people are eating less per head of population than in the 1950s but are more sedentary. Countries who have dealt more successfully with obesity have taken bold steps to increase activity, for example, making it easier to cycle than drive around cities. Implementing active transport is not easy; it is another "Victorian challenge." Members noted the difference between private

and state schools in that the former often have more sport and encourage competitiveness and young people need to feel competitive.

In response to comments that GPs need to see older people in order to communicate with them and give messages on wellbeing, Dr Sandeman agreed that balancing e-consultations with face-to-face ones is an important challenge and one which has not been resolved yet.

The HOSP thanked the CCG and the ICS for their reports.

RESOLVED that the reports be noted.

31. Integrated Care System update (AI 6)

As noted above, the Integrated Care System update was discussed jointly with the previous agenda item.

32. Public Health update (AI 7)

Helen Atkinson, Director of Public Health, introduced the report and summarised the main points. Following on from Dr Sandeman's comments, she noted that despite improvements in healthcare there are still significant issues with health inequalities in the public's health. For example, although it is now mainly unvaccinated people who are admitted to hospital with Covid, pre-vaccination we were seeing more patients with existing conditions like obesity or diabetes, admitted. When looking back 100 years people died from infectious diseases but now it is from lifestyle factors like poor diet, smoking etc. Dealing with inequalities involves complex solutions that need to be tackled in partnership at all levels of society. The wider determinants like housing, education, employment are important in tackling obesity and other lifestyle factors. However, also other factors such as food industry marketing policies need to be considered, especially around children and fast food. Portsmouth has a very strong partnership approach to tackling the public's health and is currently refreshing the Health and Wellbeing Strategy, which focuses on tackling the wider determinants of health ie underlying reasons such as poverty, housing, education and poor air quality. There is more to be done and all the partners on the Health and Wellbeing board, for example, the council, NHS, business, police and the University of Portsmouth, are involved.

Air quality as an example is an important issue. As around 10% of car journeys are related to health (attending appointments, visiting patients, getting to work) PCC is working with QA to tackle the reduction of health-related traffic. Nudge behaviour is important, for example, making it easier for people to make the right choices.

Public Health is still in Covid response alongside the "business as usual" commissioning and delivering services, for example, provision of sexual health and substance misuse services. Public health is still providing asymptomatic testing services and local contact tracing. We are supporting the NHS with vaccination, especially in deprived communities and hard to reach groups. Ms Atkinson thanked Ms Ansell and Dr Sandeman for their support. Portsmouth was one of the first areas to prioritise vaccination for the homeless population, which gave the opportunity to screen for hepatitis and

blood borne viruses. Partnership working provided help such as food parcels via the Hive for those self-isolating. Public Health has supported care homes and advised on government guidance on infection control and prevention; there have been very few outbreaks in homes. Ms Atkinson thanked care home staff for their fantastic work. There are fewer outbreaks in schools though this may be higher now with the start of term. Public Health works with Education and Children's Services. Covid vaccination is "business as usual" and testing and tracing is likely to be part of life for the next year at least. All CCG and many council meetings start with Covid intelligence so everyone is aware of the current situation

The HOSP thanked Ms Atkinson for her report.

RESOLVED that the update be noted.

33. Southern Health NHS Foundation Trust update (AI 8)

Nicky Creighton-Young, Director of Operations, introduced the report and summarised the main points on ongoing projects. 92% of staff in the south-east workforce are fully vaccinated and as at today only five out of 1,352 staff are absent due to Covid. However, they are very challenged and stretched due to acuity of conditions and flow of patients.

The refurbished Poppy Ward at Gosport Memorial Hospital was opened in June. Work on Rose Ward is ongoing but despite slight delays due to the number of contractors able to be on site because of Covid restrictions it should be ready by November. The Trust has been asked to present their work on the wards nationally.

There have been some challenges with staffing across all the Urgent Treatment Centres (UTC) but apart from two days in August at the Petersfield UTC they have been operating as usual from 8 am to 8 pm. Concerns over communication between the UTCs and other health organisations will be taken back to providers.

With regard to the Pascoe Report, published last week, the Trust's Chief Executive has asked to meet with scrutiny panels to consider it in more detail and address the recommendations.

The HOSP thanked Ms Creighton-Young for her report.

RESOLVED that the report be noted.

The meeting ended at 4.07 pm.

Councillor Ian Holder

Chair

This page is intentionally left blank

Agenda Item 4

Title of Meeting:	Health Overview and Scrutiny Panel
Date of Meeting:	18 th November 2021
Subject:	Adult Social Care Update
Report By:	Andy Biddle, Director of Adult Social Care

1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) for the period May 2021 to October 2021.

2. Recommendations

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

3. Overview

Portsmouth City Council Adult Social Care, (ASC) provides advice, information and support to adults aged 18 years and over who require assistance to live independently and to unpaid carers who look after someone who could not cope without their support including those looking after children with additional needs. This support may be needed as the result of a disability or a short or long term mental or physical health condition. The service aims to encourage people to use their own strengths and community resources to have as much choice and control as possible over how their care and support needs are met. For some, the service will also help people find the short, or longer-term care and support 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. National Guidance

4.1. During 2021, the Department for Health & Social Care, (DHSC) has continued to update guidance which Local Authorities are required to follow in discharging their Adult Social Care duties. This has included:

- Infection prevention and control
- Working in care homes
- Working in domiciliary care
- Providing unpaid care
- People supported through direct payments
- Adult Social Care Winter Plan
- Designated premises

- Mandatory vaccination for care home staff

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 (PCCG). We continue to work together with Portsmouth Hospital University Trust, (PHU) Solent NHS Trust and voluntary and community sector colleagues in integrating the health and care approach in Portsmouth and in preparing for the Hampshire and Isle of Wight Integrated Care System in April 2022.

6. Key Issues

6.1. National reform

In September 2021, the government announced a plan for health and social care funding. The majority of the funding within this plan to be allocated to adult social care will be from October 2023 and will limit the amount that an individual has to pay for social care in their lifetime. The government plan also states that those funding themselves will be able to ask to access council rates of funding for care and the amount of financial resources that are disregarded for charging purposes will be increased. There will also be a fund for workforce development and the government has committed to a single health & care record.

Concerns have been expressed by Association of Directors of Social Services, Chartered Institute of Public Finance and Accountancy, the Local Government Association; Institute for Fiscal Studies; County Council's Network; Local Government Information Unit and the Homecare Association that the plan will not provide sufficient funding for workforce pressures and increased levels of need currently experienced.

Similar commentary has been made regarding the October 2021 spending review which suggested any adult social care council tax precept would be limited to 1%.

6.2. Hospital Discharge

ASC continues to follow the updated guidance on Hospital discharge, (published August 2020).

Part of this work involves the 'Discharge to Assess' (D2A) reablement unit located at Harry Sotnick House. Working in partnership with Portsmouth Clinical Commissioning Group, (CCG) we have agreed funding to establish permanent staffing at the unit for 30 beds. The unit enables Portsmouth

residents to be discharged from hospital and offered a short stay, with reablement support, to make a decision about how ongoing care and support needs could be met.

The Hospital Social Work team continues to assess people's care and support needs following their discharge from Hospital. The teamwork across NHS Solent and PCC units to provide timely Care Act assessments for people leaving hospital with complex needs whilst maintaining a 'home first' ethos. Staff have adapted well to the changes, and closer working with NHS colleagues has resulted in positive changes for Portsmouth residents needing to leave hospital and to the service in a rapidly changing environment.

ASC and PCCG colleagues continue to work with NHS Solent and Portsmouth & Southeast Hampshire NHS colleagues to try to manage the current pressures at Portsmouth Hospitals University Trust.

6.3. Work with People with a Learning Disability

The Integrated Learning Disability Service (ILDS) has continued to support the COVID-19 vaccination uptake for its users. They have now achieved a 93% uptake. The service has commenced discussions with PCCG and the Primary Care Network's around support for the COVID-19 booster jabs and seasonal flu jabs. This integrated approach to care and support has helped keep this very vulnerable population well throughout the pandemic. The ILDS is hoping to better understand the implications of long COVID for its population and provide appropriate support to individuals affected.

The ILDS has continued to work with its network of providers to ensure business continuity. There have been no issues of note with regards to maintaining service delivery and we are now also at a point where day service providers are almost back to full capacity. This has been really influential in re-establishing routines and a sense of normality for service users. It also means greater support for unpaid carers.

Alongside the work to re-establish services, the ILDS has continued with developmental ambitions. Recently there was a "topping out" ceremony for a new 28 bedded supported living service, Patey Court. This was scheduled to open in February 2022, but building has been delayed due to disruptions and delays in building supplies. Alongside this, a new 8 person supported living service for people with very high support needs, (due to behavioural challenges) in Liss has been completed. This will open in early November and provides a high-quality bespoke environment, and support, for a very vulnerable group who previously would have been placed in high cost and often unsuitable, placements across the country.

The service also hosted a celebration event at the Central Library to recognise the resilience shown throughout the pandemic by the team, its providers, its service users and carers. The event was well attended and well received. People enjoyed being able to connect again and speak to people directly after such a long and difficult time.

6.4. Carers Service

The Carers Service supports adult carers, usually via a Carers Assessment, to access breaks, information and advice, emotional support and help with emergency planning. The team continued to support carers remotely, and when needed, in person throughout the pandemic. The Carers Centre building reopened to carers peer support groups on the 12th of April.

The Carers Service received covid recovery funds to provide a programme of group, peer and individual support to help carers recover from the impacts of the pandemic and to re-engage with social activities. The programme includes:

- Peer support groups are being given access to small grants to support them to engage with members to access a much-needed break
- Working with Talking Change to improve access to their services including a bespoke group therapy offer for carers
- Supported access to physical activity opportunities

Given high levels of demand for social care assessment and review the Carers team have provided support to colleagues in the community teams by undertaking more combined assessments and assessment/review of non-carer cases. Since June of this year, we have worked to support the Response team ensuring people come through to us for support quickly rather than being placed on the community teams' waiting list. This has had an impact on waiting times for carers and decisions on allocating staff to non-carer work have been subject to ongoing review to ensure that prevention and early intervention opportunities can still be prioritised.

The Carer's Service manager supports and informs regional and national policy work via the National Institute for Clinical Excellence, (NICE) and Association of Directors of Adult Social Services, (ADASS). They were a committee member on the recent Supporting Adult Carers NICE Guideline (Published January 2020) and Quality Standards (Published March 2021) and support the ongoing implementation of these documents. The work of the South-East ADASS Carers Network is reflected in regular meetings with the Department for Health & Social Care, (DHSC) contributing to their thinking around issues such as the paid carer leave consultation and the health and care bill. The Carers Service manager is currently working on the national implementation of a Cross Border Protocol for Carers and taking a joint lead in work to improve the quality of Carers Assessments through the national ADASS Policy Network.

The Carers Service has been working with the GP 'SystemOne' user group to implement a method of recording informal carers using a specified 'read code'. This went live in September and allows both parties to report on carers identified in either setting. We continue to work with the GP surgeries so that they can develop approaches that support the need of carers.

We have 6 groups who are regularly using the centre again and the Carers Cookery sessions are running weekly.

Month	Number of referrals
June 21	62
July 21	61
August 21	59
September 21	44
October 21	68

6.5. Management Information Service

We have received the resignations of two staff who are key to producing management information; they prepare all of our data returns and produce our regular trend and activity data.

This is a very manual process currently and there is work underway to create an automated strategic reporting solution over the next 18 months.

This is a significant risk given the approaching requirement for increased data from Department of Health & Social Care, (Client Level Data) and the changes to Adult Social Care Outcomes Framework, (ASCOF) and the national inspection framework. Whilst we don't have the detail of the inspection framework, it is likely to involve extra data to be extracted from our systems and formed into a report.

We have struggled to resource this function over the years given savings requirements and we also have a significant project in place to establish a workflow for our client record system. In the short term, we will be limited on the information we will be able to produce to drive our activities, but we are working with Finance colleagues to mitigate the impact, using our finance system for reporting.

6.6. Regulated and Provider services

Portsmouth City Council Portsmouth City Council is registered with the Care Quality Commission (CQC) for the delivery of 7 regulated services

- 3 services are registered for the delivery of accommodation for persons who require nursing or personal care
 - Harry Sotnick House
 - Russets
 - Shearwater
- 4 services are registered for the delivery of Personal care
 - Ian Gibson Court
 - Portsmouth Rehabilitation and Reablement Team (ILS)
 - Community Independence Service (CIS)
 - Portsmouth Shared Lives Service

Each scheme / service has a Registered Manager (RM) who is registered with CQC, as well as a variety of staff relevant to the service provided. All services are subject to inspections from the CQC in line with their registered activity. With the exception of Ian Gibson Court, which is part of the Housing, Neighbourhoods & Buildings, (HNB) directorate, all services sit within Adult Social Care. All staff within services receive mandatory training as required.

The ASC 'quality assurance & learning framework' for regulated services includes a requirement that we audit standards across our regulated services, part of this process involves informal inspections. These are completed by the Head of Regulated & Provider Services annually with support from key individuals such as Social Workers, the safeguarding team and NHS colleagues. We completed informal inspections at Harry Sotnick House, (June) Russets, (July) and Shearwater, (September).

All of the units received positive feedback from the informal inspection team around documentation, staff training and development, involving residents/families in care and support planning and knowledge of mental capacity regulations. Learning points included complaints response timescales, enhancing the teaching role of experienced staff, encouraging regular hydration checks and staff observation as live supervision.

We have received Pre-Inspection Reports (PIR) from the CQC for completion, which means we anticipate an inspection of CIS, Ian Gibson and Shearwater in the next 2/4 weeks.

7. Demand

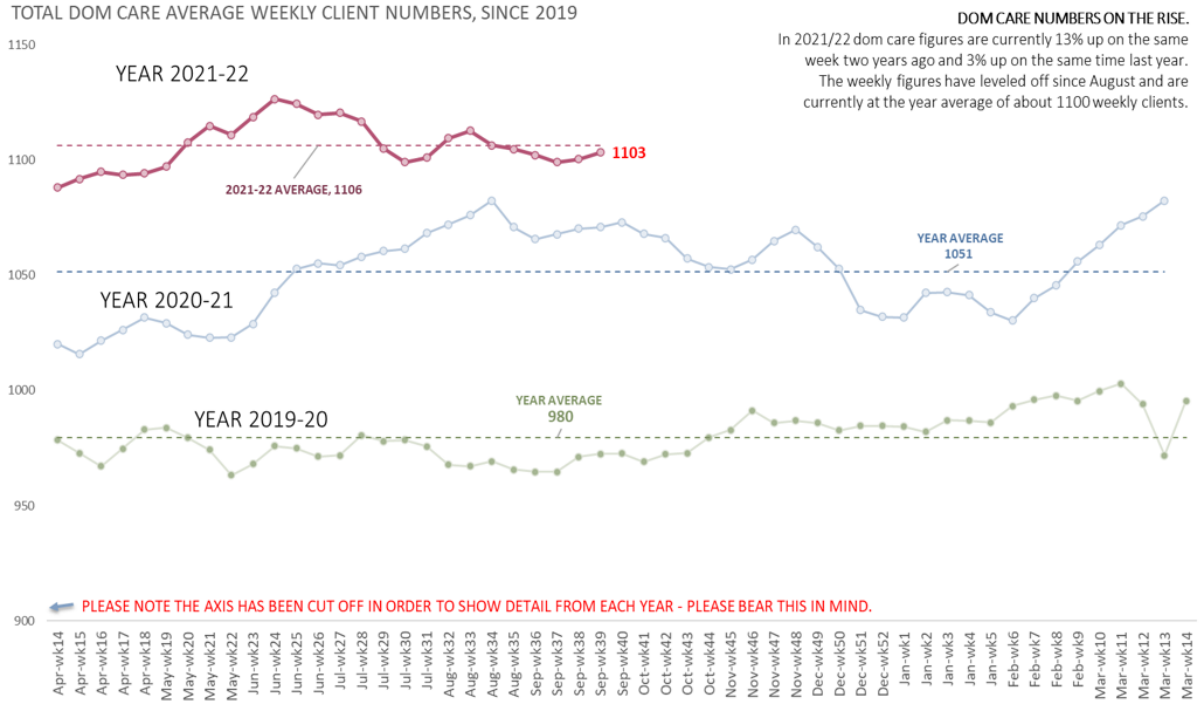
The figures below are snapshots of people with care and support needs with open care packages on the last day of the month.

7.1. Domiciliary Care

The demand for domiciliary care continues to increase as shown below. The demand for domiciliary care rose 3% in 2018/19 and 2% in 2019/20.

AVERAGE DAILY DOM CARE FIGURES for 2019, 2020 and 2021 financial years.

These numbers and costs are for ALL dom care clients, regardless of client group.



Cost Bands for Domiciliary Care

The chart takes the domiciliary care support and splits into cost bands, against last year's average, we are seeing increases in most cost bands. The higher the cost band, the more support a person needs.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
£0-50	126	126	125	123	129	136	
£050-200	550	553	551	541	546	535	
£200-300	158	171	174	171	180	184	
£300-400	76	83	76	78	74	70	
£400-500	80	75	78	79	76	71	
£500+	107	112	119	109	108	113	
DISTINCT CLIENTS:	1097	1120	1124	1101	1113	1109	

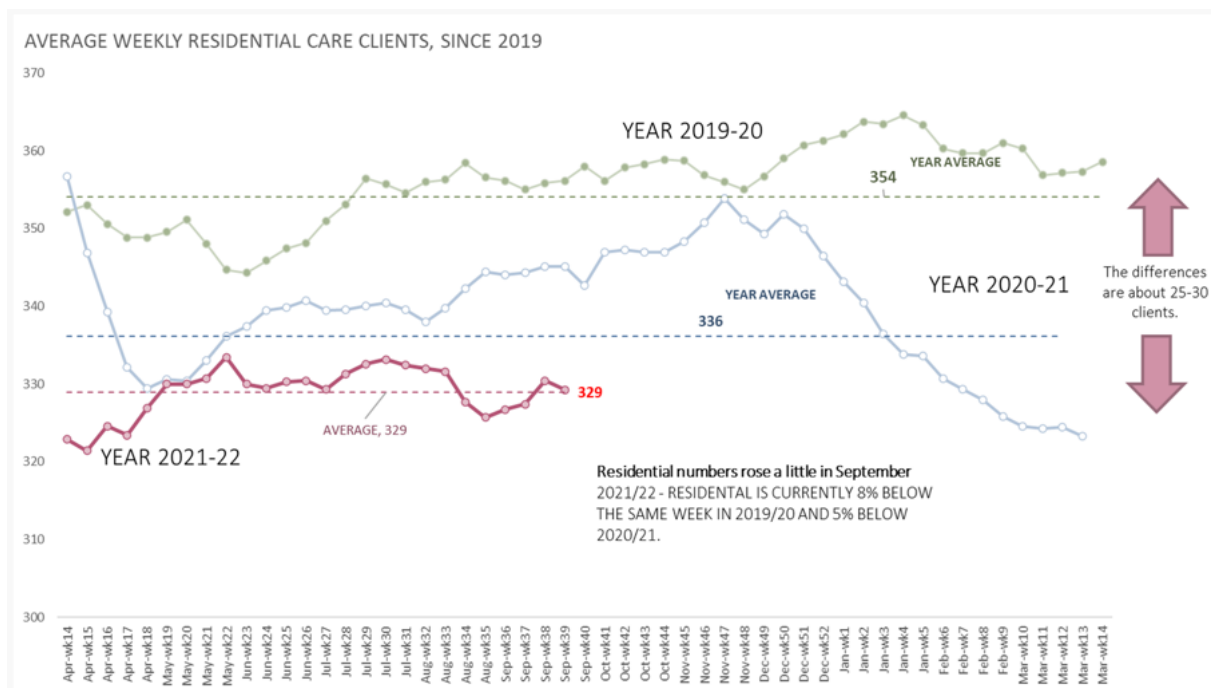
SUBJECT TO 2% SETTLING

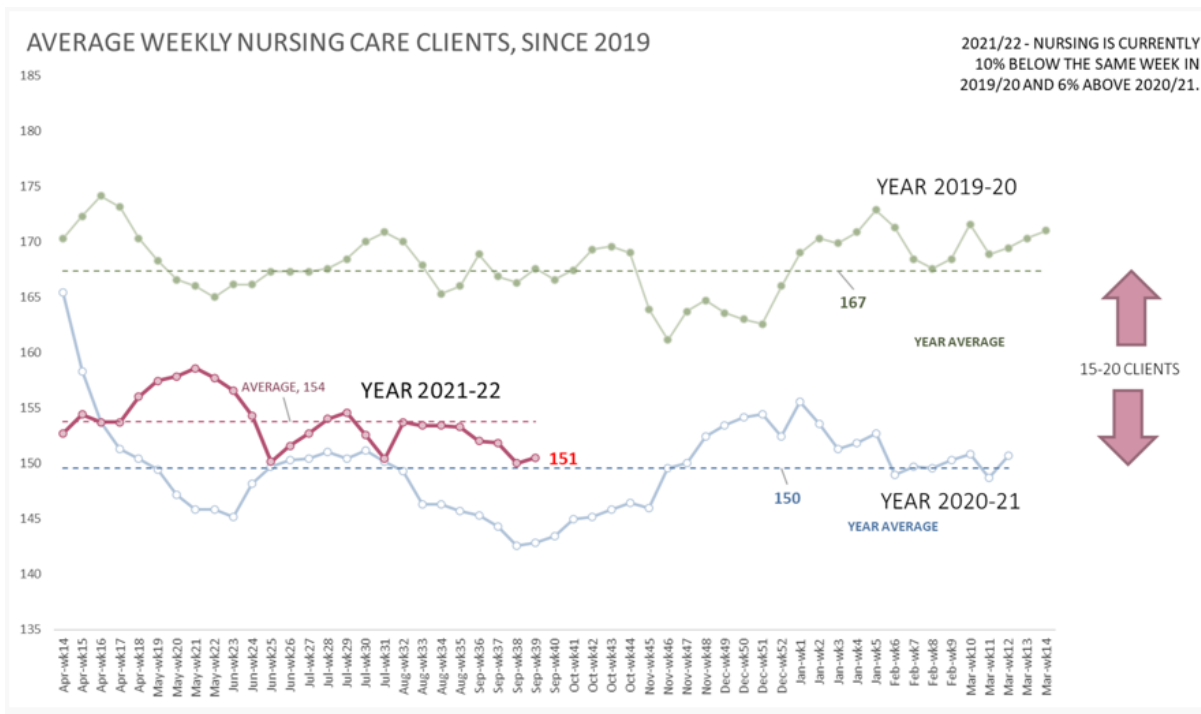
CURRENT MONTH VS LAST YEAR AVE		
10.7%	£0-50	
-0.3%	£050-200	
15.3%	£200-300	
11.9%	£300-400	
-5.2%	£400-500	
5.0%	£500+	
4.2%	DISTINCT CLIENTS	

In summary, there continues to be an increasing demand for domiciliary care in Portsmouth which places pressure on the overall budget for ASC. The increase in higher cost bandings against 2020/21 indicates that people have greater needs for support.

7.2. Residential Care

Residential and nursing care home figures continue to be lower than would normally be expected in the city. There were initial drops in resident numbers in April 2020, with additional drops during the course of this financial year for residential care. For Nursing Care homes there has been a slight recovery above 2020/21 levels, but numbers of residents continue to be below 2019/20 levels.





7.3. Deprivation of Liberty Safeguards (DoLS)

The figure for the period July to September 2021 showed that there was an increase in the overall numbers of referrals received on last year, with a reduction in the number of DoLS granted.

Referrals Received (all Referrals)

July/Aug/Sept 2020 = 232

July/Aug/Sept 2021 = 282

Referrals Received (excluding Furtherers & Reviews)

July/Aug/Sept 2020 = 123

July/Aug/Sept 2021 = 175

DoLS Granted

July/Aug/Sept 2020 = 146

July/Aug/Sept 2021 = 22

Average Time between Referral & Authorisation

July/Aug/Sept 2021 - 51 Days

Status 30th Sept

With Triage = 4

To be Allocated = 38

To be Triaged = 24

Total to be Allocated = 62

In preparation for the introduction of the Liberty Protection Safeguards (LPS) a decision has been taken to recruit to a post that will target coordination of process development and training for the new requirements.

7.4. Mental Health Act Assessments

During the pandemic, the service continued to undertake assessments in person to ensure external scrutiny of the care and support arrangements for adults who are unable to consent to those arrangements.

Coming out of the formal restrictions the Approved Mental Health Professional, (AMHP) team are providing proportionate deployment of staff to respond to formal need for assessments.

The team are addressing presenting issues of medical cover on the wards that can have an impact on assessment timescales, with potential impact of creating delays to admissions.

There are additional complications as a result of experiencing delays in accessing private ambulance cover, these delays also have the potential to delay admissions and create additional pressures.

The AMHP service have noted there has been an increase in requests for Community Treatment Orders, these require involvement of an AMHP as they have a key function in reviewing community-based plans and stating whether or not the AMHP is in agreement.

To date the AMHP team have received 5 requests for the Treasury's "Mental Health Crisis Breathing Space" programme. This is a programme that helps take the pressure off people with debt issues while they are receiving crisis treatment and up to 30 days after. Of the 5 referrals one person was eligible. The other 4 people were appropriately signposted to the 'Non-Mental Health' Breathing Space programme.

7.5. Adult Safeguarding

The number of referrals received by the safeguarding team has remained consistently high during 2021.

Despite an initial drop in referrals during the first lockdown, the number of concerns increased back to pre-pandemic levels and above, reaching a historic high of 623 in June of 2021.

Similarly, the safeguarding team have received increasing numbers of PPN1s (concerns raised by the police) a total of 919 PPN1 were received between

July and September 2021. This has significantly increased the operational demands on a small team of practitioners. In addition, the complexity and time taken to triage cases has considerably increased.

This is reflected in the number of concerns triggering statutory 'Section 42' enquiries. These are enquiries the Local Authority is directed to make under the Care Act, (2014) to enable a decision on action to be taken in response to a referral. 185 safeguarding referrals required statutory safeguarding enquiries between July and September.

Despite the challenges of increased demand, the team have continued to offer fortnightly safeguarding clinics to colleagues in ASC and the housing sector, carry out face-to-face visits where safe and appropriate to do so, and are committed to ongoing development via auditing and governance planning.

During November, the team will bring forward a plan to manage PPN1's and will report on the plan to the Health, Wellbeing & Social Care Portfolio meeting.

7.6. Complaints

For the financial year 2020/21, there were 62 statutory complaints made about Adult Social Care, compared to 67 in the previous year. Included within 2020/21 are 4 complaints involving an independent care provider, compared to 8 in the previous financial year.

In addition to statutory complaints, there were 21 customer contacts, six contacts that were responded to under different procedures and one representation.

The number of Portsmouth residents with Adult Social Care involvement on 31st March 2020 was 6,687. The 62 complaints received therefore represent under 1% of all the people receiving a service from adult social care.

Complaints levels have decreased by 7% year on year and the most complained about location was the FAB team (social care charging). Inadequate service (21), funding (9) and staff communication (9) were the largest reason for complaints. Performance on 20-day responses has fallen to 63% from 80% last year and on 10-day responses dropped to 48% compared to 63% last year.

One complaint was investigated by the Local Government Ombudsman and Social Care and no fault found against Adult Social Care. 40% of complaints were upheld to some degree, a decrease from 54% last year. Adult Social Care received 19 compliments this year compared to 22 in 2019/20.

8. Strategy

During September 2021, the Adult Social Care Strategy was presented to colleagues in ASC and the wider Council, the Leader and partners. An infographic summarising the strategy is available [here](#).

The intention of the strategy is for.

- citizens to understand what adult social care is and does in Portsmouth, and to hold ASC to account
- social care staff to know how their work supports our citizens and have a clear sense of purpose
- staff across the council to understand adult social care and its contribution to the Portsmouth vision and city plan
- the council to demonstrate how we manage our limited resources – putting our time, money and energy into the best possible outcomes and achieving the best value for money.

9. Risks

During this year ASC has updated and expanded the service risk register due to a number of challenging circumstances and anticipate a challenging financial year in 2022/23.

There have been challenges in sourcing sufficient domiciliary care, with waits for care increasing.

The demand for assessment and support has meant that we have a wait for assessments due to staffing capacity.

The increase in safeguarding referrals has impacted on response times in the service.

In 2022/23 we anticipate significant budget pressures from providers of care and support. This is based on the 6.6% increase in the National Living Wage, the pressure of increased National Insurance Contributions imposed by the Heath & Social Care Levy and the need to attract workers from other sectors into domiciliary care.

ASC also anticipates the demand for services continuing to increase and national hospital discharge funding and funding for Personal Protective Equipment for providers to cease on 31st March 2022.

Given the combination of pressures on the NHS, we also anticipate challenges in managing the flow of people out of the hospital, which puts further pressure on staffing and financial capacity.

Finally, the impact of people who self-fund being able to arrange care at Local Authority rates will place further pressure on providers to increase their rates. The absence of a significant funding announcement in the October 2021

spending review indicates that 2022/23 will be a very challenging year for adult social care.

This page is intentionally left blank



Agenda Item 5

South Central Ambulance Service **NHS**

NHS Foundation Trust

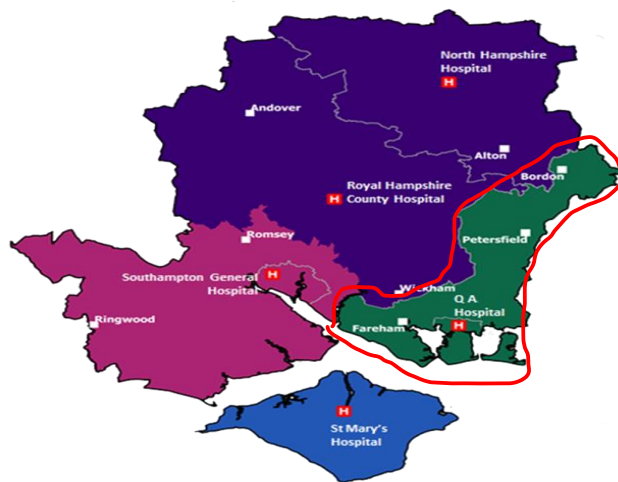
Title	Health Overview and Scrutiny Panel
Author	Tracy Redman - Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	November 2021

Contents	
•	Introduction / SCAS South East
•	Developments <ul style="list-style-type: none"> COVID-19 Integrated Urgent Care
•	Demand / Performance
•	Challenges / Opportunities <ul style="list-style-type: none"> Transformation Review Patient Care Hospital/System resilience and capacity - impact on Hospital Handover delays

Introduction / SCAS 999 South East

South Central Ambulance Service NHS Trust provides emergency, urgent and non-emergency healthcare services, along with commercial logistics services. The Trust delivers most of these services to the populations of the South Central region - Berkshire, Buckinghamshire, Oxfordshire and Hampshire - as well non-emergency Patient Transport Services in Surrey and Sussex. In Hampshire SCAS 999 operate in 3 'nodes'.

SCAS 999 - South East Hampshire



Over 100k - 999 calls a year



Approx. 50k ambulance conveyances a year



Approx. 50k patients treated at home / signposted to other services



Circa 300 frontline operational team members



Up to 35 ambulances on duty at the busy times of day



One main hub site with satellites

Developments

COVID-19

On the 30th January 2020, the first phase of the NHS' preparation and response to COVID-19 was triggered with the declaration of a Level 4 National Incident.

This has seen significant challenge across the NHS including the Ambulance sector.

Some of these areas include changes to demand, clinical & operational practice, leadership, and the well-being of our staff.

- SCAS have adapted and learnt alongside colleagues from our partner organisations.
- Demand continues to be variable, and whilst COVID-19 demand has reduced, non-COVID-19 demand has been significant.
- The delivery model has been flexible based on the demand and resources available.
- Clinical and operational practice continues to be reviewed in line with national guidance to ensure that patients and staff remained as safe as possible. This includes the ongoing use of additional personal protective equipment for attendance at all patients along with further requirements for some types of patients.
- Enhanced leadership to support staff and challenging situations remains in place. In addition, SCAS enacted its internal command and control structure, which included links into to wider systems and partners command and control structures, both locally and nationally.
- The health and wellbeing of our staff remains a very high priority, with some COVID challenges including ongoing high absence levels due to both illness (both physical and mental) and contact tracing as well as real concerns raised for family members.

Integrated Urgent Care

SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration.

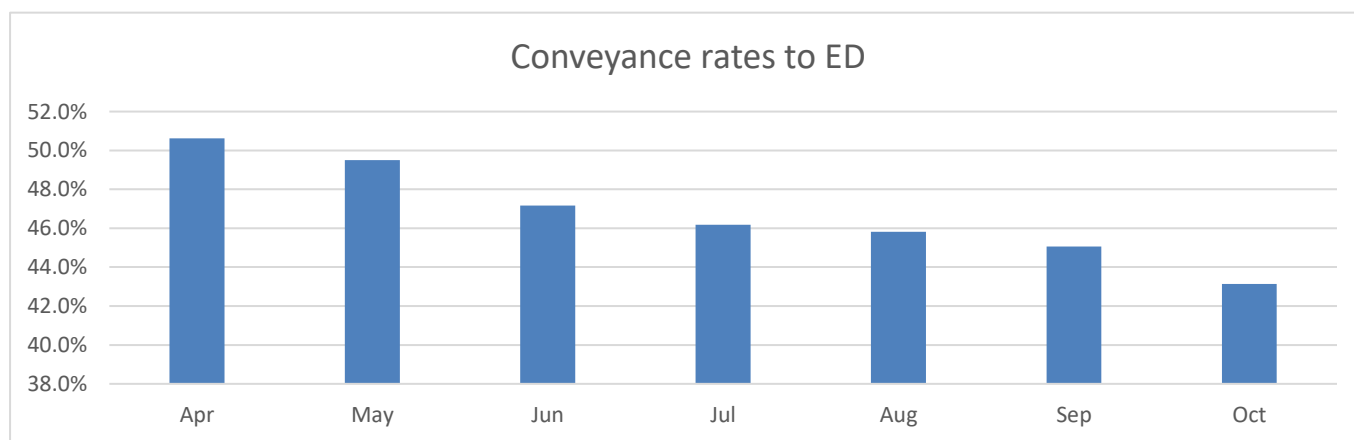
SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

In addition, wider health and social care colleagues from Social Services, Mental Health and Maternity services are directly supporting SCAS and patients by being embedded in the SCAS Clinical Co-ordination Centre.

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. This has been further enhanced with the development and ongoing enhancements of 'SCAS connect' which is a digital platform to support clinical decision making and patient signposting.

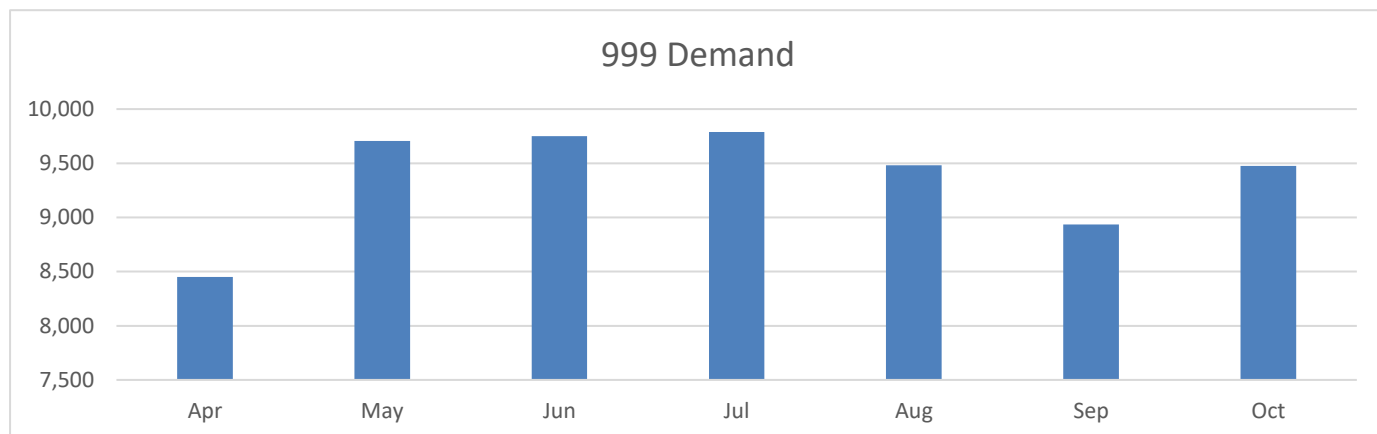
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

As a result of these actions SCAS only consistently convey less than 50% of its incoming 999 demand to the ED dept – this has continued to improved month on month during 2021.



999 Demand / Performance

Demand continues to be variable this year, which again has been reflected both locally and nationally.



Performance by Category by area

Fareham & Gosport

Cat	National Standard	F&G Q2 20/21 Demand	Mean	90th	F&G Q2 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	580	0:06:09	0:10:51	609	0:08:08	0:15:02
Cat 2	18 Mins (Mean); 40 Mins (90th)	3,642	0:17:23	0:31:45	4,191	0:32:50	1:09:04
Cat 3	120 Mins (90th)	2,859	0:48:13	1:49:14	2,421	2:03:50	6:45:14
Cat 4	180 Mins (90th)	206	1:14:36	2:56:06	201	3:05:04	7:13:36

Portsmouth

Cat	National Standard	Ports Q4 20/21 Demand	Mean	90th	Ports Q2 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	878	0:05:02	0:08:46	905	0:06:58	0:12:13
Cat 2	18 Mins (Mean); 40 Mins (90th)	4,138	0:13:15	0:27:02	4,958	0:30:33	1:11:16
Cat 3	120 Mins (90th)	2,974	0:43:47	1:43:19	2,269	2:09:50	5:23:05
Cat 4	180 Mins (90th)	189	0:54:03	2:03:11	168	2:35:53	5:42:29

South Eastern Hampshire

Cat	National Standard	SEH Q4 20/21 Demand	Mean	90th	SEH Q2 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)	588	0:07:20	0:13:11	630	0:09:36	0:17:36
Cat 2	18 Mins (Mean); 40 Mins (90th)	3,778	0:15:31	0:29:20	4,448	0:31:12	1:06:06
Cat 3	120 Mins (90th)	2,914	0:43:37	1:42:44	2,508	1:56:10	4:37:20
Cat 4	180 Mins (90th)	262	1:05:06	2:43:14	203	2:20:08	5:47:50

Challenges / Opportunities

Transformation Review

Due to operational pressures, the transformation review is still in its infancy with work ongoing to determine how successful the process was and what, if anything needs to change going forward. This will primarily include our staffing and deployment models.

Patient care

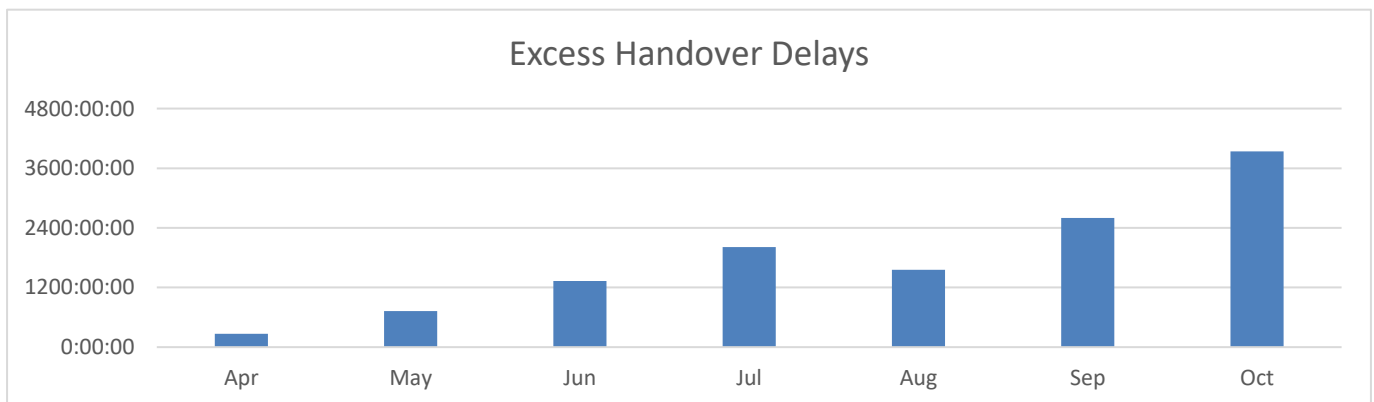
Whilst there were some improvements from COVID-19 for example a reduction in hospital handover delays and the development and rapid implementation of some urgent care pathways. Some of these benefits are no longer being felt. Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like. There is a focus for the system as a whole to support the patients receiving the right care in the right place, first time.

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

Hospital handover delays remain a significant challenge to the SCAS service delivery. Again, we have seen impact of COVID-19 actually reducing the delays, however SCAS has experienced the highest number of delays ever recorded in recent weeks.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes. The result is that SCAS resources are tied up and unable to respond to other patients in the community during this time.

Hours lost at QA Hospital:



SCAS continue to work closely with NHSI/E, the CCGs, Portsmouth Hospitals and other health and social care providers to mitigate the effects of these delays on patient care, and the impact on staff. There are a number of actions in train to support the reduction of handover delays to include actions from all of our system partners.

Agenda Item 6

Portsmouth HOSP – November 2021



1. Jubilee Update

1.1 Solent has been working with Portsmouth City Council and Portsmouth CCG to develop an integrated community inpatient pathway. A number of bed reconfiguration options have been appraised over the last few months. The option preferred by all partners provides the maximum number of beds with the greatest flexibility, within an affordable financial cost, enabling flexible admission criteria to be able to respond to changes in demand and complexity as required. This option indicates the closure of the 12 beds at Jubilee House which would be replaced by 10 Discharge to Assess beds at Harry Sotnick House provided by PCC and 2 additional beds on Spinnaker Unit.

1.2 The COVID-19 pandemic is not yet behind us and Portsmouth Hospital Trust has been experiencing unprecedented (non Covid) demand for several months. With winter fast approaching it is not the right time to embark on a significant change management project to implement the preferred bed reconfiguration.

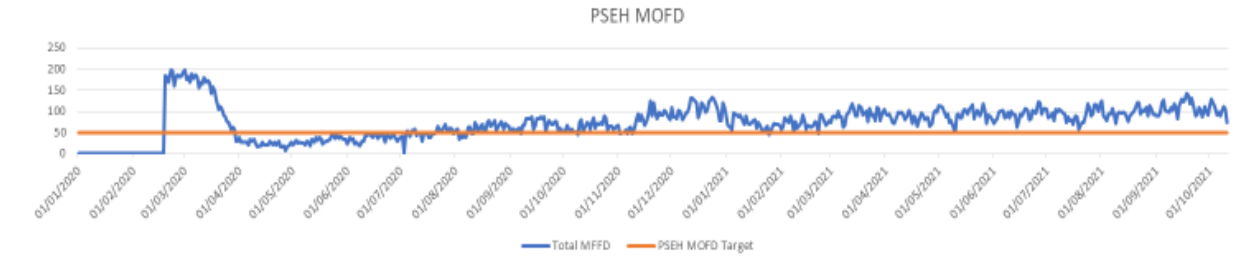
1.3 Jubilee House has served us well over many years. The single room layout, alongside the modifications we made last winter to improve infection prevention control measures and the dedicated staff team has enabled us to continue to provide quality care even though it is not a modern ward. We will continue to provide community inpatient services from Jubilee House this winter and look to implement the new integrated community inpatient pathway post Easter 2022.

2. PSEH System Working

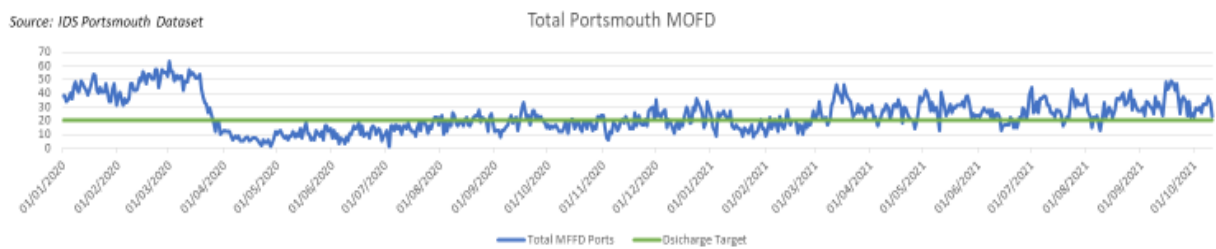
2.1 The pressure at QA Hospital is both significant and sustained and impacting ambulance handovers. There is regional focus on improving this position and Solent and PCC are working hard to ensure that discharges from QA to community take place on a daily basis. This is not without its challenges and staffing pressures in domiciliary care, Covid outbreaks in residential units, internal process issues all impact our ability to meet the daily discharge target for Portsmouth.

2.2 The 3 graphs below show a snapshot of our performance against the Medically Optimised for Discharge (MOFD) target.

Total Medically Optimized for Discharge

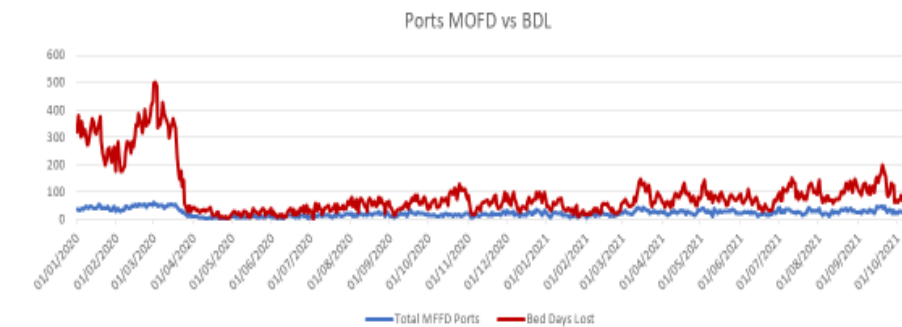


Source: IDS Portsmouth Dataset



Source: IDS Portsmouth Dataset

MOFD and Bed Days Lost



Source: IDS Portsmouth Dataset

	Portsmouth MOFD	Portsmouth BDL
5 th Oct 2021	26	70
6 th Oct 2021	32	85
7 th Oct 2021	32	81
8 th Oct 2021	32	76
9 th Oct 2021	37	100
10 th Oct 2021	33	111
11 th Oct 2021	23	100

Average BDL per Patient



Source: IDS Portsmouth Dataset

Date	Average BDL per patient per day
5 th Oct 2021	2.69
6 th Oct 2021	2.66
7 th Oct 2021	2.53
8 th Oct 2021	2.38
9 th Oct 2021	2.70
10 th Oct 2021	3.36
11 th Oct 2021	4.35

3. COVID-19 Vaccination Programme

3.1 Solent Vaccination programme

- Overall, the 4 sites in Hampshire & IOW have delivered 624,541 vaccinations
- 309,954 firsts, 282,763 seconds and 31,824 boosters

3.2 Hamble House, St James'

- 173,352 vaccinations delivered: 85,041 firsts, 75,418 seconds and 12,893 boosters
- 52% come from Portsmouth CCG catchment areas, 20% from Fareham & Gosport, 21% from South East Hampshire and 7% out of area

3.3 12 -15 School Programme

- 20 schools – 19 completed at time of writing. Last school expected imminently.
- 8,965 young people eligible in Portsmouth
- 5,216 young people vaccinated either in school or at the mass vaccination centre follow up clinics, including 53 home schooled (from an eligible cohort of 70)
- 51.7% of eligible children in schools in Portsmouth have been vaccinated through the Solent service

3.4 Outreach work

- Working in partnership with public health, CCG, PCNs and wider stakeholders to deliver a Community Outreach 'roving' service
- Clinically vulnerable and harder to reach communities supported as priority - Sexual health, substance misuse, HIV clinics, homeless, food banks, refuge/at risk (The Foyer and All Saints)

accommodation units, learning disabilities and mental health inpatients supported with dedicated vaccination sessions.

- Sessions held to support our ethnic minority groups at Sudanese boxing club, Chinese community vaccinations at Friendship House and supported Primary Care Networks with delivery in mosques. A pathway in place via Farmers Union to support migrant workers.
- A support programme for our local mariner community – supporting all Portsmouth based cruise ships and cross channel ferry teams with onsite vaccination, as well as offering to our port staff directly.
- Innovative sessions held at Portsmouth Football Club, Victorious Festival, nightclubs at Gunwharf and Guildhall Walk – using associated social media and comms to attract younger cohorts for vaccination.
- Clinics held at Portsmouth University and a number of local colleges to increase uptake in the 16 – 21 age groups.
- Provided sessions for local military and merchant navy personnel to access vaccination sessions.
- Dedicated maternity vaccination sessions to increase uptake in this cohort.
- Partnership with Hampshire Fire and Rescue Service, dedicated vaccination clinics at Cosham fire stations plus others across HIOW.

4. International Nurses

4.1 International recruitment has been an element of recruitment for acute providers for approximately 20 years. The aim of international recruitment is to supplement the traditional UK based recruitment with nurses who have a transferrable nursing qualification to work within a plethora of clinical settings, predominantly medical, cardiac, surgical, and older persons wards. This has proved a successful programme for both the Trusts and the individual, who have been supported to develop their career and to settle with their families across the country.

4.2 Within the community and mental health environment, international recruitment has not been quite so active and has often viewed as “too difficult”. However, it has been acknowledged within the last 18 months, that a combination of elements including the impact of the pandemic, staff retention and acknowledgement of the aging workforce has led community and mental health trusts to explore supplementing UK based recruitment with international nurses. It is also acknowledged that the complexity of care within both mental health and community nursing has increased over a number of years as well as the additional impact of covid upon well-being and management of vulnerable patients with long term conditions.

4.3 Solent NHS Trust’s international recruitment journey started in September 2020 following a discussion with Global Leaders Programme, an arm of Health Education England who have supported Trusts to recruit internationally and the Chief Nurse. There followed a series of national bids via NHSE/I to encourage trusts to initiate / expand their international programmes.

4.4 Solent’s initial bid was part of the wider HIOW ICS bid and enabled the Trust to develop key clinical roles and identify an internal team including HR representatives, learning and development and senior clinical leadership. This has also enabled the Solent team to build relationships across the international recruitment community both locally and nationally.

4.5 Further NHSE/I bids followed to support the recruitment of nurses, enabling the trust to offset the expenditure of individual services regarding international recruitment such as flights,

accommodation, pre Objective Structured Clinical Examination (OSCE) preparation and formal exam enabling individuals to register with the NMC.

4.6 The ambition within Solent is to recruit 54 nurses across our Mental Health, Adult Inpatient and Community Services by March 2022. Our programme to expand upon this within 2022 /2023 is currently in discussion.

4.7 To support international recruitment, the Trust has put in place:

1. Dedicated HR support to manage the recruitment process including Visa and on boarding
2. Liaison with the Trust's Estates and Facilities Team to provide quality accommodation
3. Developed a key role to provide pastoral care support to all recruits including welcome at airport, groceries, houseware, registration with GP etc and ensuring all recruits feel welcomed to our trust. This element includes our Trust Chaplain to ensure faith needs are met.
4. Educators in Practice to provide clinical support internally to prepare recruits for OSCE. These posts have been jointly funded via bid and by service lines. In addition, these posts have supported the career development of our own staff.
5. Senior clinical leadership within international recruitment to liaise internally and externally. This has enabled new relationships to form with our neighbouring trust including joint working with SHFT on a pre OSCE education programme.

4.8 Successes to date for our recruits:

1. 34 nurses passed their OSCE exam first time. Our 35th Nurse passed 2nd time
2. We have our first Solent international baby
3. Recruited from India, Nigeria, Kenya, Malta, United Emirates and Trinidad & Tobago
4. Supported recruits to relocate into their own homes
5. Supported recruits to bring their families to join them
6. Have had our first promotion to a band 6 Senior Nurse
7. We have supported a Health Care Support Worker, who was a qualified Registered Nurse (RN) within her home country to take her OSCE exam. She has now completed the OSCE Programme and passed her exam. She is now working as a RN within our inpatient ward in Portsmouth.

4.9 Going forward, we aim to further develop our international recruitment strategy and processes to support / enhance traditional UK based recruitment. This will support future workforce planning and enable us to be less reactive to national bids when recruiting. Whilst there has been an increase in uptake within Universities for Nursing (across all specialities), this will take a 3-5 years to impact upon our ability to recruit. International recruitment affords us the opportunity to recruit highly skilled, experienced nurses, who after a period of transition, become integral to our clinical teams, reflecting the diversity of our community.

4.10 There are also opportunities to explore Allied Health Professions especially OTs and to consider how our community nurse programme can be used as a template to support other specialities such as Child & Families to recruit and transition international nurses to join Solent NHS Trust.

5. Getting It Right First Time (GIRFT)

5.1 Dr Ian Davidson (Clinical Lead for GIRFT Mental Health) undertook a deep dive into the mental health crisis pathway with Solent NHS Trust on 6 October 2021 and noted a number of areas of good practice:

- a. The Trust has low bed numbers and low length of stay. Inpatient and community teams hold joint responsibility for ensuring sustained and effective flow which is well embedded in their practice.
- b. The Trust uses a whole team approach to manage community caseloads and step up intensity of care for known individuals to prevent them reaching crisis point, for both working age and older adults.
- c. The Trust has a very good 'easy in, easy out' system. They have a 'fast access plan' to allow easy return to services following discharge. The plan looks at whether they might need input from other partners such as social care rather than a readmission. Flow is sustained because service users trust that there is easy access back into services when required.
- d. The Trust was top in the country for the proportion of people with First Episode of Psychosis who took up Cognitive Behavioural Therapy and family interventions. They have invested in the workforce by training staff in therapies, so they are able to increase the offer. For example, all care coordinators are trained in a therapy and able to support and deliver this within the team. In turn, staff retention is improved as staff are fulfilled by varied roles.
- e. The Trust has a low proportion of admissions under Section 136 (Mental Health Act) and good relationships with local police services.

6. Portsmouth Football Club Collaboration

6.1 We announced in September that Solent NHS Trust's Pulmonary Rehabilitation team has been [working with Portsmouth Football Club to raise awareness](#) of different lung conditions and support those who currently attend their rehabilitation programme. Solent's team provides pulmonary rehabilitation for patients who have a long-term lung condition, providing exercise and self-management education.

6.2 As part of the partnership, club players are featuring in a series of six videos that aid the pulmonary rehabilitation process, including breathing techniques, exercise training and health education. The videos are being shared with patients who are currently undergoing rehab treatment for certain lung conditions or those who have lung problems to help improve their condition and quality of life. The key information will also feature on the jumbo screen at Fratton Park for Pompey fans to see.

7. The Harbour Mental Health Service

7.1 Solent is really proud to be a partner in [The Harbour – a remote, out of hours mental health crisis service](#) – which launched mid-September for people living in Portsmouth, Fareham, Gosport, Havant and East Hampshire.

7.2 The Harbour aims to reduce the number of people who use the emergency and acute mental health services by preventing people reaching crisis point.

7.3 The service, to be piloted for 12 months, will be run by mental health charities Solent Mind and Havant and East Hants Mind in partnership with Solent NHS Trust and Health and Care Portsmouth,

and is based on the successful crisis service in Southampton, the Lighthouse, staffed in partnership between Southern Health NHS Foundation Trust nurses and Solent Mind peers.

The Harbour will be available during the busiest times of the week – Fridays, Saturdays and Sundays, open 4.30pm- 11pm. If people feel uncomfortable on the phone, they can also text, web chat or use video calls to access the service: 07418 364911.

8 Electronic prescribing and medicines administration (ePMA)

8.1 Solent NHS Trust is moving to electronic prescriptions and a new medicines administration system (ePMA) for patients from 2022.

8.2 Planning and testing stages are now underway by our pharmacy team, with the aim to have electronic prescribing in place on inpatient wards from spring 2022, with the rollout for outpatients happening after that phase is complete.

8.3 Electronic prescribing is already being used successfully in other Trusts in the NHS and is being introduced in Solent to make the prescribing, administration and supply of medicines safer and more efficient.

Suzannah Rosenberg

Chief Operating Officer, Solent NHS Trust

9 November 2021

This page is intentionally left blank

Agenda Item 7



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

10 November 2021

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

Dear Cllr Holder,

Update letter for HOSP - November 2021

I'm pleased to provide an update for the Portsmouth Health Overview and Scrutiny Panel, intended to update you and the members of the Panel on some of the activity that the Clinical Commissioning Group has been involved with since the last update in June 2021.

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

Health and Care Portsmouth update

Integrated Care System (ICS)

As outlined in our June update, we are continuing our work towards transition to the Hampshire and Isle of Wight Integrated Care System (ICS), which is expected to be in place from 1 April 2022. Since our last update, Lena Samuels, who currently services as the chair of the ICS, will take on the role as Chair Designate for the Integrated Care Board (ICB).

As a reminder, ICSs are being established to bring together local authorities, providers and commissioners of NHS services and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an ICS is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

The Health and Care Bill is currently making its way through the parliamentary approvals process, and is currently at the Report Stage, ahead of its third reading in the House of Commons. Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:

1. An Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
2. An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services.

In addition to bringing together partners within the Hampshire and Isle of Wight ICS, the ICS will be encouraged to delegate significantly to 'place level' to ensure the right decisions are made locally by place-based partnerships. The role of the ICS is to support the four place-based partnerships in HIOW: Portsmouth, Southampton, Hampshire, Isle of Wight, as well as coming together and working to scale as outlined above, as well as continuing to work across acute hospital footprints. We are continuing to work with ICS colleagues on the design of the ICS and relationship between the constituent parts i.e., place, and the role of the ICP and how that work effectively with local Health and Wellbeing Board.

For Portsmouth, the place-based model will continue to be delivered through Health and Care Portsmouth. Shared appointments between the CCG and Portsmouth City Council are proving effective and put us in an excellent position to deliver this agenda as we transition to the ICS and focus on the wider determinants of health to improve health outcomes and reduce health inequalities within the city.

Portsmouth CCG is also working to support safe transition into the ICS and to ensure that staff and contracts are transferred safely into the new organisation. CCG staff are protected by the NHS Mandate which means staff will not be impacted by the transition to the ICS, except for Board level executive and non-executive roles.

System pressures

The NHS is seeing significant pressures as it continues to respond to COVID-19, deliver the vaccination programme; seeing patients not seen during the pandemic and the onset of flu and cold season as we head into winter. South Coast Ambulance Service (SCAS) declared a critical incident on 30 October 2021 following significant demand on both 999 and 111 services, Portsmouth Hospitals University NHS Trust (PHU) has reported significant issues with capacity, and primary care is under incredible strain too.

The impact of these pressures has unfortunately resulted in ambulance handover delays at Queen Alexandra hospital, which causes an unacceptable level of clinical risk. As a result, we are continuing to work very closely with all partners across the Portsmouth and South

East Hampshire acute hospital footprint to resolve these issues in the short term, but also to address the longer-term challenges in a more sustainable way. We are being supported by NHS England colleagues both regionally and nationally and have developed a shared Rapid Improvement Plan to make short-term, immediate improvements to the system. We are working closely with communications colleagues to ensure appropriate and timely messages to residents about where to get help if needed i.e., 111 online and Pharmacy First. We will use Self-Care Week (15-19 November) to encourage residents to take action in looking after their health and ensuring they get help early if needed.

Pressure is also being felt in mental health services as the pandemic has increased demand for emotional and mental wellbeing support. As well as working closely with NHS providers to look at how best to manage this demand, we are also developing alternatives to help people access lower-level emotional support more easily. Some examples of this include:

Children and Young People's Mental Health

Kooth

Between July and September 2021, Kooth - the online counselling and emotional wellbeing service for young people - has focused on the continuation of Year 6 transition workshops, promotion of webinars for GPs and parents/carers and the creation of a regular newsletter for schools.

The service is most popular with those aged 12-17 years old, who make up 77% of registrations. The largest cohort by age is 12-year-olds who account for 15%. 100% of chat session participants said they felt heard, understood and respected and 100% said they would recommend to a friend.

There are challenges around capacity for more engagement with the older cohort outside of schools (19-25 year olds) and the transition to a blended delivery model of working both virtually and face-to-face.

Mental health support pathways

This year we have undertaken a city-wide review of children and young people's mental health support pathways; mapping out what is available and how each service can be accessed.

What we've learnt is that professionals and families don't always know when and how to access the right support which identified a need for clear and comprehensive guidance about commonly experienced mental health issues, and when and where to access support.

As a result, new guidance for professionals and families has been co-produced with partners from Portsmouth Parent Board. It will be hosted in a dedicated section for children and young people's mental health on the Portsmouth City Council website and includes:

- A quick guide for professionals
- Comprehensive guidance on a range of areas of concern
- A section for young people with advice and where to get support

We have been consulting on this guidance throughout October and feedback received has been broadly positive. We are aiming to promote the new guidance publicly from January 2022.

Community Mental Health Framework for adults

This programme of work - which aims to improve access to mental health services in the city - has undertaken a number of discovery events during the summer with people with lived experience, carers, the community and voluntary sector organisations including the Hive and secondary care staff. These events are critical to ensure whatever changes are considered will have been co-produced with people with lived experience, their carers, staff from both NHS provider organisations as well as the community and voluntary organisations from across the city.

The themes from these events can be broadly categorised into three main areas:

- Accessibility - ensuring timely access to the right support
- Communication:
 - For the person being supported - developing care plans together so they feel in control and informed about the care and support available to them which is able to meet their individual needs
 - Of the services - integration and data sharing which enables teams and services to be better joined up so reducing duplication and delays due to process issues for the benefit of the individual
- Trust - ability to build positive trusting relationships between the person seeking help and the team who support them.

The project team have held five sessions to date and will be holding more to ensure we are able to capture a wide range of views to help influence and shape the transformation.

A mapping exercise is also currently underway to map out the existing services so we can see the impact any changes may have on service provision to ensure no one will be disadvantaged. The next phase of the project is to move into the design phase in the New year.

The Harbour

A new remote mental health crisis service was launched in September 2021 to provide an alternative, complimentary service for people in Portsmouth, Gosport, Fareham and southeast Hampshire who are in mental distress and self-defined crisis.

The 12-month pilot aims to ease the pressure on NHS crisis teams by reducing the number of people who use the emergency and acute mental health services and preventing a crisis escalating. It's based on a similar successful model in Southampton called The Lighthouse.

The service is currently available on Friday, Saturday and Sunday from 4.30-11pm to anyone aged 18+ in times of great difficulty and/or who are struggling with poor mental help. It's a peer-led service that will work with individuals to deescalate their distress and support them to create their own safety plan. Next day follow-up support calls are provided by a service local to the individual e.g., Positive Minds in Portsmouth.

To access the service, individuals can call or text 07418 364 911. Support can be offered by text, phone, web chat or video call.

Primary care

GP practice pressures

The COVID-19 pandemic has had a significant impact on the way health services are delivered across the country, including GP services, which are seeing higher demand than before the pandemic and increased pressures as we head into winter months. We are also seeing significant workforce challenges both in primary care and across the wider healthcare system.

Face-to-face appointments

As part of the response to COVID-19, all practices have been working to a locally agreed operating model based on national guidance. This meant that many patients were treated via online or telephone consultations, helping to prevent the spread of the virus and keeping as many staff at work as possible. Patients who then had a genuine clinical need for a face-to-face appointment were offered in-person appointments.

Practices have remained open throughout the pandemic, they have adapted and developed new and innovative ways of working and have been delivering increased services to patients such as COVID vaccinations and booster jabs alongside their day-to-day responsibilities.

On 19 October 2021, new guidance for general practice settings confirmed that face-to-face appointments could go ahead from this date but only where it is safe to do and at the discretion of the clinical lead, based on: patient need and preference; configuration of premises; local capacity; and the ability to ventilate spaces. The guidance recognised the important role that telephone and video consultations have played, and continue to play, and it is extremely likely that most practices will continue in this way moving forward.

Winter plan

On 14 October 2021, NHS England and Improvement published details of a national £250m winter access fund which is being made available to GP practices. The indicative allocation in the publication to Hampshire and the Isle of Wight is £7.7m. The money will be made available from the end of November through to the end of March 2022. With this funding there are two key aims:

- To drive improved access to urgent, same day primary care, ideally from patients' own general practice service, by increasing capacity and GP appointment numbers achieved at practice or PCN level, or in combination
- To increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings

This will be achieved by:

- Increasing and optimising capacity

- Addressing variation and encouraging good practice
- Improving communication with the public

An initial plan to demonstrate how the funding can be spent was submitted to NHS England and Improvement on behalf of the Hampshire and Isle of Wight Integrated Care System (ICS) on 28 October.

The next steps are:

- The regional NHSE/I team will review the submission, no later than 4 November
- Submission to the national NHSE/I team on 8 November
- The national team will agree plans and associated financial support by 26 November

Primary Care resilience

We continue to provide support to GP practices in Portsmouth and have established a Task and Finish Group, comprised of representatives from the primary care, transformation, quality, and marketing, communications and engagement teams at the CCG to support and improve primary care resilience and capacity in the city to improve access and service delivery. A draft action plan has been developed and includes workstreams around:

- Individual practice resilience
- Primary Care Network development
- City-wide Primary Care resilience
- Integration locality working
- Communication and engagement

Individual practices

Portsdown Group Practice

HOSP has asked for a specific update regarding the Portsdown Group Practice following the merger with Hanway Road practice in March 2020 and recognising that as the biggest practice in the city, the challenges faced by this practice are perhaps most visible.

Portsdown Group has responsibility for 58,699 residents: 25% of the population across six sites. It's made up of 12 clinical partners, 12 salaried GPs and an extensive primary care team including cancer and palliative care co-ordinators, podiatrists, pharmacists, specialist nurses and social prescribers.

Like many practices, Portsdown Group continues to review and enhance its telephone system and we know that there has been a significant increase in calls to the practice as more people come forward now for support for their health conditions. This is not uncommon across the city and there are national plans and funding support in regard to improving telephone systems which the CCG is supporting. We recognise that workforce challenges will impact on practice's ability to respond as quickly as they want to.

Some specific actions that Portsdown Group have undertaken include:

- Contact Centre Summits and resource injection to improve wait times and increasing use of eConsult (utilisation has increased over 300% in one year), introduction of KPIs
- Significant increase in hours for the Contact Centre and Prescription Hub
- Redirection of wider team resource during busy times to improve response times
- Increased access to non-GP routine appointments such as bloods, B12s and cervical smears online
- Designated prescription phone line for pharmacies
- Daffodil Line (a designated palliative care line for patients) promoted to appropriate patients and HCPs
- In addition to the national GP patient survey, undertaking a more detailed survey with patients in order to implement further improvements specific to the practice
- Continuing work with the CCG to support actions within their access plan

The practice is keen to demonstrate all the work being undertaken and extend an open invitation to any HOSP members that would be interested in visiting the surgery.

North Harbour Medical Group

As mentioned in our previous update, Solent NHS Trust is undertaking the project to move North Harbour Medical Group from their current location in Cosham Health Centre to a purpose-built premises on the Highclere site by Treetops in Cosham, PO6 3EP.

Planning permission has been submitted and the business case is with NHS England for approval. The projected completion date is spring 2023.

University Surgery Practice

Refurbishment work to the new University Surgery Practice premises in Commercial Road is going well and completion is expected in February 2022. The practice will move in shortly afterwards.

As a reminder, the new site is located at 159-161 Commercial Road, just 0.5 miles from the current site and immediately adjacent to the Cascades shopping centre.

To better reflect that the practice supports University students and wider Portsmouth residents they are also changing their name to The UniCity Medical Centre. You can find out more on their website: www.universitiesurgery.com/premises-relocation

John Pounds Surgery

We have been working closely with the Lake Road practice group, PCC, the HIVE and local residents to look at increasing the opening hours at the surgery, which had reduced due to COVID and some long-standing challenges in relation to the lease and the capacity challenges within primary care.

PPCA fraud case

As you may have seen in the media, a local GP has been sentenced at Portsmouth Crown Court after pleading guilty to the charge of fraud by abuse of position from the Portsmouth Primary Care Alliance.

PPCA have taken some important lessons from this period, and we have been working closely with them and our external auditors to make sure that there are strong financial controls within the organisation to ensure such an incident could not reoccur.

We would like to reassure you that the PPCA are on sound operational footing and have continued to deliver services for patients and practices in Portsmouth since this incident came to light in September 2020. Practices and GPs frequently comment that without the ongoing high-quality support from the PPCA, the delivery of healthcare within the city would be a significantly greater challenge.

We remain committed to supporting primary care in Portsmouth and increasing the resilience of practices and primary care networks, now more than ever. As you know, primary care providers have worked tirelessly throughout the pandemic, and have played an essential role not only in delivering essential care in the most challenging of circumstances, but also through their stalwart efforts in delivering the vaccination programme.

COVID response

Vaccination programme

The vaccination programme continues to be a core focus for the NHS. In our last update in June, people aged 25 and over were just being invited for their vaccination and we were working towards the target of offering all adults the vaccination by the end of July.

Now, anyone aged 12+ is eligible for the vaccine, with children and young people aged 12-17 receiving just one dose, and the COVID booster is being offered to specific cohorts including front-line NHS and social care staff, and age cohorts who had their second dose more than six months ago.

As of 10 November 2021, 155,801 Portsmouth CCG patients had received their first dose of the vaccine, with 141,072 having their second. This equates to 77% and 69.8% of the eligible population (individuals aged 12+) respectively.

We continue to work closely with public health colleagues and other partners to help increase vaccine uptake in more hesitant groups, for example pop-up clinics at Fratton Park, Victorious Festival and nightclubs in the city, and we are linked with the council on localised campaigns targeted at specific cohorts. We have also worked closely with partners at Hampshire, Southampton and the Isle of Wight CCG and Solent NHS Trust who have been leading on the delivery of the school vaccination programme for 12-15-year-olds, which has also recently been available to book via the online national booking system.

All of our vaccination work is supported by the great partnership working between the Primary Care Networks (PCNs) and the invaluable support from volunteers who help the clinics to run so well.

COVID prevention

We continue to support council Public Health colleagues on messages around behaviours (such as hand-washing and social distancing), testing and self-isolation. Questions about vaccinations and other public health prevention behaviours will be included in future waves of the council's resident research.

Long COVID

Following the creation of the designated Long Covid clinic in Portsmouth earlier this year (reported in our last update), we are part of a working group including representatives from Portsmouth City Council, Solent NHS Trust and Portsmouth Hospitals University NHS Trust, as well as residents. This group, which has held its initial meeting, is looking at the impact of Long COVID on the city and what support, education and awareness might be needed to help address this. Our next meeting is in January when we hope to finalise our plans.

Yours sincerely,

Jo York
Managing Director
Health and Care Portsmouth

This page is intentionally left blank