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Portsmouth CITY COUNCIL

NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 20 JANUARY 2022 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to 02392 834056
Email: lisa.gallacher@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

A G E N D A

1 Welcome and Apologies for Absence

2 Declarations of Members' Interests

3 Minutes of the Previous Meeting (Pages 3 - 6)

The Minutes are attached for approval.

4 Portsmouth Hospitals University Trust update (Pages 7 - 10)

Chris Evans, Chief Operating Officer and Deputy Chief Executive and John Knighton, Medical Director will answer questions on the attached report.

5 Southern Health NHS Foundation Trust Update and Stage 2 Independent Investigation Report: 'Right First Time' (Pages 11 - 24)

Paula Hull (Director of Nursing and Allied Health Professionals) and Paula Anderson (Deputy Chief Executive) will answer questions on the attached reports.

6 Public Health Update (Pages 25 - 46)

Helen Atkinson, Director of Public Health, will answer questions on the attached report.

7 Dates of Future Meetings

The Panel are asked to agree the proposed dates of future meetings (all Thursdays at 1.30 pm):

23 June 2022
22 September 2022
17 November 2022
26 January 2023
16 March 2023

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held virtually on Thursday 18 November 2021 at 1.30pm.

Present

Councillor Lee Mason (Acting Chair)
Rob Wood (from 2pm)
Arthur Agate, East Hampshire District Council
Ann Briggs, Hampshire County Council
Trevor Cartwright, Fareham Borough Council
Lynn Hook, Gosport Borough Council
Roger Bentote, Winchester City Council

34. Welcome and Apologies for Absence (AI 1)
Apologies were received from Councillors Ian Holder and Judith Smyth.

35. Declarations of Members' Interests (AI 2)
The Chair declared a non-prejudicial in item 7: he is registered at Portsdown Hill Surgery.

36. Minutes of the Previous Meeting - 16 September 2021 (AI 3)
Consideration of the previous minutes were deferred to a future meeting.

37. Adult Social Care (AI 4)
Simon Nightingale, Assistant Director for Health & Care Partnerships introduced the report and in response to questions from the panel, clarified the following points:

There is a Discharge to Assess Unit in Gosport.

A significant amount of work has been carried out to improve discharges to assessment beds. Some patients decline the move because they mistakenly believe the unit is a care home.

A letter on discharge to assessment options is given to patients on entry and when leaving hospital. Their initial care plan is discussed with them at hospital. The majority of full care plans are carried on outside of hospital to speed up discharge times.

The discharge teams work closely with patients and their families about long-term arrangements.

The panel noted the report.

38. South Central Ambulance Service (AI 5)
Tracy Redman, Head of Operations sent her apologies. No-one from the service could attend as all their resources are focused on patient care patient safety.

The Chair explained that any questions on the attached report could be sent to the Local Democracy Officer and these would be forwarded to Ms Redman.

39. Solent NHS Trust update (AI 6)

Suzannah Rosenberg, Chief Operating Officer presented her report and in response to questions, explained that:

Individual fitness videos have been created by members of Portsmouth Football Club to support people's rehabilitation. These are not public videos but are for patients accessing Solent Pulmonary Rehabilitation services. Feedback from patients will be brought to a future HOSP meeting.

International recruitment has gone very well. Solent has stopped using agency registered mental health nurses for inpatient units. The calibre of the nurses is very high. They have a range of experience alongside their mental health work and are usually dual trained. The recruitment will continue.

The mental health service provided at Harbour is virtual only.

The report was noted.

40. Portsmouth Clinical Commissioning Group and Health & Care Portsmouth update (AI 7)

Jo York, Managing Director of Health and Care Portsmouth presented her report and in response to questions explained that:

The NHS has received a significant increase in demand nationally and locally particularly during Summer and had capacity issues. This increase is due to the pandemic which has led to an increase in seasonal infections as people have lower immune systems.

The 111 system has received some investment and as a result has strengthened its call handling capacity service.

Workforce capacity has been stretched and all organisations are looking to do everything they can to improve.

The possibility of working with the fire and police services to improve access to 111 by phone or online is being investigated. Clinical validation from nurses or GPs would be ensured.

Councillor Mason noted that he had received many complaints from patients about access to the Portsdown practice.

Councillor Rob Wood joined the meeting at 2pm and said he had no interests to declare.

In response to further questions, Ms York explained that:

GPs and the wider health teams are continuing to work very hard during this pandemic.

GPs have an older workforce. More training places have been put in place and work has been carried out to make the model more attractive to newly graduated GPs who may not want to become partners including opportunities to be salaried or have a portfolio career. The Royal College is responsible for training and we try to influence the curriculum to ensure that the training resembles the job. One local GP is now in charge of some GP training for Health Education England.

GPs are part of a wider primary care team including pharmacies, PTs, therapists and nurses.

The shortage of GPs is recognised nationally.

The high levels of deprivation in Portsmouth presents challenges.

Patients can now be referred directly to physiotherapists rather than having to see a GP in the first instance.

It is important to have local people trained and mentored.

Newly qualified GPs leaving to work in other countries is a local and national issue.

The lack of workforce is definite being felt.
They recognise the challenges and stress people in the NHS have endured over the last 18 months.

A significant amount of work has been done about how patients can access the right service.

They recognise that patients may have to wait a long time for the pharmacy at QA Hospital and the impact that this has on discharge times. This is due to staffing challenges.

The Portsmouth Clinical Commissioning Group (CCG) and the Hants & Isle of Wight CCG cease on 1 April 2022. The functions will be transferred to the Integrated Care Board.

Portsmouth City Council and the CCG have a shared communications team.

They recognise that there are significant challenges in accessing primary care services across the board and are working hard locally with all partners to improve processes.

Some systems were improved and had unintended consequences.

QA Hospital has been under a lot of stress which has impacted some of the processes.

The panel was invited to visit the Portsdown Practice to talk with the management team.

Actions
Ms York will let the panel know how it might assist.

Councillor Mason will send details of the complaint where a green prescription was issued at the hospital pharmacy. This issue will be taken up with the Medicines Optimisation Team

The meeting ended at 2:40pm

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Chair

Portsmouth Hospitals University NHS Trust

Portsmouth Health Overview and Scrutiny Panel
Portsmouth Hospitals University NHS Trust update
20 January 2022

Introduction

This remains an extremely busy period for the organisation across all our services. As a Trust we have continued to see an increasing number of patients attending our emergency department at Queen Alexandra Hospital, alongside a rise in non-elective demand, which is also being seen nationally.

Over the last 12 months, we have been working hard to continue providing outpatient appointments, procedures and operations, and planned care alongside demand for urgent and emergency services. Winter is always a challenging time and we have been monitoring the emerging situation with the Omicron variant and how that may impact services.

Maintaining the safety and effectiveness of our services remains our priority and we continue encouraging members of our communities to make the right decision when it comes to where they attend for treatment and support. We recognise that it is unlikely we will face a reduction in demand soon and the level of pressure on all services remains high, so choosing the right service for their needs is one way people can continue supporting us.

In line with our winter plan, several developments including the opening of new facilities and services have taken place over the last few months and we are already seeing the benefit of these. However, improving flow within our services and supporting timely discharges remain vital in the success of this work.

Providing support and wellbeing to our staff, who have faced sustained pressure, remains a priority for us. We continue evaluating the services we offer and ensuring these meet the needs of our colleagues.

Ongoing response to COVID-19

We continue to see high prevalence across Portsmouth and the surrounding areas and are currently treating around 100 patients with COVID-19 (as of 10 January 2022) including around ten per cent requiring more intensive care in our critical care unit. This rise in the community has also been seen in our pathology laboratories where in early January the number of positive cases they were reporting, nearly doubled from 350 to 623 (week commencing 3 January 2022).

In September 2021, we began offering the COVID booster to staff and were pleased to see many colleagues deciding to get this alongside their annual flu vaccination as soon as they were eligible. In response to the government's announcement to offer the booster to all eligible adults, on 20 December 2021, we re-opened the Queen Alexandra Hospital vaccination hub to the public through the national booking system. Due to demand, we are now offering first and second doses, as well as able to vaccinate 16- to 17-year-olds.

We are proud of the role we have played in the vaccination programme after being the first hospital hub to open in Hampshire and Isle of Wight in December 2020, however, remain aware of those individuals who remain hesitant or not yet vaccinated so are working with other organisations to do what we can to encourage uptake and share accurate information.

In line with other NHS organisations and infection prevention and control guidance, we have reintroduced restrictions to visiting. Visiting is still supported in circumstances such as for a patient receiving end of life care, patients with a learning disability or dementia, or patients with an extended admission of more than two weeks. Visitors accompanying patients to outpatient appointments are now required to show evidence of a negative lateral flow test before entering the hospital. We continue requiring patients, staff, and visitors to wear face masks while on our sites.

As seen in other health settings, some of the patients we are treating with a positive COVID-19 result are not requiring admission due to the virus, but for other conditions or injuries. This for us highlights the importance of continued community testing such as lateral flow tests for asymptomatic individuals and we continue screening patients for the virus on admission.

Demand across our services: urgent and emergency care

We understand the need to address waiting lists whilst facing sustained pressure on urgent and emergency care, but this remains challenging at a time when higher than usual numbers of staff are themselves unwell and unable to attend work. We continue working with colleagues to identify ways of reducing the delay faced by patients, whilst providing safe and sustainable care.

In response to the increase in demand for inpatient beds, plus number of ambulance conveyances, our winter plan incorporated several new ways of working that we have since implemented. We continue working closely with South Central Ambulance Service and other providers to identify ways we can improve the number of ambulance minutes lost at our ED. This includes extending pathways for them to access same day emergency care (SDEC).

In November 2021 we opened the emergency care centre, which runs alongside the existing ED footprint, and offers a new model of care for patients arriving at the ED with minor injuries or illnesses that require emergency intervention, but don't necessarily require admission. Following the success of this, we have increased the scope of this pathway by providing additional training for the teams involved.

In December 2021 we progressed with the medical village project which saw the acute medical unit, short stay unit and SDEC being co-located to one footprint within the hospital. This co-location and new medical model play an important part in our work to reduce delays for ambulances coming into the emergency department by improving flow. This is being done by the new clinical model focusing on moving patients who require a short stay with us out of the emergency department quicker and reducing the overall length of stay of these patients by minimising diagnostic and treatment wait times. This frees up space for those who require the most urgent and emergency centred care to be admitted quicker.

The ambulance service is now able to access SDEC services directly when bringing a patient in, if appropriate. While our older person's medicine SDEC service helps identify patients in the emergency department who need their specialised care quickly and moves them to a more suitable location for treatment.

Demand across our services: elective and outpatient's care

In November 2021, our new pharmacy for outpatients, to be run and managed by Lloyds Pharmacy, opened on the QA site. Located near the north entrance it also includes a retail

outlet for patients, visitors, and colleagues. The new facility is in response to the high demand on our previous outpatient pharmacy and we hope it will reduce the length of time patients have to wait for their prescriptions.

We continue working closely with system partners to manage the increase in planned activity safely and effectively, alongside the rise of patients with COVID-19 seeking our care. Following the success of virtual clinics during the pandemic, we continue to offer this to patients where their review or consultation can be safely and compassionately carried out in this way.

We recognise that some patients are waiting longer than they, or we would like, so are working hard to ensure those who require the most urgent treatment receive it within a suitable timeframe. Our clinicians are regularly reviewing waiting lists and reprioritising patients according to clinical need. In line with this, we have maintained service across all cancer pathways and have met eight of out the nine cancer standards.

Some of our services have been able to provide extra capacity to meet the increased level of demand we are seeing. This includes the introduction of weekend clinics. Another initiative we are introducing across additional services is patient initiated follow up (PIFU), where instead of a patient who may not require an appointment being automatically offered it, they are given the ability to request support or additional clinical input if they need it. This reduces the number of unnecessary appointments being made and not needed by the patient.

As a Trust, we also continue to be a national exemplar in advice and guidance, providing pre-referral two-way digital dialogue and advice for other health providers. This helps to support patient care and reduce unnecessary referrals.

In October 2021, we were announced as one of the successful locations to receive funding to create additional community diagnostic services. The aim of these centres is to provide earliest diagnostic tests for people closer to home and reduce the length of time patients are waiting to receive these. Currently additional phlebotomy and endoscopy services are being provided at St Mary's Community Health Campus with more to follow in the coming months.

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

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Southern Health
NHS Foundation Trust

Report for Portsmouth HOSP

January 2022

Stage 2 Independent Investigation Report: *'Right First Time'*

Background

- On 6 February 2020, the Independent Investigation Report (Mr Nigel Pascoe, QC) was published. The report concerned the tragic deaths of five people who were in the care of Southern Health in the period 2011-2015, and the Trust's response to the families of those who died.
- Three of the patients had been under the care of Community Adult Mental Health Services, one under the care of Community Older People's Mental Health Services and one was living at home with support from the Trust's then Social Care Division.
- The Trust had engaged with the families of the five patients but was unable to address their concerns in the period up to 2019.
- The Trust sought the advice of NHS England/Improvement (NHSEI) to consider what else might be done to work with the families. NHSEI suggested that they would liaise with the families. It was then agreed with the families that there should be an independent review of all the investigations that had already been undertaken.
- Mr Nigel Pascoe QC was commissioned by NHSEI to undertake an Independent Review of the Trust's response to each of the five deaths.
- The Stage 1 Review Report, published on 6 February 2020, was very critical of the Trust. The Trust accepted in full the Stage 1 Review Report findings and issued full and unreserved apologies to each of the families.
- It was recommended in the Stage 1 Report that a second review should be undertaken. Its purpose was to examine the progress that the Trust had made as well as looking to recommend further improvements for the Trust to achieve the 'Gold Standard' and to 'Get it right first time, every time.'
- The scope of this second stage review, as set out in the Terms of Reference, was to cover the following policy areas:
    - Reviewing the need for a new independent investigative process
    - The handling of complaints
    - Communication and liaison with families
    - Action plans
    - Supervision by West Hampshire CCG of those issues.
- The second stage review took place between 4 March 2021 and 29 April 2021. The Panel was chaired by Mr Nigel Pascoe QC, supported by three independent experts: Dr Mike Durkin, former National Director of Patient Safety at NHSEI, Dr Hilary McCallion, former Executive Director of Nursing and Mental Health Nurse, and Priscilla McGuire, Ofsted Inspector, CCG Vice-Chair and a Patient and Public Voice Partner.
- The Panel heard written and verbal evidence from 53 witnesses, including service users and others with experience of engaging with the Trust, professional experts and Trust staff. The Panel took place virtually online due to the Covid-19 pandemic restrictions.
- Following the Panel hearings, the Stage 2 report was published by NHS England and Improvement on 9 September 2021 and titled 'Right First Time.' The report is available in full, and as a summary, on the Trust's website, alongside the public statement issued by the Trust at the time of publication. The Trust Board has accepted the Stage 2 report in full.
- Upon publication of the Stage 2 report, the Trust has written to stakeholders including the chairs of local Overview and Scrutiny Panels to inform them of the publication and outline the Trust's response and next steps.

Trust response

- The first and second stage reports acknowledge the progress that has been made by the Trust since 2015.
- The table below summarises the actions that the Trust has taken already and where further work will be undertaken to realise the ambitions of the Stage 2 report. The table is set out against the specific *recommendations* and *learning points* described in the report.
- Progress towards the completion of the actions set out below will be monitored by the Trust Board and its sub-committees.

Recommendations		
R1	SHFT's **Complaints, Concerns and Compliments Policy and Procedure** documents should be urgently reviewed and reformed. They should be combined into a **single document.** The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must undertake **mandatory training** on the new Policy and Procedure.	The Trust's procedure and practice for dealing with complaints has already been revised. The practice now is that frontline service managers and clinicians respond the same day by contacting the complainant, clarifying what it is that they are unhappy about, agreeing timescales and what needs to be done to achieve resolution. We are clear that complaints are locally managed with central support and this will be reflected in the revised policy.
R2	SHFT should clarify what **complaints management system** is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.	87% of all complaints in 2020/21 were completed through early resolution at source. For all complaints that were escalated the response time has reduced from a median of 57 days (March 2020) to a median of 14 days (October 2021). The Trust's Policy will now be revised to reflect current practice. The policy is being co-produced with the Working in Partnership Committee. Implement by 31.01.2022 **Action: Director of AHPs and Nursing** The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO).
R3	SHFT should clarify and define the role of **PALS** and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.	The Trust has worked with carers and service users and will be launching a Carers and Patients Support Hub in January 2022. This will replace and improve upon the existing Patient Advisory and Liaison Service (PALS) and will be supported by staff previously engaged in administering the complaints process. The Patient Experience Group will have oversight of its on going development and feedback from our staff, patients and carers. Implement by 31.01.2022 **Action: Director of AHPs and Nursing**
R4	SHFT should urgently implement a process to **monitor the quality of the investigation of complaints, complaint reports and responses and the impact** of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.	Complaints reports and responses are quality assured by Executive Directors/Chief Executive. A comprehensive report on complaints is scrutinised by the Quality and Safety Committee. Since January 2021 we put in place a follow up contact with people who have complained to gain feedback; these surveys and the qualitative information are fed into the Patient Experience and Caring Group on a quarterly basis.
R5	SHFT should re-develop its **Complaints Handling leaflet** that reflects the complaints process, outlines expectations and timelines for service users, family	We will co-produce this with the Working in Partnership Committee and will be available in a range of formats. As the Carers and Patients Support Hub

	members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.	develops it will be a point of connection to local communities and will be able to connect with a range of people who use our services including those traditionally less engaged. Implement by 28.02.22. **Action: Director of AHPs and Nursing**
R6	During the investigation of complaints, SHFT should offer the opportunity for **face-to-face meetings** as a matter of course. These meetings should provide the time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain **communication** with the complainant throughout, with a full explanation for any delays.	As part of our changed practices around working with complainants, we offer the opportunity for face-to-face meeting. Our routine practice now includes earlier intervention by our clinical teams, dialogue directly with people to understand their preferences for resolution and putting these in place, regular keeping in touch during the response and improving the way we communicate our findings.
R7	SHFT should ensure that all complainants that go through its complaints handling process, have access to **advocacy services** where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This should be co-ordinated, so as to be part of the complaints handling process.	We value advocacy and already have services that we can signpost people to. However, we agree there is more we can do actively promote these important services. Access to local advocacy services will be promoted through the revised complaints handling leaflet and the Carers and Patients Support Hub. Implement by 28.02.2022 **Action: Director of AHPs and Nursing**
R8	There is a vital and continuing need for SHFT to re-build **trust and confidence** with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the **Duty of Candour** and admits its mistakes. To achieve this, SHFT needs to ensure all staff are **trained and understand the Duty of Candour** and take a **positive pro-active** approach in all future engagement with families, carers, and service users, to ensure that their needs are met.	The Duty of Candour is promoted in staff training and in practice. Compliance is reviewed at the Patient Experience Group via a quarterly report. Our Investigating Officers and Family Liaison Officers openly engage with families when they are part of an investigation and also check that the service lead has shared information openly and honestly. It is also something that is considered by the corporate SI panel. Patients or family members are always offered a copy of the investigation.
R9	SHFT should co-produce with service users, carers and family members, a **Communications Strategy** to identify a 'road map' for improving communications. This should include, but is not limited to, **mandatory training** on communication across the whole of SHFT, including improving internal communications and the development of a **protocol** setting out **how SHFT will provide support** to its service users, carers and family members. It should create **specific roles** to provide this support. **SHFT recruitment processes** should include good and effective communication **skills criteria** for all roles at every level of the organisation.	Work has been done and will continue to co-produce more effective communication channels with service users, carers and family members. The Trust has specific roles to support engagement and communication with service users, carers and families which includes carer peer support roles and family liaison officers. Communication skills training modules are already available. All existing training will be reviewed to ensure that communication skills are included appropriately. We will review recruitment processes to ensure that job descriptions, people specifications and interview questions include communications skills. Implement by 28.02.2022 **Action: Chief People Officer**
R10	SHFT should develop a **Carer's Strategy**, in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed **annually at a large-scale** event with carers at the centre. In	Our carers action plan is aligned to the Hampshire Joint strategy for Carers and the Southampton strategy for carers. Our plan was co-produced with a variety of stakeholders, particularly the Families Carers and Friends group who have oversight and

	future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the **Carer's Communication Plan,** which must be underpinned by relevant training.	monitor the plan. The action plan is a 'live' document and actions are added based on feedback and any issues highlighted to us by our carers. The use of Carers Communication Plans will be continuously monitored. We are currently working with partners in Hampshire on the joint strategic plans for carers. We have a project underway currently looking specifically at engagement with lesser heard carers, e.g. military families, carers from rural areas, gypsy and traveller community, black and minority ethnic communities and young carers. We are also just starting a project to look at discharge and the effects on carers. We are strengthening our work with voluntary sector organisations to enable all of this work, and carers themselves are leading on aspects of the projects.
R11	SHFT should ensure **all staff are all rapidly trained to understand the Triangle of Care** and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. **The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.**	The Triangle of Care is one of the approaches the Trust has for supporting carers. An increased number of Triangle of Care workshops have been offered and options for attending sessions out of hours and via webinar. 10 carers leads have been trained to deliver the training from January 2022. An introduction module to give all staff an understanding of the principles and process is available online from January 22. In addition, the principles will be included in local induction from January 22. The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles. Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends and key staff.
R12	SHFT should set up regular localised **drop-in sessions and groups for carers** and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.	There are several groups already in existence, in addition the Carers and Patients Support Hub will be launched in January 2022. The service will provide single point of contact for issues and concerns, with a hub and spoke model for outreach and drop-in sessions. The hub will include peer/ carer volunteer support and voluntary sector partners will be invited to run support sessions
R13	The Panel recommends that SHFT strengthens its links with the local **Hampshire Healthwatch**, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.	The Trust has a good relationship with Hampshire Healthwatch, including meetings with the Trust Chair and Chief Executive. We are also committed to continuing to build our relationships with Southampton and Portsmouth Healthwatches, recognising the important role they play in ensuring patient voices are heard. Formal feedback from

		Healthwatches will always be made available on the Trust's website.
R14	SHFT should pay due regard to the **7th principle and 8th principle** of the UK Caldicott Guardian Council in recognising the importance of the duty to **share information being as important as the duty to protect patient confidentiality**. Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.	The Trust already promotes the importance of both principles. There are mechanisms in place to hear directly from carers and family members about how the principles are applied in practice. Executive and senior leaders are in attendance at Carer forums to hear their powerful reflections and learning. We will continue expansion of the Triangle of Care training and the incorporation of this ethos into our services. The Information Governance Training will include specific examples linking to these principles. In learning from events and the subsequent learning across the Trust we will look for evidence of the principle being upheld, highlight good practice and encourage a closer understanding where practices could be improved. We will continue to ensure carers forums are attended by senior clinical leaders and share learning from these events widely. This will form part of ongoing monitoring. This is a continuous area of development and improvement. Implement by 28.02.2022 **Action: Chief Medical Officer**
R15	SHFT should seek to improve both the **quality of the handover and the sharing of information between clinicians** involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings, including, SHFT and General Practices across its divisions.	This is an important aspect of the daily routines of all clinicians. We need excellent communication to follow a person from community, through a crisis into hospital and then back home into the community again. This will include GPs, social services, pharmacy, acute hospitals, care homes etc. This is an area of continuous improvement. Internal communication is being improved by many workstreams a few examples are included: strengthening the multidisciplinary team meeting, better operability and access to RIO (our electronic clinical record system where we record clinical notes), ensuring dedicated time for handovers and an established methodology to make the handover process more productive, use of Rio mobile and Rio on our physical health wards, and prioritising the further development of Risk and Care plans. External communications have also been improved, for example: a pharmacy review of all medications prior to discharge including direct communication with GPs; timely use of redesigned discharge summaries; and working with partners to improve the way different clinical systems across the health and care sector digitally exchange information in real time (NHSX are leading on legislative work to accelerate this interoperability work nationally).

		We appreciate the importance of communication not only with colleagues but with people using services themselves, their friends, family and carers and to this end we ensure all doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this opportunity to all our staff, both clinical and non-clinical. There are opportunities to listen to patients', families' and carers' views on communication via various surveys and direct requests for feedback.
R16	SHFT must make swifter progress in developing the **Patient Experience Dashboard** to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.	Feedback is already sought and shared from carer groups, carer leads (within the divisions) and surveys. We will consider how to use audit processes to test these arrangements and the triangulation. The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are under review and will continue to be developed. Implement by 31.03.2022 **Action: Director of AHPs and Nursing**
R17	SHFT should adopt the **Patient Safety Response Incident Framework** and **National Standards for Patient Safety Investigations** (published by NHSE/me in March 2020) for reporting and monitoring processes, when they are introduced nationally.	Agreed. The framework has been released and NHS England are working with early adopter sites. The final framework and standards will be informed by the early adopter sites and released in Spring 2022 and organisations are then expected to transition to this. In advance of this we have been developing our own processes to prepare for readiness and recently (October 2021) gained accreditation from the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN)
R18	It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the **different needs of patient groups**, such as physical health, mental health and learning disability and the unique context in which the incident took place.	Agreed. We will align our plans and processes to the national Patient Safety Response Incident Framework and National Standards as mentioned above. Our investigation process will be flexible so it can be tailored to individual requirements with relevant experts from the services. Implement by 31.3.2022. **Action: Chief Medical Officer**
R19	SHFT should provide a clear and transparent definition of **'independence'** and an open and accessible explanation about its processes for ensuring its investigations are 'independent'. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.	The Trust recognises the importance of perception when considering independence and has a tiered approach to reflect the degree of independence needed according to the particular circumstances. This approach has been included in the updated (October 2021) Serious Incident Policy. New patient and family leaflets will be co-produced including a clear explanation of our approach. Implement by 31.01.2022 **Action: Chief Medical Officer**
R20	In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a **fully independent and experienced Chai**r,	This is current practice. The Trust in conjunction with NHS England will commission fully independent reviews where appropriate.

	the background and qualities of whom should be specific to the facts of the case subject to investigation.	
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access **external legal advice, support, or advocacy services,** as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-profit organisations, to facilitate access or signpost their availability.	The Trust will ensure signposting advice is included in the complaints and serious incident investigation processes as well as via the Family Liaison Officers. We have successfully recruited for a further 2 posts. It will also be a part of the Carers and Patients Support Hub. Implement by 31.01.2022 **Action: Director of AHPs and Nursing**
R22	The job description for SHFT's I**nvestigation Officer** role should include specific qualities required for that post. The minimum qualities should include **integrity, objectivity and honesty.**	Job descriptions in Southern Health are clear on the skills, experience, qualities and values required for all roles. The Investigation Officer job description has been reviewed and amended.
R23	SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, **regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.**	We will revise our training package for Investigation Officers in line with the national offering. They will be co-produced with the support of the Family Liaison Officer. We will set up a Peer Review network including patient and family feedback to support the development of the Investigating Officers. The Trust already has a structured approach in place for appraisals and we will ensure there is access to both reflective practice and a professional development plan. Implement by 31.03.2022 (may be impacted by the timing of the national offer) **Action: Chief Medical Officer**
R24	SHFT should urgently change and improve the **Ulysses template f**or investigation reports to ensure that all completed investigation reports are accessible, readable, have **SMART recommendations and demonstrate analysis of the contributory and Human Factors.**	The Ulysses template has already been amended as part of the Serious Incident Review Accreditation Network (SIRAN) accreditation, which was successfully achieved in October 2021. An audit will be carried out after 6 months to support continuous improvement on these measures. During 2022 there are likely to be further changes as the Trust introduces the new national standards and also continues to develop the principles of Safety II where you proactively understand the practices and processes in place when things go well.
R25	All completed investigation reports in SHFT should explicitly and separately document the **details of family and carer involvement i**n the investigation, in compliance with any data protection and confidentiality issues or laws.	We agree. This is current practice and is a requirement for the completion of investigation reports.
R26	SHFT must **share learning more widely** throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.	The Trust has a range of 'Learning from' programmes including Hot Spots, Learning Matters and Governance Snapshots which are available to all staff on intranet. Trust wide Learning from Events groups and specialty level groups are in place. We are currently working with the National Air Traffic Control Services (NATS) on translating lessons into learning, behaviour and culture change. This is an area that the Trust will always be working to continuously improve.

R27	SHFT should have in place, as a priority, a mechanism for capturing the **views and feedback** of the service user, family member and carer about the entire **SI investigation process**. This should be monitored at regular intervals for learning purposes and should be **shared** with the central investigations team and the Board.	The Trust has a mechanism but is seeking to establish an independent means of feedback. Implement by 28.02.2022 **Action: Director of Allied Health Professionals and Nursing**
R28	SHFT should improve the **quality of the Initial Management Assessments (IMAs)** that are provided to the 48-hour Review Panel to ensure that the **decision-making process for the type of investigation required is robust, rigorous and timely**. This should be done through a systematic training model and quality assurance mechanisms should be put in place	We are doing a mapping exercise as part of our redesign of all mortality processes which is due to complete in December 2021. A patient safety working group is developing the IMA training process. An internal target of 2-3 working days will be put in place rather than the '48 hour' rule to ensure focus is on the quality of decision making. We have reviewed the chair and core membership of reviews to ensure a smaller/ more consistent number of trained chairs and consistency of group membership. Implement by 31.03.2022 **Action: Director of AHPs and Nursing**
R29	SHFT should produce a **quarterly and annual Serious Incidents Report**, which should provide a mechanism for quality assurance. It should be presented to the **Board and available to the general public**, in compliance with data protection and laws.	This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.
R30	The SHFT Board and the Quality and Safety Committee should receive more **information on the degree of avoidable harm and the lessons learnt**, through regular reporting. Thereafter, that information should be discussed by the Board and shared through the **Quality Account and Annual Report** and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative analysis of all incidents, but it should also r**eflect a thorough qualitative analysis** to identify the relevant themes of current error and future themes for learning.	This is current practice with 'near misses' reported in our quarterly serious incident reports. This is an area for continuous improvement and learning. The Learning from Deaths quarterly report is scrutinised by the Quality and Safety Committee and discussed by the Board.
R31	SHFT should **recognise, implement and develop the role of the Medical Examiner**, in line with forthcoming national legislation and guidance.	Agreed. Starting in December 2021, we will begin to roll this out, with other NHS partners, starting at Lymington New Forest Hospital. Progress is being discussed at the Learning from Events Meeting. The full plan to implement Medical Examiners will come to Clinical Effectiveness Group in January 2022 prior to going to Quality and Safety Committee in February 2022. Implement by 31.03.2022 **Action: Chief Medical Officer**
R32	SHFT should examine the potential of **expanding and bringing together the Patient Safety Specialists** into a team, led by a Director of Patient Safety, from the Executive level.	The Trust has a group of Patient Safety Clinical Leads (introduced in 2019), embedded within our clinical divisions, who report into the Patient Safety Specialist and are led by the Director of Patient Safety.
R33	SHFT should develop a co-produced **Patient Safety Plan,** which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.	We have a Patient Safety Commitment 2018-25 in place which was co-produced in 2018 and refreshed in April 2021 in consultation with service users and families.

		The national requirements for the Patient Safety Expert are relatively recent (October 2021) and the Trust is consistent with these. We will continue to review these arrangements in line with the Patient Safety Response Incident Framework and National Standards when they are published during 2022.
R36	All **Action Plans** that are created by SHFT, at any level of the organisation, **should include a deadline and the name of an individual(s) and their role**, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.	This is current practice and action plans are monitored at the appropriate part of the organisation. This may be divisional or at a Trust wide forum including Board Committees where appropriate. The Learning from Events forum facilitates Trust wide learning. Work is ongoing to streamline action plans and ensure they are outcome-focused.
R37	SHFT should introduce **a Board-level monitoring system for action plans** and the implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.	The Learning from Events Forum provides a key role in ensuring actions of improvement are undertaken and learning is shared widely across the organisation. This is attended by Patient Safety Leads. Themes from this and our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.
R38	SHFT should adopt the **NHS Just Culture Guide** and put in place an **implementation plan** to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT **recruitment strategy** and within all **induction programmes** for all staff, to particularly include substantive and locum **medical staff**.	Agreed. We will review, refine and deliver a Just Culture implementation plan in line with NHS Just Culture Guide ensuring it is embedded in all our people processes. Implement by 31.03.2022 **Action: Chief People Officer**
R39	SHFT should work to ensure that the **membership of its sub-committees and its Staff Governors is increased and diversified**, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long-term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.	The Board has made it very clear over a number of years that diversity and inclusion is a foundation on which we build our people and services. The Board recognises fully the challenges of workforce and health inequalities that exist with our society and the Trust is committed to addressing these. The Board set an aspiration to be representative of our diverse communities at all levels by 2024. Plans to deliver this have been progressing and reviewed with progress being made against the 2019 baseline. Work will continue with the appointment of a new Associate Director of Diversity and Inclusion (now in post) and a recent audit to inform our priorities for development. We will ensure that our governors and membership are included as part of this work. We are also taking an active role in the Integrated Care System with the Chief People Officer taking on the Senior Responsible Officer role for Hampshire & IoW.
Learning Points		
L1	SHFT to **avoid terms** such as 'upheld' or 'not upheld' in complaint investigation reports/response letters.	We ceased this practice in late 2019 / early 2020.
L2	SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible **helpline** or other technical aid in order to lead to a practical response	We are currently able to support carers who are directly involved in our carers' groups; however, the Carers and Patients Support Hub will be a new resource to support carers. The support hub will provide multiple ways for people to get in touch,

		including online options, text messaging service as well as phone line.
L3	SHFT should work harder to ensure that **compassion and respect** is reflected in every verbal, written response and communication it has with service users, carers and family members.	We agree and believe we have already made significant steps of improvement. We are currently undertaking a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which includes monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. We will implement recommended changes following this work. Implement by 31.10.2022 **Action: Director of AHPs and Nursing**
L4	SHFT should take a **'team around the family'** approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We agree. We have several families and carers groups in place and the Carers and Patients Support Hub will provide specific support to individuals. Wider outreach sessions will be developed in the community. We will be able to gain feedback from patients and carers about the effectiveness of these arrangements and will also look to improve further.
L5	SHFT should consider **the use of recognised mediation services** to resolve outstanding issues with families who have disengaged within the last two years.	The Trust has appropriate mechanisms in place. The Trust will always consider independent support and encourage advocacy.
L6	SHFT should **review its 'Being Open' Policy** to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	Agreed. We will review the current policy and ensure it is fit for purpose, available in different formats and we will actively promote it both within the Trust and externally. Implement by 31.01.2022 **Action: Director of AHPs and Nursing**
L7	SHFT to **involve service users, family members and carers in the writing of action plans** across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of action plans.	This is current practice. We offer this opportunity within our current processes.
L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are **part of the Quality Improvement (QI) projects** and SHFT's journey of improvement.	Agreed. Our QI Programme has trained staff at all levels in the organisation who have worked alongside more than 150 patients, their families and carers on specific projects. We will continue with this approach as we re-energise our QI programme and move to the next stage of its development.
L9	SHFT should, overall, **increase its annual and quarterly reporting by committees and divisions to be accessible** to the public it serves.	Agreed. We will review the current reports that are available to the public, identify where there are gaps and implement changes. Implement by 31.03.2022 **Action: Deputy Chief Executive**

Note: Recommendations 34 and 35 relate to the CCG and Integrated Care System so have not been included in this table.

Further information

- The full report (including an Easy Read version) and the Trust's public statement (issued on the day of publication), can be found on the Trust website here: https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today

- Additional information, including the Terms of Reference for the review, can be found on the NHSE/I website here: https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/

January 2022
Report for Portsmouth Health Overview and Scrutiny Panel

Briefing note:
Southern Health NHS Foundation Trust
Portsmouth and South East Hampshire area specific update

Introduction

This paper is a routine update for the panel, covering relevant developments in the Portsmouth and South East Hampshire area from Southern Health. The previous update was provided in September 2021.

Included below are updates on how we have been responding, alongside system partners, to the current challenges from COVID-19 and existing winter pressures.

Updates are also provided on Petersfield Urgent Treatment Centre, improvements at Gosport War Memorial Hospital, The Willow Group, our Eating Disorder service, and our work with primary care to develop community mental health services.

System and winter pressure work

The system has faced significant pressure with the rise in COVID-19 cases, flu and the usual winter pressures. Southern Health has played a key role in the preparation for these pressures and in the current response.

Additional beds have been installed at the Clarence Unit at Woodcot Lodge and in the community hospitals at Gosport and Petersfield to relieve pressure on the acute hospital.

Senior clinicians (matrons, practitioners and consultant nurses) have been supporting colleagues in South Central Ambulance Service (SCAS) and at the Emergency Department at Queen Alexandra Hospital to prevent people being taken to Hospital, providing treatment and support to stay safely at home. This has been achieved through rapid mobilisation of a 2-hour urgent community response service manned by community matrons and the community assessment units. As a result, we saw over 800 admission avoidance contacts taking place in the month of November. SCAS report a 10% reduction on conveyance as a result of these pathways.

As part of the system-wide response to the latest wave of COVID-19, we have played a key role in the vaccination programme. This includes:

- Working alongside primary care to deliver booster vaccines to vulnerable, housebound patients who are unable to attend vaccination clinics. Over 4,000 patients were boosted by Southern Health teams before Christmas.
- The Trust, with partners, delivered the highest national vaccination rate for 12-15 year olds in the country. We are now in the process of rolling out the second dose programme for this age group.

- Trust staff continue to be redeployed to mass vaccination sites in Hampshire to form part of the vaccination workforce.
- We are working to support people with severe mental illness, learning disabilities and other potential barriers to access the vaccine.

Gosport War Memorial Hospital: Enhancing Rose and Poppy Wards

We previously updated the panel on our successful bid for funding, following the government's announcement of £400million to help eradicate dormitories in mental health wards, to update Poppy and Rose Wards at Gosport War Memorial Hospital.

Poppy Ward has been successfully welcoming patients to its new, dementia friendly environment whilst Rose ward has been able to complete its refurbishment. Patient and carer feedback has been positive, and the team are established in the new system across the ward.

Rose ward has been handed back to the Trust from the contractor and we are currently adding finishing touches to the environment to be able to welcome patients in January.

Rose ward has been enhanced to make the environment even safer for patients at risk of self-harm, whilst being a therapeutic space to support recovery. This has been achieved through careful and detailed ligature risk management.

The Older Peoples Mental Health Intensive Support Team (IST) continues to be successful in supporting patients in the community and reducing the requirement for hospital admission for both patients with functional mental illness and those with dementias. The IST continue to enhance their ability to support the system through in-reach into hospitals to support safe and timely discharge.

The IST has been essential to allow the works to be completed on both wards and we look to continue with this model as part of the ongoing Transformation of OPMH services.

Petersfield Hospital - Urgent Treatment Centre

The Urgent Treatment Centre (UTC) is open 8am-8pm every day at Petersfield Community Hospital and can treat anyone over the age of one, who requires urgent treatment for minor injuries and illnesses, for example where their condition is urgent enough that they cannot wait for the next GP appointment but who do not need treatment at the emergency department.

The UTC is manned by a team of highly skilled nurses and emergency practitioners with medical oversight from Dr Andrew Holden at Swan Surgery. The X-Ray machines at Petersfield have been updated and the opening hours will be extended to a seven day service as soon as the staff to man the machines have been recruited.

Willow Group

The recruitment of GPs continues to be a challenge across primary care, including at the Willow Group of practices in Gosport. We are working closely with the CCG to help us meet this challenge and are pleased to announce we will have two new GPs joining the group and are in the process of training two more. In light of the national shortage of GPs this is incredibly good news and will go a long way to relieving pressure and the challenges that some people have experienced with access. Scores relating to patient care and quality of care remain on or above local and national averages and following a re-inspection by the CQC the group retained its 'Good' rating with the regulator CQC.

Two international GPs from South Africa are due to complete their clinical supervision period in January, and will join the performers list as UK GPs. Two further GPs due to arrive in January – February and will follow the same induction and clinical supervision process.

The Willow Group Covid vaccination programme is ongoing. In December, the team delivered 54,000 covid vaccinations and boosters.

Willow Group engaged with the population health management programme to support identified health inequalities and find solutions for the local population.

Eating disorders service

As previously reported to this panel, nationally and locally there has been a significant increase in demand for eating disorders services, both for adults and young people. We are responding to this by working closely with the CCG to add capacity, and via two projects: a physical health monitoring service and developing a new model for specialist eating disorder beds via the emerging Dorset Hampshire and Isle of Wight Provider Collaborative.

The physical health monitoring service has been successfully recruited to and staff have undergone training in many areas including taking blood and ECG monitoring, they have spent time in the service and are ready to start clinics. The GP recruited to the service is due to start soon and then clinics can commence. Further GP recruitment is underway. Engagement with Primary Care is planned and the service will support the CCG to undertake this to deliver a comprehensive programme of support across Primary and secondary care services. This is currently on hold due to current pressures.

The Dorset Hampshire and Isle of Wight provider collaborative has started and processes and relationships are developing well. Collaborative Board meetings have been established. Our aim is to work alongside partners to develop a model for adult eating disorder beds which is better suited to the needs of our local population. Bed management process are developed between providers to provide access to beds for the population.

Community mental health transformation and Additional Roles Reimbursement Scheme

The Trust has been working on the transformation of its Community Mental Health services, a core part of which is the implementation of the 'no wrong door' principle across the area. This is a national programme of transformation which includes primary care and the local voluntary sector. The no wrong door principle means that any individual presenting for help is given the appropriate care and treatment needed, regardless of where they initially go to ask for it and that the care available is integrated to provide wrap-around support. As part of this work we applied for the Additional Roles Reimbursement Scheme (ARRS). The scheme allows us to bring in additional mental health roles and for the funding for this to be split between the PCN and the Trust. We are pleased that the ARRS application was successful and we have recruited talented practitioners from across the country. Supporting roles are being recruited to, so the local development and delivery of a model that meets the need of the local population can be implemented. Southern Health community services are developing the teams and new roles to focus on local delivery alongside the Primary care Networks.

More information

If you have any questions, please contact Nicky Creighton-Young, Director of Operations Portsmouth and South East Hampshire Division (PSEH): Nicky.Creighton-Young@southernhealth.nhs.uk

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HOSP – Public Health general update for Portsmouth

Helen Atkinson– Director of Public Health

Thursday 20th January 2022

Contents

Mandated Services

Public Health maintains responsibility toward delivering the mandated services funded through the Public Health grant:

- Appropriate access to Sexual Health services (including contraception services, sexually transmitted testing and treatment and HIV testing)
- Ensuring plans are in place to protect the health of Portsmouth residents (including immunisation and screening plans)
- Ensuring CCG receives the public health advice they need to support the commissioning of services (Core Offer)
- National Child Measurement Programme
- NHS Health Check assessment
- Prescribed children's 0-5 services (section 75 services)
- Commissioning of Local Healthwatch.

Public Health Business Plan 2021/22: Priorities

There are 7 priorities for Public Health for 2021/22:

- Reduce the harm caused by substance misuse including alcohol misuse
- Reduce the prevalence of smoking, including smoking in pregnancy, across the city working with partners to ensure sustained system wide action
- Reduce unwanted pregnancies by increasing access to Long-Acting Reversible Contraception (LARC) in general practice, maternity and abortion pathways, and strengthening LARC pathways with vulnerable groups
- Promote positive mental wellbeing across Portsmouth and reduce suicide and self-harm in the city by delivering the actions within Portsmouth's Suicide Prevention Plan (2018-21) and the STP Suicide Prevention Plan (2019-20)
- Reduce the harms from physical inactivity and poor diet
- Work with Council partners to address the health impacts of the built and natural environment.
- Enable an intelligence-led approach to addressing key health and care priorities for the city including supporting the ongoing response to COVID-19.

Homelessness and health

- Public Health continue to work closely with PCC Housing and third sector homelessness providers providing Covid-19 advice and guidance, including supporting outbreaks in hostel accommodation.
- Nurses have recently provided in-reach in to hostels to provide Covid-19 booster vaccines and in some cases first or second doses.
- Failed recruitment has delayed the start of the specialist homeless mental health team, a second round of recruitment has commenced.
- There are approximately 90 homeless clients engaged with the rough sleeper drug & alcohol team

Substance misuse

- The new national drugs strategy ‘From harm to hope’ was published in December. This promises additional funding to tackle the supply of drugs and to increase and improve drug treatment provision.
- In October we launched the retender of the main substance misuse treatment and supported housing contract. The outcome of this tender will be published on the 1st February. The new contract will commence on the 1st June 2022.

In house service - Wellbeing Service (update January 2022)

Overview:

- Wellbeing team currently providing support predominantly via telephone (79%) support (inc. Microsoft Teams and Zoom)
- Approx. 21% of support is now provided face to face; mostly weight management support
- Currently 223 active clients, plus 20 new referrals
- Offering 12 Week Weight Management Programme 'Let's Bounce Back' with links to physical activity; aim to support 700+ residents to respond to any weight gain/physical inactivity occurred during lockdowns
- New website launched December 2021 - promoting health improvement, enables client to self refer with ease, and provides wide range of links to support (both local and national)

Referrals:

- Overall up 106% on previous year (Oct 19/Sept 20 to Oct 20/Sept 21) – key increase in self-referrals (8.82%)
- Slight decline in referrals from midwifery and primary care (-5.65%)
- Secondary care referrals remain similar, with respiratory accounting for approx. 25.5% of all secondary care referrals (20/21), an increase of 2.5% on previous year
- Overall uptake of service increased from 52% to 60.92% - mostly from secondary care referrals

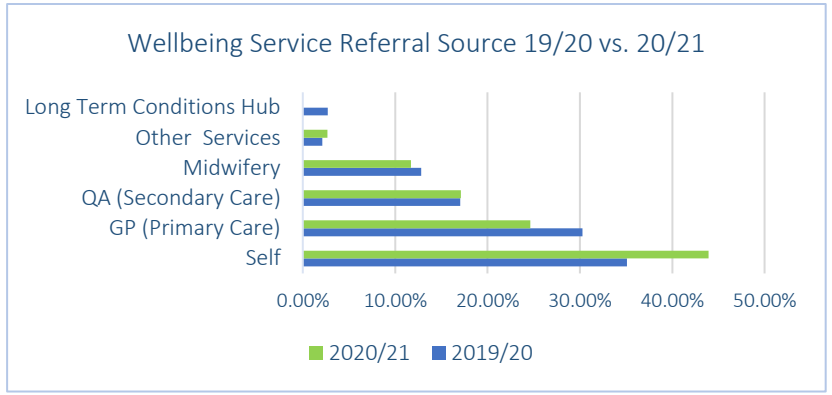
Support Provided:

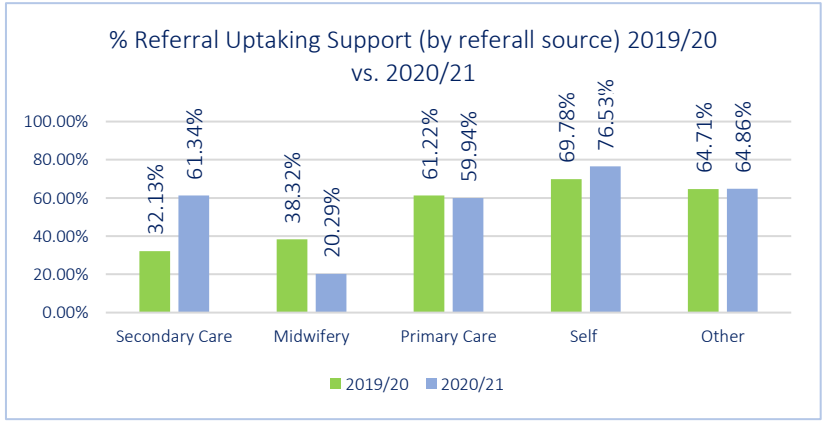
In the year to 30th September the Wellbeing Service provided 2504 interventions, comprising:

- 2159 (86.22%) smoking/nicotine support
  of which, 1073 (49.7%) set quit date
- 327 (13.06%) weight management support
- 18 (0.72%) alcohol support

Historically, smoking cessation support was approx. 66% of Wellbeing service provision, this has changed significantly during covid-19.

www.wellbeingportsmouth.co.uk





Wellbeing Service screen all clients for main four risk factors:

- Smoking status
- BMI check
- Physical activity levels
- Alcohol consumption

and

- Mental Wellbeing (Edinburgh Warwick)

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 commenced 1st April 2021 and are part of a dynamic purchasing process, where providers can join at any point of the contract.

Sexual health

Portsmouth Sexual Health Services update:

- **6 'ready' pharmacies in the national Contraception Management Pilot** able to provide repeat prescriptions for oral contraception.
- 'Systems Thinking' review within the Solent Sexual Health Service has been exploring access in and through the service. Review of **the Check Phase due to be complete Jan 2022.**

Contraception

- Long Acting Reversal Contraception (LARC) fitting and removals going through primary care in 2021 is still **below the 2019 activity**. PH and Portsmouth CCG continue to work with partners to improve access for contraceptive use and treatment for non contraceptive use.

STIs

- STI testing numbers have continued to rise. Latest monthly data available indicates the volume of testing is in line with Pre Covid monthly STI testing total (based on latest data available for Nov 2021)(Data source: Solent NHS Trust contract monitoring)

HIV

- **Portsmouth has a high rate of HIV***, similar to the England rate (Portsmouth =2.35 per 1,000 compared to 2.31 across England and 2.65 among our statistical neighbours). Along side the national HIV action plan, additional recommendations for areas with a high rate are to be reviewed to improve prevention and early detecting (and reduce missed opportunities to diagnosis). Supporting work towards the national 2030 target of Zero new HIV infections, AIDS and HIV related deaths.
- 2020 data indicates a **significant decrease in the number of residents completing a HIV test when accessing the specialist sexual health (SSH)** clinic (annual range between 2009-2019 = 3806 to 6354 per year, compared to 1,767 HIV completed tests in 2020). Rate change from 2 out of 3 service users testing to 1 in 3 approximately.
- Lowest coverage by women (30.7% accessing SSH) and heterosexual males (37.4% accessing SSH) (Data source : Public Health Profiles – PHE).
- Late diagnosis of HIV (with a CD4 count <350*) between 2018/20 are under 50%, however with a drop of testing uptake there is a risk that we may see a higher rate of late diagnosis coming through in future years meaning opportunistic testing and when clinically indicated is going to be important.

* High rate classified between 2-5 per 1,000); **Those diagnosed late have a 10-fold risk of death compared to those diagnosed promptly

Mental health and emotional wellbeing

- Successful in securing funded CAMS (Collaborative Assessment and Management of Suicidality) training for local drug and alcohol services and domestic violence-victim & perpetrator services in collaboration with Health Education Wessex, Hampshire County Council, Solent NHS & Southern Health. Evidence-based suicide prevention interventions and whole-system (service) approach to preventing suicide.

- Commissioning complete of suicide-specific bereavement service; roll-out to commence early 2022. Families bereaved by (suspected) suicide to be offered service and in-reach to be completed within 72 hrs of death. In partnership with Hampshire Constabulary, ICS mental health & suicide prevention board and HIOW Lived Experience Bureau.

- Completed schools and college protocol & guidelines on how to respond to a suspected/attempted suicide and respond to children and young people who have been bereaved by a suicide. Working with Portsmouth Schools Partnership, Children's Safeguarding Board and Education Psychologists service.

- Real-time Surveillance (RTS) local response system set-up - working with schools (as above) and workplaces to ensure that the wider community impacted by a (suspected) suicide have access to guidance on how to respond, suicide awareness training and direct access to support services.

- Audit of coroners records of deaths by suicide and drug and alcohol deaths completed for years 2019 to 2020. Development of multi-agency three year action plan, informed by audit intelligence and analysis, National data to be completed April 2022.

Childhood Obesity

- The superzone pilot re-launched in Sept. Covid pressures within the school has led to slower progress than we'd hoped for, but the two actions being delivered against are going well. The daily mile (walk/jog/run) has been re-established and runs frequently as staffing levels and covid mitigation actions allow. A good response to the survey around the re-development of Arundel Park was received and the feedback from the parents/children is currently being incorporated into the re-development plans under safer streets funding. We are currently planning the next actions (outdoors or school only) to take forward this quarter as staffing (due to on-going covid pressures) allows.

- Family weight management via Wellbeing Service continues to be provided.

- A draft action plan for the new physical activity strategy was developed and presented to the Active Portsmouth Alliance in Dec. Currently awaiting feedback/comments around the plan, prior to agreement and adoption. Positive early experiences of activity for children and young people is one of the objectives, this correlates to working to improve children/young people's activity levels, through a range of actions set-out in the action plan.

- Joint working with key professionals (maternity, health visitors, school nurses, community physical activity organisations etc.) to utilise our limited resource, continues.

- A new national childhood obesity campaign launches later this month, which we will promote via our networks, so families can access resources to help them make healthier choices.

Partnership working: Children's Public Health Strategy 2021 - 2023

No.	**Long-term Strategic Priority & Vision**
1	**The Best Start** As far as possible, all women and their partners make an informed decision about becoming pregnant; all women have access to opportunities which improve their physical and mental health throughout their pregnancy and into parenthood.
2	**Thriving Parents** In Portsmouth we believe that parents are key to helping children and young people achieve their very best. Parents will be supported to fulfil their role to the very best of their abilities, whilst taking responsibility for helping to create the city we all want our children to thrive in.
3	**The Impact of Poverty** For all families to have access to pathways, opportunities and living conditions that support their child's long-term physical health, reducing the inequalities that exist as a result of poverty.
4	**Environmental and Social Planning** For all new plans and key decisions regarding the built environment and healthy place-shaping to have embedded within their process a focus on the physical health of maternity, children and young people.

Wider Determinants

Health & Wellbeing Strategy

- Draft Health and Wellbeing Strategy recognises the importance of the wider determinants of health, with key priority areas including:
  - Active Travel
  - Climate Change
  - Housing
  - Air Quality

Transport & Air Quality

- Social Prescribing & Active Travel EOI for DfT pilot funding – with Transport and CCG
- Public Health involved in national E-Scooter pilot, working with transport colleagues to target health and social care user group and essential journeys to test sites, vaccination centers, hospital sites etc.
- Public Health involvement in South East Hampshire Rapid Transit programme (SEHRT), particularly with respect to greening opportunities to promote active and sustainable travel
- Whole Systems Approach agreed to develop an integrated, multidisciplinary approach to tackling air pollution across PCC (planning, regulatory services, transport, public health)
- Working with Integrated Care Partnership Sustainability and Estates Board to input to the ICS Greener NHS Plan. This includes a focus on Active Travel and Air Quality.
- Public Health delivered session to Clean Air Zone Business Advisory Group – CAZ in operation since November 2021

Planning & Regeneration

- Regulation 18 Local Plan published. A positive and considered approach to discharging the expectations the of National Planning Policy Framework Chapter 8: *Promoting healthy and safe communities*. The health needs of the City are clearly recognised, evidenced and articulated as a golden thread; health and wellbeing, as a core concept, is threaded throughout and cross-references to a range of other place-shaping agendas. It particularly draws out the clear links between deprivation, inequalities and poor health outcomes; and the role that planning and place-shaping can play to tackle these huge issues.
- HIA framework under development, to clarify expectations for development proposals in accordance with Local Plan Policy
- Health-led approach to early stages of major regeneration project for social housing
- Engagement in early design and masterplanning process for Strategic Development Sites
- PH response to National Strategic Infrastructure Project (NSIP) – HIA for AQUIND Interconnector
- Next step: development of health monitoring metric for built environment schemes using Healthy Streets™ framework

Wider determinants – general update

- Training delivered Foundation Year Doctors and Pre-Registration Pharmacy students, with a focus on tackling the wider determinants of health for better health outcomes.
- Input into and support for development of a Hampshire Housing and Health Memorandum of Understanding by Hampshire County Council, District and CCG partners
- Exploring climate change resilience for vulnerable communities with PCC's newly appointed Climate Change Principal Officer
- Applying the *Healthy Streets ™* approach to the pilot Portsmouth Superzone

Greening

- Green & Healthy City Coordinator appointed, through Public Health Transformation Fund to deliver The Greener Portsmouth Strategy. Role sits in Public Health to ensure strong alignment with health and wellbeing priorities, particularly health inequalities
- Focus on areas of deprivation under sphere of influence – LA housing estate
- Greening & Health Literature Review complete, shared with local NHS estates colleagues
- UK charity Trees for Cities awarded £1.2million from Government's Green Recovery Challenge Fund with specific focus on increasing tree cover in coastal cities and towns with lower than average tree canopy cover and high levels of socio-economic deprivation
  - PCC successful bid - awarded £35,950
  - Further match funding - £34.5k through Forgotten Places Urban Tree Challenge fund
- Support also provides PCC with:
  - Queens Green Canopy Jubilee planting day
  - Support for Tree City of the World application
  - Training on tree types, how to identify them and look after them – staff and volunteers
  - Later training on employment opportunities in the sector
- Next steps: Greening & Health JSNA. Developing health outcome monitoring metrics. Refresh of Greening Strategy to align with national policy change.

Public Health Intelligence

- Lead the production of a new Health and Wellbeing Strategy for the city's Health and Wellbeing Board, enabling partners to make evidence-based decisions about priorities and approaches.
- Developing the statutory Pharmaceutical Needs Assessment that will be consulted on from March 2022 and approved by the HWB in September 2022
- Working with health colleagues to support the Integrated Commissioning System's Population Health Management approach
- Updating and interpreting local data on health and care issues such as child development, sexual health and smoking to inform commissioners and providers within public health, the local authority and partners.
- Community Safety analysts within the Public Health Intelligence Team have produced the 3 yearly Strategic Assessment of Crime and Disorder, approved by the HWB in November 2021 which wil inform the city's partnership approach to addressing community safety. The team also provides key analysis and reporting to support priorities including Domestic Abuse and Serious Violence.
- The new Research Development Lead (externally funded) is helping develop the city's partnership with the University and led the submission of a joint bid for funding to create additional capacity in this area.

Public Health Intelligence: Covid-19

- 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
  - Health and Care Portsmouth Care Home Support meeting
  - 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 NHS and other partners' planning around demand and capacity.
- Providing local analysis to support to effective targeting and delivery of vaccinations and testing
- Supporting Outbreak Investigation and Rapid Response, using additional analytical capacity funding through the Covid-19 Outbreak Management Fund to combine contact tracing data and wider local intelligence.

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 UKHSA) in terms of managing more complex outbreaks in Portsmouth.
- PH have lead 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 manage the Community Testing Site in the Somerstown Hub offering both supervised asymptomatic testing for residents and critical workers as well as community collect of test kits and roving community distribution.
- 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

Local Outbreak Engagement Board - Assurance report - January 2022

Local Context - data and intelligence

Source	Status	RAG
Cases - weekly rate per 100,000	Case rates are at more than double the peak in January 2021 and continuing to rise in all age groups.	RED
Testing positivity ratio	Positivity is significantly higher than at any point in the pandemic at over 35%.	RED
Confirmed outbreaks and clusters	There are a growing number of situations, clusters and outbreaks in care homes and schools as they return from Christmas break. Care home outbreaks not currently resulting in hospitalisations.	AMBER
Neighbouring authorities / region	Rates of Covid-19 are similar in neighbouring upper tier local authorities in HIOW and across the South East.	RED
Enduring transmission	There are currently no specific local areas of concern but transmission remains high.	AMBER
Variants of Concern (VOC)	Omicron quickly became the dominant variant and accounted for >95% of Portsmouth cases by the end of December. Its much greater transmissibility and immune escape capabilities have driven the recent wave of cases.	RED

Commentary:

The number of new confirmed Covid-19 infections in Portsmouth has risen quickly since the last week of December as the Omicron variant became dominant, from an already high base of Delta-driven cases. Reported case rates are impacted by factors including availability and use of tests, lab capacity and re-infections, while policy changes such as the removal of requirements for confirmatory PCRs will potentially make interpreting prevalence through case rates more challenging. However local positivity rates (i.e. the proportion of tests that return a positive result) and data from the ONS Infection Survey all support the fact that rates are more than twice as high as at any previous point in the pandemic. Cases are currently highest in young adults aged 20-49 but are high and rising in older people and likely to rise again in school age children in January.

Given the high prevalence of Covid-19 across the community, there are a number of clusters and outbreaks in care homes. However the majority do not appear to be transmission within the homes and are not leading to hospitalisations (due to a combination of good Infection Prevention Control and high levels of vaccination in staff and residents). Similar impacts are likely to be seen in education settings as schools return after the Christmas break.

New hospital Covid-19 cases have begun to increase in the last week (though more is required to confirm the trend), and have increased by 50% compared to the previous week across the country as a whole. There is increasing evidence that Omicron is less severe than previous variants but case have only recently begun to rise in older age groups and there is always a lag between infections and hospitalisations so the situation over the coming weeks remains unclear. Modelling suggests the peak in hospitalisations could be similar to last January, while the impacts on staffing in health and a number of other settings will add further pressures to local service delivery systems.

Covid-19 mortality remains low in Portsmouth with just 1 death within 28 days of a positive Covid test in the 7 days up to 1st January 2022. Nationally Covid-19 deaths have increased back to the level of over 1,000 per week last seen in early November.

Local Activity

Source	Status	RAG
Test and Trace (including self-isolation support)	Our local contact tracing service continues to experience substantial pressure due to high case numbers.	AMBER
Vaccination	Booster vaccination programme has been extended to everyone aged 16+ years and 12-15 year olds in a clinical risk group. Capacity has been significantly increased to ensure anyone that wants a vaccine can get one. Over 100,000 boosters have now been delivered in Portsmouth. Rating Amber remains as continued work underway to improve uptake across all doses; expansion of the programme to 5-11 year olds in a clinical risk group and roll out of 2nd doses for 12-15 yr olds will continue to be a challenge.	AMBER
Non-pharmaceutical interventions (including business compliance and PPE availability)	No concerns in this area.	GREEN

<u>Commentary</u>

Testing:

- The emergence of the omicron variant has created unprecedented demand for both PCR and LFD testing and staff shortages in laboratories. This in turn has led to limited supply of LFD test kits and difficulty obtaining PCR tests as test sites have closed to manage demand.
- The DHSC run Local Test Site (LTS) at Commercial Road delivering PCR tests is currently operating at 223% capacity and completed 1429 tests in the week leading up to 1st January 2022.
- We have been planning carefully to ensure there is adequate lateral flow device supply in the Asymptomatic Test Site (ATS) at Somerstown Central.
- This week we have put in place governance and logistical protocols to share test kits with health and care organisations that need them.
- We are continuing to ensure those most at risk of contracting and developing serious illness from Covid have good access to kits. On Wednesday 5th January we handed out 146 kits from the ATS and delivered 336 to Foodbanks, Community Centres and PCC services. On Thursday 6th we received orders for a further 156 kits from similar community services.
- On 4th January it was announced that lateral flow test kits will be provided to 100,000 essential workers and 500,000 key workers. Dedicated infrastructure and supply chains are being established directly with organisations by the Department of Health and Social Care. In addition, locally we have planned for enough stock for delivery to essential workers, and to manage outbreaks if direct supply channels take time to become established.

Local Contact Tracing Service (LCTS)

- Contact tracing for Omicron cases is now being undertaken by local teams (where previously this was via a dedicated national team) through the standard Covid management mechanisms.
- The Local Contact Tracing Service received 932 cases for local contact tracing between Thu 30/12 and Wed 5/01/22, an average of 133 a day. This is 28% of total Portsmouth cases (3,310) during that time which is an increase from a typical 20-25%.
- The Local Contact Tracing team worked during the festive period (only closing on Christmas Day/Boxing Day and New Year's Day) to ensure residents are supported in self isolating and completing contact tracing.
- In order to manage demand over Christmas and the New Year, the Local Contact Tracing Service started sending emails and SMS messages daily to all cases and have actively encouraged self-reporting of their digital journey to those able to receive invitations to do so.
- To manage the increase in caseload, the Local Contact Tracing Service also prioritised resources to over 50's due to their increased risk and also under 18's as a phone call is the only way to complete contact tracing.
- From Thursday 6th January parents/guardians are able to self-complete under 18 cases which will help make contact tracing more accessible to Portsmouth residents.

Self-isolation support:

- A dedicated Self-Isolation Support Officer post to be funded by the Covid Outbreak Management Fund, has now been appointed to. The role will support residents who are identified as having support needs, whether practical (eg food shopping), concerning mental health, or financial worries or hardship. The new officer will either signpost residents to further support, or issue payments to residents based on assessment of their financial hardship.
- The latest figures for the self-isolation support fund can be found below.

Test and Trace Support Payment Statistics as of 05/01/2022

	Main Scheme	Discretionary Scheme	Total (Combined)
Number of applications received since 28/09/2020	3405	2596	6001
Number of applications paid since 28/09/2020	1601	768	2369
Total paid (£) since 28/09/2020	£800,500.00	£384,000.00	£1,184,500.00
Number of applications declined since 28/09/2020	1575	1617	3192
Number of applications yet to be started*	120	133	253
Number of applications currently pended	105	77	182

**The average age of the applications yet to be started is 14 days old.*

Vaccination

Following the call to scale up the NHS covid vaccination programme (CVP) booster roll out throughout December access to appointments for local residents have been significantly increased. Each of the five Primary Care Networks (PCN) increased the number of sites offering vaccinations and extended these slots beyond registered patients. Two of the PCNs are now on the National Booking System (NBS) and many are offering 'Walk In' provision. The two community pharmacies and St James' Hospital - the community vaccination centre - continue to offer vaccinations and have extended their capacity with St James's now offering 'Walk Ins' to anyone aged 12+ years from 8am-8pm every day. Queen Alexandra, the hospital hub site, has also been stepped up again to offer booster vaccinations, which are bookable online.

Overall uptake of 1st doses for Portsmouth residents aged 12+ years is 79.1% (3rd Jan) for 1st doses (in our 50+ year olds 1st doses are above 88% rising to 95% and above in 75+ year olds) and 72.3% for 2nd doses (above 86% in 50+ year olds rising to 95% and above in 75+ year olds). Booster uptake for Portsmouth residents aged 12+ overall is 49.7% (3rd Jan) and 73.9% in the eligible population. While lower than the regional or national figures, uptake remains favourable compared to 'similar' areas including Brighton & Hove and Southampton. Uptake continues to be lower in younger adult age groups, in part due to these groups being offered later in the programme. Efforts continue to encourage individuals to come forward with more options available for easier access to all doses (1st, 2nd and booster) being in place. We are currently working with partners to look at outreach and in-reach models of delivery to better enable some of our communities to take up the offer of vaccination in some parts of the city.

The 12 to 15 year olds programme is now in place and 2nd doses are being rolled out through schools, commencing 10th January. In addition, all 12-15 year olds can access vaccinations through the main vaccination centre at St James's and are able to utilise the 'Walk In' arrangements, as long as a parent or guardian accompanies them. Uptake of 1st doses in 12-15 year olds is currently at 56.2% (6th Jan). The Joint Committee on Vaccinations and Immunisations (JCVI) advised on 22/12/2021 that a booster dose should be offered to 12-15 year olds in a clinical risk group.

JCVI also advised that 5-11 year olds at higher clinical risk should be offered 2 doses, 8 weeks apart and it is anticipated that those eligible will be invited from Mid-January. Mobilisation planning is underway for this.

The Community Champions Programme is gaining momentum with 12 champions now recruited. They are continuing to support the dissemination of messages and are gaining valuable insights from community members regarding opportunities to improve uptake of the vaccination and other key issues. Marketing campaigns will continue to be targeted via social media channels and further developed based on insights and developments locally, regionally and nationally.

Non-pharmaceutical interventions

Two key items of primary legislation contain emergency powers relating to coronavirus and health protection in England. These are:

Coronavirus Act 2020 (c. 7)
Public Health (Control of Disease) Act 1984 (c. 22)

These current regulations set out the restrictions in England:

The Health Protection (Coronavirus, Restrictions) (Entry to Venues and Events) (England) Regulations 2021 (S.I. 2021/1416)
The Health Protection (Coronavirus, Wearing of Face Coverings) (England) Regulations 2021 (S.I. 2021/1340)
The Health Protection (Coronavirus, International Travel and Operator Liability) (England) Regulations 2021 (S.I. 2021/582)
The Health Protection (Coronavirus, Restrictions) (Self-Isolation) (England) Regulations 2020 (S.I. 2020/1045)

The Health Protection (Coronavirus, Restrictions) (No. 3) (England) Regulations 2020 (S.I. 2020/750)

Whilst the majority of specific business restrictions have now been removed, the Health Protection (Coronavirus, Restrictions) (England) (No.3) Regulations 2020 (the No.3 Regulations) remain in place until **24th March 2022**. PCC is mindful that these could be utilised, in exceptional circumstances, and for the need for a regulatory provision to assist with the delivery of such.

As previously confirmed, the GOV.UK guidance accompanying the No.3 Regulations has been amended to include updated factors which local authorities should consider when gathering evidence to meet the legal tests for issuing a direction. These factors are designed to reflect the current stage of the pandemic. These include, but are not limited to:

1. Regional and local epidemiological data on case rates, vaccination rates, hospitalisations and deaths as a result of Covid-19 infections
2. Local contextual information and insight on hospital capacity
3. Local outbreaks of Variants of Concern (VOCs) of Covid-19, particularly any with vaccine-escape properties
4. Whether the direction relates to any activities that contravene existing legislation and guidance in place to protect against the spread of Covid-19

We have been contacted by DHSC in respect to a call for evidence to gather information with respect to a potential extension of No.3 Regulations beyond 24th March 2022. The results of such will determine the need to extend, the length of extension and if existing legislation / guidance allows local authorities to effectively deal with outbreaks in a timely fashion.

As we have done so throughout the pandemic, Government expects us to follow the Regulators Code, engaging with business and supporting them to comply with any new rules. Only where necessary and proportionate is it expected that local authorities take enforcement action. To assist with our engagement PCC is continuing, through use of the Covid Outbreak Management Fund (COMF), to deploy COVID-19 Covid Business Compliance Officers (CBCOs) [*as from the 18th July rebranded as Covid Community Engagement Officers (CCEOs)*] to support businesses in this transition, to maintain compliance with emerging guidance and to react to any new guidance or restrictions that may be required to combat transmission rates or increasing levels of virus in the community. These officers will remain in place at least until the end of March 2022.

Assurance levels on key risk areas in the Portsmouth outbreak plan provided by the Regional DHSC and PHE Teams as part of the national assurance programme where we FULLY MET 7/12 assurance areas and MET the other 5.

Assurance area	Commentary
High-risk settings	The plan outlines high risk settings and populations, and potentially underserved communities. Section on demographics touches on the size of the BAME population and localities where deprivation is highest. Although these high risk groups are not specifically profiled in the plan by place, the plan does describe the development and use of the HIOW Vulnerability Indices which infers that this tool will be used to identify the most vulnerable groups with respect to COVID-19 outcomes.

High-risk populations & underserved communities	Good level of detail on how vulnerable populations will access information and support. For example: • The plan describes measures in place for community support around contact tracing for those who are particularly vulnerable and/or “hard to reach”. • Good level of detail on community engagement via PCC local contact tracing service to maximise the trace and isolate components of the COVID response • Clear detail on additional support available for individuals and settings to support isolation, including in the most vulnerable groups/settings • The HIOW COVID Vaccination Programme Equalities Group is working to ensure equity of access to vaccination for vulnerable groups. • Comms and engagement plan in development (linking to HIOW-wide communications and community engagement work) which includes consideration of vulnerable communities- increasing testing and vaccine uptake.

Identified risks

Highest local risk factors are currently considered to be:

- The 'Omicron variant' of coronavirus is now the dominant strain circulating in Portsmouth as it is across the UK. Omicron is more transmissible than previous variants of Covid-19 but is currently causing less serious illness but due to sheer number of infections will have a greater impact on business continuity.
- We are now seeing very high case rates in the city as the infection rate remains high across the SE Region and UK. Infection rates are now highest in our 25-44 year old age group but now plateauing in primary and secondary school ages which went up following the return to schools in early September.
- Our local modelling work shows we are still expecting to see infections from Omicron rise very rapidly in the coming weeks with hospitalisations following on from that due to the sheer number of infections.
- We also expect to see a difficult winter with covid and other respiratory viruses, including influenza and paediatric RSV, causing pressures in the NHS. We continue to see increased risk of community transmission following the easing of restrictions on July 19 but will need to see the impact of the new restrictions on face coverings in shops, public transport and travel restrictions brought in on the 30th November (Plan B).

RAG: Green = no cause for concern;

Amber = some cause for concern / requires monitoring;

Red = serious cause for concern / requires action