
NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 17 MARCH 2022 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Anna Martyn Tel 023 9283 4870
Email: democratic@portsmouthcc.gov.uk

If any member of the public wishing to attend the meeting has access requirements, please notify the contact named above.

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
Vacancy

Standing Deputies

Councillor Ryan Brent
Councillor Stuart Brown
Councillor Lee Hunt

Councillor Kirsty Mellor
Councillor Gemma New
Councillor Ian Bastable

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

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

AGENDA

- 1 Welcome and Apologies for Absence**
- 2 Declarations of Members' Interests**
- 3 Minutes of the Previous Meeting (Pages 3 - 10)**

4 South Central Ambulance Service (Pages 11 - 16)

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

5 Solent NHS Trust update (Pages 17 - 20)

Andrea Havey, Operations Director for Adults Services Portsmouth, will answer questions on the attached report.

6 Portsmouth CCG and Health & Care Portsmouth (Pages 21 - 26)

Jo York, Managing Director of Health & Care Portsmouth, will give an update on the attached report which incorporates updates on the Hampshire, Southampton & Isle of Wight CCG Partnership and the Integrated Care System.

7 Hampshire, Southampton & Isle of Wight CCG Partnership

8 Integrated Care System

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 20 January 2022 at 1.30 pm as a Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Lee Mason
Councillor Matthew Atkins
Councillor Judith Smyth
Councillor Rob Wood
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Trevor Cartwright, Fareham Borough Council
Councillor Lynn Hook, Gosport Borough Council

41. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Rosy Raines and Roger Bentote.

42. Declarations of Members' Interests (AI 2)

Councillor Hook declared a personal interest in agenda item 5, Southern Health, as she is part of the Willow Group and volunteers there 4 mornings a week.

Councillor Smyth declared a personal and prejudicial interest in agenda item 5, Southern Health Stage 2 independent report as she was previously a non-executive director on the board.

43. Minutes of the Previous Meeting (AI 3)

The Chair explained that a revised copy of the minutes were circulated by email to members with some minor amendments to the CCG item (minute 40) from Jo York.

Councillor Mason also raised a couple of other amendments needed to minute number 40 as follows:

The following sentence to be added into minute 40:

'Cllr Mason raised a complaint from a resident about the **hospital** issuing green prescriptions to patients on discharge, Jo York said that this will be taken up by the Medicines Optimisation Team'

Include this as an action.

And **delete** the following sentence listed under actions 'Councillor Mason will send details of the complaint where a green prescription was issued at the hospital pharmacy' as this was factually incorrect.

The visit to the Portsdown Practice should have been included under the actions heading. Officers are following this up with Jo York.

RESOLVED that the minutes of the meeting held on 18 November 2021 be agreed as a correct record subject to the amendments provided by Portsmouth CCG (provided after publication and attached as an appendix to these minutes) and also the above amendments.

44. Portsmouth Hospitals University Trust update (AI 4)

Dr John Knighton, Medical Director, and Chris Evans, Chief Operating Officer and Deputy Chief Executive, introduced the report.

In response to questions, they clarified the following:

There are a number of Urgent Treatment Centres (UTCs) across their system which continue to provide support for minor illnesses and minor injuries. PHU are working collaboratively with each of the providers of the UTCs to ensure consistency with opening times and a consistent offer on what each UTC provides. All the UTCs continue to support the urgent care system. PHU provide the UTC in Gosport but are not the provider of the UTCs in Petersfield or at St Mary's. They had not seen during this winter a significant step up in their activity to help relieve pressure at QAH. When there has been difficulty in staffing particularly at the St Mary's site – it's closest UTC, they have seen a knock-on effect on attendances at the Emergency Department at QAH.

In terms of publicity for the UTCs, staff have done a great deal of publicity around the UTCs however sometimes this is still not enough, and people choose to go straight to QAH.

Councillor Wood noted two observations at QAH which he wanted to share. The first was on a number of occasions he had witnessed elderly people wearing masks not being understood by nurses. This led to misdirection and time wasted to resolve their issues. Dr Knighton said he recognised this as an issue and different solutions had been trialled such as clear masks however this had not proved to be very effective.

The second was that a patient who had been admitted to QAH later had to isolate as she had been in close proximity to someone testing positive for covid. This meant that moving through the hospital to where she needed to be had taken much longer. Dr Knighton said that this was a real challenge for the hospital and the higher the level of prevalence within the community, the greater that challenge. PHU changed their policy a few weeks ago and they are now asking all visitors or those accompanying people to appointments on the site to show evidence of a negative lateral flow test.

Chris Evans said that in terms of staff sickness for the Omicron wave of covid, there are a reducing number of staff who are off due to isolation. It was believed this was under 50 as of this morning which was half of what it was a few weeks ago. Total absence was currently just over 5% of staff (not just due

to covid). The latest wave has had a huge impact on staff and there are a number of things taking place internally in terms of supporting the health and wellbeing of the workforce.

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

45. Southern Health NHS Foundation Trust Update and Stage 2 Independent Investigation Report: 'Right First Time' (AI 5)

(Councillor Smyth said she would not participate in the discussion regarding the independent review report as per her earlier declared interest)

Paula Hull (Director of Nursing and Allied Health Professionals) and Paula Anderson (Deputy Chief Executive) introduced the reports.

In response to questions the following matters were clarified:

Recruitment is the biggest issue within the NHS currently, particularly in mental health. Southern are always looking at ways to improve that either through better retention of staff or improving methods of communication to try and get people interested to work for them. This is a top priority within the Trust.

With regard to action R13 strengthening links to the local Hampshire Healthwatch, Paula said that there is a working in partnership committee with a range of people from different voluntary sector organisations who work with them. Healthwatch are involved internally within the Trust on some of their committees and also pre pandemic they were doing a piece of work for Southern where they were visiting the inpatient physical health wards and surveying people, and this was very successful.

In terms of governance, the plan will be taken through the Quality and Safety Committee over the next few months. The patient and carer hub is open and this is a very important as if they can get that hub working well and people know about it, it will support them to resolve problems much quicker. There was a huge amount of co-production in setting the hub up and there will be an evaluation of this and adapt this based on feedback.

The Duty of Candour training is going very well. It had been adapted based on feedback to make it much more practical and helps staff more with their practical work. Southern Health want their staff to feel confident to be transparent and open with patients, families and carers about things that have happened and to be empathetic. That is the culture they want within their organisation.

Paula said she would welcome the opportunity to return to HOSP perhaps in 6 months' time to provide an update on the progress of the action plan.

The panel congratulated Southern Health for the work they have done to meet the requirements identified in the independent review and thanked them for their report.

ACTION

Southern Health to be invited to the June HOSP meeting to give an update on progress against actions arising from the independent review report.

RESOLVED that the update reports be noted.

46. Public Health Update (AI 6)

Helen Atkinson, Director of Public Health, introduced the report and summarised the main points. She gave a brief summary of the Local Outbreak Engagement Board (LOEB) January Covid-19 response assurance report which was already out of date but gave members an idea of what the LOEB looks at monthly. The pandemic situation is slightly better this week as there is a slight reduction in the community infection rate from covid however there are still 17 outbreaks within care homes out of 39 homes. There is also a significant rise in infections in primary (infant and Junior) schools and nurseries. Communications have been updated rapidly to ensure that residents know what is happening, this has been challenging as the guidance has been changing rapidly.

In response to questions the following points were clarified:

With regard to the Substance Misuse services for our homeless residents Helen said it is always challenging however there have been benefits to the Covid-19 response which has been to enable the homeless rough sleepers to be housed during periods of the pandemic. This means that health services have been delivered more easily than normally would be able to. Good work has also been done around covid and flu vaccinations. Blood born virus screening was also able to be carried out when our homeless residents were housed last year which helped to identify a small number of cases of Hepatitis C who then were then able to attend QA for treatment and follow up. Portsmouth has been able to bid for additional funding that supported the CCG to deliver the homeless healthcare team which was very effective. Public health are just starting the the substance misuse service procurement which has just started and there is information out for consultation with providers.

Currently children and adults over 12 are eligible for the covid vaccination. The schools programme for second vaccinations has started and is going well. The Jvci who make recommendations to government and the NHS have recommended that 5–12 year-olds be vaccinated if they have serious underlying health conditions or are immunosuppressed. The planning has started, and it is likely this will be delivered in primary care. Public Health are seeing a high numbers of infections in nurseries, infant and junior schools. Each wave of the infection has impacted on a different age group. There are a large number of young adults who are still choosing not be vaccinated.

Ms Atkinson said she was very cautious over the relaxation of the covid restrictions. Although the government guidance has changed, all DPHs met with the Secretary of State for Education this week and they will continue to take a cautious approach. Schools in outbreak situations will be encouraged

to continue with face masks being used. Ms Atkinson felt that Public Health had worked very well with PCC Education colleagues and schools over the last two years. We are drafting a letter today for schools to send to parents to advise that they will be continuing to take a cautious approach and encouraging schools where they want to continue to put preventative measures in place.

Childhood obesity has almost doubled over the last two years nationally. During the pandemic the Public Health Wellbeing Team had to move to telephone and virtual zoom appointments, but they are now back to face to face appointments. The refreshed Health and Wellbeing Strategy is focused on the causes of the causes of ill-health such as education, housing, poverty and employment to try to work as city partners to see if the right strategies are in place to change people's life outcomes.

The HOSP thanked Ms Atkinson for her report.

RESOLVED that the update be noted.

47. Dates of Future Meetings (AI 7)

The panel agreed dates of future HOSP meetings as follows:

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

The formal meeting ended at 2.38 pm.

Councillor Ian Holder
Chair

Appendix A to the minutes

Minutes of the previous meeting - 18 November 2021 - changes from Jo York

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

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.

Cllr Wood suggested the use of incentive schemes to attract and retain more GPs in the local area, such as a principal mentor to train younger GPs. 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.

In response to a question about accessing health care, Ms York explained that 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.

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

Cllr Agate asked whether it would be possible to recruit pharmacists from abroad to strengthen the workforce and fill vacancies to help with long waits for discharge medication at QAH.

In response, Ms York recognised that patients may have to wait a long time for the pharmacy at QA Hospital and the impact that this has on discharge times due

to staffing challenges. However, colleagues at the Trust are doing all they can to focus on supporting and speeding up of discharges.

In response to a comment raised by Cllr Bentote regarding recruitment and accessibility for appointments in his local area of Whitely in SE Hampshire.

Ms York agreed there are challenges around GP access nationally.

Ms York informed members of the White Paper Health & Social Care Bill currently going through Parliament. 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.

Creating better integration and enable partners within the NHS to work together more collectively and with Local Authority partners as an Integrated Care System for Hampshire and the Isle of Wight.

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

In response to a question from Cllr Mason regarding complaints about a Portsmouth Practice's online consultation and text messaging system, Ms York responded: We recognise that there are significant challenges in accessing primary care services across the board and are working hard locally with all practices 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.

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

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Agenda Item 4

South Central Ambulance Service **NHS**

NHS Foundation Trust

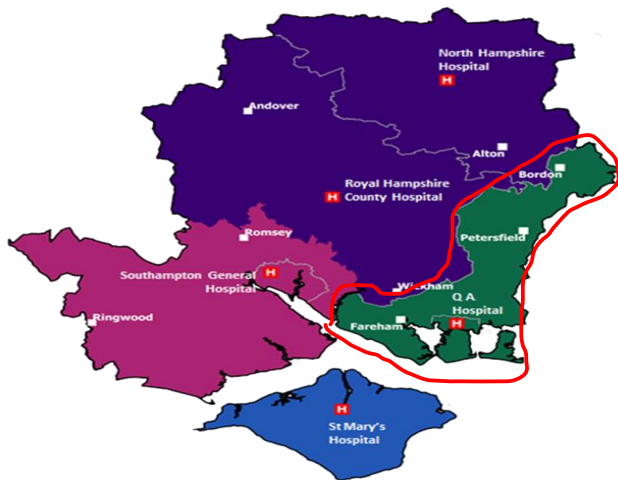
Title	Health Overview and Scrutiny Panel
Author	Tracy Redman - Head of Operations SE South Central Ambulance Service NHS Foundation Trust (SCAS)
Date	March 2022

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

Introduction / SCAS 999 South East

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

SCAS 999 - South East Hampshire



- Over 100k - 999 calls a year
- Approx. 50k ambulance conveyances a year
- Approx. 50k patients treated at home / signposted to other services
- Circa 300 frontline operational team members
- Up to 35 ambulances on duty at the busy times of day
- One main hub site with satellites

Developments

COVID-19

SCAS continue to work to the national infection, prevention and control (IPC) guidance in relation to COVID to ensure we can keep our patients and staff as safe as possible.

Whilst there have been some changes in patient numbers and presentations, the IPC requirements have not changed and continue to be a challenge.

SCAS has experienced exceptionally high staff absence levels with a far greater increase in COVID related absence across all departments during the Omicron wave. This has been a significant challenge across the NHS and other partners.

Integrated Urgent Care

SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

Community partners and Primary Care service have also been piloting working in the SCAS 999 control room to support the management of lower acuity patients, ensuring they get the care they need first time.

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

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required – the pathways for onward referral continues to grow and has developed to incorporate the Same Day Emergency Care (SDEC) NHS programme. The digital platform (SCAS connect) is used to support this work, also continues to develop and grow.

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

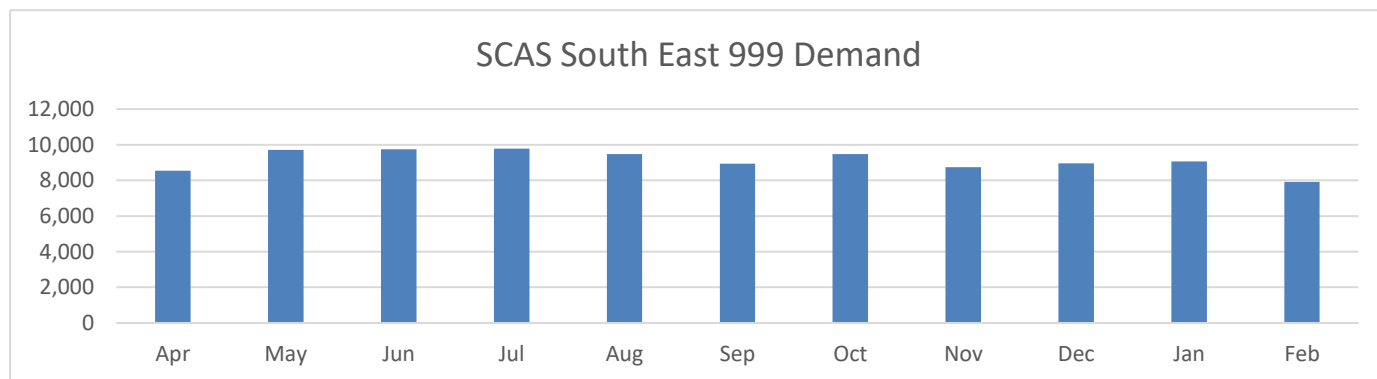
As a result of these actions SCAS consistently convey less than 50% of its incoming 999 demand to the ED dept.

Conveyance rates to ED 21/22 comparison:

National Average	SCAS wide	SCAS Hampshire	SCAS South East
Above 50%	48.9%	49.4%	46.6%

999 Demand / Performance

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



Performance by Category by area

Fareham & Gosport

Cat	National Standard	F&G Q3 20/21 Demand	Mean	90 th percentile	F&G Q3 21/22 Demand	Mean	90 th percentile
Cat 1	7 Mins (Mean); 15 Mins (90 th)	555	0:06:25	0:11:02	604	0:09:48	0:16:41
Cat 2	18 Mins (Mean); 40 Mins (90 th)	3,845	0:19:44	0:37:35	4,358	0:51:13	2:00:48
Cat 3	120 Mins (90 th)	2,775	0:53:46	2:04:02	2,191	2:51:05	6:39:48
Cat 4	180 Mins (90 th)	217	1:19:29	2:53:18	136	3:33:56	8:31:37

Portsmouth

Cat	National Standard	Ports Q3 20/21 Demand	Mean	90 th percentile	Ports Q3 21/22 Demand	Mean	90 th percentile
Cat 1	7 Mins (Mean); 15 Mins (90 th)	788	0:05:24	0:09:26	847	0:07:48	0:13:25
Cat 2	18 Mins (Mean); 40 Mins (90 th)	4,324	0:15:49	0:32:17	5,081	0:49:13	2:02:30
Cat 3	120 Mins (90 th)	2,828	0:53:34	2:14:57	1,944	3:08:01	7:56:00
Cat 4	180 Mins (90 th)	191	1:10:17	2:42:54	98	3:07:52	7:30:13

South Eastern Hampshire

Cat	National Standard	SHE Q3 20/21 Demand	Mean	90 th percentile	SHE Q3 21/22 Demand	Mean	90 th percentile
Cat 1	7 Mins (Mean); 15 Mins (90 th)	520	0:07:33	0:13:32	606	0:10:25	0:18:21
Cat 2	18 Mins (Mean); 40 Mins (90 th)	4,130	0:17:38	0:33:48	4,442	0:49:34	1:57:58
Cat 3	120 Mins (90 th)	2,910	0:50:47	1:57:42	2,259	2:44:03	6:37:35
Cat 4	180 Mins (90 th)	248	1:16:09	2:39:35	160	3:11:50	8:54:49

Challenges / Opportunities

Transformation Review

Due to operational pressures, the transformation review is work ongoing to determine how successful the previous changes were and what, if anything needs to change going forward. This will primarily include staffing and deployment models.

Operational Delivery

SCAS have spent several months at REAP 4 (Resource Escalation Action Plan) – this is the national process used by the NHS Ambulance sector to measure / identify pressure.

REAP level one	Steady state
REAP level two	Moderate state
REAP level three	Severe
REAP level four	Extreme pressure

Each level has a set of actions which include changes to command & control / use of resources / prioritisation of activities / support for wider partners.

At the end of January SCAS moved to REAP 3 – this was linked to a reduction in demand, however the staff challenges remain.

Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like. This is significantly impacted by the staffing challenges.

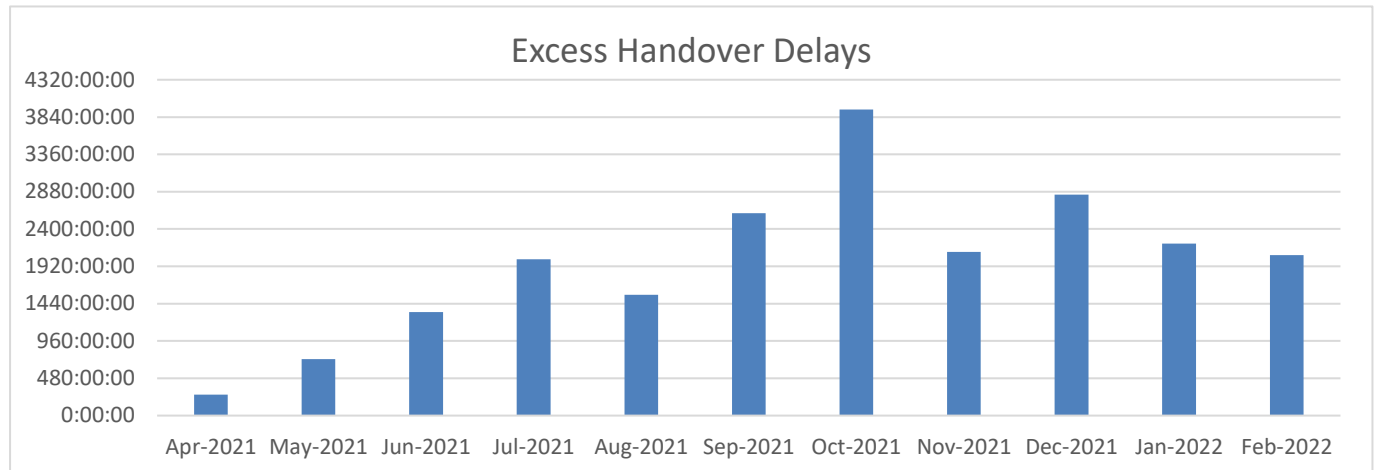
There is a focus and a number of actions in train for the system as a whole, to support the patients receiving the right care in the right place, first time.

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

Whilst there has been some improvement over the past few months, hospital handover delays remain a significant challenge to the SCAS service delivery.

The delays are measured to a national standard of 15 minutes from the arrival at hospital to the handover of the patient. The time lost is where a patient is unable to be handed over within the 15 minutes. The result is that SCAS resources unavailable to respond to other patients in the community who have called 999 during this time.

Hours lost at QA Hospital:



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

The system is currently part of some national work to improve this position.

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Agenda Item 5



Portsmouth HOSP – Solent NHS Trust update for March 2022

1. Covid-19 – Response to Omicron Variant

1.1 In November 2021 the first case of the Omicron variant was detected in South Africa and as infections rapidly increased globally throughout December, NHS organisations were instructed to enter a state of preparedness. Early modelling suggested that infections could reach 2.5 times that of the January 2021 peak and that organisations could expect staff sickness level of up to 30%.

1.2 As a Community Trust, our response was focussed through our Adults Portsmouth and Adults Southampton service lines, predominantly supporting the urgent and emergency care pathways and our acute partners, Portsmouth University Hospital and University Hospital Southampton.

2. Inpatient Bedded Capacity

2.1 Additional capacity across Solent inpatient units was stood up in early December 2021 to meet expected winter pressures, higher acuity patients and provide surge capacity to the PSEH and SSW systems to support timely hospital discharges. This increased our total community bedstock by 18%.

2.2 Throughout January, occupancy rates for our community beds have largely exceeded the optimum range of 92% - 95% which is considered a critical metric to system flow.

2.3 In early January, Solent opened 5 additional beds at Jubilee House in response to the flood at QA Hospital.

3. Medically Optimised for Discharge (MOFD)

3.1 MOFD is an important measure for us to focus on and as a system we continue to discuss the correlation between the number of MOFD patients, acute hospital occupancy and any resulting performance challenges such as ambulance handovers. The longstanding joint working between Solent and Portsmouth City Council has resulted in good performance against our collective discharge targets since the new year.

4. Urgent Community Response

4.1 Clinical capacity has been expanded within PRRT in Portsmouth to provide fast, responsive Urgent Community Response Services (including virtual wards) and senior staff have been redeployed to work within the SCAS call centre to direct appropriate patients to these services avoiding conveyance to hospital.

5. Planning for Super Surge Response

5.1 Solent's community services in Portsmouth have been preparing for a move to the next stage of response, providing super surge capacity for the PSEH system. Whilst

the national and local modelling to date does not indicate that super surge capacity is currently required, the service remains on standby.

6. Mass Vaccination Centres

6.1 In response to the Omicron variant and a push to get local communities' urgent access to COVID-19 vaccination ahead of the national target date of 31 December 2021, surge capacity was stood up in the Mass Vaccination Centres across Hampshire and the Isle of Wight (HIOW) on the National Booking System (NBS).

6.2 Additional workforce was sourced from a number of areas; redeployees, bank staff, voluntary organisations, Hampshire Fire & Rescue and the military, alongside additional support from the workforce bureau.

6.3 In addition to the capacity on NBS being increased, sites offered walk-in appointments for anyone aged 12 and above, for 1st, 2nd and booster vaccinations.

6.4 The additional surge capacity was stood down in January 2022 and sites reverted to previous capacity levels whilst the service expanded the community outreach service, bringing vaccination to the heart of our communities and under-served populations across HIOW.

7. COVID-19 infusion service

7.1 A COVID-19 infusion service has been introduced at St Mary's Hospital in Portsmouth, to run initially for six months.

7.2 The service is for at-risk patients who have a positive COVID-19 result, are symptomatic and have certain medical conditions that may result in a higher risk of hospitalization.

7.3 Solent NHS Trust's involvement is supporting community patients to receive their infusions in hospitals closer to (and eventually at home) rather than acute hospital settings.

8. The Harbour

8.1 The Harbour – a remote, out of hours mental health crisis service – launched mid-September for people living in Portsmouth, Fareham, Gosport, Havant and East Hampshire is now expanding.

8.2 The service, which is being piloted for 12 months, has now entered its second rollout phase, expanding from [3 to 7 evenings a week](#) with the aim to reduce the number of people who use the emergency and acute mental health services by preventing people reaching crisis point.

9. Family Assist Solent

9.1 Solent NHS Trust's Child and Family Services has launched an online portal to help parents and families access inform and support during pregnancy, birth and beyond, all written and approved by local health professionals.

9.2 The digital portal – Family Assist Solent – can be accessed at any time, from a phone, tablet or PC, and will deliver key pieces of information by e-mail to registered

users at the relevant stages throughout pregnancy and the different stages of a child's life. [Read more](#).

Suzannah Rosenberg
Chief Operating Officer, Solent NHS Trust
16 February 2022

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Agenda Item 6



NHS Portsmouth CCG Headquarters
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Portsmouth
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4 March 2022

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

Dear Cllr Holder,

Update letter for HOSP - March 2022

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

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

Health and Care Portsmouth update

Integrated Care System (ICS)

On 24 December, due to existing national pressures linked to the Omicron coronavirus variant, and to allow for sufficient time for the Health and Social Care Bill to make its way through the final stages of Parliament, a new target date was announced for new statutory arrangements for the ICS to take effect. It is now anticipated that this will be on 1 July 2022 (instead of the previously agreed 1 April 2022).

Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:

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

The Health and Care Bill places a requirement that Hampshire and Isle of Wight ICS will establish an Integrated Care Partnership as a joint committee of five statutory and equal partners: Portsmouth City Council, Southampton City Council, Isle of Wight Council, Hampshire County Council and the Hampshire and Isle of Wight ICB. The purpose of the Integrated Care Partnership is to develop a strategy (which will be called an 'Integrated Care Strategy') for Hampshire and Isle of Wight describing how the assessed needs of the population will be met by the ICB and the responsible local authorities.

The intention in Hampshire and Isle of Wight is that the ICP also includes and involves a broader alliance of partners and representatives who contribute to improving the health and wellbeing of local communities. The programme to establish the ICP is led by the Chief Executive Officers for each statutory organisation.

Due to the delay announced in December, current statutory arrangements will remain in place until 1 July 2022, with the first quarter of 2022/23 serving as an extended preparatory period. In effect, this means Portsmouth Clinical Commissioning Group will remain in place until the summer. The arrangements for the ICB and its associated governance will be finalised in time for July 2022 and will evolve over time.

From the start of July, subject to legislation being approved, assets and liabilities of Portsmouth CCG will transfer to the new ICB. This means, in effect, the day-to-day business and staff of the CCG will transfer to the ICB and all existing functions and ways of working will subsequently move across. We continue to work with Hampshire, Southampton and Isle of Wight CCG (HSIOWCCG) colleagues to ensure safe transfer of staff and contracts into the new organisation.

System pressures

As a result of continued winter pressures, and the move to National Major Incident Level 4 (to mobilise support for a potential COVID-omicron outbreak in November 2021), there have been continued system pressures across Portsmouth and South-East Hampshire, resulting in high bed occupancy at Queen Alexandra Hospital and, as a result, the hospital has been experiencing ambulance handover delays.

Partners across the system have taken a proactive, multi-agency response through the Portsmouth and South-East Hampshire (PSEH) Urgent and Emergency Care Improvement Programme, which includes taking part in two national pilot schemes to:

- Improve timeliness of ambulance handover, and
- Improve the ease of discharge.

The PSEH Urgent and Emergency Care Improvement plan focuses on:

- Admissions Avoidance - includes increasing capacity in primary care, maximising capacity in urgent treatment centres, delivering a communications campaign around 'choose well' messaging, increasing capacity and uptake of virtual wards and more.
- Increasing capacity and flow - includes an ambulance rapid release national pilot and increasing bed capacity through Southern Health NHS Foundation Trust, Solent NHS Trust and other partners.
- Timely discharges - includes national pilot on increasing efficiency in appropriate patient discharge.

We are also working closely with communications colleagues to ensure appropriate and timely messages to residents about where to get help if needed i.e., 111 online, urgent treatment centres (UTCs) and self-care. A video showcasing how a UTC works, local opening times and how to access the sites, is currently being investigated to share on social media, websites and in resident e-newsletters.

Primary care

Access to GP practices

GP practices continue to offer a mix of remote and face to face appointments for patients as appropriate. The overall number of appointments for April to December 2021 was very close to pre-pandemic levels for the same period and practices have balanced delivery of the COVID vaccination programme with the on-going care needs of patients. National guidance has been followed in regard to clinical prioritisation during the pandemic and now that demand under the booster programme is reducing there is an expectation that any backlog associated with routine care is addressed over the coming weeks and months, particularly as more patients may come forward.

The Winter Access Fund (WAF) has provided for some additional capacity over the winter period to support practice resilience in delivery of services. This includes GPs, nurses, healthcare assistants and some non-patient facing staff, enabling practices to run clinics that they would otherwise have not had the resources for. The extra sessions have been provided through a mixture of locums, additional hours undertaken by the practice teams, and an alternative provider offering remote consultations. The WAF has also seen practices enhance their capacity through innovation and by adopting more efficient solutions. Examples include the purchase of equipment, which has supported faster and more accurate monitoring/diagnosis, and the implementation of new technology to support more efficient processes for pathology.

Ease of telephone access to the surgery continues to present a challenge for some patients and this is being tackled through the WAF to assist practices to move to modern cloud hosted telephony systems. These systems will provide improved and more resilient telephone access for patients whilst providing increased functionality, control, and visibility to practices. Practices are currently reviewing their needs and are able to submit bids during March 2022.

Individual practices

North Harbour Medical Group

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

Planning permission has been submitted and it is hoped approval will be approved in March 2022. The business case remains with NHS England for final approval. The projected completion date is spring 2023.

UniCity Medical Centre (previously University Surgery Practice)

Refurbishment work to the new UniCity Surgery Practice premises in Commercial Road has been slightly delayed by electric and internet connectivity issues which are currently being resolved. Completion is now expected in late April 2022. The practice will move in shortly afterwards.

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

John Pounds Surgery

We have been working closely with the Lake Road practice group, Portsmouth City Council, the HIVE and local residents to look at increasing the opening hours at the surgery, which had reduced due to COVID and some long-standing challenges in relation to the lease and the capacity challenges within primary care. Progress is being made with the lease and there is ongoing discussion with the Practice and the council.

Support for asylum seeker accommodation

Since 3 February, Portsmouth CCG and Trafalgar Medical Group Practice have been supporting, and continue to support, the Home Office and refugees arriving in the city. This is by providing medical support to families in need who have been provided with temporary accommodation at a private hotel while their applications are being processed.

Dentistry

Although the contract for NHS Dental services remains with NHS England/Improvement until 1 July 2022, the CCG are looking to recruit a Dental Transformation Programme Manager to support innovative ideas to improve dental access within the city. From 1 July 2022 to 31 March 2023, it is expected that another ICS will support Hampshire and Isle of Wight before full control is passed to HIOW ICS on 1 April 2023.

COVID response

Vaccination programme

Shortly after our last update, there was a national ask across the NHS to support the vaccination programme in light of the Omicron variant. This included redeployment of staff, a significant roll out of vaccinations through primary care, and the establishment of pop-up vaccination clinics in partnership with Solent NHS Trust.

As of 1 March 2022, 162,228 Portsmouth CCG patients aged 12+ have received their first dose of the vaccine with 151,257 having their second. This equates to 80.2% and 74.7% of the eligible population (individuals aged 12+) respectively and is a significant increase since the last update, seen below. However, the most impressive increase is the number of individuals who have taken up the offer of the booster dose, where almost 57% of individuals aged 12+ have now had their booster. When we look at those who are actually eligible for their booster, this increases to 80.5% having received one.

	1 March 2022		10 November 2021 (last HOSP update)		Difference
First dose	162,243	80.2%	155,801	77.0%	+3.2%
Second dose	151,347	74.8%	141,072	69.8%	+4.9%
Booster or third dose	115,174	56.9%	30,111	14.9%	+42.0%

In addition to the mass vaccination site at St. James' Hospital, which is accessible via 'walk in' 8am-8pm, 4 days a week (including weekends), the universal offer through Primary Care Networks and the pharmacy offer through Laly's and Goldchem, we are delivering a roving/pop-up model in partnership with public health colleagues and Solent NHS Trust. The pop-up model is being used to target geographical areas where we know take-up is low, and running targeted clinics to specific communities i.e., people experiencing homelessness, students, people experiencing substance misuse. We also know there is low uptake in specific ethnic groups (most notably Eastern European, Black African and Black Caribbean) and are running pop-up clinics targeted at these communities, offering translated materials, utilising community champions, engaging on the ground and trialling clinics in different settings i.e., churches/mosques/football grounds.

Throughout January and February, in partnership with Solent NHS Trust:

- 64 pop-up vaccine clinics have been delivered across Portsmouth and South-East Hampshire
- 2,335 vaccines have been administered, including:
 - 17% first doses
 - 27% second doses
 - 56% booster doses
 - 0.1% immunosuppressed fourth doses
- Vaccine clinic locations include Fratton Park, Cascades Shopping Centre, Jami Mosque, Gunwharf Shopping Centre, libraries, community centres and churches.

More vaccine clinics are planned for the coming days and weeks including confirmed clinics at The Salvation Army, The Royal British Legion, Tesco North Harbour and more. Planning for the clinics is expected until the summer.

Uptake also remains low among younger people (18-24) particularly in more deprived communities. To address this, we've established a working group for a specific geographical area (Somerstown) to adapt a new approach based on local knowledge and insight. This group has already begun to identify key insights in relation to young people and students - lack of interest in getting vaccinated now that there is no need to prove vaccination status; sense that they are not at risk so no need either; continued concerns around fertility, for example.

Community conversation insight gathering is also happening with community groups, voluntary sector organisations, small informal groups and others to identify some of the barriers, issues and ideas people may have to support increases in uptake.

Yours sincerely,

Jo York
Managing Director
Health and Care Portsmouth