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# NOTICE OF MEETING

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## HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 16 SEPTEMBER 2021 AT 1.30 PM

## VIRTUAL REMOTE MEETING

Telephone enquiries to Anna Martyn - Tel 023 9283 4870  
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### Membership

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

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

### Standing Deputies

Councillor Ryan Brent  
Councillor Stuart Brown  
Councillor Lee Hunt

Councillor Kirsty Mellor  
Councillor Gemma New  
Councillor Ian Bastable

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

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

### AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting - 24 June 2021 (Pages 3 - 10)**

The minutes of the previous meeting held on 24 June 2021 are attached for approval.

**4 Portsmouth Hospitals NHS University Trust update (Pages 11 - 14)**

Mark Orchard, Chief Financial Officer, and Dr John Knighton, Medical Director, will answer questions on the attached report.

**5 Hampshire & Isle of Wight Partnership of Clinical Commissioning Groups update (Pages 15 - 20)**

Jane Ansell, Senior Responsible Officer, will answer questions on the attached report.

**6 Integrated Care System update (Pages 21 - 24)**

Paul Gray, Director of Strategy, will answer questions on the attached report.

**7 Public Health update (Pages 25 - 40)**

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

**8 Southern Health NHS Foundation Trust update (Pages 41 - 48)**

Nicky Creighton-Young, Director of Operations, Portsmouth & South East Hampshire Division, will answer questions on the attached report.

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 24 June 2021 at 1.30 pm at the Virtual Remote Meeting

### Present

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

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

Apologies for absence were received from Councillors Rosy Raines and Matthew Atkins.

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

There were no declarations of interest.

#### **18. Minutes of the Previous Meeting - 18 March 2021 (AI 3)**

The panel agreed to defer agreeing the minutes until the next face to face meeting.

#### **19. Update from South Central Ambulance Service (AI 4)**

Tracy Redman, Head of Operations South East, introduced the report. She said that it had been an interesting year and that SCAS had needed to adapt some ways of working in line with the national guidance, which had been a challenge. All staff who wished to have the vaccine were now fully vaccinated.

SCAS are seeing around a 10% uplift in demand to the 999 services in the last few weeks. This is a national challenge. SCAS are working closely with PHT and the system to address challenges.

In response to questions Ms Redman explained that:

Petersfield Hospital has always been an option for ambulance traffic and with it becoming an urgent treatment centre it allows them to see different types of patients. There is already a route in for ambulances and more patients would be able to be taken there, but there is a strict criteria SCAS have to follow to do that.

Tracy felt that SCAS had returned to normality following Covid and the significant increase in demand they are seeing is not Covid demand. SCAS

are therefore trying to ascertain if this the new normal and if so what they need to do to manage this. There are a number of factors playing into that, for example, primary care demand and how this is functioning currently. She felt that SCAS were still learning how they can manage going forward if this is the new normal.

Tracy explained the various performance categories. Category 1 patients are the most poorly patients. The green figures are those meeting the national target and red figures are those outside the target. The figures in black are not measured nationally only locally.

HOSP wished to pass on their thanks to Tracy and her team during the Covid pandemic.

**RESOLVED that the report be noted**

**20. Update from Adult Social Care (AI 5)**

Andy Biddle, (Director, Adult Social Care) introduced the report and summarised the main points.

In response to questions Mr Biddle explained:

He was unsure whether Portsmouth City Council liaised with the Safeguarding Officer at East Hants District Council and Havant Borough Council and said he would find out. Portsmouth did have a lot of contact with the local authority adult safeguarding boards. There was also a lot of contact with Hampshire County Council who would cover safeguarding adults within South East Hampshire.

With regard to the £5.5m additional funds to care sector and information about what proportion of this will be used to support care homes, domiciliary care and day service providers, Mr Biddle said he would provide this to the panel outside of the meeting.

The Independence and Wellbeing team and some staff from day services were redeployed to the HIVE to make sure medication and food was distributed to those who were vulnerable or shielding. There are several contracts with voluntary and community sector organisations in the city and officers are looking at how to manage those contracts and co-ordinate this; the HIVE have been involved in this through the Better Care Fund procedures. This is partly contractual and partly as a response to Covid. Mr Biddle said he could provide a breakdown of where PCC contract with the voluntary sector and whether there has been a change in the percentage of contracting through the pandemic.

Adult Social Care have seen a lot more people coming through the discharge to assess route. The Southsea Unit on the first floor of Harry Sotnick House provides a broad discharge to assess destination and people spend a couple of weeks getting back on their feet. There is also the Gunwharf Unit which is for those people who had a positive Covid status coming out of hospital and could not return to a care home environment until a period of 14 days

isolation. ASC have also seen a reduction in lost bed days and have seen people being delayed for less time. He could provide these figures to the panel.

Mr Biddle said he was not entirely sure of the reason for the significant increase in police referrals for safeguarding. ASC tend to see colleagues in other services who have a concern about someone; they look at these referrals and acknowledge them. He said it may be related to the easing of lockdown as there are less restrictions and people may see people at risk. Until we look through and can categorise that was as precise as this could be. Councillor Smyth said that Councillor Kirsty Mellor was the champion for domestic violence and recommended that Mr Biddle have a conversation with her. He said he was happy to do this.

In terms of building capacity for co-production, officers know there are lots of services and support available and a number of connections that could be made with groups. There is a funding challenge and whatever the national plan we will still have to rely on people and their resources to ensure the care is proportionate. Bath and North East Somerset have done this remarkably well.

In terms of ASC issues that HOSP should be aware of, Mr Biddle felt that a national plan for ASC was needed. He felt that the service could not keep relying on council tax increases to fund ASC as this was not proportionate and did not take account of inequality. The guidance is fairly old now and a national plan was needed and the LGA, provider associations are all pushing for this.

For Portsmouth, he said he was concerned with the 3% increase in domiciliary care from a funding perspective. He was also concerned about the strain on the NHS this year to maintain the flow out of the hospital and how to stop people going to the hospital unnecessarily. ASC want to get domiciliary care in a more modern and responsive place. There was a project; however, this was put on hold due to Covid. It was hoped to move to a more responsive service for families.

The panel said that given the importance of the national reform of the social care system, the HOSP should write to ministers to say that this is a real priority to hope to move them to action.

**RESOLVED that the update be noted and a letter be written to ministers**

**ACTIONS - Andy Biddle to provide the following information to the panel:**

- **Re the £5.5m additional funds to care sector - information about what proportion of this will be used to support care homes, domiciliary care and day service providers?**
- **Any information on how those funds will help support the private voluntary sector and council run provision**
- **Provide a breakdown on where ASC do contract with the sector and whether there has been a change due to the pandemic.**

- **How many hospital discharges are being dealt with by the discharge to assess initiative and are there any figures?**

**21. Care Quality Commission - update on Provider Collaboration Review (AI 6)**

Sarah Ivory-Donnelly, Inspection Manager, introduced her report.

In response to questions she explained that there are several reviews completed a year that focussed on different areas. The CQC try to pick out nationwide what is working and what is not working. There will never be a guidebook about what best practice is from the CQC, as it does not tell people how to tell people what they are doing. This is more the role of the GMC and specialist colleges. One of the directions the CQC is going in is to highlight best practices across the nation. CQC reports are changing to make them shorter and more succinct and highlighting what is particularly good and not good.

The CQC are looking more generally about effectiveness which is one of the five areas reviewed. The CQC do not have the power to comment on commissioning which is why they are currently looking at systems in the way that they are. The CQC does not currently have the same powers looking at a system compared to looking at an individual provider or location.

She was not able to summarise the main lessons as separate reports had not been published; the report is a national report. The CQC have fed back directly to the system. Commissioners are able to view the details to take on board feedback.

Ms Ivory-Donnelly said there were discrepancies with oral health over the nation with regard to who opened during the Covid pandemic and this was an area where people did not receive the care they needed. She said she did not know if oral health had looked at the difference in providers but was happy to go to her contact in oral health and provide a response - ACTION

**RESOLVED that the report is noted.**

**22. Hampshire and Isle of Wight Integrated Care System update (AI 7)**

The report was introduced by Richard Samuel, Director of Transition and Development. He explained that the release of the ICS design framework was published late the previous week. This is cornerstone guidance to allow the ICS to start to work to co-produce the arrangements for the integrated care system for Hampshire and the Isle of Wight. Supplementary guidance would also be expected over the course of the next month. He also added that they are awaiting a decision from the Secretary of State with regard to the boundary of the Hampshire and Isle of Wight ICS. In north east Hampshire the population is currently under the Frimley ICS but there is a proposition as to whether the north east Hampshire population will be returned under the auspices of the Hampshire and Isle of Wight Integrated Care System from April 2022.

In response to questions, Mr Samuel explained that:

Provider collaboratives are groups of health providers who come together to improve services through greater scale and resilience. They are self-created rather than imposed. He would envisage third sector and other partner organisations would be part of this, but he could not yet confirm as they are still in a development phase. There is an acute physical health provider collaborative looking at opportunities to drive quality and efficiency. They anticipate there will be provider collaborative operating along with mental health and disabilities as well. Mr Samuel added that he anticipated significant changes to the legislation regarding the procurement regulations affecting health which will allow the ICS to make decisions to partners which avoids the need to make procurement decisions. This might be something that the third sector would be gratified to hear.

Hampshire and the IOW are leading the way nationally for personalised care. The ICS has four core aims, three of which are orientated towards tackling inequalities, empowering citizens and building social and economic growth for local communities. Over the course of this year it will be incredibly important to ensure that the citizens' voice is hardwired in the development of the partnership which will set the overarching strategic ambitions around health and wellbeing for Hampshire and the Isle of Wight. There is design principle and the focus over the next nine months is simple, evolutionary, local where possible. Members felt that we could do better with the involvement of citizens and carers and better in measuring the effect of those systems on outcomes.

It is not anticipated the legislation around Health and Wellbeing Boards will change. The ICS have been working with HWB chairs and chief executives and all four authorities remain committed to the principle of HWBs being the core architect of identifying the population needs and setting the strategic objectives.

Mr Samuel felt it would be timely for the HOSP to call in for a conversation about population health insight and capability. The ICS have just mobilised a population health and management function across Hampshire and the Isle of Wight and are piloting a number of primary care networks in Portsmouth. This would identify where individuals might be experiencing fewer inputs and fewer access points into health and tracking those outcomes.

The panel agreed that it would be sensible to have this on the agenda for the next meeting - ACTION

With regard to the Guildhall Walk Healthcare Centre Special Allocation Scheme, Mr Samuel said he would check with colleagues how this would be monitored and respond to the panel.

**RESOLVED that the update be noted.**

**23. Update from Solent NHS Trust (AI 8)**

Suzannah Rosenberg introduced the report and said that she wanted to draw attention to the Jubilee House update. Things have changed in Portsmouth, in particular, Portsmouth City Council opening the top floor of Harry Sotnick House for discharge to assess provision, which had been a real benefit for patients coming out of QA Hospital in a timely way. She felt they were fast approaching the point for partners to be able to say what the best configuration of community beds was for the population.

Ms Rosenberg asked how the panel would like to receive an update from these conversations, which would be concluded very shortly. She suggested an email update be circulated to the panel and the panel were happy with this. It was suggested that at the September meeting the HOSP are asked that they have read the email.

**RESOLVED that the update be noted.**

#### **24. Guildhall Walk Healthcare Centre update (AI 9)**

The report was introduced by Jo York, Managing Director NHS Portsmouth CCG.

In response to questions Ms York explained:

With regard to the Special Allocation Service, they are continuing to work with other CCG's and PHL, the current provider, to see how the service can continue. The site may change but the service will continue.

Through Covid the NHS has developed alternatives to normal face to face provision, particularly in primary care and to move to a total triage model. This was something that was being worked on pre-Covid to explore different types of access to primary care, whilst recognising that some of that demand can be managed digitally or through telephone triage. All practices work very differently but GPs are now seeing patients face to face where there is a clinical need. In Portsmouth, working with Solent NHS Trust and primary care practices, an example of how the CCG have been working differently is the set-up of a primary care musculoskeletal service. This means that a patient can self-refer directly to the physiotherapist rather than having to go through their GP, and for urgent physiotherapy issues they can be triaged on the day by a physiotherapist when they phone their GP practice.

With the Guildhall Walk practice the CCG have been managing those patients where they know there are practices with additional capacity in the city and the CCG will continue to work with the practices to ensure they are supported to take on additional patients. The CCG will also continue to work with primary care through the Primary Care Networks (PCNs) to look at access moving forward, recognising there are issues and challenges with e-consult. GP practices are also seeing different types of queries coming through the e-consult service, creating additional demand due to its convenience.



The Guildhall Walk practice does not offer a walk in service as it did previously for non-registered patients, this service stopped a number of years ago. The practice does have quite a young, transient population which does bring different challenges. The CCG have worked with Portsmouth University and the Uni City practice with regard to taking on some of the patients from the Guildhall Walk practice. The CCG are working with the University and Uni City practice to ensure the correct services are in place. One thing the university has told them about is a need for mental health support, so the CCG is working with them and the Uni City practice about how to move that forward. The CCG has also just confirmed that the former practice manager from the Queens Road surgery, who has experience of closing down a practice, will work with the Guildhall Walk surgery to oversee the transfer process and ensure everything goes smoothly.

Those patients who have not expressed a preference will be allocated a practice. They will transfer and be informed of their new practice by letter. If they have any concerns they can contact the CCG through the dedicated inbox. The CCG are working with all patients of Guildhall Walk to ensure the transfer happens smoothly. If a patient moves practice and they feel it is not the right fit for them, they can move practice again through the usual process.

**RESOLVED that the report be noted.**

**25. Health and Care Portsmouth/CCG update (AI 10)**

The report was introduced by Jo York, Managing Director, Health and Care Portsmouth.

In response to questions Ms York explained that:

With regard to the facility for Long Covid patients, the CCG are commissioning the service and working with providers across Hampshire and the Isle of Wight based on a multi-disciplinary team clinic. Any GP can refer into that service. This is a very new area in development linked to services such as chronic fatigue services as a lot of the symptoms are similar. There is a lot of research going into this service recognising that Long Covid is still fairly new. An app has been developed for patients to track their symptoms to better understand how to support them.

**RESOLVED that the report be noted.**

The formal meeting ended at 3.27 pm.

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Councillor Ian Holder  
Chair

# Agenda Item 4

## **Portsmouth Health Overview and Scrutiny Panel Portsmouth Hospitals University NHS Trust update 16 September 2021**

### **Introduction**

This is an extremely busy period for the organisation across all our services. We continue to see an increasing number of patients than usual attending our emergency department and regularly care for an average of 330 patients a day with just under half of those arriving by ambulance. This non-elective demand continues to increase and is also being seen across many other areas of the country.

Maintaining safe and effective services whilst under severe pressure from increasing non-elective demand remains a priority, alongside continuing our focus on the health and wellbeing of our colleagues across PHU.

As a result of the significant and sustained increase in patients attending the emergency department at QA, we continue to encourage patients to make the right decision in terms of where they attend to receive treatment or support, in order to aid social distancing in the ED.

This includes the NHS 111 service where patients are advised to contact 111 either by phone or online before attending ED, unless it is a life-threatening emergency, so they can be directed to the right service at the right time. NHS 111 is also able to book patients in for a time slot at the ED or direct them to mental health services, urgent treatment centre, minor injuries unit, GP practice, pharmacy or self-care.

Notwithstanding these challenges, development work continues across our site at QA to ensure we can continue to deliver high quality services in efficient, well-maintained and well-designed buildings (see below).

### **Ongoing response to COVID-19**

We are seeing a rise in prevalence across Portsmouth and the surrounding areas and the number of inpatients we're treating with COVID-19 continues to rise. We remain extremely conscious of those in our local communities who have not yet been fully vaccinated, and our duty to care for those who are immunosuppressed, vulnerable, or unable to have a COVID-19 vaccination.

As a result, and in line with other NHS organisations, the infection prevention and control measures we have in place at QA did not change when national restrictions were lifted in July and patients and visitors must wear face coverings, with social distancing arrangements remaining in place throughout our sites.

### **Recovering elective services**

We are seeking to manage increases in planned activity in order to recover our services and return to normal non-elective activity, as well as planning for potential further impact of COVID-19, while embedding transformation to sustain improvements for the long term.

An elective recovery fund has been established as part of the national planning guidance to support services recovery by attaining set national thresholds compared to 2019/20 levels.

It will take a considerable amount of time to fully recover to pre-pandemic waiting times for patients, however we are assessing patients' clinical needs to ensure those requiring the most urgent care, including cancer services, receive it as quickly and safely as possible. We continue encouraging people to contact their GP practice with any concerns around their health.

We continued providing urgent and cancer treatments throughout the pandemic as we understand the impact delay could have had on patient care and outcomes. We continue to work closely with our partners across Hampshire and the Isle of Wight to respond to the COVID-19 pandemic. In addition to the elective recovery fund, £160 million of NHS funding was announced earlier in May to support 'elective accelerator' sites. A share of that funding has been secured for Hampshire and Isle of Wight ICS to support the implementation and evaluation of innovative ways to address elective recovery for the benefit of our patients and population.

### **New emergency department**

Our new emergency department received outline planning permission from Portsmouth City Council in July and we submitted our outline business case (OBC) to NHS England and Improvement the same month.

Clinical and non-clinical colleagues and teams were closely involved in developing the OBC, which describes in more detail the strategic, economic, commercial, financial and management cases for the programme. The purpose of the OBC is to seek approval for investment in the new ED capital project, which will align and support the new emergency care clinical model (below). The OBC has been developed with support from the Hampshire and Isle of Wight ICS to ensure the future of emergency care services within the Portsmouth and South East Hampshire system.

### Development of the preferred site

The Trust has undertaken detailed option appraisal and have identified the east car park as the most appropriate location in the QA site to design and build the new facility. The ED will comprise three levels:

- Level A – a staff car park which will retain at least 200 of the existing 522 staff spaces in the existing east car park
- Level B – clinical facilities (majors, urgent care, paediatrics, radiology and resus) on level B, with direct access from Hunter road for ambulances.
- Level C – will include rest areas and wellbeing space for staff, as well as training rooms, relaxation space, changing facilities and office space.

### Timeline

Work now continues to develop the full business case which, subject to national approvals later this year, is scheduled for submission in Spring 2022 for national approval in Autumn 2022. Thereafter, the construction period is a full two years with the new facilities planned to open to patients ahead of winter 2024.

### Patient and public engagement

The capital investment will enhance the current provision of services, rather than changing their nature. The level of staff, patient and public engagement to-date has been recently limited by our significant role in the NHS response to the COVID-19 pandemic, however wide-ranging engagement activities will be restarted and undertaken to inform the detailed design, and we remain committed to continuing to engage with patients, the public, staff, committee members, partners and our communities, working with other statutory and voluntary and patient organisations.

### Developing a new model of care

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

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

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

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

### **Wider improvements to the Trust estate**

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

In March 2021, we started construction on a new two-storey ward building on the north car park site, a vital component of our wider plans, in collaboration with partners across Portsmouth and South East Hampshire, to make sure that patients who need urgent care are able to access it more quickly. It is also key to increasing resilience to support our existing partnership with the Isle of Wight NHS Trust.

In the same month, Portsmouth City Council approved our plans for the Trust to build a multi-storey car park alongside the new ward, which will ensure we are providing much needed parking for patients and visitors in the future.

We are also making improvements to enhance the physical environment across the QA site to increase biodiversity and improve the experience of our patients, visitors, and staff. Works

have recently been completed to develop two of the hospital's outdoor spaces for the benefit of patients, visitors, and colleagues.

The 'garden of life' opened earlier this year for patients and staff to relax and enjoy the beautifully landscaped garden.

The deck outside the paediatric department has been recently landscaped to include improved planting along the borders and inclusion of new play equipment, and a shade to enable the space to be better used during periods of hot weather.

**Further updates**

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

# Agenda Item 5



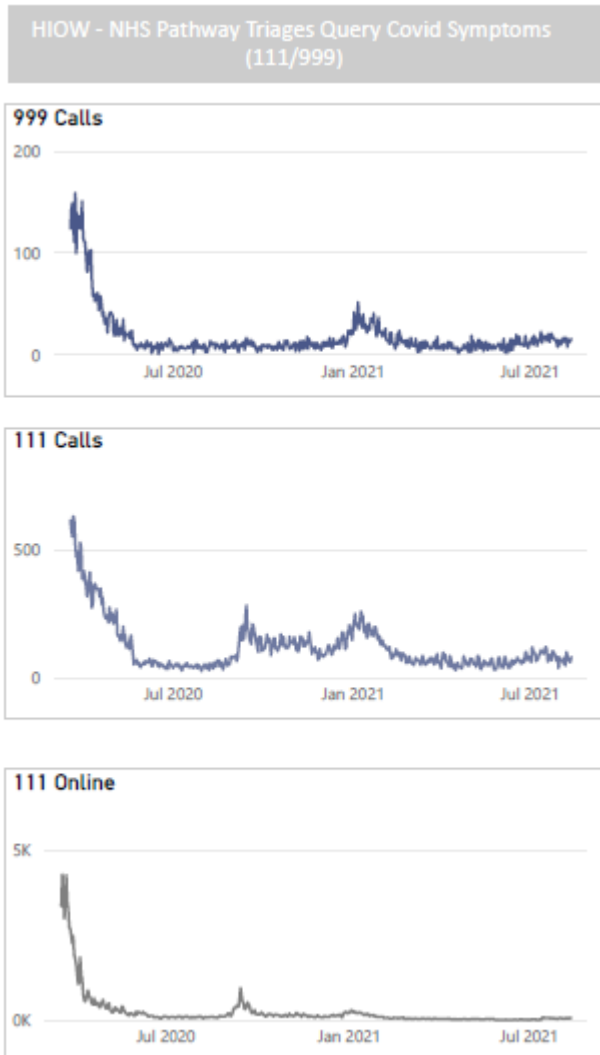
## Hampshire and Isle of Wight NHS response to COVID-19 Update Briefing for HIOW Overview and Scrutiny Committees/Panels September 2021

### 1. Introduction

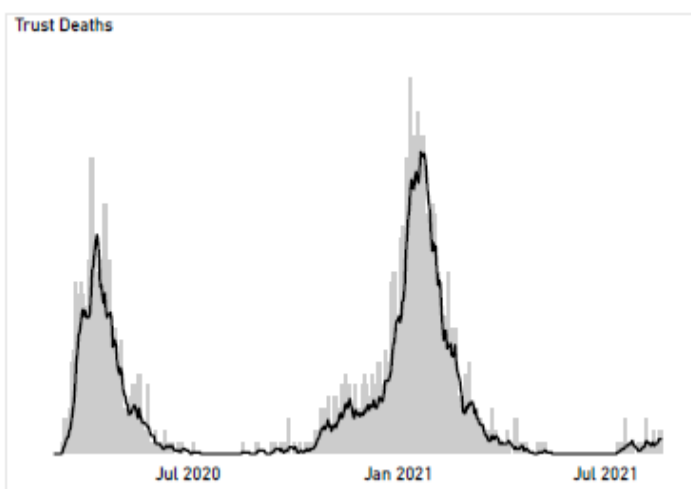
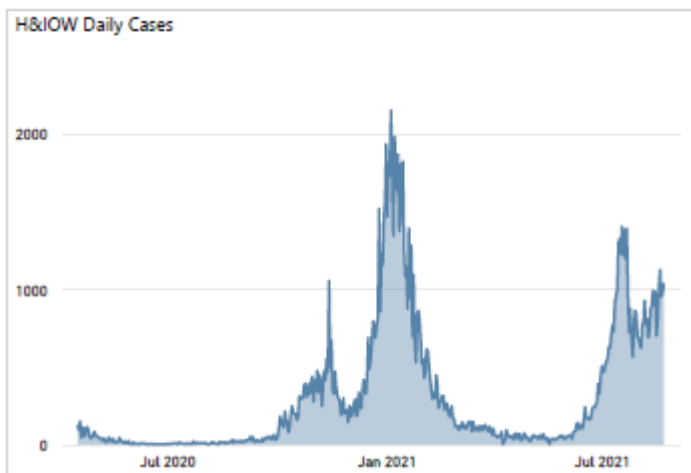
This paper provides an update on the impact to date of the pandemic on Hampshire and Isle of Wight and planning, the COVID-19 vaccination programme and recovery of services, including increases in planned activity.

### 2. Impact of COVID-19 in Hampshire and the Isle of Wight

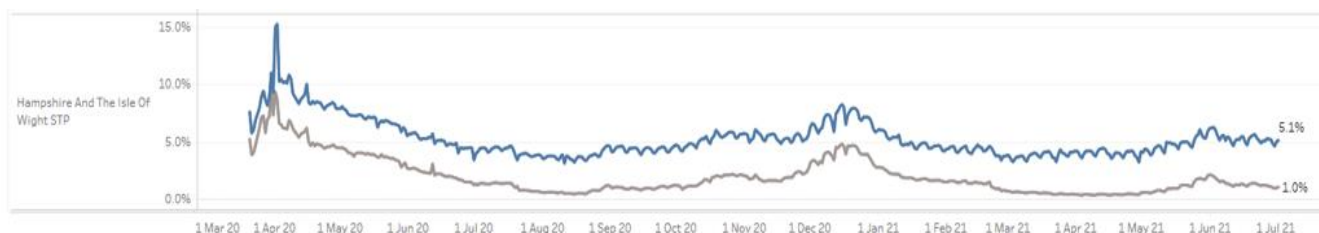
The following graphs show the number of NHS 111 calls, NHS 111 online contacts and 999 calls with potential COVID-19 symptoms.



The following graphs show the number of daily COVID-19 cases and the number of deaths in acute trusts across Hampshire and Isle of Wight due to COVID-19.



The following graph shows the daily staff sickness rate across Hampshire and the Isle of Wight.



As at 25 August, the staff absence rate is 5.1% for all staff absences, which is an improvement on previous highs of 8.8%. Sickness related to Covid-19 sickness or self-isolation is currently at 1%.

We continue to do all we can to ensure that we are supporting our staff. A wide range of support continues to be available, including mental health and wellbeing programmes and bespoke support for all staff groups.

Our primary care colleagues continue to do incredible work to respond to patient need, both COVID-19 and non-COVID related. This is against the backdrop of increasing demand, and while continuing to play a significant role in the delivery of the COVID-19 vaccination programme across Hampshire and the Isle



of Wight. Face-to face appointments are available for those who need them, and primary care continues to provide access via telephone and online via eConsult where appropriate.

Our community mental health teams continue to work closely together to supported discharge services, early intervention services and keep our patients safe in the community under incredibly challenging circumstances.

The number of patients with COVID-19 being cared for in hospital reduced to very low levels by the end of May (46). Since the Government moved to the next phase of its roadmap on 19 July, we have seen numbers rise steadily. As of 23 August, there were 139 patients with COVID-19 being cared for across all four hospital sites in Hampshire and the Isle of Wight. The largest increase in COVID-19 cases identified in the last 30 days is predominantly in the 15-24 year old age groups.

We continue to work closely with our health and care partners to respond to COVID-19 while also focusing on the continued recovery of services and local delivery of the vaccination programme. We are monitoring the situation closely and ensuring we are as prepared as possible for any potential future impact of the pandemic in our communities, including new variants.

Across Hampshire and the Isle of Wight we have seen a marked increase in non-COVID-19 related demand for care. At present:

- NHS 111 and 999 calls with query COVID-19 symptoms remain comparatively low compared to peak activity during waves 1 and 2 of the pandemic, but 111 calls and 999 calls for non-COVID-19 activity have returned to pre-pandemic levels
- Emergency Department activity volumes have risen to peaks above “normal” levels in June and July – with some days in July being as busy as a normal January period
- Primary care is also exceptionally busy, with ongoing high patient demand and GP practices continue to GP practices continue to work hard to safely deliver care to the population

### **3. Recovery of services across Hampshire and the Isle of Wight**

Elective recovery plans have been finalised by all Trusts, and include additional activity in order to deliver the accelerator bid targets we agreed with NHS England – we are going further, faster for our patients.

We are currently delivering a higher level of activity than the national standard (95% of 2019/20 activity levels), and current data shows HIOW ICS meeting all accelerator standards, with the exception of Day Case activity.

Cancer activity remains strong, with Wessex Cancer Alliance (WCA) second highest nationally and Hampshire and the Isle of Wight the fourth highest ICS. Hampshire and the Isle of Wight continues to exceed the 28 days faster diagnosis standard, however we have seen more challenged performance in June as a result of the expected marked increase in two week wait referrals, which has impacted on 2 week wait and 62 day standards.

A significant programme of investment is underway to sustainably transform mental health services over the next three years for the benefit of our communities, with a particular focus on children and young people.

We continue to work with partners to support implementation of innovative ways to reduce waiting lists wherever possible, while continuing to support on the health, wellbeing and recovery of individuals working across the system.

In response to the challenges presented by the pandemic to the elective care programme in Hampshire and the Isle of Wight, the health and care system continues to work in partnership to:

- innovate, share learning and work with patients to make best use of our existing planned care capacity. This work has included:
  - drawing on insight from national productivity and efficiency tools (such as Get It Right First Time) to maximise patient throughput of, for example, theatres
  - using digital approaches to benefit patient experience and reduce non-value adding activity for example virtual consultations, patient-initiated follow-up and digital pre-operative assessment
  - rolling out best practice pathways of care including the use of 'advice and guidance' to ensure patients are able to access the optimal outcome as rapidly as possible
- create additional capacity - in a co-ordinated and sustainable way that maximises the return on investment. This work has included:
  - accessing capacity in the Independent Sector, creating multi-organisational treatment hubs, and jointly negotiating with providers of capacity to get best value
  - accelerating the creation of a flexible workforce that will be able to support the hub development, administrative support to enhance take-up of independent sector capacity. The workforce element will enable us to build greater resilience into our delivery programme and build a more secure workforce for the future.

#### **4. COVID-19 Vaccination Programme**

We continue to work in partnership to roll-out the COVID-19 Vaccination Programme locally. We are doing all we can to encourage uptake to ensure as many eligible people in our communities as possible are protected from the virus.

Latest figures published by NHS England and NHS Improvement show that as of 26 August, more than 2.54m vaccines have been delivered across the Hampshire and Isle of Wight Integrated Care System (ICS) footprint.

We are incredibly grateful for the dedication and hard work of our partners, colleagues and volunteers who continue to do all they can to support local delivery of the programme.

##### **Vaccinating children and young people**

At the time of submitting this report, the vaccination programme has been extended to 16 and 17 year olds. At-risk children aged between 12 and 15 years old, who are clinically vulnerable to COVID-19 or live with adults who are at increased risk of serious illness from the virus are also being invited to get vaccinated. This follows changes to guidance from the Joint Committee on Vaccination and Immunisation (JCVI).

On 5 August a letter summarising the guidance and operational next steps was published. All remaining 16 year olds and 17 year olds who are not within three months of their 18<sup>th</sup> birthday were

then contacted through letters and text messages to be offered one dose of the Pfizer BioNTech vaccine and we continue to promote uptake to these groups and everyone eligible. We await a national update on whether the vaccine is to be offered to all 12 to 15 year olds.

### **Targeted work to encourage uptake**

Working with our partners we continue to tackle inequalities, addressing individual concerns and circumstances and focusing in specific areas to increase uptake, taking into account demographics such as age, ethnicity and deprivation.

Our outreach work to reduce barriers for people who may be less likely to take up the offer of a vaccine is ongoing, and ranges from walk-ins to pop-up clinics, support for some of the most vulnerable people in our communities and work with community leaders.

We continue to ensure support is in place to support clients of sexual health and HIV clinics to be vaccinated, with appropriate confidentiality arrangements. Clinics have been set up for people receiving support for substance misuse to be vaccinated across the ICS footprint and work is ongoing with local authorities and PCNs to support homeless people to get vaccinated.

Examples of community activity also include the pop-up vaccination clinic held by Solent NHS Trust at Victorious Festival in Southsea for anyone aged 16 and over and a two-day partnership walk-in vaccination clinic at Southampton Guildhall at which approximately 1,700 people were vaccinated on 10 and 11 July. Other recent activities have included walk-in clinics at fire stations across the area and walk-in clinics led by Primary Care Networks, all of which are widely promoted via social and regional media and partners. We are also working with organisers of the Isle of Wight Festival to provide a pop-up vaccination clinic on-site at the event later this month.

We are working closely with our local authority partners to target schools, colleges and universities to encourage more young people to take up the offer of a vaccine as soon as possible.

### **Preparing for phase three**

Our focus shifting towards the COVID-19 booster doses alongside the flu vaccination programme, while continuing to promote the “evergreen” offer of a COVID-19 vaccination for anyone in Hampshire and the Isle of Wight who is yet to receive their first dose for any reason. We are also continuing to encourage uptake and provide second doses of the vaccine for all those recommended by the JCVI to receive them.

Anyone who receives an invitation for a COVID-19 jab, whether for their first or second dose, is urged to act on this as soon as possible. People do not need to be registered with a GP or have an NHS number to be vaccinated, but it is not yet possible to book an appointment via the NBS without one.

For those not registered with a GP or without an NHS number, walk-in and pop-up sites continue to be available and are promoted both via NHS England and Improvement’s website and the Hampshire, Southampton and Isle of Wight CCG website [here](#). Walk-ins and pop-ups also continue to be promoted via our partners, local and social media.

## **Vaccine effectiveness**

A study published by the University of Oxford highlights that obtaining two vaccine doses remains the most effective way to ensure protection against the COVID-19 Delta variant. Conducted in partnership with the Office of National Statistics (ONS) and the Department of Health and Social Care (DHSC), the study found that with Delta, Pfizer-BioNTech and AstraZeneca vaccines still offer good protection against new infections, but effectiveness is reduced compared with Alpha.

## **5. Recommendation**

The Committee is asked to note this update briefing.

**ENDS**

## Update on the development of Hampshire and Isle of Wight Integrated Care System for Portsmouth City Council Health Overview and Scrutiny Panel

September 2021

### Context

1. This paper provides an update on the development of the Hampshire and Isle of Wight Integrated Care System (ICS). This update builds on the briefing provided at the previous meeting of the Panel.
2. Integrated Care Systems were established to bring together providers and commissioners of NHS services, local authorities and other local partners to plan and improve health and care services to meet the needs of their population. The core purpose of an Integrated Care System is to:
  - Improve outcomes in population health and healthcare
  - Tackle inequalities in outcomes, experience and access
  - Enhance productivity and value for money
  - Support broader social and economic development
3. Integrated Care is about giving people the health and care support they need, joined up across public services.
4. The Hampshire and Isle of Wight ICS serves 1.9 million people living in Portsmouth, Isle of Wight, Southampton and Hampshire, and is one of 42 ICSs in England. In Hampshire and Isle of Wight, NHS, local government and voluntary sector partners have been working together for a number of years to improve and integrate care.
5. Place based partnerships, such as Health and Care Portsmouth, are the foundations of Integrated Care Systems. Health and Care Portsmouth brings local partners together to collaborate and to plan and deliver improvements for city residents.
6. The Health and Care Bill is currently making its way through the parliamentary approvals process. The Bill is intended to further support the development of Integrated Care Systems, and make it easier for partners to collaborate to improve health and care for residents. The Bill will establish ICSs (which are currently informal collaborations) as statutory bodies. The functions currently undertaken by Clinical Commissioning Groups will transfer to ICSs.
7. A key aim is to build on and further strengthen local collaboration between partners to address health inequalities, sustain joined up, efficient and effective services, and enhance productivity.
8. Since the last meeting of the committee, further guidance has been published by NHS England setting out the requirements, based on the Bill, that ICSs must deliver in

readiness for 1 April 2022. These technical documents form the basis on which NHS England will assess progress within the NHS throughout the remainder of 2021/22. Guidance received to date include:

- Thriving places: guidance on the development of place-based partnerships as part of statutory ICSs
- Working with people and communities
- Provider collaborative guidance
- Partnerships with the voluntary, community and social enterprise sector
- Effective clinical and care professional leadership
- ICS readiness to operate checklist and statement
- ICS people function, HR and employment commitment
- ICS functions and governance guide
- CCG close down and ICS establishment checklists
- Model constitution
- NHS oversight metrics and framework

### Statutory ICS arrangements for Hampshire & Isle of Wight

9. Subject to the passage of legislation, and in-line with the requirements set out in the Bill, the statutory ICS arrangements for Hampshire & Isle of Wight will comprise:
  - The **Hampshire & Isle of Wight ICS NHS Body** which leads integration within the NHS, bringing together all those involved in planning and providing NHS services to agree and deliver ambitions for the health of the population. The ICS NHS Body will be responsible for NHS strategic planning and the allocation of NHS resources. It will receive a financial allocation from NHS England and will be accountable to NHS England for the outcomes it achieves for the population of Hampshire & Isle of Wight. The ICS NHS Body will have a unitary board (the Integrated Care Board) with a chair and chief executive, executive and non-executive directors and members from NHS Trusts, general practice and local authorities.
  - The **Hampshire & Isle of Wight ICS Partnership**. This is the forum which brings local government, the NHS and other partners together across Hampshire & Isle of Wight to align ambitions, purpose and strategies to integrate care and improve health and wellbeing outcomes. The ICS Partnership will be established jointly by the NHS ICS Body and the four upper tier local authorities and has responsibility for preparing an 'Integrated Care Strategy' setting out how the health and social care needs of the population of Hampshire & Isle of Wight are to be met, and how the wider determinants of health and wellbeing will be addressed. The ICS NHS Body and local authorities will have a duty to have regard to this Integrated Care Strategy.
10. Strong local place based partnerships and provider collaboratives underpin the way Integrated Care Systems work to deliver their aims. Guidance has now been published on ['Thriving Places'](#) – setting out expectations about the development of place based partnerships in Integrated Care Systems.

11. Through Health and Care Portsmouth, arrangements have been established to support deep integration in the city and to enable partners to work together to implement the shared vision for Portsmouth residents. These form the basis of the place based arrangements for Portsmouth.
12. Provider collaboratives are partnership arrangements involving at least two NHS Trusts working at scale, with a shared purpose and effective decision making arrangements to reduce unwarranted variation and inequality in health outcomes, access to services and experience, and to improve resilience (by, for example, providing mutual aid).

### Next steps

13. NHS England and Improvement has confirmed the appointment of Lena Samuels as Chair Designate for the Hampshire and Isle of Wight Integrated Care Board. Lena currently serves as the chair of the ICS and we are delighted that she will be continuing to support the development of the ICS. The recruitment process to appoint designate chief executives of the anticipated 42 NHS Integrated Care Boards, subject to legislation, has now been commenced by NHS England and Improvement.
14. During Autumn 2021, the statutory arrangements for the ICS and the local place based arrangements in Portsmouth, Southampton, Isle of Wight and Hampshire will be finalised with local partners.

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# HOSP – Public Health general update for Portsmouth

Helen Atkinson– Director of Public Health

Thursday 16<sup>th</sup> September 2021

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12. Public Health Intelligence
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# 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

- We have undertaken Covid-19 vaccinations of rough sleepers and homeless living in hostels and other interim accommodation. To date we have vaccinated 114 people within this group.
- 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.
- Solent NHS and the Brunel Primary Care Network are in the process of recruiting new mental health nurses and primary care nurses specifically to work with homeless patients.

# Substance misuse

- Portsmouth has received approximately £1m of additional funding for drug and alcohol provision in the city for 2021/22. However this is only for one year, with no confirmation of funding continuing in to 2022/23. Whilst the funding is very welcome and needed, the short term nature makes recruiting experienced staff very difficult.
- The numbers in specialist drug and alcohol treatment has increased to 1,391 up from 1,274 in August 2020
- We have seen a recent increase in the number of drug overdoses, which we have been addressing through a multi-agency approach
- In October we will launch the retender of the main substance misuse treatment and supported housing contract. The new contract will commence on the 1<sup>st</sup> June 2022.

# In house service - Wellbeing Service (update Aug 21)

## Overview:

- Wellbeing team have provided support predominantly via telephone support (inc. Microsoft Teams and Zoom)
- Approx. 10% of support is now provided face to face; mostly weight management
- Currently 311 active clients
- Just launched the 'Let's Bounce Back' 12 Week Weight Management Programme; aim to support 700+ residents to respond to any weight gain/physical inactivity occurred during lockdowns
- New website launching soon promoting health improvement, enables client to self refer with ease, and provides wide range of links to support



## Referrals:

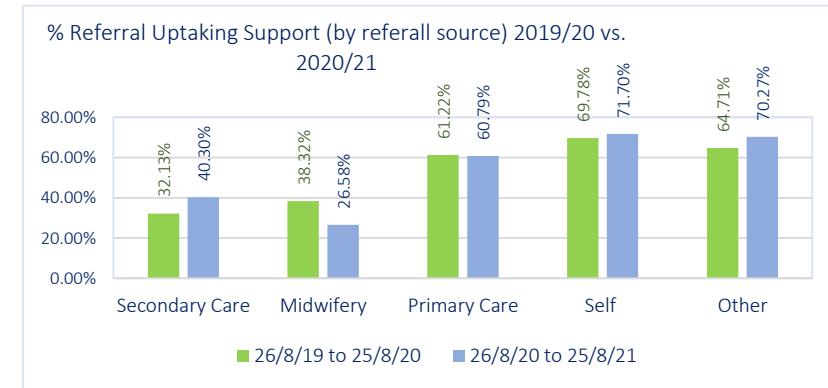
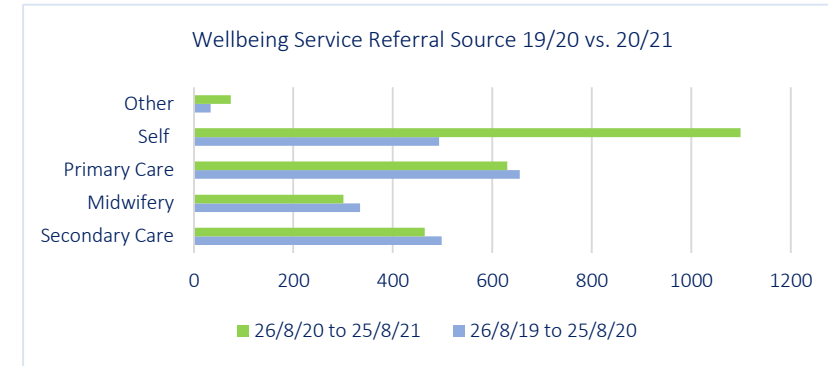
- Overall up 127% on previous year (Aug 19/20 to Aug 20/21) – key increase in self-referrals
- Slight decline in referrals from secondary (including midwifery) and primary care
- Respiratory account for approx. 23% of all secondary care referrals (both periods)
- Uptake of service increased from 52% to 58% - mostly from secondary care referrals

## Support Provided:

In the year to 25<sup>th</sup> August the Wellbeing Service provided 2183 interventions, comprising:

- 1928 (88%) smoking/nicotine support  
of which, 1046 (54%) set quit date
- 240 (11%) weight management support
- 15 (1%) alcohol support

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



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 1<sup>st</sup> April 2021 and are part of a dynamic purchasing process, where providers can join at any point of the contract.**



# Sexual health

- Working towards expanding capacity for LARC provision within primary care (capacity for contraception for non-contraceptive use remains an issue)
  - Working group across HLOW PH team & the Local Maternity System to implement contraception within maternity settings (training starting Sept 2021) and strengthen pathways with specialist SH services
  - Portsmouth chosen as a pilot site for the provision of free oral contraception within pharmacies (Sept 2021)
  - Pharmacy Emergency Contraception (EC) service improvements (April 2021):
    - Availability of free ulipristal acetate (EllaOne) up to 5 days after unprotected sex (all ages)
    - Direct referrals into sexual health promotion (under 18s)
  - Education and Pathway improvements between services working with vulnerable groups and specialist SH services continue
  - Increasing uptake of free PrEP\* for populations at risk of contracting HIV: increasing uptake seen from June 2021
  - Demand on local sexual health services reduced by 20% on average (aiming to increase STI remote testing through campaigns and education. Demand for Abortions has stayed stable. Activity relating to free EC in pharmacy and LARC in Primary Care provision restoring towards / above pre pandemic levels (July 2021)
  - Integrated SH Service 'Systems Thinking' review to inform efficiency improvement opportunities (from Sep 2021)
  - Informing development of a local Sexual Health Needs Assessment (by Jan 2021)
  - Violent crime - sexual offences rate remains above South East rate but similar to statistical neighbours\*\*. Therefore education with schools regarding sexual harm will roll out in schools 2021/22
- \*PrEP = medicine used before unprotected sex to prevent contracting HIV
- \*\*Latest data available on [Fingertips](#).

# Mental health and emotional wellbeing

- Building capacity in anticipation of an increase of low-level mental and emotional distress across the city. Commissioning complete of free-to-access to Connect 5 training, targeting SME's, gate-keepers and services supporting middle-aged men, young adults & social care workforce, for example.
- Offer of timely support to people who have been bereaved or affected by a suspected suicide through the commissioning and roll-out of suicide-specific bereavement support service.
- Working with commissioners of drug & alcohol services to ensure effective internal processes, procedures and professional development support services to build capacity in suicide awareness, prevention and emotional crisis support.
- Work has begun to implement workplace wellbeing role, funded through the STP suicide prevention fund, engaging local and regional HR departments and targeted sectors in mental wellbeing programmes and postvention protocol activity

# Childhood Obesity

- An action plan for the Superzone with Arundel Court Primary Academy is currently being reviewed and updated ready for re-launch of the pilot (Sept).
- Family weight management via Wellbeing Service continues to be provided.
- The most recent Physical Health Strategy for children has been developed, excess weight, physical inactivity and breastfeeding are included amongst the strategic objectives.
- Our new regional Physical Activity Strategy – We can be Active, was launched end of July and one of the priorities is ensuring positive early experiences of activity. Work with the Active Portsmouth Alliance and other partners is planned for the Autumn to establish a delivery action plan.
- Work with key professionals (maternity, health visitors and school nurses) and community physical activity organisations, continues. Development of resources and utilising joint working to tackle childhood obesity is on-going.

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

No.	Long-term Strategic Priority & Vision
1	<b>The Best Start</b> 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	<b>Thriving Parents</b> 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	<b>The Impact of Poverty</b> 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	<b>Environmental and Social Planning</b> 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.

# 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

- 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.

# Planning & Regeneration

- 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 housing development @ Tipner (up to 10ha marine employment and 4000 new homes)
- 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

# Air Quality

- Whole Systems Approach agreed to develop an integrated, multidisciplinary approach to tackling air pollution across PCC (planning, regulatory services, transport, public health)
- Exploring implications of December 2020 Coroner’s Inquest and subsequent recommendations in early 2021, including knowledge transfer with NHS partners - MECC training delivered to Foundation Year Medics on air quality and health June 2021
- Air Quality and Health Impacts presentations delivered to external audiences as part of communications with business user groups for Clean Air Zone

# Climate Change

- Climate change literature review – health impact and assessment of vulnerable communities
- Next step: Climate Change JSNA

# 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 – 31 new wild meadow sites, 150,300 new plants
- Next steps: Greening & Health Literature Review, leading to JSNA. Developing health outcome monitoring metrics

# Public Health Intelligence

- Leading the development 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.
- 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.
- Providing evidence to support the Health and Wellbeing Board's statutory response to Pharmacy Consolidation Applications.
- Community Safety analysts within the Public Health Intelligence Team continue to produce data, analysis and research to inform the city's partnership approach to addressing crime and disorder. This includes supporting the implementation of the serious violence strategy. A full Strategic Assessment will be presented to the Health and Wellbeing Board in November published in December 2021.
- External funding was secured to recruit a Research Development Lead to explore barriers and opportunities to using research within health and social care in a local authority.

# 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
  - HIOW LRF Recovery Coordinating Group (ended July 2021)
  - 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 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 PHE) in terms of managing more complex outbreaks in Portsmouth.
- PH have set up the local contact tracing service in Portsmouth that follows up all confirmed cases of Covid-19 not contacted by the national team at 24 hours.
- PH have led the team setting up of the Community Testing Site in the Somerstown Hub offering twice weekly asymptomatic testing to critical workers.
- PH have led the development of the local outbreak plans and the DPH Chairs the local Health Protection Board and sits on the local Member Led Engagement Board



# Agenda Item 8



**Southern Health**  
NHS Foundation Trust

September 2021  
Media and Communications Team

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## Briefing note:

### **Southern Health NHS Foundation Trust - Portsmouth and South East Hampshire area specific update**

#### **Introduction**

This part of our update is concerned with updating you on a number of projects in the Portsmouth and South East Hampshire area that would be relevant for the panel to know. Included below are updates on Petersfield Urgent Treatment Centre, improvements at Gosport War Memorial Hospital, The Willow Group, Eating Disorder service, Additional Roles Reimbursement Scheme and our plan to address pressures in the system as we approach winter.

#### **Gosport War Memorial Hospital - Eradicating dormitories**

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. In June this year we completed Poppy Ward, the first of the wards to undergo refurbishment. The 18 bed, dormitory style ward was completely gutted and replaced with a 14 bed, ensuite ward featuring the latest technology and co designed using input from patients, carers and families. Some of the innovations include special use of colours, sound proofing, safe flooring, electronic wristbands so patients can only enter their room and the first ever de-escalation space in a dementia ward at the Trust. All three gardens were extensively updated ensuring patients have access to dedicated outside space with safe planting and flooring. With COVID restrictions still in place we held a small opening on 14 June but were pleased both the Mayor of Gosport and the Lord Lieutenant of Hampshire could attend. You can view a video of the new ward on our website: [www.southernhealth.nhs.uk/our-services/our-main-sites-and-locations/gosport-war-memorial-hospital](http://www.southernhealth.nhs.uk/our-services/our-main-sites-and-locations/gosport-war-memorial-hospital)

Work on the second of the two wards, Rose Ward, has already begun with completion projected for later this year.

We are pleased to inform the panel that Poppy ward has been submitted for some awards and we recently presented our work to the Department of Health and Social Care. To help manage patients in the community whilst we had reduced capacity during the build and reduce unnecessary admissions to hospital, we set up the Older Persons Mental Health Intensive Support Team. We are also pleased to announce that due to the team's success they will continue to be funded for next year.

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#### **OUR VALUES**



### **Further updates at Gosport War Memorial Hospital**

Alongside our eradicating dormitories work on Poppy and Rose Wards we have also undertaken additional work in the hospital to make better use of the space available. This has seen us relocate Sultan Ward onto the more spacious Collingwood ward which has more side rooms and therapy facilities. Collingwood was previously used as a Day Hospital but has served as a 'red ward' during the recent COVID waves. The space that was Sultan Ward is now being used as a Rapid Assessment Unit and community hub which houses our community therapy teams and two community nursing teams. Work was completed in May 2021

Following the considerable investment in Gosport War Memorial Hospital we plan to hold a more official opening / open day. We completed works during COVID with restrictions on visitors and social distancing making it difficult to invite more than a handful of people. However, once work has completed on Rose Ward our plan is to hold an open day to enable the panel and local community to view the improvements.

### **Petersfield Hospital - Urgent Treatment Centre**

We are pleased to announce that Petersfield Hospitals MIU became a UTC in the summer. This was part of the national Urgent and Emergency Care Delivery Plan and NHS Long Term Plan and enables us to provide a wider range of urgent care services to the local community. The Urgent Treatment Centre (UTC) can treat all ages who require 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. Working in conjunction with NHS 111 and primary care, patients are able to book same day appointments if needed or can be routed to the appropriate service e.g. pharmacy, primary care, UTC or Accident and Emergency. As part of the change to the UTC existing equipment such as the X-Ray machines at Petersfield will be updated and opening hours extended.

Whilst the change to the UTC standard has gone smoothly and our work alongside partners at SCAS, PHU and the CCG has enabled this, we have experienced some issues with staffing which we are working through. This is mostly related to national staffing shortages combining on a local level with summer holidays, staff sickness and COVID self-isolations. We are confident these are being addressed.

### **Willow Group**

Results for the national GP Patient Survey have been published and the Willow Group has attracted some interest due to low scores in specific areas. These, as in other years, have centred on access which has been a long standing issue with the group. 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 issues of 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.

### **Eating disorders service**

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 rise in demand by working closely with the CCG to add capacity. We are also working on two projects in this area. Firstly, we are working to provide physical health monitoring as part of our eating disorders service. We are liaising closely with primary care and our CCG colleagues to provide this service which will see GPs monitoring the physical health of low risk individuals, with Southern Health taking on the more high risk patients. Staff for this will be starting in mid-September and will undergo intensive training with the service operating from early next year.

The second project of note is our work with Dorset, Hampshire and Isle of Wight CCGs as part of a provider collaborative. Our work here is to develop a model for Adult eating disorder beds. These are currently provided by NHS England and it is hoped by working with local partners we can develop and provide a model better suited to our local population.

### **Community mental health Transformation Scheme and Additional Roles Reimbursement Scheme**

The Trust has been working on the transformation of its Community Mental Health services with a core part of

this work being 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 such as Mind, Inclusion and Two Saints. The no wrong door principle essentially 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. A key part of it is connecting various different services across primary care and the voluntary sector. We are currently trialling this across three Primary Care Networks (PCNs); Gosport Central, Gosport West and Strawberry Hill. As part of this work we have 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 currently out to advert for the roles.

### **System and winter pressure work**

We have previously updated the panel on Clarence Unit at Woodcot Lodge, which we rapidly set up during the first wave of COVID. Run by Hampshire County Council (HCC), our staff work alongside colleagues from Portsmouth Hospitals Trust and HCC to jointly provide temporary "step down" accommodation for patients discharged from QA who were well enough to leave hospital but not yet well enough to return home. As we approach winter again we are working to recruit additional Health Care Support Workers to meet predicted demand and to enable us to open the top floor, providing an additional 30 beds for the system to help us meet winter pressures.

### **Pascoe report**

On behalf of NHS Improvement, Nigel Pascoe QC has been conducting an independent review of the investigations into the deaths of four patients under the care of Southern Health NHS Foundation Trust between 2011-2015. The second stage of this was a number of hearings held between March and April 2021 involving patients, staff and independent experts. The report is due to be published in September and we will share the findings with you separately. You can read more about the process on [NHS England's website](#).

### **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](mailto:Nicky.Creighton-Young@southernhealth.nhs.uk)

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September 2021  
Media and Communications Team

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## **Briefing note:**

# **Southern Health's response to coronavirus pandemic: update 8**

### **Introduction**

Our aim is to provide our local overview and scrutiny committees with regular updates on our response to the COVID-19 pandemic. We have either done this through Southern Health specific updates or through the system-wide updates which have been provided to the committees over the past year.

This short paper is the latest in a series of Southern Health specific updates and follows previous updates to the panel.

### **Overview**

#### Road-map

Southern Health continues to follow the 'road-map' introduced by the Trust's IPC (infection prevention and control) team in April (and outlined in the last update). It includes guidance on:

- patient and staff meetings
- visiting loved ones in hospital
- inpatient activities and communal dining within our units.

The road-map has helped to build clarity for our staff and patients around restrictions – such as social distancing, room ventilation and the use of masks and PPE – which continue, even though national restrictions have now lifted.

Please see attached an example of one of our road-map posters for staff (focused on visiting) to demonstrate the guidance since the 19 July date, when wider lockdown restrictions ended.

#### Prevalence Panel

We are also able to adjust some key infection prevention precautions depending on how many cases of COVID-19 are occurring in each area, so that the correct level of infection prevention measures can be taken.

To help decide how the precautions are adjusted, the Trust introduced a Prevalence Panel earlier this summer, which looks at the national and local data every two weeks to inform our measures across the Trust. Areas are then graded as low, medium or high and appropriate specific precautions put in place.

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## **OUR VALUES**



### Workforce

As a result of the vaccination roll-out, we have been able to administer the first COVID-19 vaccine to 95.8% of our 6500+ eligible substantive workforce and 93.1% of our eligible substantive staff have had their second dose too, as of 6 September 2021. (The figure is slightly higher for our frontline staff). This work to protect our workforce through approved COVID-19 vaccinations continues and we are meeting with those staff who may have previously been reticent to have the COVID-19 jab (i.e. due to pregnancy etc) to increase take-up further.

Also, whilst the process for ordering lateral flow test kits has changed for healthcare staff in recent weeks, we nonetheless continue to test our frontline staff on a regular basis to protect both them and our patients.

We are now preparing for a series of booster vaccinations in the autumn – with details to be confirmed by NHSE/Government.

### Services

The vast majority of our services have returned to 'business as usual' – with some adaptations (i.e. where positive digital innovations like video appointments have proved useful and been well received by patients).

However, as outlined in our previous update, there are a number of pressures that remain to be managed. These include the backlog of routine care appointments, the impact of isolation/stress on the local population's longer term mental health (and the impact of this on our services), and the welfare of our staff. Work is underway to tackle these issues. For example, a review of patient caseloads, increased capacity in mental health services, and longer term support for our staff's health and wellbeing.

### Long COVID

We have secured further funding to expand the 'Long COVID' service, initially until the end of the financial year. We are looking at enhancing the clinics we currently run with group work, support from MSK/pain services, care coordinator roles, additional administrative resource and also additional clinic time.

### **Engagement Activity & Next Steps**

We continue to work closely in partnership with our CCG colleagues and those across the local healthcare and social care system to agree and implement any changes. We have also been working with our local teams to encourage them to share any necessary information with patients and carers as quickly as possible and to offer support and guidance. Additionally, the Trust's communications team continues to share messages regularly on Southern Health's website and across our various social media channels.

### **More information**

If you have any questions, please contact Grant MacDonald (Southern Health's Chief Operating Officer) or Heather Mitchell (Southern Health's Executive Director for Strategy, Infrastructure and Transformation) via email: [grant.macdonald@southernhealth.nhs.uk](mailto:grant.macdonald@southernhealth.nhs.uk) / [heather.mitchell@southernhealth.nhs.uk](mailto:heather.mitchell@southernhealth.nhs.uk).

# Visiting



## Actions after 19 July 2021

- Six nominated visitors per patient with a maximum of two visitors, visiting at the bedside at once (if social distancing from other patients and household and COVID secure precautions can be maintained).
- Outside visiting - Max 6 visitors in any visit providing COVID secure precautions.
- 'End of Life' visiting - Up to 4 visitors (including children) can visit an end of life patient (social distancing and IPC measures permitting). Visiting a COVID-19 patient is not usually recommended. If the visitor becomes symptomatic of COVID-19 they must self-isolate and take a PCR test and should let the service know the outcome of the PCR test.

For information on coronavirus restrictions outside of Southern Health, please visit [GOV.UK](https://www.gov.uk)

## Visitor Guidance

Before visiting visitors will need to contact the service to book an appointment and be informed of what to expect.

On the day of the visit before they see the patient, visitors will need to: answer some questions to check they have no symptoms and have not had contact with confirmed cases or have travelled to high risk countries in the last 14 days. Visitors with symptoms must not visit and must self-isolate for the next full 10 days.

Each visitor must leave their name and contact details with the service for Track and Trace purpose should an incident occur.

Social distancing rules must be respected at all times during the visit. If it is an end of life visit, the patients hand can be held.

Rooms must be well ventilated and frequently touched points (e.g. chair, door handles) must be wiped with Clinell wipes for at least 30 seconds after the visit.

All visitors must wear a face covering or mask when inside hospital premises. If they are visiting for 30 minutes or more, if they are visiting a patient in isolation they should be provided

with a fluid repellent surgical mask. Routinely other PPE is not required.

Encourage visitors to bring minimal belongings and to clean their hands at the start and end of the visit.

If the visitor is vulnerable to infection or there is an increased incidence of COVID19 on the ward the staff member making the booking should advise the visitor of the risks. An individualised approach needs to be taken on a case by case basis to manage the balance between compassionate visiting and infection risk management.

Visits to symptomatic patients or those on the high risk pathway will only be allowed in exceptional circumstances following risk assessment.

These visiting principles can also be applied to outpatient (including in Mental Health), MAU and diagnostic service settings where the patient may be accompanied by one close family contact or somebody important to the patient to support the patient with complex/difficult

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