Portsmouth CITY COUNCIL

Public Document Pack

NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 23 JUNE 2022 AT 1.30 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Democratic Services - Tel 023 9283 4060
Email: Democratic@portsmouthcc.gov.uk

Membership

Councillor Ian Holder (Chair)
Councillor Matthew Atkins
Councillor Graham Heaney
Councillor Abdul Kadir
Councillor Brian Madgwick
Vacancy (PCC)
Councillor Arthur Agate
Councillor Ann Briggs
Councillor Joanne Bull
Councillor Martin Pepper
Councillor Michael Read
Cllr Julie Richardson

Standing Deputies

Councillor Yinka Adeniran
Councillor Dave Ashmore
Councillor Ryan Brent
Councillor Stuart Brown
Councillor Leo Madden
Councillor Lee Mason

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

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

A G E N D A

1 **Welcome and Apologies for Absence**

2 **Declarations of Members' Interests**

3 **Minutes of the Previous Meeting** (Pages 3 - 8)

4 **Southern Health NHS Foundation Trust** (Pages 9 - 24)

5 **Portsmouth Hospitals University NHS Trust** (Pages 25 - 28)

6 **Adult Social Care** (Pages 29 - 48)

Andy Biddle, Director of Adult Care will answer questions on the attached report.

7 **Public Health** (Pages 49 - 58)

Dominique LeTouze, Assistant Director of Public Health will answer questions on the attached report.

8 **South Central Ambulance Services** (Pages 59 - 64)

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

9 **Portsmouth Clinical Commissioning Group Update** (Pages 65 - 72)

Jo York, Managing Director of Health & Care Portsmouth, will give an update on the attached report.

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 17 March 2022 at 1.30 pm as a Virtual Remote Meeting

Present

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

8. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Trevor Cartwright and Rosy Raines.

9. Declarations of Members' Interests (AI 2)

Councillor Mason declared a personal interest in agenda item 6, Portsmouth CCG and Health & Care Portsmouth update, as he is a patient at the University of Portsmouth's Dental Academy.

10. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 20 January 2022 be agreed as a correct record.

11. South Central Ambulance update (AI 4)

The panel noted that Tracy Redman, Head of Operations South East, had sent apologies as she was unable to attend due to significant operational pressures.

RESOLVED that the report be noted.

12. Solent NHS Trust update (AI 5)

Suzannah Rosenberg, Chief Operating Officer, introduced the report.

In response to questions the following matters were clarified:

No staff had left as a result of the requirement, later rescinded, to be vaccinated against Covid. The Trust had been very careful not to proceed with formal action against staff.

There is a high level of vacancies, particularly for registered nurses and allied professionals such as physiotherapists and occupational therapists. International recruitment for nurses, particularly from Africa and India, continues to be successful and is on its fourth cohort. However, the situation in the Ukraine means these initiatives might not be able to be pursued at the moment. The Trust is constantly recruiting as are Portsmouth Hospitals University Trust and Southern Health.

The HOSP thanked Ms Rosenberg for her report.

RESOLVED that the report be noted.

13. Portsmouth CCG and Health & Care Portsmouth (AI 6)

Jo York, Managing Director of Health & Care Portsmouth (HCP), introduced the report, which also covered the agenda items for the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group Partnership, and the Integrated Care System.

In response to questions the following points were clarified:

The Director of Public Health is better placed to say if Covid will have a yearly cycle of infection like flu. The CCG and HCP understand an annual cycle is expected but with an unknown intensity. Currently there are rising hospital admissions though fewer deaths and patients in intensive care. Some admissions are not necessarily because of Covid but where patients are admitted because of something else but have Covid. QA Hospital still has strict infection controls so treating patients with Covid is complex.

Covid modelling is continuing nationally and throughout Hampshire and the Isle of Wight (HIOW) to understand the impact of demand on services. There is a likely to be a peak for the next few weeks. Previously there had been restrictions so modelling has to continue to develop to take into account changing circumstances. Vaccination is an "evergreen" offer so is always available. The vaccination programme can be scaled up or down. There is about 80% coverage in Portsmouth though some residents are hard to reach. Health is working with communities to see how they can access these residents; barriers are not always a case of how near a vaccination centre is.

With regard to concerns over access to NHS dentists and issues with contracts, Ms York said that responsibility for commissioning dentistry, along with optometry and pharmacy, will move to the Integrated Care System (ICS) with effect from 1 July 2022 though the national contractual position will remain. Dentistry is currently commissioned by NHS England and managed regionally. It will be a phased transition which will enable more local ownership and understanding. However, it will take time and the impact may not be seen until April 2023. Local MPs and councillors have been vocal about the issues with dentistry. Ms York has met with Penny Mordaunt MP and the Minister of Health on the need to make changes to contracts. Work on contractual issues had stalled during Covid but is now up and running. Infection control and prevention (ICP) restrictions for dentistry, for example,

cleaning the surgery after each patient, meant a loss of capacity of about 60%. Consideration of ICP was discussed at the meeting with the Minister and is being re-examined.

Locally there are a number of issues. In Portsmouth there is a lower number of commissioned dental services than other services. The national contract has perverse incentives so that it is harder for NHS dentistry to be sustainable in more deprived areas than more affluent ones. There are issues with the workforce. For example, there are enough commissioned services on the Isle of Wight but not the dentists. Ms York has met NHS England to raise concerns. NHS England will help fund a joint post for a Dental Transformation Programme Manager for two years to support ideas to improve access to dentistry. The post is being advertised now. The aim is for the postholder to work with the University of Portsmouth's Dental Academy which offers training for dental nurses and hygienists as well as postgraduate courses. However, it is not a dental school. The nearest dental school is in Kent and as professionals often work for a few years near where they trained this is a disadvantage.

Initiatives include strengthening the Dental Academy so perhaps nurse practitioners could carry out more procedures. NHS Solent have community dentistry services so the CCG are looking at how they can work more closely with providers. Practices learnt from Covid vaccination could be used, for example, pop-up health clinics, especially for looked after children. The post mentioned above will look at how local provision can be strengthened and work with providers where there are quality issues. A new practice is due to open which will need to be supported during the changes.

Ms York acknowledged members' concerns about the lack of dentists and agreed dental care is important as dentists check for other conditions such as mouth cancer. Looked after children have priority. Penny Mordaunt MP has raised the matter with the Minister of Health and there is a lot of work taking place with the national contract. The Dental Academy could become a dental school to enable a long-term plan to resolve workforce challenges. Ms York could not comment on records of which dental practices were closed or open during lockdowns as they are the responsibility of NHS England. It will be easier under the ICS as there will be greater understanding and relationships across HIOW.

Members said the Dental Academy had a longstanding collaboration with the King's College London Dental Institute whereby students spent one week in four in Portsmouth. Ms York said Public Health work closely with the University so the arrangement could be a seed for the University; perhaps the arrangement could be for two weeks out of four.

Discharges are a multi-faceted problem. There is a 14-point plan with three sections across all partners in Portsmouth and South East Hampshire. One section focuses on avoiding admissions by encouraging use of alternative services such as the Urgent Treatment Centres, community response and primary care clinical assessment services. The approach had reduced

admissions but in the light of rising Covid infections partners continue to strengthen the alternatives and embed pathways.

Another section focuses on improving the admissions process and flow. Since November 2021 spaces in the ED have increased from 30 to 50. The "front door" has been re-engineered so patients can go straight to a speciality assessment. Other initiatives are same day emergency care and a new medical village. There was some improvement before Covid infections increased.

There are a number of discharge pathways so some patients can go straight home but there are more patients with increased acuity. There are step down facilities run by Hampshire County Council, Portsmouth City Council and Solent NHS Trust but their effectiveness is variable. The high level of integration in Portsmouth as shown by Jubilee House or the Southsea Unit is fortunate as it means patients can go home more quickly. Hampshire are struggling. There are more complexities with complex care so a small number of patients are staying longer in hospital than is desirable. Discharges are under considerable scrutiny but the Trust is getting support. It looks daily at how to move people through the system quickly. Rising Covid admissions do not help as they affect a broader range of beds.

Ambulance queues are partly because of discharge problems but also because of how and who arrives at QA. The appropriateness of admissions and more use of the range of community alternatives need examining. It is hoped the new ED will solve matters but they need to be solved before then to get the right outcomes for patients.

With regard to the Urgent Treatment Centres (UTC), of which there are three (Gosport, Petersfield, Portsmouth), staff vacancies and absences have been significant because of Covid, particularly as UTCs have small teams. Work is taking place on how the UTCs can support each other and take more conveyances from ambulances. The aim is to restore the opening hours at the St Mary's UTC but this depends on staffing. The CCG is seeing how the UTCs and Primary Care Networks can support each other and a pilot is due to start in the Petersfield area. The long-term model is being examined as if the UTCs are not being used effectively they need to be revisited. Petersfield UTC (run by Southern Health) is relatively new and getting up to capacity. Members commented that when it was not at capacity people had had more time to be listened to. There has been good feedback about it and the other UTCs.

In response to comments that local people may not be aware of the UTCs and what they do, Ms York said that the CCG is working on the UTCs and communications. When St Mary's changed its opening hours usage increased. Raising awareness of the UTCs needs to be pursued, also with SCAS so ambulances know they can take people there. Members suggested information about the UTCs could be displayed in schools, colleges and churches. Another suggestion was having a big sign at the entrance of QA to re-direct people to the UTCs. Ms York said the wait list app was successful so perhaps something similar could be tried. There used to be a plethora of

minor injuries centres but the CCG could work with local authorities to simplify the landscape.

The HOSP thanked Ms York for her report.

Action points

- Check if QA have a sign at the entrance re-directing people to the UTC
- Check if the Petersfield UTC offers the same range of services as the other two UTCs
- Include in the next report information on the effectiveness of communications and engagement for the UTCs
- Include in the next report an update on dental provision

RESOLVED that the update be noted.

14. Hampshire, Southampton and Isle of Wight CCG Partnership (AI 7)

The update was included in agenda item 6.

15. Integrated Care System (AI 8)

The update was included in agenda item 6.

The meeting ended at 2.27 pm.

....

Councillor Ian Holder
Chair

This page is intentionally left blank

NHS
Southern Health
NHS Foundation Trust

Update report for Portsmouth Health Overview and Scrutiny Panel
June 2022

Stage 2 Independent Investigation Report: *'Right First Time'*
Status report June 2022

1. Trust update

1.1 The table below summarises the work done by the Trust to implement the recommendations of the Stage 2 report. The table describes the actions taken since the report was considered at the HOSP meeting in January 2022.

1.2 Progress towards the completion of the actions set out below are being monitored by the Trust Board and its sub-committees.

1.3 These assurance processes commenced during March and evidence against each recommendation is currently being considered by the Quality Governance leads in both the ICS and Regional NHSE/I Office. This report therefore should be considered as an update rather than confirmation of completion.

Recommendations		
R1	SHFT's **Complaints, Concerns and Compliments Policy and Procedure** documents should be urgently reviewed and reformed. They should be combined into a **single document.** The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must	The Trust's procedure and practice for dealing with complaints has already been revised. The practice now is that frontline service managers and clinicians respond the same day by contacting the complainant, clarifying what it is that they are unhappy about, agreeing timescales and what needs to be done to achieve resolution. We are clear that complaints are locally managed with central support, and this is reflected in the revised policy. The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO).

	undertake **mandatory training** on the new Policy and Procedure.	The Trust's Policy has now been revised to reflect current practice. The policy was developed through extensive consultation and engagement stakeholders. This included the Parliamentary Ombudsman Assessment focus groups, the Working in Partnership Committee, staff and the Patient Experience and Caring group. The updated policy was shared with the Working in Partnership Committee on 17.2.22, was approved by the Quality and Safety Committee on the 15th February 2022 and was published on the Trust website in late March. A programme of training via the PHSO pilot is being implemented between now and the Autumn when the new national complaint standards will be rolled out.
R2	SHFT should clarify what **complaints management system** is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.	
R3	SHFT should clarify and define the role of **PALS** and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.	The Trust has worked with carers and service users and launched a Carers and Patients Support Hub in January 2022. This service is currently accessed using email, text or telephone but we are also currently identifying pilot sites for a physical presence. The team also attend Trust and local community events to promote the service – for example they attended the East Hampshire Dementia Festival in April 2022; the Trust 'Connecting with Local Health Services' event in Romsey March 2022; they have been accepted to have a stall at the New Forest Show later this year. This approach has been agreed with the Patient Experience Group who will continue to develop the Hub based on feedback from our staff, patients and carers.
R4	SHFT should urgently implement a process to **monitor the quality of the investigation of complaints, complaint reports and responses**	Complaints reports and responses are quality assured by Executive Directors/Chief Executive. A comprehensive report on complaints is scrutinised by the Quality and Safety Committee. Since January 2021 we put

	and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.	in place a follow up contact with people who have complained to gain feedback; these surveys and the qualitative information are fed into the Patient Experience and Caring Group on a quarterly basis. We have also established a quarterly Complaints Review Panel with membership from Healthwatch, the ICS, service users, carers and staff - first meeting took place in May 2022. The panel aims to evidence that we are learning from people's experiences, and complaints, and to monitor the quality of the responses people are receiving when they raise concerns and complaints.
R5	SHFT should re-develop its **Complaints Handling leaflet** that reflects the complaints process, outlines expectations and timelines for service users, family members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.	Leaflets have been co-designed and co-produced with the Working in Partnership committee, service users and staff. They are available in paper format as well as online and it is made clear that we can provide these forms in additional languages. An easy read leaflet has also been drafted via our easy read group of service users and is currently being reviewed by service users prior to publication.
R6	During the investigation of complaints, SHFT should offer the opportunity for **face-to-face meetings** as a matter of course. These meetings should provide the time to discuss with complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain **communication** with the complainant throughout, with a full explanation for any delays.	As part of our changed practices around working with complainants, we offer the opportunity for person- to-person meetings. Our routine practice now includes earlier intervention by our clinical teams, dialogue directly with people to understand their preferences for resolution and putting these in place, regular keeping in touch during the response and improving the way we communicate our findings.
R7	SHFT should ensure that all complainants that go through its complaints handling process, have access to **advocacy services** where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This	We have identified local advocacy services and actively promote them through our website and via the Carers and Patient Support Hub. A document for staff has been produced listing all available support services and we are actively working with Connect to Support Hampshire to promote their directory of services.

	should be co-ordinated so as to be part of the complaints handling process.	
R8	There is a vital and continuing need for SHFT to re-build **trust and confidence** with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the **Duty of Candour** and admits its mistakes. To achieve this, SHFT needs to ensure all staff are **trained and understand the Duty of Candour** and take a **positive pro-active** approach in all future engagement with families, carers, and service users, to ensure that their needs are met.	The Duty of Candour is promoted in staff training and in practice. Compliance is reviewed at the Patient Experience Group via a quarterly report. Our Investigating Officers and Family Liaison Officers openly engage with families when they are part of an investigation and also check that the service lead has shared information openly and honestly. It is also something that is considered by the corporate Serious Incident panel. Patients or family members are always offered a copy of the investigation.
R9	SHFT should co-produce with service users, carers and family members, a **Communications Strategy** to identify a 'road map' for improving communications. This should include, but is not limited to, **mandatory training** on communication across the whole of SHFT, including improving internal communications and the development of a **protocol** setting out **how SHFT will provide support** to its service users, carers and family members. It should create **specific roles** to provide this support. **SHFT recruitment processes** should include good and effective communication **skills criteria** for all roles at every level of the organisation.	Work has been done and will continue to co-produce more effective communication channels with service users, carers and family members. The Trust has specific roles to support engagement and communication with service users, carers and families which includes carer peer support roles and family liaison officers. The current communications and patient engagement strategies have been reviewed to ensure alignment and this is regularly monitored. Communication skills training modules are already available. All existing training has been reviewed. There are existing training and development modules which incorporate effective communications and interpersonal skills. In addition, new training for line managers was developed and introduced in March 2022, a key aspect of which is communications skills.

		All recruitment processes have been reviewed to ensure that communications skills are clearly specified for all roles in person specifications and job descriptions, and that this is assessed at shortlisting and interview. Ensuring effective, compassionate communication in all contexts and between all audiences will always be an area for continuous improvement and development. As part of this the Communications Strategy for the Trust is due to be updated during 2022 and patients, carers, families and staff will be involved in this process.
R10	SHFT should develop a **Carer's Strategy**, in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed **annually at a large-scale** event with carers at the centre. In future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the **Carer's Communication Plan,** which must be underpinned by relevant training.	Our carers action plan is aligned to the Hampshire Joint strategy for carers and the Southampton strategy for carers. Our plan was co-produced with a variety of stakeholders, particularly the Families Carers and Friends group who have oversight and monitor the plan. The action plan is a 'live' document and actions are added based on feedback and any issues highlighted to us by our carers. The use of Carers Communication Plans will be continuously monitored by the Carers, Family and Friends group as well as the Patient Experience and Caring Group on a quarterly basis. There is a project underway looking specifically at engagement with lesser heard carers, e.g. military families, carers from rural areas, gypsy and traveller community, black and minority ethnic communities and young carers. A project has also started to understand patient discharge and the effects on carers. We are strengthening our work with voluntary sector organisations to enable this work, and carers themselves are leading on aspects of the projects.
R11	SHFT should ensure **all staff are all rapidly trained to understand the Triangle of Care** and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. **The Quality Improvement**	The Triangle of Care is one of the approaches the Trust has for supporting carers. An increased number of Triangle of Care workshops have been offered and options for attending sessions out of hours and via webinar. 10 carers leads

	methodology should be used to measure the impact of the Triangle of Care.	have been trained to deliver the training. An introduction module to give all staff an understanding of the principles and process is available online. The principles are included in local induction. The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles. Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends and key staff.
R12	SHFT should set up regular localised **drop-in sessions and groups for carers** and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.	There are several groups already in existence, in addition to being able to access the Carers and Patients Support Hub. The service can provide a single point of contact for issues and concerns, with a hub and spoke model for outreach and drop-in sessions. The hub will include peer/ carer volunteer support and voluntary sector partners will be invited to run support sessions.
R13	The Panel recommends that SHFT strengthens its links with the local **Hampshire Healthwatch**, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.	The Trust has a good relationship with each of the Healthwatch groups. The Trust Chair and Chief Executive meet with Healthwatch groups. Formal feedback from Healthwatch will always be made available on the Trust's website.
R14	SHFT should pay due regard to the **7th principle and 8th principle** of the UK Caldicott Guardian Council in recognising the importance of the duty to **share information being as important as the duty to protect patient confidentiality**. Through training, supervision	The Trust already promotes the importance of both principles. There are mechanisms in place to hear directly from carers and family members about how the principles are applied in practice. We will continue expansion of the Triangle of Care training and the incorporation of this ethos into our services.

	and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.	The information governance training has been updated and therefore all staff will access this when they undertake their annual training. Identifying good practice or training opportunities will continue to be a key part of Learning from Events and feedback forums. In learning from events and the subsequent learning across the Trust we will look for evidence of the principle being upheld, highlight good practice and encourage a closer understanding where practices could be improved. We will continue to ensure carers forums are attended by senior clinical leaders and share learning from these events widely. This will form part of ongoing monitoring. This is a continuous area of development and improvement.
R15	SHFT should seek to improve both the **quality of the handover and the sharing of information between clinicians** involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where relevant, to all care settings, including, SHFT and General Practices across its divisions.	This is an important aspect of the daily routines of all clinicians. We need excellent communications throughout the patient journey from community, through a crisis into hospital and then back home into the community again. This includes GPs, social services, pharmacy, acute hospitals, care homes etc. This is an area of continuous improvement. Internal communication is being improved through many workstreams, examples include: strengthening the multidisciplinary team meeting, better operability and access to RiO (our electronic clinical record system where we record clinical notes), ensuring dedicated time for handovers and an established methodology to make the handover process more productive, use of RiO mobile and RiO on our physical health wards, and prioritising the further development of Risk and Care plans. External communications have also been improved, for example: a pharmacy review of all medications prior to discharge including direct communication with GPs; timely use of redesigned discharge summaries; and working with partners to improve the way different clinical systems across the health and

		care sector digitally exchange information in real time (NHSX are leading on legislative work to accelerate this interoperability work nationally). All doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this opportunity to all our staff, both clinical and non-clinical. There are opportunities to listen to patients', families' and carers' views on communication via various surveys and direct requests for feedback
R16	SHFT must make swifter progress in developing the **Patient Experience Dashboard** to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.	The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are regularly reviewed and will continue to be developed. This will include user defined standards for mental health and physical health inpatient and community services. The Carers survey is now part of our automated audits. We have also surveyed young carers in partnership with Hampshire Young Carers Alliance and also carried out a survey with carers on discharge and the impact on carers.
R17	SHFT should adopt the **Patient Safety Response Incident Framework** and **National Standards for Patient Safety Investigations** (published by NHSE/me in March 2020) for reporting and monitoring processes, when they are introduced nationally.	Agreed. The framework has been released and NHS England are working with early adopter sites. The final framework and standards will be informed by the early adopter sites and released in Summer 2022 and organisations are then expected to transition to this. In advance of this we have been developing our own processes to prepare for readiness and in October 2021 we gained accreditation from the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN).
R18	It is recommended that future NHS patient safety frameworks for Serious Incidents should	The timing of the publication of the revised Patient Safety Response Incident Framework and National Standards has been delayed with the evaluation

	acknowledge and incorporate the **different needs of patient groups**, such as physical health, mental health and learning disability and the unique context in which the incident took place.	report on the pilots released at the end of January. Our investigation process enables the involvement of subject experts from services to incorporate the needs of different patient groups as well as reflecting the needs of individual patients and families in the way the investigation is carried out. Inequalities data is now recorded on Ulysses to identify themes. Any further recommendations arising from the revised national framework will be incorporated in line with the national rollout.
R19	SHFT should provide a clear and transparent definition of **'independence'** and an open and accessible explanation about its processes for ensuring its investigations are 'independent'. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.	Patients and families are provided with a clear explanation of our approach to independence and a letter confirming this is sent to the family prior to investigation. Our patient and family leaflets have been updated to include a definition on the levels of independence and these were signed off by the Patient Experience Group in March 2022.
R20	In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a **fully independent and experienced Chai**r, the background and qualities of whom should be specific to the facts of the case subject to investigation.	This is current practice. The Trust in conjunction with NHS England will commission fully independent reviews where appropriate.
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access **external legal advice, support, or advocacy services,** as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-	Signposting advice has been collated and is made available to people through the Carers and Patients Hub as well as through our processes for complaints and serious incident investigations. The Family Liaison Officers signpost families to 'Help at Hand' and 'Coroner's guides' for all deaths. Advice also given about how to make a medical negligence claim if the family ask how to do this.

	profit organisations, to facilitate access or signpost their availability.	
R22	The job description for SHFT's **Investigation Officer** role should include specific qualities required for that post. The minimum qualities should include **integrity, objectivity and honesty.**	Job descriptions in Southern Health are clear on the skills, experience, qualities, and values required for all roles. The Investigation Officer job description has been reviewed and amended to explicitly include these qualities.
R23	SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, **regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.**	The Investigation Officer training package will be updated when the revised national PSIRF is launched and following completion of the Healthcare Safety Investigation Branch training. It will be co-produced with the support of the Family Liaison Officer. We will set up a continuous improvement network including patient and family feedback to support the development of the Investigating Officers. This will be collated quarterly and shared with the Learning from Events Group. The Trust already has a structured approach in place for appraisals and we ensure there is access to both reflective practice and a professional development plan.
R24	SHFT should urgently change and improve the **Ulysses template f**or investigation reports to ensure that all completed investigation reports are accessible, readable, have **SMART recommendations and demonstrate analysis of the contributory and Human Factors.**	The Ulysses template has already been amended as part of the Serious Incident Review Accreditation Network (SIRAN) accreditation, which was successfully achieved in October 2021. During 2022 there are likely to be further changes as the Trust introduces the new national standards (subject to the national timetable) and also continues to develop the principles of Safety II where you proactively understand the practices and processes in place when things go well.
R25	All completed investigation reports in SHFT should explicitly and separately document the **details of family and carer involvement i**n the investigation, in compliance with any data protection and confidentiality issues or laws.	We agree. This is current practice and is a requirement for the completion of investigation reports.
R26	SHFT must **share learning more widely** throughout the whole organisation and ensure	The Trust has a range of 'Learning from' programmes including Hot Spots, Learning Matters and Governance Snapshots which are available to all staff

	that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.	on the intranet. Trust wide Learning from Events groups and specialty level groups are in place. We are currently working with the National Air Traffic Control Services (NATS) on translating lessons into learning, behaviour and culture change. This is an area that the Trust will always be working to continuously improve.
R27	SHFT should have in place, as a priority, a mechanism for capturing the **views and feedback** of the service user, family member and carer about the entire **SI investigation process**. This should be monitored at regular intervals for learning purposes and should be **shared** with the central investigations team and the Board.	The feedback form has been co-produced with families. A quarterly report will go to Quality & Safety Committee from quarter one 2022/23, detailing the feedback received. We will collate feedback on investigations from a number of sources including families and Coroners and report this to the Patient Experience and Caring Group. The membership and Terms of Reference of this group has been amended to include their role in hearing feedback about services. Thematic reviews of investigations, complaints and other learning will be shared at the Learning from Events group and Quality & Safety Committee at the end of Q1 (June 2022). There is a staff checklist in place to ensure regular involvement with families and carers which will be audited in Q2 2022, and we will use this to further develop family/ carer involvement in investigations as part of the PSIRF implementation.
R28	SHFT should improve the **quality of the Initial Management Assessments (IMAs)** that are provided to the 48-hour Review Panel to ensure that the **decision-making process for the type of investigation required is robust, rigorous and timely**. This should be done through a systematic training model and quality assurance mechanisms should be put in place	The review and redesign of the Trust's incident review panel processes was completed in March 2022. A working group involving staff is reviewing completion of incident forms and IMAs, the redesign of staff guidance and revised IMA template; and the separation of 48hour panels and mortality panels which will form part of the Medical Examiner review process implementation.

R29	SHFT should produce a **quarterly and annual Serious Incidents Report**, which should provide a mechanism for quality assurance. It should be presented to the **Board and available to the general public**, in compliance with data protection and laws.	This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.
R30	The SHFT Board and the Quality and Safety Committee should receive more **information on the degree of avoidable harm and the lessons learnt**, through regular reporting. Thereafter, that information should be discussed by the Board and shared through the **Quality Account and Annual Report** and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative analysis of all incidents, but it should also r**eflect a thorough qualitative analysis** to identify the relevant themes of current error and future themes for learning.	This is current practice with 'near misses' reported in our quarterly serious incident reports. This is an area for continuous improvement and learning. The Learning from Deaths quarterly report is scrutinised by the Quality and Safety Committee and discussed by the Board.
R31	SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.	It has been agreed nationally that the next stage of the Medical Examiner roll out will extend to all deaths in community and mental health wards. The process for this is that the service into the acute hospitals will extend to cover our sites. We are supporting colleagues fully with this approach and will roll out in line with the requirements of the Medical Examiners at UHSFT, HHFT and PHU. The timeline for this is being determined by them and the national requirements.
R32	SHFT should examine the potential of **expanding and bringing together the Patient Safety Specialists** into a team, led by a Director of Patient Safety, from the Executive level.	The Trust has a group of Patient Safety Clinical Leads (introduced in 2019), embedded within our clinical divisions, who report into the Patient Safety Specialist and are led by the Director of Patient Safety.
R33	SHFT should develop a co-produced **Patient Safety Plan,** which includes a long-term strategy for the recruitment of Patient Safety Specialists	We have a Patient Safety Commitment 2018-25 in place which was co-produced in 2018 and refreshed in April 2021 in consultation with service users and families.

	and Patient Safety Partners and a commitment to continuous improvement.	The national requirements for the Patient Safety Expert are relatively recent (October 2021) and the Trust is consistent with these. We will continue to review these arrangements in line with the Patient Safety Response Incident Framework and National Standards when they are published during 2022.
R36	All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.	This is current practice and action plans are monitored at the appropriate part of the organisation. This may be divisional or at a Trust wide forum including Board Committees where appropriate. The Learning from Events forum facilitates Trust wide learning. Work is ongoing to streamline action plans and ensure they are outcome focused.
R37	SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations. That process should require tangible evidence to be provided of actions of improvement and learning. That process should be documented and reported on regularly.	The Learning from Events Forum provides a key role in ensuring actions of improvement are undertaken and learning is shared widely across the organisation. This is attended by Patient Safety Leads. Themes from this and our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.
R38	SHFT should adopt the **NHS Just Culture Guide** and put in place an **implementation plan** to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT **recruitment strategy** and within all **induction programmes** for all staff, to particularly include substantive and locum **medical staff**.	We have developed a Just Culture Implementation Plan, in line with the NHS Just Culture Guide, ensuring it is embedded in all our people processes. This is an area for continuous improvement.
R39	SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It	The Board has made it very clear over a number of years that diversity and inclusion is a foundation on which we build our people and services. The Board recognises fully the challenges of workforce and health inequalities that exist with our society and the Trust is committed to addressing these. The

	should work with its Governors to do so. This should form part of a long term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.	Board set an aspiration to be representative of our diverse communities at all levels by 2024. Plans to deliver this have been progressing and reviewed with progress being made against the 2019 baseline. Work will continue with the appointment of a new Associate Director of Diversity and Inclusion (now in post) and a recent audit to inform our priorities for development. We will ensure that our governors and membership are included as part of this work. We are also taking an active role in the Integrated Care System with the Chief People Officer taking on the Senior Responsible Officer role for Hampshire & Isle of Wight.
Learning Points		
L1	SHFT should avoid terms such as ‘upheld’ or ‘not upheld’ in all complaint investigation reports and response letters.	We ceased this practice in late 2019 / early 2020.
L2	SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible **helpline** or other technical aid in order to lead to a practical response	We are currently able to support carers who are directly involved in our carers’ groups. The Carers and Patients Support Hub is a new resource to support carers. The support hub provides multiple ways for people to get in touch, including online options, text messaging service as well as a phone line.
L3	SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.	We agree and believe we have already made significant steps of improvement. We are currently undertaking a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which includes monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. We will implement recommended changes following this work. The PHSO presented at Quality & Safety Committee in March 2022. The pilot will run until 21st October 2022.
L4	SHFT should take a **‘team around the family’** approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We agree. We have several families and carers groups in place and the Carers and Patients Support Hub will provide specific support to individuals. Wider outreach sessions will be developed in the community. We will be able to gain feedback from patients and carers about the effectiveness of these arrangements and will also look to improve further.
L5	SHFT should consider the use of recognised mediation services to resolve outstanding issues	The Trust has appropriate mechanisms in place. The Trust will always consider independent support and encourage advocacy.

	with families who have disengaged within the last two years.	
L6	SHFT should review its 'Being Open' Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	The Being Open policy has been reviewed by the SHFT Family Liaison Officer team. It has been refreshed using the feedback from the following committees. 1. Working in partnership Committee – Lay group with Voluntary sector 2. Carers, Family & Friends Group – Carers and service users 3. Patient Experience & Caring Group – Divisions, teams, carers and patient reps 4. Staff promotion in staff bulletin 5. Caldicott Guardian engagement & advice 6. Learning From Events Forum – Clinical staff Staff guidance is available on the Trust intranet with a printable easy to read leaflet for service users and families which will be available on the public website. The policy and supporting materials will continue to be developed and improved with engagement from staff, carers families and service users.
L7	SHFT should involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of the action plan.	This is current practice. We offer this opportunity within our current processes.
L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement (QI) projects and SHFT's journey of improvement.	Agreed. Our Quality Improvement (QI) Programme has trained staff at all levels in the organisation who have worked alongside more than 150 patients, their families and carers on specific projects. We will continue with this approach as we re-energise our QI programme and move to the next stage of its development.

L9	SHFT should, overall, increase its annual and quarterly reporting by committees and divisions to be accessible to the public it serves.	A review of guidance and good practice has been undertaken and agenda frameworks for Committees and the Board will be amended as required.

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

2. Further information

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

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

Health Overview and Scrutiny

Briefing paper

<table>
<tr><td colspan="3">Title: Portsmouth Hospitals University NHS Trust update</td></tr>
<tr><td>Author and role: Chris Evans, Chief Operating Officer</td><td>Contact details:
communications@porthosp.nhs.uk</td><td>Date: June 2022</td></tr>
<tr><td colspan="3">Purpose of the paper :
To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU) to meet the demand on health services including urgent care.

The paper also updates on the work we are doing to deal with the elective care backlog caused by the Covid-19 pandemic.</td></tr>
<tr><td colspan="3">Brief summary:
The main focus of 2022/23 for PHU will be recovery and reset after two years of the Covid pandemic, shifting from an incident style of working, back towards more business-as-usual expectations of the scale and style of delivery.

This paper talks through how we are tackling the additional pressures on our hospital sites at the moment to ensure people are cared for in a timely way.</td></tr>
<tr><td colspan="3">Background:
During 2021 we put a number of measures in place to help improve the way patients move through our Emergency Department, so they receive high quality care in a timely way. These changes include the establishment of the Emergency Care Centre, the development of a Medical Village on D level with extended Same Day Emergency Care (SDEC) capacity and a co-located Acute Medical Unit and Short Stay patients.

During the first months of 2022 we have operated consistency at OPEL 4* level. The number of patients we are seeing in the hospital reached maximum occupancy levels of around 100% on several occasions. During April a critical incident was declared as a result of no available beds available in our Emergency Department. The incident ran for three days until beds were available for critically ill patients requiring an unplanned admission.

We are pleased to report that over the bank holiday weekend in June we reduced our operating level to Opel 3 and will continue to monitor this going forward.</td></tr>
<tr><td colspan="3">Update:

Patient flow
In February 2022 we made further changes to the way we work to improve how patients safely move through the hospital:
Patients who are able to sit and wait in ED are now moved over to other clinical spaces such the ECC, SDEC or OSDEC.
The ambulance service is now able to access SDEC services directly when bringing a patient in, if appropriate.</td></tr>
</table>

- Wards are implementing a 'My next patient' system where they will work with ED to transfer at least one patient a day to their ward area freeing up space in the ED.
- A prescribing pharmacist is now available in the discharge lounge to allow earlier discharge.
- Ward E6 has been reopened to care for patients.
- A member of staff has been manning the front door of ED to triage patients on arrival and signposting them to alternative services such as Urgent Treatment Centres, pharmacies or the ECC.
- We are taking part in the Call 2 Converse pilot across Portsmouth and South East Hampshire with South Centre Ambulance Service (SCAS). This sees all category 2-4 SCAS calls (without an existing care pathway) reviewed by a Multi-Disciplinary Team (MDT) to ensure they are being signposted to the correct service. This pilot will run for five days and learning will be discussed and taken forward.

Timely discharges
Discharging patients as early as possible in the day is a main priority for staff. We are working with patients and their families/carers on their discharge plans as early as possible in their care. Discharge letters and a set of FAQs are being shared and we are actively encouraging patients to ask their health care professional about their discharge at all stages of their care.

Staffing
Staff sickness due to Covid-19 has also impacted the hospital. A staffing hub has been set up to co-ordinate staffing levels across all the services to ensure the right staff with the right skills are in the right services. A national recruitment campaign was launched in April to attract more nurses to join PHU. This is a multi-media approach across social media, trade media, national events and international nurses.

Partnership working
We have been working with our Portsmouth and South East Health and Social Care partners to ensure patients are cared for in the correct environment such as a community hospital bed, at home or a care home.

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

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

We do not have any patients waiting over 104weeks and continue to reduce those waiting over 52 weeks.

New Emergency Department
We have received capital investment to build a new Emergency Department which will help us deliver a new model of care to our patients to provide safer, timely and effective care. A range of engagement exercises have taken place since the beginning of the year and in March the full planning permission was approved in March. The Full Business Case (FBC) was approved by our Board in May and submitted to NHS England. Subject to the outcome of the FBC enabling works will commence Aug-Sept 2022 with the construction period commencing October 2022 for a period of 24 months.

Additional services
New chemotherapy chairs are now available at Fareham Community Hospital. The ten-station unit will offer up to 375 hours of treatment time per year, and also provide care closer to people's homes. Thank you to Portsmouth Hospitals Charity who have funded various parts of the unit.

Our new pharmacy for outpatients, run by Lloyds Pharmacy, opened on the QA site. Located near the north entrance it also includes a retail outlet for patients, visitors, and colleagues. The new facility is in response to the high demand on our previous outpatient pharmacy and we hope it will reduce the length of time patients have to wait for their prescriptions.

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

In April we launched our Lung Health Check programme inviting more than 23,000 past and current smokers aged 55-74 in Portsmouth to a lung health check with their GP over the next 2 years. The lung health check takes place in two stages. The first is an initial phone assessment with a specially trained health care advisor. If the assessment finds the person to be at high risk, they will be offered a health check with a nurse and a low dose CT scan of the lungs. The CT scanner is at the Rodney Road Centre, Illustrious Drive, (off Rodney Road) Portsmouth. This project is being run with NHS Portsmouth CCG.

Thanks
We would like to thank our staff, patients, carers and partners with all their help and support over this period.

Engagement:

System partners - PSEH (Portsmouth and South East Hampshire) Gold continues to oversee the operational and strategic requirements for the system, supported by the current Silver and Operational weekly meetings, in response to the Urgent Care agenda.

We continue working closely with South Central Ambulance Service and other providers to identify ways we can improve the number of ambulance minutes lost at our ED.

MPs – MPs from across the area attended a briefing with the Executive team in April. We discussed the plans and priorities for 2022/23, pressures on our services, recovering our planned services and work on the estate.

Public - We have worked with the local media to encourage local communities to use the most appropriate service for them and not come to ED unless they have a life-threatening injury or illness. This has also been encouraged through social media and our website.
Leaflets have been sent to the local community around the Rodney Road Centre to provide an update on the location of CT scanner and any additional traffic to the area.

Glossary

OPEL 4 – Operational Pressures Escalation Levels – Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the local ED Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL Four for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.
ECC - Emergency Care Centre – offers a new model of care for patients arriving at the ED with minor injuries or illnesses that require emergency intervention, but don't necessarily require admission. Following the success of this, we have increased the scope of this pathway by providing additional training for the teams involved.
SDEC – Same Day Emergency Care – patients who attend the hospital with certain conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward. If clinically safe, patients will go home the same day as their care is provided.
OSDEC – Oncology Same Day Emergency Care – for patients who are undergoing cancer treatment and need to receive urgent care.
Acute Medical Unit – a 63 bed unit. It provides rapid assessment, investigates and treatment for patients admitted urgently from the ED or GPs. Patients will stay for a short period of time before being sent home for community care or to another service or ward for longer term care.
Medical village – The co-location of the Acute Medical Unit, short stay unit and SDEC. This new clinical model focuses on moving patients who require a short stay with us out of the emergency department quicker and reducing the overall length of stay of these patients by minimising diagnostic and treatment wait times. This frees up space for those who require the most urgent and emergency centred care to be admitted quicker.
Category 2 call - A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport (40 minute response time)
Category 3 call - An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting (2 hour response time)
Category 4 call - A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic (3 hour response time).
MDT - A multidisciplinary team (MDT) is a group of health and care staff who are members of different organisations and professions (e.g. GPs, social workers, nurses), that work together to make decisions regarding the treatment of individual patients and service users. MDTs are used in both health and care settings.

Title of Meeting: Health Overview and Scrutiny Panel

Date of Meeting: 23rd June 2022

Subject: Adult Social Care Update

Report By: Andy Biddle, Director of Adult Social Care

---

1. Purpose of Report

To update the Health Overview and Scrutiny Panel on the key issues for Adult Social Care, (ASC) for the period December 2021 to May 2022.

2. Recommendations

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

3. Overview

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

ASC's purpose is defined as:

- Help me when I need it to live the life I want to live

4. National Legislation & Guidance

4.1. During 2021, the Health & Care Act 2022, progressed through the parliamentary scrutiny process. The main implications for Local Authorities, (based on existing guidance) include:

- The care cap - limiting what people pay over their lifetime for social care to £85,000
- Changing the level of assets at which people become eligible for Local Authority financial help toward their care costs from £20,000 to £100,000
- Implementing the section of the Care Act (2014) which enables people to access the same rates that the Local Authority pays for care, even where people are funding 100% of their care costs

- Requiring the Local Authority to undertake and publish a 'Fair cost of care' report and to move toward this cost in what they pay social care providers
- Requiring the Care Quality Commission to assess/inspect how the Local Authority discharges its duties under Part 1 of the Care act (2014).
- A requirement on social care providers to submit information to the Department for Health & Social Care.
- The ability for DHSC to fine social care providers if they do not submit information when required.

4.2 In March 2022, the government published the consultation 'Changes to the Mental Capacity Act Code of Practice and implementation of the Liberty Protection Safeguards'. The consultation closes on 7/7/22 and the implementation of the new Code of Practice, (26 chapters, covering 518 pages) is expected during 2022.

4.3 In 2021, the government concluded a consultation into the changes proposed to the Mental Health Act and in the Queen's Speech of May 2022 announced that draft legislation would be brought forward to reform the Mental Health Act in England & Wales.

5. Health & Care Portsmouth

Portsmouth City Council has a strong history of integrated working relationships with all NHS partners in the city, in particular with NHS Portsmouth Clinical Commissioning Group (PCCG). We continue to work together with Portsmouth Hospital University Trust, (PHU) Solent NHS Trust and voluntary and community sector colleagues in integrating the health and care approach in Portsmouth and in preparing for the Hampshire and Isle of Wight Integrated Care System to come into effect in July 2022.

6. Key Issues

6.1. National reform

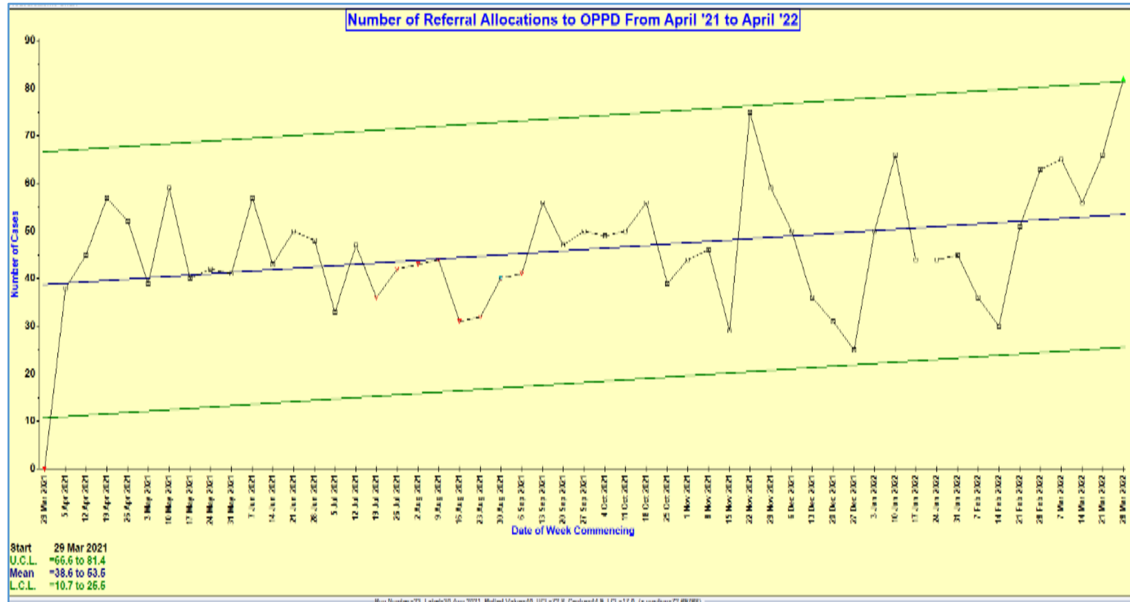
As noted at section 4, the proposed reform constitutes significant changes to the law and related guidance and proposes an ambitious timetable for change reform. The preparation required for each of the changes are significant and this will put significant pressure on Local Authority adult social care services.

6.2. Adult Care and Support

Portsmouth Adult Care & Support provides support and advice to adults aged 18yrs and over who may need help in retaining their independence, perhaps as a result of a disability, long term condition or frailty associated with growing older. The social work

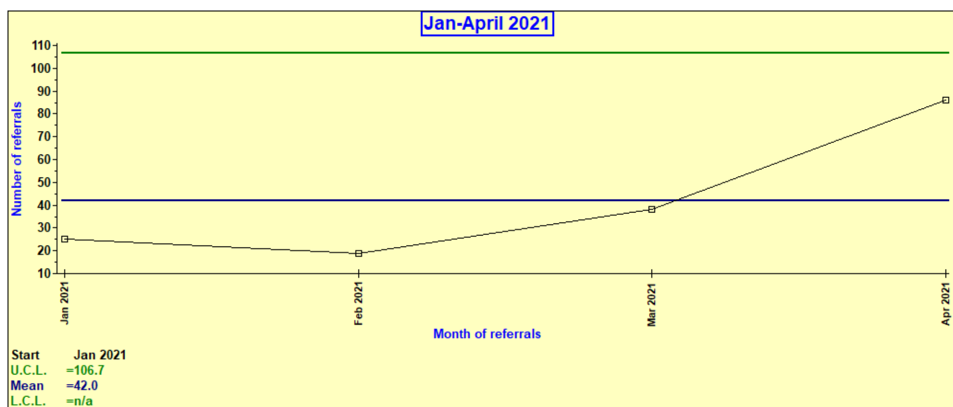
teams conduct assessments and work with Portsmouth residents to develop a personalised Support Plan to meet their needs. Social Workers and Independence Support Assistants support people who require care and support either at home, or in a residential setting, to choose services that meet their needs.

The community teams are currently experiencing increased pressures. We have growing waiting lists for assessment and reviews within the teams and waiting times are longer.

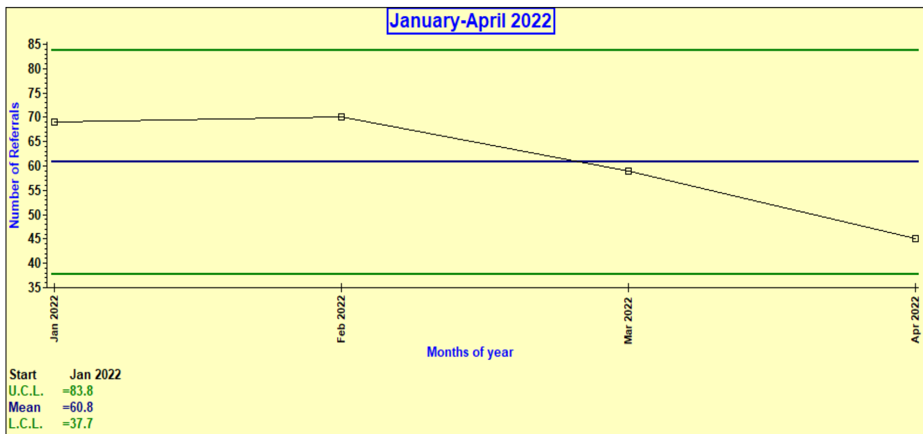


We currently have 2 locum social workers as extra resource for the teams to help manage the pressure. We have also commissioned an external provider to undertake one off review of 200 cases

The response team has seen a 45.2% increase in the number of referrals for the first quarter this year compared to 2021. Jan-April 2021 = 168 (Jan 25/Feb 19/March 38/April 86)



Jan-April 2022 = 244 (Jan 69/Feb 70/March 59/April 45)



The Occupational Therapy (OT) Team is part of Adult Care and Support and helps Portsmouth City Council residents maximise and maintain their independence. The team closely integrate with Solent Healthcare and work closely with the council's public and private sector housing teams, helping individuals adapt their homes.

In line with the ASC strategy and as part of the preparations for the proposed CQC inspection of Local Authorities, we are embarking on programmes of practice culture change aimed at supporting staff to think and work in a strength-based way. We want to ensure that our assessments are and continue to be person centred and collaborative and that we work in a way that moves away from thinking how individuals fit into services to supporting our residents to achieve outcomes that matters to them. One of the initiatives to this end is the development and implementation of the Practice Support Forum (PSF).

Practice Support Forum is a peer group support platform aimed at Strength - Based focused Practice Culture with value for money commissioning outcomes as a by-product. Colleagues with expertise in reablement, community resources and the voluntary sector attend as they have a wealth of knowledge of what may be available in the community. PSF aim:

- To reinforce strengths-based practice and good assessment
- To support development of Social Workers' confidence in their strengths-based practice and assessment
- To support Social Workers in considering alternatives commissioning solutions that meet outcomes identified in assessment
- Ensuring cost effectiveness so that outcomes are met making the best use of available resources.

6.3. Hospital Discharge

ASC continues to follow the latest hospital discharge guidance: Hospital Discharge and Community Support Guidance, published 31 March 2022[1]. This

[1] Hospital Discharge and Community Support Guidance (publishing.service.gov.uk)

guidance sets out how NHS bodies (including commissioning bodies, NHS Trusts, and NHS Foundation Trusts) and local authorities can plan and deliver hospital discharge and recovery services from acute and community hospital settings that are affordable within existing budgets available to NHS commissioners and local authorities.

In practice, this guidance requires close working between ASC, Portsmouth CCG and NHS Solent to ensure Portsmouth citizens are discharged and assessed for ongoing care needs in a safe, timely and effective way that reduces the length of time people wait within Hospital for discharge. This work feeds into plans and activities at the Portsmouth & Southeast Hampshire Urgent Care System to manage the current pressures at Portsmouth Hospitals University Trust.

Part of this work involves the 'Discharge to Assess' (D2A) reablement unit (Southsea Unit) located at Harry Sotnick House, that was set up as a resource during the pandemic. Working in partnership with Portsmouth Clinical Commissioning Group (CCG), we are working to agree funding to establish a permanent D2A unit. The unit enables Portsmouth residents to be discharged from hospital and offered a short stay, with reablement support, to enable decisions about how ongoing care and support needs could be met.

The hospital discharge fund ended at the end of March 2022. The PCCG are currently supporting a continuation of existing D2A arrangements until September 2022 whilst we work with NHS Solent on the future of Southsea unit and Jubilee House.

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

6.4. Work with People with a Learning Disability

The Integrated Learning Disability Service (ILDS) has continued to support the COVID-19 vaccination uptake for its users. They have now achieved a 93% uptake. The service has worked closely with PCCG and the Primary Care Network's around support for the COVID-19 booster jabs and seasonal flu jabs. This integrated approach to care and support has helped keep this very vulnerable population well throughout the pandemic.

The ILDS is hoping to better understand the implications of long COVID for its population and provide appropriate support to individuals affected. To date, 90 people have undergone long Covid monitoring. Four of those individuals had identified on-going symptoms which they were offered support to manage.

The ILDS has continued to work with its network of providers to ensure business continuity. The key issues for providers have been around managing staff absence linked to Omicron and the general recruitment and retention of staffing across the sector. During the pandemic, some care staff chose to leave their roles and move into the retail and hospitality industries. This seemed to be in response to the extreme working conditions the care sector was experiencing. More recently this trend appears to have halted and we are beginning to see staff return to the sector. We hope this continues.

Due to cost-of-living pressures this year has seen a number of requests from providers for significant fee increases (up to 18%). This has led to an offer from PCC of 6.99% for supported living providers and 6.34% for day service provision. These have been accepted.

The ILDS has experienced an unprecedented increased level of referrals following COVID-19. This has placed a major strain on the service and has required investment in staffing from both PCC and Solent. Similar investment is also being sought from Portsmouth CCG to ensure sustainability.

Alongside the work to re-establish services, the ILDS has continued with its developmental ambitions. Recently there was a naming ceremony for the new 28 bedded supported living service, Patey Court. This is now scheduled to open in July 2022 following delays in the build. Alongside this, a new 8 person supported living service for people with very high support needs in Liss was opened in November and provides a high-quality bespoke environment, and support, for a very vulnerable group who previously would have been placed in high cost and often unsuitable, placements across the country. We are now beginning to plan for the opening of the "Highgrove" project in Drayton scheduled for July 2023. This will offer accommodation for 12 people with a learning disability and a further 12 beds for Portsmouth residents eligible for Continuing Healthcare.

The service also hosted a networking event at Portsmouth Football Club in March 2022 to connect potential employers and people with a learning disability. Over 40 service providers had stalls and around 300 members of the public attended. People enjoyed being able to connect again and speak to people directly after such a long and difficult time.

6.5. Carers Service

The Carers Service supports adult carers, usually via a Carers Assessment, to access breaks, information and advice, emotional support and help with emergency planning. The team have continued to operate in a hybrid way, offering in-person, telephone and online support. The Carers Centre has

gradually increased its range of services to pre-pandemic levels, offering a variety of individual and group support. Recent work includes;

- Discharge to assess - funded by NHSE the service worked alongside Solent colleagues within Jubilee and Spinnaker wards to evaluate and improve carer experience of the discharge process, promote pathways of support for carers and provide awareness sessions for Solent staff. This also allowed us to redesign and relaunch the Carer Aware e-learning. The project has highlighted ongoing significant gaps in awareness and desire to take ownership for the identification of carers and the inclusion of carer support in the discharge planning process.
- GP Carer Read Code - this has now been implemented allowing all SystmOne users across Adult Social Care and primary care to record the 'carer flag' on the carers GP record. Used predominantly by the Carers Service this improves carer identification and visibility in primary care and is setting a new precedent for maximising the use of the shared record system. We have now included the e-referral function within SystmOne as another tool to support early carer identification and support. This work has recently been shared as best practice at an NHSE Commitment to Carers programme lunch and learn webinar https://www.youtube.com/watch?v=U7p_i4x8wk0

There has been continued high demand for Carers Assessments. The team have worked extremely hard to keep waiting times down with no average monthly waiting times exceeding one week and no individual waiting time of more than two weeks and five days. The number of referrals into the service has increased by over 73% in the 12 months up until April 2022. Monthly referral figures for November 2021 until April 2022 are as follows:

Month	Number of referrals
November 21	55
December 21	43
January 22	58
February 22	70
March 22	97
April 22	71

The Deputy Head of Service and Assistant Team Manager with responsibility for the carers service have represented Portsmouth at regional, national and international meetings and events including World Carers Conversation 2022, focus groups with DHSC colleagues, a workshop with CQC assisting the

development of carers measures in the new inspection framework and various ADASS events.

6.6. Independence and Wellbeing Team

The work of IWT exemplifies the approach set out in the ASC Strategy looking at recognising and harnessing the resources of Community. Often community resources can achieve more sustainable outcomes for our citizens. Coupled with an increasing demand for ASC services and finite capacity and resource, this highlights the need for a move to a strength-based partnership model with the people we serve and their communities

The purpose of the Independence and Wellbeing team is to support the people of Portsmouth to

- retain their independence and quality of life
- keep well
- avoid social isolation and loneliness
- have a sense of purpose
- Reducing dependence and also demand on health and social care statutory services.

They do this by;

- providing information
- signposting/referring to other services
- supporting people to access resources across the city
- providing activities
- helping people make healthy choices
- growing community capacity
- increasing community cohesion

The team is made up of Community Connectors, (CC) and Community Development workers, (CDW)

Community Connectors

- Currently operating a waiting list of approx. 40 referrals.
- Has introduced a 'working as a group' programme to address waiting lists and make effective use of limited resource
- Increasing presence in Extra Care Schemes using Covid Recovery funding. Rather than pay 1-1 care staff to meet needs of isolated residents Community Connection uses a strengths based approach to bring in volunteers and support residents to develop relationships.

Community Development

- Our gardening projects have good attendance and we have been approached to develop a temporary green space in Commercial Road

- Nature Watch groups have been established and good attendance from various community groups.
- BME community groups established and well attended
- Looking to develop a further 'Men in Sheds' group in the north of the city.
- Linking in with a new voluntary community group based at Hilsea Lido to develop a project.
- BME outreach has restarted and staff are renewing and/or making new links within the BME communities. Moving forward the focus is to have projects open to all with BME CDWs focusing on encouraging and promoting groups to BME communities rather than having a separate provision.
- Chop/cook/chat is well supported by a reliable group of volunteers.
- Volunteer led Healthy Walks have been reinstated and routes are being added
- Advert currently out to recruit a Team Lead who will develop the Front Desk project and to oversee day to day management of Development Team
- Community Builder post being advertised to coordinate Community Capacity building

6.7. Participation and Engagement

As Adult Social Care we believe that we will better support our community by involving the people who are affected by our services in every aspect of what we do. We also believe it is the right way to act - that there should be 'Nothing About Me, Without Me'. This needs to be a defining aspect of our strategy, approach and values. We need to have a clear policy and a thought- through approach to putting our principles into action.

We use Think Local Act Personal's 'Ladder of Participation' to help us understand what we are currently doing and be clear about where we want to get to. Important 'rungs' are

- Co-production - An equal relationship between people who use services and the people responsible for services, working together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services.
- Co-Design - involving service users in designing services based on their experiences and ideas. They have genuine influence but are not involved in 'seeing it through'.
- Engagement - people who use service are given opportunities to express their views and may be able to influence some decisions, but this depends on what the people responsible for services will allow.
- Consultation - people who use services may be asked to fill in surveys or attend meetings; however this step may be considered tokenistic if they do not have the power to influence or affect change.

Scope of Activity will include

- Setting, monitoring and refreshing of the ASC Strategy
- Development of Commissioning Intentions
- Evaluation of the quality and effectiveness of what is currently commissioned/provided
- Design of new and existing Services
- Procurement - development of specifications, tender evaluation and review
- Staff Recruitment
- How we support people to articulate what is important to them
- How we develop pathways whereby individuals' views can be aggregated and heard by those who can respond to them
- How we invest in development and maintenance of relationships with stakeholders
- The extent to which we as an organisation evidence a participatory approach in our leadership and management styles. But we will look to make working in partnership with service users, carers and other stakeholders an integral part of everything we do

Where we are up to

- We have designated an officer to lead us on this transformation
- We are working with corporate and ICS colleagues with a similar brief
- We have established regional links and are a part of an Association of Directors of Adult Social Services working group on Co Production
- We have set up a virtual 'Knowledge Hub'
- We have appointed a Participation Lead and an Engagement Lead
- We have a thriving Learning Disability Partnership Board and Autism Community Forum
- We have designed a number of services with the Autism Forum and 2 Autistic people have been appointed to run the Community Hub
- The Learning Disability Champion is part of the Contracts Team and takes part in tender evaluation and is currently engaged in a Service Review
- We are shortly undertaking an Audit across ASC and will prioritise particular areas eg recruitment co-developing a clear policy and guidelines which will cover the entirety of the process - development of role profile, selection process to encourage consistency
- We will, with partners and users, develop policy and guidelines incrementally, mentoring the introduction of practice and evaluating effectiveness until there is 'Nothing About me without Me' working with partners in order not to duplicate effort
- We will begin in the next 3 months to develop a workforce strategy to embed values and understanding

The forthcoming Inspection will, without doubt, look at our progress in this area. We are determined to go beyond tokenism or being 'good enough' to a transformation of approach and practice in line with the values and principles set out clearly in our Strategy

6.8. Management Information Service

The Department of Health and Social Care has increased its requirements for data submission from Adult Social Care while the Senior Management Team of the service itself also require an improvement to the data it has available to make strategic and operational decisions. In response, Adult Social Care have initiated an Information Management and Data Programme. The previous approach to data provision would not meet current expectations as it was resource heavy, siloed and manual, with over reliance on individual skill sets. Going forward, Datasets will be prescribed nationally, so that services throughout the country will collect the same data according to common definitions.

The key challenges in this area are to capture all the required data fields as part of practitioners' work on our recording system and combining data from different sources, to enable easy access by non-technical staff to accurate and useful data. These challenges are addressed in the Information Management and Data Programme.

The Department of Health and Social Care requires increased data collections while the Care Quality Commission is also reintroducing an inspection regime which will mandate data submissions. Work is already underway to enable delivery on the national Datasets, which will require monthly returns. Plans to improve and reconfigure workflows are being scoped and, with the support of Finance colleagues, development is underway to produce interim Business Intelligence reports/dashboards in key areas for senior managers via the ContrOCC (finance) Insights dashboard.

However, there are still several challenges around resourcing, particularly around ensuring that there is appropriate access to business analysis and technical expertise for the programme to develop. Recent resignations have exacerbated risk in capability and capacity and recruitment is essential to achieve the programme. We have appointed some temporary capacity to support whilst we move to a consistent business/data analyst resource.

The programme is funded via an approved Capital Scheme and a request has been submitted to release funds to support design and implementation in partnership with PCC Corporate IT.

6.9. Regulated and Provider services

Portsmouth City Council has seven services registered with the Care Quality Commission (CQC)

- 3 services are registered for the delivery of accommodation for persons who require nursing or personal care
  - Harry Sotnick House (including the Southsea Unit - D2A)
  - Russets
  - Shearwater
- 4 services are registered for the delivery of personal care
  - Ian Gibson Court
  - Portsmouth Rehabilitation and Reablement Team (ILS)
  - Community Independence Service (CIS)
  - Portsmouth Shared Lives Service

Each service has a manager who is registered with the CQC, as well as a variety of staff with knowledge and skills relevant to the service provided. All services are subject to inspections from the CQC in line with their registered activity. All services sit within Adult Social Care, with the exception of Ian Gibson Court, which is part of the Housing, Neighbourhoods & Buildings, (HNB) directorate.
Staff within provider services receive mandatory and service specific training as required.

The ASC 'quality assurance & learning framework' for regulated services includes a requirement that we audit standards across our regulated services, part of this process involves informal inspections. These are completed by the Head of Regulated & Provider Services annually with support from key individuals such as social workers, the safeguarding team and NHS colleagues. Informal inspections continue with the most recent being at Shared Lives in December 2021.
In April 2022 CQC used their Direct Monitoring Approach to review and quality assure the Community Independence Service, Ian Gibson Court, Portsmouth Rehabilitation and Reablement Team (ILS), Portsmouth Shared Lives Service and Shearwater, reporting that they do not need to currently carry out an inspection or reassess ratings on these services.

Harry Sotnick House Nursing and D2A units had an unannounced inspection by the CQC between 9 - 11 May 2022; the "summary of findings feedback" is positive and the final report is due to be published.

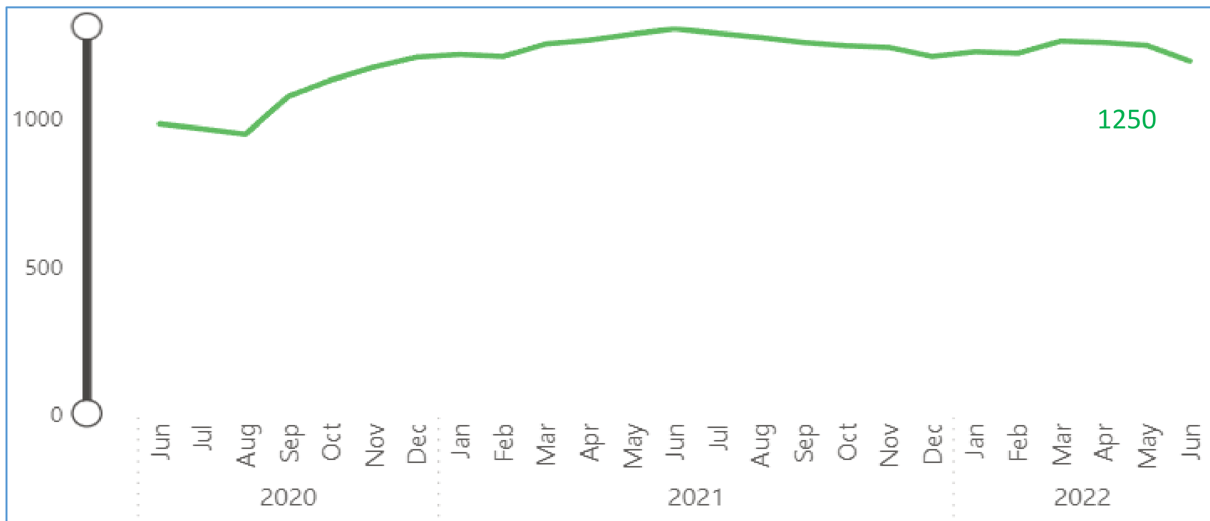
7. Demand

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

7.1. Domiciliary Care

Domiciliary Care volumes remain at a consistent baseline having significantly increased at the onset of COVID

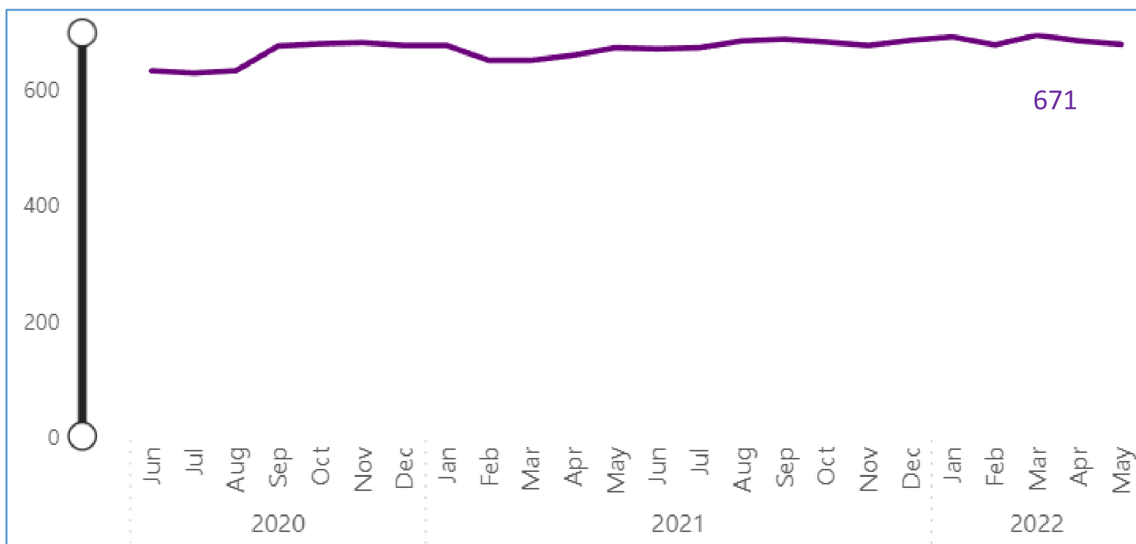
24-month Domiciliary Care Volumes



7.2. Residential and Nursing Care

Residential and Nursing Care volumes remain at a consistent baseline having decreased at the onset of COVID

24 month Nursing and Residential Care Volumes



7.3. Deprivation of Liberty Safeguards (DoLS)

The figure for the period April & May 2022 showed that there was an increase in the overall numbers of referrals received on last year, with a reduction in the number of DoLS granted, this will increase as assessments are completed.

Referrals Received (all Referrals)
April & May 2021 = 188
April & May 2022 = 236

Referrals Received (excluding Furthers & Reviews)
April & May 2021 = 115
April & May 2022 = 166

DoLS Granted
April & May 2021 = 127
April & May 2022 = 32

Average Time between Referral & Authorisation
62.5 days

Status 01/06/2022
With Triage = 13
To be Allocated = 37
To be Triaged = 14
Total to be Allocated = 64

Our Liberty Protection Standards (LPS) Implementation lead has been in post since February 2022 and has been working with partners to respond to the LPS code of practice and to explore how the new process can embed in practice. This reaches across Adults and Children's services.

7.4. Mental Health Act Assessments

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

The team are addressing presenting issues of obtaining warrants due to a new system introduced by Her Majesty's Court Service that has delayed access to urgent warrants due to reduced spaces. This can have an impact on assessment timescales, with potential impact of creating delays to admissions.

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

Pressures created by challenges in medical cover within Solent NHS Trust have reduced due to more staff being in post.

The AMHP service have noted that referral rates remain steady over the course of each month although we do experience increases at times. We deploy more than the rota'd AMHPs if required and seek to respond flexibly as needed. We have experienced an increase in referrals for those under 18.

To date the AMHP team have received 7 requests for the Treasury's "Mental Health Crisis Breathing Space" programme. This is a programme that helps take the pressure off people with debt issues while they are receiving crisis treatment and up to 30 days after. Of the 7 referrals two people were eligible. The other 5 people were appropriately signposted to the 'Non-Mental Health' Breathing Space programme. This low take up is reflected via AMHP leads network across the country

7.5. Adult Safeguarding

The Adult MASH received 2,181 safeguarding concerns in 2021-22, up 6.3% from 2020-21. Of these concerns, 38% met the statutory Section 42 criteria and enquiries were commenced.

758 enquiries were concluded in 2021-22, with risk being reduced or removed in 97% of cases, and desired outcomes of the adult at risk (when asked and expressed) being fully or partially achieved in 98% of cases.

In addition, the Adult MASH received 2,877 PPN1s (concerns raised by the police), of which 2% met the statutory Section 42 criteria. During 2021-22, a PPN1 management plan was agreed by the service and enacted to resolve the significant backlog of PPN1 reports. As a result of this, significant work and discussion has been carried out between Hampshire Constabulary and the Adult MASH about the appropriateness of police referrals, issues around consent to share information, the role and purpose of the Adult MASH, and when referrals to the team should be made. We hope to see a marked decline in the number of PPN1s received in 2022-23.

In addition to statutory safeguarding work, the Adult MASH continue to work on our Business Plan, with focuses this year on developing resources for service users, re-establishing relationships with partners and providers post-pandemic, and standardising documentation to ensure all of the team's work is clearly evidenced. The team continue to offer specialist advice to colleagues and partner agencies via fortnightly clinics and ad hoc as required.

7.6. Complaints

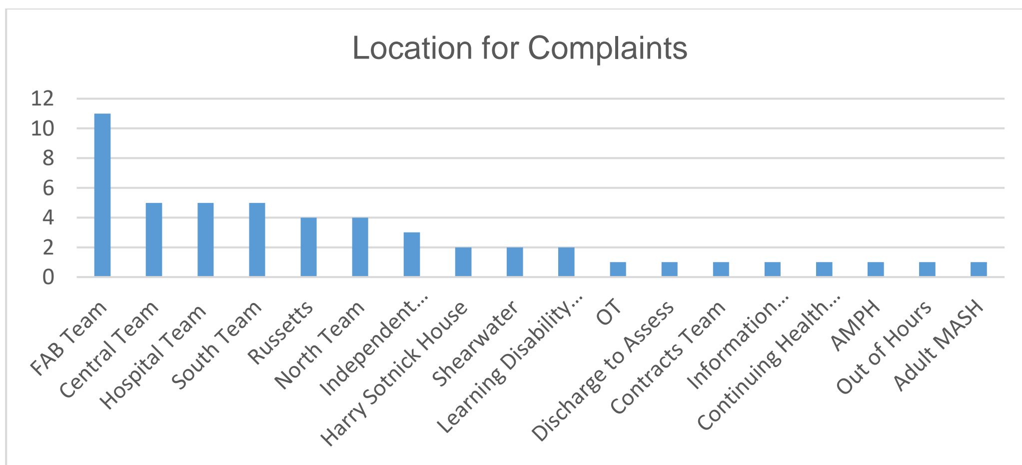
The Complaints Managers have continued to operate in a hybrid way, offering in-person, telephone and online support throughout the Covid Pandemic.

For the financial year 2021/22, there were 51 statutory complaints made about Adult Social Care, compared to 62 in the previous year. Included within 2021/22 are 3 complaints involving an independent provider, compared to 4 in the previous financial year.

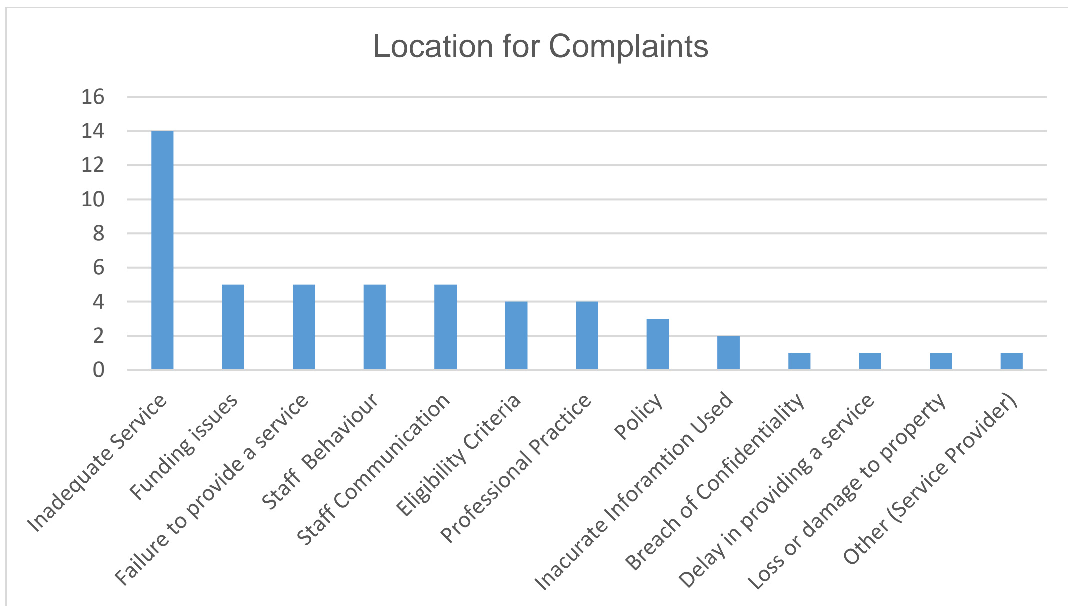
In addition to statutory complaints, there were 28 customer contacts and 5 contacts that were responded to under different procedures.

The number of service users open to Adult Social Care on 31st March 2020 was 6,687. The 52 complaints received therefore represent less than 1% of all the people receiving a service from adult social care.

To set the complaints figures in context, the following chart outlines the number of complaints for each location/team.



It is also important to consider the reasons why complaints were made.



Performance on 20-day responses have improved to 79% from 66% last year. Performance on 10-day responses has also improved with 60% of responses being sent within 10 working days compared to 48% last year.

One complaint was investigated by the Local Government Ombudsman and Social Care and Social Care and Housing were found at fault in relation to how it assessed a Disabled Facilities Grant application.

59% of complaints were upheld to some degree, an increase from 40% last year.

Adult Social Care received 16 compliments this year compared to 19 in 2019/20. Shearwater received the most compliments (4).

In total for this period, we recorded 44 Councillor/MP Enquiries for Adult Social Care, a large increase from 10 last year.

The Complaints Managers will continue to support operational staff and managers in handling and responding to complaints in the future. Complaints provide invaluable free market research for the department and we aim to continue to increase our learning from complaints, to disseminate good practice and to achieve more service improvements as a result.

Some examples of how the department has learned from complaints received in 2021/22 are shown below.

- Following the introduction of a new corporate finance system on 12th April 2021, as a result of a complaint about care payments being allocated to the service user's deferred payment account and not the client contribution account, the support team identified an error in the system which was resolved.

- Another complaint has led to our Continuing Healthcare Manager ensuring staff provide the advocacy leaflet and inform individuals about the advocacy service.

- As a result of a complaint about a S42 report not being sent to the service user's representatives, our MASH team carried out a review of its processes around sharing outcomes of enquiries with family members, so that this does not occur again.

8. Strategy

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

The intention of the strategy is for.

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

Since publication of the strategy, some of the work undertaken to progress its aims has included:

- Developing a pathway for young people needing transition
- Developing Discharge to Assess to help people leave hospital in a timely way
- Working as part of the community response to avoid unnecessary conveyance / admission to hospital
- Developing a Direct Payments model to increase the control residents have over their care arrangements
- Increasing supported housing for people of working age with mental health needs
- Increasing supported housing for people with a learning disability
- Developing extra care housing for people living with dementia

9. Quality Assurance and CQC (Care Quality Commission) Inspection Preparation

ASC has undertaken considerable activity to support our quality assurance throughout the service. This is partly in preparation for the new CQC Inspection framework that is to be published shortly (with a start date of April 2023).

9.1 Service Assessments

ASC have undertaken two assessments to support our understanding of the current position regarding services and organisational quality. The tools are the 'Towards Excellence in Adult Social Care (TEASC)' tool and 'A Regional Self-Assessment Tool'. Both tools are used across the Southeast ADASS (Association of Directors of Adult Social Services) and Principle Social Worker networks in the region and assess our quality and level of service compliance.

These tools have supported us by providing a gap analysis. This enables us to focus our attention on specific areas of work we need to address to improve and ensure service quality as follows.

9.2 Updated Workforce, Accommodation, Market Position and Prevention Strategies

Following the hiatus in service planning caused by the COVID-19 pandemic the service is now working to update key strategies to ensure we have services that are better able to meet our needs over the next few years. These strategies are being developed through co-production with appropriate agencies and staff and are to address anticipated needs and demands of our residents.

9.3 Quality Assurance Framework

The service is implementing a Quality Assurance Framework. This focuses on demonstrating current good quality practice and identifying areas of required improvement. The four key areas of focus are:

- Feedback and the experiences of users, carers, and other stakeholders
- Operational processes including quality supervision and practice observation.
- Performance Management using a set of key performance indicators (based upon national and local reporting requirements)
- External assessment (such a peer review, audits and CQC Inspections).

9.4 Other Activities

- We are engaging wherever possible with CQC and the Department of Health and Social Care (DHSC) as part of the consultation process for the new inspection framework
- We are liaising with our peers across the local ADASS network to support our service development and share good practice.
- We have recruited a Project Manager with experience in quality assurance and inspection processes to drive forward our improvement and service transition as required.
- We have our new Head of Service for Quality Assurance and Performance starting in July 2022.
- We are consulting with our staff and will provide regular updates in a variety of formats to keep this update on our progress.

10. Governance

ASC continues to maintain a risk register as part of service governance and this is monitored via a governance board to ensure that risks to the service and lessons learned from adverse events are incorporated into practice. The current issues being monitored include:

- The impact of the cost-of-living increase on Portsmouth residents with care and support needs.
- Challenges with providing data returns to DHSC and preparing for inspection.
- Concerns over the adequacy of funding for social care reforms. A recent County Councils Network/Newton report indicated a projected £10bn gap between government estimates of the cost of implementing the care cap and sector estimates. The report also estimated a requirement for 4000 extra staff in England.
- Challenges with recruitment of experienced and qualified staff and ability to succession plan, 30% of ASC managers and 35% of ASC staff are 55+.
- Demand means there is a wait for assessments due to staffing capacity and the increase in safeguarding referrals has impacted on response times in the service.
- With the greater throughput of Portsmouth residents through the acute Hospital, there is a greater need to review care arrangements after discharge, an increase in referrals for people who do not fit the criteria of more specialised services. An increase in referrals where arrangements for an individual as a child in need of care and support ends and the need to provide admission avoidance work within already stretched resources.

In 2022/23 we anticipate significant budget pressures from providers of care and support, based on the cost-of-living challenges and the need to plan for pressures in 2023/24.

ASC has also established a Portfolio Board to maintain oversight and assurance around the number of projects ongoing and prepare for the significant programme of reform referenced in Section 4 which require a project management approach.

HOSP – Public Health general update for Portsmouth

Dominique Le Touze – Assistant Director of Public Health

Thursday 23rd June 2022

1

Contents

1. Public Health Mandated Services and our 2021/23 Priorities
2. Public Health Commissioned Services
3. COVID-19 Public Health Response
4. Joint working - CCG
5. Public Health Intelligence
6. Joint working – Violent Crime
7. In House Wellbeing Service
8. Homelessness and health
9. Substance misuse
10. Sexual Health
11. Children's Public Health Strategy
12. Childhood obesity
13. Mental Health and Emotional Wellbeing
14. Joint Working - Air Quality and Climate Change, Transport & Planning

2

Mandated Services

Public Health maintains responsibility for delivering the mandated services funded through the ring fenced 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
- Commissioning of Local Healthwatch

3

Public Health Business Plan 2022/23: Priorities

There are 7 priorities for Public Health for 2022/23:

- 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)
- Promote healthy weight, reducing 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

4

Public Health Commissioned 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)
- Commissioning of Local Healthwatch.

Public Health are also responsible for Local Commissioned Services (LCS), which are NHS services that provide a response to local health needs and priorities, sometimes adopting national service specifications. They ensure additional local provision in the areas of sexual health, smoking cessation, NHS Health Checks and substance misuse (alcohol and drugs).

5

Service	Provider/s	Contract terms	Update
Locally commissioned services (smoking cessation, alcohol awareness, supervised consumption, needle exchange, emergency hormonal contraception, Long Acting Reversible Contraception, NHS Health Checks)	GP practices and community pharmacy	Term: rolling year on year	These services have been recommissioned from 1st April 2021. These services are paid for by activity on patient led basis, however NHS Health Checks is invitation only and is a local authority mandated service. Long Acting Reversable Contraception provision being supported by workforce development and quality improvement work enabled jointly by Portsmouth City Council and Portsmouth CCG.
Integrated Drug and Alcohol treatment and support service. Including: assessment and case management, medical interventions, psychological and social support interventions, specialist substance misuse housing support	Society of St James (SSJ)	Commenced 1st June 2022 initially until 31st March 2026, but flexibility to extend up to 31st March 2032.	This service has recently been re-commissioned. The new contract was awarded to the incumbent lead provider, SSJ. SSJ are working in partnership with an NHS provider called Inclusion, who provide drug and alcohol services across the country. Additional elements within the new contract include: expanded opening hours to 7 days per week, expand women only provision, expanded support for carers/families, provide some alcohol only provision and deliver abstinence based supported housing.
Sexual Health (contraception, testing and treating sexually transmitted infections, HIV prevention and testing, sexual health promotion, Psychosexual Counselling, Networks and training)	Solent NHS Trust	Current contract extended to end of March 2024.	Commenced 2017. Includes mandated services. This is a joint contract with commissioners across Hampshire, Portsmouth, Southampton and Isle of Wight Local Authorities and CCGs. Solent NHS Trust are paid monthly based on 1/12th of the contract. Some elements are tariffed based but there is a financial upper cap. The mainland LA's have the ability to reconcile at year end, making a claim for underactivity. Now includes provision of PrEP. Undertaking a Systems Thinking Review and Intervention testing.
Health Visiting & School Nursing and National Childhood Measurement Programme (in conjunction with Children's and Families Directorate)	Solent NHS Trust	Section 75 agreement - ongoing	Solent NHS Trust are commissioned by Children's Services to deliver Health Visiting and School Nursing
Healthwatch	The Advocacy People	Term; 4 years with options to extend up to 7 years	Mandated service - and new contract which commenced April 2021 with The Advocacy People

6

COVID-19 Public Health Response

- PH rota provided advice and interpretation of 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 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 have been part of local Test and Trace arrangements (working with UKHSA) in terms of managing more complex outbreaks in Portsmouth.
- PH have lead the local contact tracing service in Portsmouth that followed up all confirmed cases of Covid-19 not contacted by the national team at 24 hours.
- PH manage the Community Testing Site in the Somerstown Hub offering both supervised asymptomatic testing for residents and critical workers as well as community collect of test kits and roving community distribution.
- PH have led the development of the local outbreak plans and the DPH Chairs the local Health Protection Board and sits on the local Member Led Engagement Board

7

Joint Working – Portsmouth CCG through HCP

- Merging commissioned functions where appropriate with CCG and adults / children's through Health and Care Portsmouth S75s
  - Shared resources
  - Potential to pool funding on programme areas
  - Main benefits from PH services perspective to improve outcomes for residents
    - Better join up of sexual health commissioning (remove false barriers between funding / provision)
    - Opportunity to improve join between mental health and substance misuse services
    - Strong links with the Homeless Primary Healthcare Team
    - Link / support into Primary Care Networks as they develop Jointly agreed Patient Group Directives (prescribing) with the CCG
- Strengthened Intelligence links including:
  - Supporting intelligence-led Population Health Management approaches across PSEH
  - Providing maps and analysis e.g. using SHAPE to support CCG planning and decision-making
  - Engaging the CCG in joint approaches to key city challenges through the Knowledge Network, Modelling Stakeholders meeting etc

8

Public Health Intelligence

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

9

Joint working – violent crime

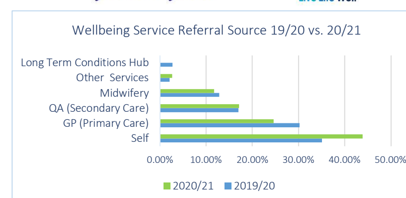
- Integration of the Community Safety analysts into the Public Health Intelligence Team formally took place from January 2021. The Community Safety analysts produce an annual Community Safety Strategic Assessment for Portsmouth that informs local partnership efforts to address the priority issues in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

10

In house service - Wellbeing Service (update at 31/5/22)

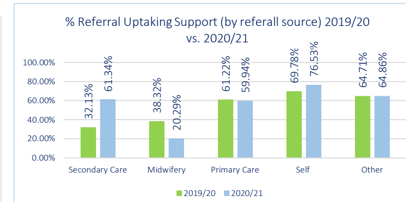
Overview:

- Wellbeing team currently providing support via telephone (approx. 55%) support (inc. Microsoft Teams and Zoom)
- Approx. 45% of support is now provided face to face; mostly weight management support
- Currently 311 active clients, plus 49 new referrals
- Offering 12 Week Weight Management Programme 'Let's Bounce Back' with links to physical activity; aim to support 700+ residents to respond to any weight gain/physical inactivity occurred during lockdowns
- New website launched December 2021 - promoting health improvement, enables client to self refer with ease, and provides wide range of links to support (both local and national)



Referrals:

- Overall up 106% on previous year (Oct 19/Sept 20 to Oct 20/Sept 21) – key increase in self-referrals (8.82%)
- Slight decline in referrals from midwifery and primary care (-5.65%)
- Secondary care referrals remain similar, with respiratory accounting for approx. 25.5% of all secondary care referrals (20/21), an increase of 2.5% on previous year
- Overall uptake of service increased from 52% to 60.92% - mostly from secondary care referrals
- Jan-Apr 2022 has seen an increase of 170% in referrals on same period in 2021, predominantly self referrals



Support Provided:

In the year to 30th September 2021 the Wellbeing Service provided 2504 interventions, comprising:

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

Historically, smoking cessation support was approx. 66% of Wellbeing service provision, this changed significantly during covid-19 but is currently back to being 2/3rds of provision.

Wellbeing Service screen all clients for main four risk factors:

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

and

- Mental Wellbeing (Edinburgh Warwick)

11

Homelessness and health

- Portsmouth has been awarded additional funding for homeless drug & alcohol treatment from now until March 2025. This funds a team of staff to engage and support people with their complex needs. This includes psychological and mental health support for those with co-occurring conditions. There will be additional funding for inpatient detox and residential rehabilitation for this group.
- Portsmouth has also been awarded an additional funding from NHS England to provide specialist homeless mental health provision. This will build on and compliment the drug & alcohol project.
- Public Health have been working closely with CCG colleagues to develop a sustainable homeless primary healthcare team, building on pilot work. Recruitment for this team is now underway.
- We have undertaken outreach Covid-19 vaccinations of rough sleepers and homeless living in hostels and other interim accommodation. We also undertook TB and blood borne virus screening of homeless people.
- Public Health continue to work closely with PCC Housing and third sector homelessness providers providing advice and guidance

12

Substance misuse

- There are approximately 1,540 heroin and crack cocaine users in the city and 4,000 alcohol dependent people.
- 1,436 people have accessed drug & alcohol treatment in the past year (766 opiate users, 292 non-opiate drug users, 378 alcohol only clients).
- The annual treatment spend per annum is approx. £2.5m, although since 21/22 there is been significant additional investment by the Government for work with rough sleepers and criminal justice clients, up to £1m. This funding will be further enhanced over the next 3 years with ring-fenced funding, taking the annual spend to around £4.7m in 2024/25 (although this takes it back to the level it was in 2012/13).
- Drug and Alcohol Treatment 'saves' between £4 and £9 for every £1 spent (in criminal justice, social care, healthcare costs etc.)

13

Sexual Health

- Portsmouth Total Abortion rate remains above national rate, including for above 25s (which is stable) and under 25s repeat abortion rate which rose significantly in 2020*.
- During pandemic Portsmouth maintained LARC provision in primary care, despite a national dip.
- Maternity in a position to provide standard contraception (condoms, pill and injectable)
- Portsmouth one of the 'contraception management in pharmacy' national pilot sites in England (tier 1: free repeat contraceptive pills)
  - currently 10 active providers
  - highest volume seen in Portsmouth in comparison to the other pilot sites
- Pharmacy Emergency Contraception audit across Hants, Portsmouth and Southampton informed training event planned June 2022.
- Portsmouth continues to have high STI testing rate and high positivity for STIs (second highest in South East, 2020*)
- Systems Thinking Review within Solent NHS Trust sexual health service to inform recommissioning for April 2024
  - Check phase complete showed high quality clinical work but waste work most seen in access systems
  - Redesign phase testing an alternative 'front door' primarily

*Latest data available.

14

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

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

15

Childhood Obesity

- The superzone pilot re-launched in September 2021. Covid pressures within the school led to slower progress than anticipated, actions are taking place under 4 themes (Healthy Food environment, Active Places, Cleaner Air, Community and Safety) designed to support children to be healthier.
- Family weight management via Wellbeing Service continues to be provided.
- Our new Physical Activity Strategy for HIOW (including Portsmouth) was published July 2021. An Action Plan for Portsmouth was developed with and presented back to the Active Portsmouth Alliance in Dec 2021. The Action Plan is used to monitor progress in reducing physical inactivity. Positive early experiences of activity for children and young people is one of the objectives, which correlates to working to improve children/young people's activity levels, through a range of actions set-out in the Action Plan.
- Joint working with key professionals (maternity, health visitors, school nurses, community physical activity organisations etc.) to utilise our limited resource, continues.
- A new national childhood obesity campaign launched in January 2022 ('New Better Health'), which we promote via our networks, so families can access resources to help them make healthier choices. In addition we promote healthy diet (e.g. Snack Swaps, Sugar Swaps) and physical activity messaging (e.g. 10 minute shake-up, active 10).

16

Mental health and emotional wellbeing

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

17

Joint Working

Air Quality

- Multi-agency Air Quality Board to deliver Health and Wellbeing Board priority on Air Quality and Active Travel - Public Health Chair
- Continued provision of health intelligence to support Transport colleagues in the delivery of the city's Clean Air Zone
- Transport colleagues undertaking a range of projects (e.g behavioural change project to reduce car use, promote active and sustainable travel), which delivers against broader health priorities (prevention, obesity, physical activity etc)
- Public Health Portsmouth represent HIOW public health on Energy and Sustainability ICS Board

Climate Change

- Cross-agency Portsmouth Climate Action Board created 2019 in response to Climate Emergency, Chaired by University, Public Health and Portsmouth Hospital Trust included on membership

Green & Healthy City

- Public Health have provided 2 years of full time funding for a Green and Healthy City Officer to oversee delivery of the City Greening Strategy and coordinate 'greening work' in the city.
- Post managed in Public Health to align with health priorities, particularly inequality. Strategic support from Planning Policy.

18

Joint Working – Transport

- Public Health a member of Local Transport Plan 4 working group that brought the plan to fruition.
- Key strategic objectives deliver positive health outcomes.
- Providing health intelligence to support flagship programmes and policies, including:
  - South East Hampshire Rapid Transit scheme (rapid bus travel)
  - Refreshed Air Quality Strategy
  - Future Transport Zone to promote active travel
  - Support for funding bids

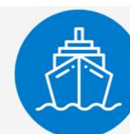
Our priorities

Transforming public transport

Delivering cleaner air

Prioritising walking

Prioritising cycling

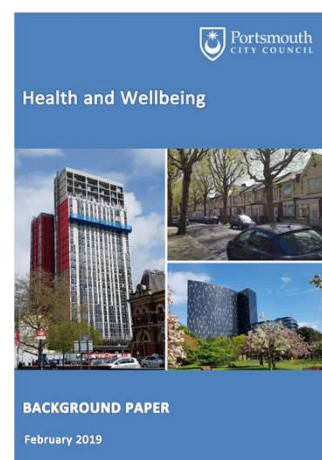


Supporting business

19

Joint Working - Planning

- Forthcoming Portsmouth Local Plan has a clearly articulated policies on air quality , health and wellbeing and Health Impact Assessment (HIA) for major development applications.
- Public Health working with Development Management colleagues to
  - consistently require HIAs
  - respond to scoping requests and
  - to develop a clearly articulated framework for HIA submissions
- Public Health routinely consulted on development applications and included in:
  - Planning Performance Agreements
  - steering stakeholder groups for strategic development and regeneration proposals
- Providing health intelligence to support programmes and policies, including:
  - Major developments
  - Regeneration proposals



20

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	June 2022

Contents

- Introduction / SCAS South East
- Developments
  - COVID-19
  - Integrated Urgent Care
- Demand / Performance
- Challenges / Opportunities
  - Operational Pressures
  - Transformation Review
  - Patient Care
  - Hospital/System resilience and capacity - impact on Hospital Handover delays
  - SCAS Recovery Plan
- Summary

Introduction / SCAS 999 South East

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

SCAS 999 - South East Hampshire

Over 100k - 999 calls a year

Approx. 50k ambulance conveyances a year

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

Circa 300 frontline operational team members

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

One main hub site with satellites

Developments

COVID-19

On the 30th January 2020, the first phase of the NHS' preparation and response to COVID-19 was triggered with the declaration of a Level 4 National Incident. Whilst the landscape has changed over time, there continues to be significant challenge across the NHS including the Ambulance sector.

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

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

Integrated Urgent Care

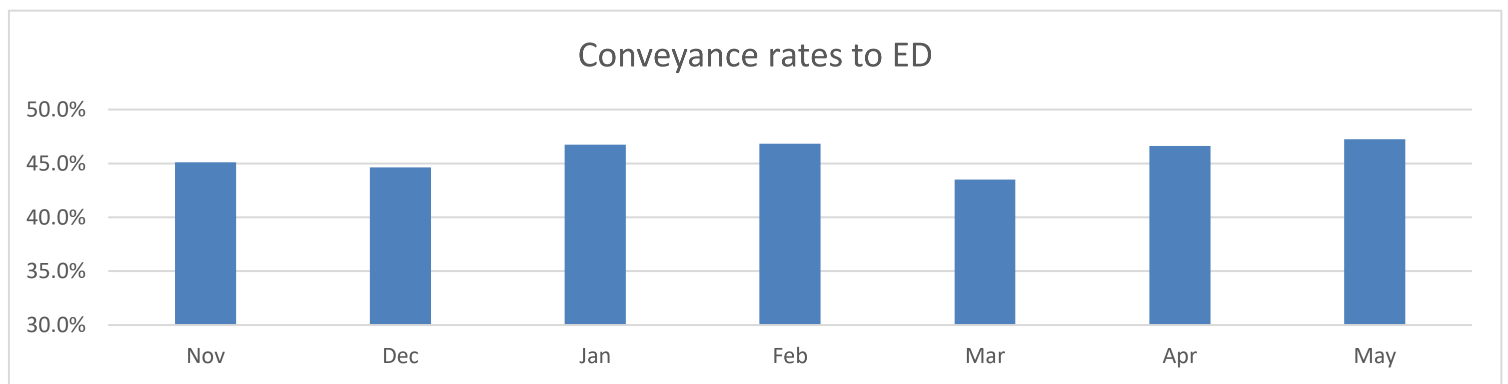
SCAS continue to work closely with partner health and social care providers to ensure efficient and effective collaboration. SCAS frontline clinicians work closely with Community Teams as well with Primary Care, with a single point of access in place to support this and enhance clinical decision making.

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

SCAS are integral to ongoing programmes of work to support patients being treated in their own home or at the most appropriate place. This includes SCAS clinicians managing conditions at home; either via the telephone or face to face and onward referrals to other health care professionals where required. This has been enhanced with the development and ongoing improvements to 'SCAS connect', which is a digital platform to support clinical decision making and patient signposting. Further developments in this area continue with the 'call 2 converse' pilot phases in train. This is allowing further enhancements to clinical decision making by connecting clinicians from different areas (including QA consultants) together to discuss patient needs and optimal outcomes / ongoing care arrangements.

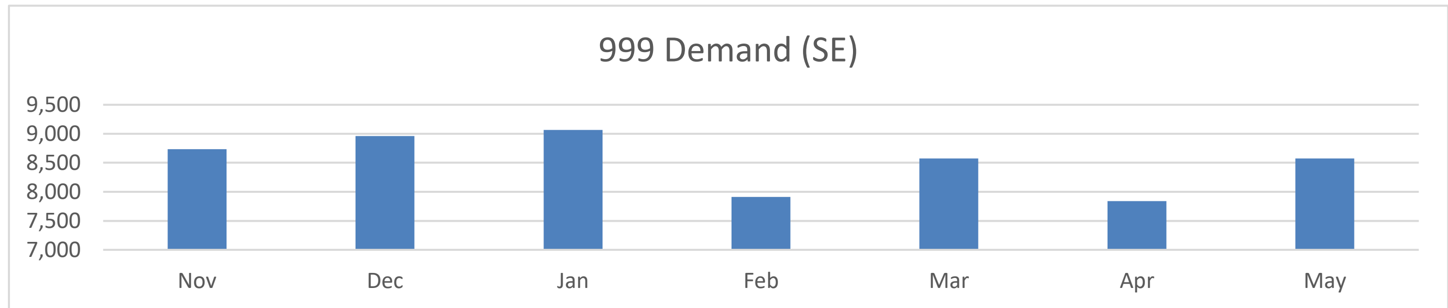
This approach not only ensure the patient appropriate and timely care, but it also supports the agenda of working towards keeping the Emergency Department (ED) for Emergencies.

SCAS continue to consistently convey less than 50% of its incoming 999 demand to the ED dept.



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

Category	National Standard		F&G Q4 20/21 Demand	Mean	90th		F&G Q4 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)		589	0:05:54	0:10:01		526	0:09:31	0:18:19
Cat 2	18 Mins (Mean); 40 Mins (90th)		3,800	0:17:51	0:34:05		4,114	0:52:15	1:55:59
Cat 3	120 Mins (90th)		2,572	0:54:51	2:01:38		2,096	2:51:22	7:01:20
Cat 4	180 Mins (90th)		220	1:05:46	2:18:25		142	3:49:45	8:10:08

Portsmouth

Category	National Standard		Ports Q4 20/21 Demand	Mean	90th		Ports Q4 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)		882	0:04:57	0:08:29		845	0:07:58	0:13:56
Cat 2	18 Mins (Mean); 40 Mins (90th)		4,289	0:15:34	0:31:37		4,659	0:49:47	1:55:44
Cat 3	120 Mins (90th)		2,508	0:52:27	2:04:53		1,927	3:01:37	7:42:45
Cat 4	180 Mins (90th)		189	0:54:03	2:03:11		116	3:35:21	8:07:40

South Eastern Hampshire

Category	National Standard		SEH Q4 20/21 Demand	Mean	90th		SEH Q4 21/22 Demand	Mean	90th
Cat 1	7 Mins (Mean); 15 Mins (90th)		500	0:06:53	0:12:25		591	0:10:25	0:18:18
Cat 2	18 Mins (Mean); 40 Mins (90th)		3,896	0:17:01	0:32:16		4,460	0:53:39	1:56:47
Cat 3	120 Mins (90th)		2,476	0:51:31	1:50:01		2,110	2:57:16	7:10:24
Cat 4	180 Mins (90th)		224	0:58:42	1:56:16		139	3:16:02	7:48:42

Whilst overall demand has reduced form Q4 20/21 to Q4 21/22, the acuity of the patients has increased, with an uplift of almost 9% in Category 1 and 2 (the most poorly) patients.

QA Hospital handover delays also saw a significant increase as follows:
Q4 20/21 – hours lost = 1551
Q4 21/22 – hours lost = 8245

Along with significant workforce challenges, these factors have all contributed to a worsening performance picture.

Challenges / Opportunities

Operational pressure

All ambulance services across the UK work to a national framework, called the Resource Escalation Action Plan (REAP), which has four levels designed to maintain an effective and safe operational and clinical response for patients.

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

SCAS have been operating at REAP 4 for the majority of the past 6 months, including the declaration of 2 critical incidents in this time. Plans have been enacted to support this position and minimise risk and harm.

Transformation Review

The transformation review is underway, with work ongoing to determine how improvements and efficiencies can be made. This will primarily include the workforce and deployment models.

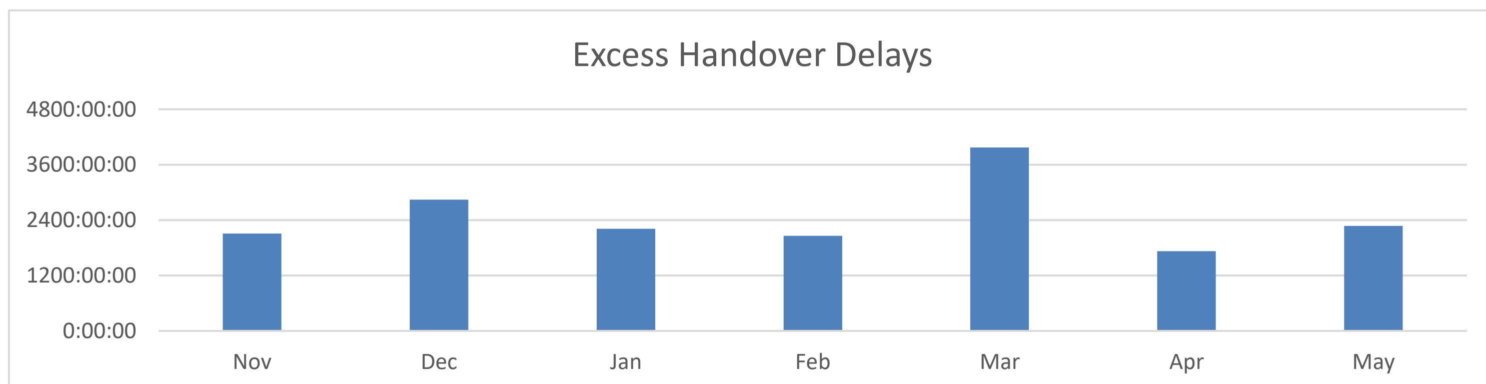
Patient care

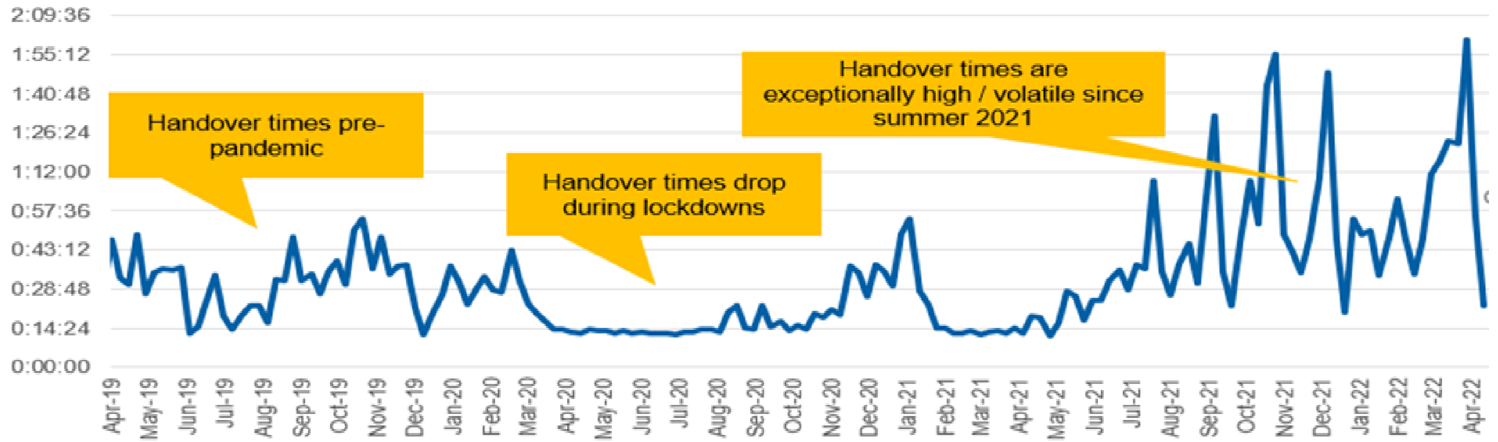
SCAS continues to work hard to ensure patients received the right care, in the right place, at the right time. This includes ongoing collaboration with system and ICS partners to develop and enhance pathways / information sharing and clinician connectivity.
Patients continue to be prioritised based on their needs however some of our lower acuity patients are waiting longer than we would like.

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

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 are tied up and unable to respond to other patients in the community during this time.
Hours lost at QA Hospital (Nov 21 – May 22):





SCAS continue to work closely with NHSI/E, HIOW ICS and the Local Delivery System (LDS) 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.

SCAS Recovery Plan

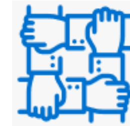
SCAS recognise the current challenges with performance and are actively working to address the key issues – this work is in collaboration with NHSE/I, ICS and the LDS. The recovery plan is focussed on 3 key areas:

1. Increase Operational Hours

- Procure additional Private Provider Hours
- Reduction is staff sickness
- Increase recruitment
- Review of face to face training abstraction level

2. Reduction in task times

- Reduction in handover delays at QA
- Reduce task time on scene



3. Operational Improvements

- Deployment of CFRs / co-responders resources
- Review of Enhanced Patient Safety Procedure
- Review & optimise dispatch processes

Summary

The NHS, including the Ambulance sector has faced unprecedented times over the past couple of years.

Demand, workforce and hospital delays continue to provide significant challenge across the country. Despite this, SCAS have remained at or near 'best in class' against other Ambulance Trusts in England.
That said, there is clearly a huge amount of work to be done to ensure we are able to provide the excellent service that we continue to strive for. This can only be achieved by working together with our partners across the whole health and social care system.

We will continue to focus on the needs of our patients and the health and wellbeing of our staff.

There are exciting changes and developments in train and SCAS remain an integral part of this going forward.

This page is intentionally left blank

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

14 June 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 - June 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 March 2022.

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.

Transfer of Portsmouth CCG into HIOW Integrated Care System (ICS)

The Health and Care Act 2022 recently completed the parliamentary process and received Royal Assent. This is a major step forward in the journey towards establishing Integrated Care Systems (ICSs), moving them to a statutory footing with the establishment of Integrated Care Boards (ICBs).

This will take place on 1 July 2022 when Hampshire and Isle of Wight and Portsmouth Clinical Commissioning Groups (CCGs), along with CCGs nationwide, will cease to exist. From this date, people working for both Hampshire, Southampton and Isle of Wight and Portsmouth Clinical Commissioning Groups (CCGs) will be employed by Hampshire and Isle of Wight ICB.

On 1 July, 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.

In preparation for the ICB's formal establishment on 1 July, four Executive members have been appointed to the ICB. They are:

- Dr Derek Sandeman, Chief Medical Officer
- Roshan Patel, Chief Finance Officer
- Helen Ives, Chief People Officer
- Tessa Harvey, Chief Delivery Officer

A Chief Nursing Officer and Chief of Strategy and Transformation are also being recruited. And, four designate Non-Executive Directors have also been appointed to the ICB. They are:

- Julie Pearce - a Registered Nurse with more than 40 years' experience in the NHS. Currently Chief Nurse and Executive Director of Quality and Caring Services at Marie Curie. Among her achievements are leadership of a review of clinical governance at Marie Curie and subsequent implementation of changes to strengthen their approach to assuring quality and managing risk.
- Matin Spencer - previously Senior Vice President of Nippon Telegraph and Telephone Corporation (NTT) DATA Northern Europe - a business that delivered transformational digital services projects and large technology infrastructure programmes for public and private sector. He was accountable for the business in Northern Europe with 5,000 staff and under his leadership, the business returned to profitable growth.
- John Denham - John served as MP for Southampton Itchen from 1992-2015 and during his time in Parliament held several roles in Government including Secretary of State for Innovation, Universities and Skills, and for Communities and Local Government. He was also Parliamentary Private Secretary to Ed Miliband from 2011-2013.
- Dr Mojgan Sani - Mojgan is a Corporate Director of Clinical Outcomes and Effectiveness at University Hospitals Sussex NHS Foundation Trust, having previously held roles as Chief Pharmacist and Director of Medicines Optimisation at North Tees and Hartlepool NHS Foundation Trust, and previously Nottingham University Hospitals NHS Trust. She is also a Visiting Professor at the University of Huddersfield, an Associate Non-Executive Director at Gateshead Health NHS, and as a Trustee with the National Confidential Enquiry into Patient Outcome and Death.

From 1 July, you will see a new ICB/ICS website and new branding (as seen right).

Hampshire and Isle of Wight

There will also be some changes to social media, email signatures and templates, as well as internal changes for our staff intranet which will now be delivered through StayConnected.

There is also a new partner newsletter called Community Connect which aims to update partners on the latest news, events and innovations from HIOW ICS. You can sign up to Community Connect by emailing hsiccg.communications@nhs.net and requesting to be on the mailing list.

Health and Care Portsmouth

Within the HIOW ICS, there are four place-based partnerships in Hampshire, Isle of Wight, Southampton and Portsmouth. Integrated teams (which include local authorities, ICB representatives, NHS providers and voluntary partners) will come together to understand the needs of the population, agree plans to meet those needs, develop strong partnerships and implement solutions. In Portsmouth, the place-based partnership will be delivered through Health and Care Portsmouth (HCP).

From 1 July, there will also be a new HCP website and updated branding to incorporate the ICB logo.

There is a strong history of partnership working in Portsmouth, and there are a number of key documents that set out the shared understanding and priorities among local partners. These include:

- The City Vision developed through the Imagine Portsmouth exercise led by the community and which all partners have contributed to
- The recently refreshed HWB strategy, developed through the mature Health and Wellbeing Board arrangements
- Health and Care Portsmouth Blueprint with clear service improvement priorities and plan

The development of the ICS presents an opportunity to strengthen the partnership arrangements to improve health outcomes and reduce health inequalities both locally and working at scale in the ICS.

Locally, we are ensuring robust local governance of integrated working through a section 75 (s75) agreement with a series of schedules, that enable the organisations (the ICS and Portsmouth City Council) to align objectives and funding. We have been working to bring existing arrangements up to date (s75 agreements for Continuing Healthcare and the Better Care Fund, as well as enabling functions delivered through HCP) and to bring together children's services 0-19 in a similar arrangement. In the short term, we will seek to draft similar schedules around services to support some of our most vulnerable adult population, and to deliver services that support broader population health and wellbeing (for example, public health services and primary care).

Alongside this, we will need to put in place robust partnership arrangements to support place-based decision-making and resource allocations, linked to the work programmes that are underpinned by the s75 agreement.

The Joint Commissioning Board, which will continue to be the forum where senior leaders of the partner organisations come together to ensure that activities are effective and support improvement locally. As previously discussed by the CCG Governing Board, it is recommended that the Joint Commissioning Board is the basis for developing a wider Portsmouth Health and Care Partnership, to ensure that all key local partners are represented in strategic planning for the city. This will be achieved by broadening arrangements to include key providers, acute trust, primary care alliance and Voluntary Community and Social Enterprise sector. This will need to happen in the context of, and in alignment with, the wider work on ICS design and the development of the model for delegation to place.

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 each month since October is broadly in line with pre-pandemic levels for the same period. The percentage of appointments delivered by GPs is lower than the HIOW and England average, which in part reflects the difficulties of recruitment in the city.

The CCG is developing a plan to try and address this, with support from workforce leads across HIOW. It does also reflect however that Portsmouth practices are making best use of other staff such as paramedics, pharmacists and physician associates. This is being advocated strongly by NHS England and is the clear direction of travel.

New Cloud Telephony systems are being introduced and although there has been a delay, we expect movement over the next one-to-two months.

The CCG has commissioned a Demand and Capacity scheme from all Portsmouth practices, which allows them to use a new tool designed to enable a review of demand and capacity. This will help inform system partners as to the ‘OPEL’ status within primary care (i.e., how resilient they are versus the demand), while also providing an opportunity for the practices themselves to identify any issues in terms of accessibility. All practices will be offered facilitative support for this piece of work which will commence from July 2022.

Primary care marketing campaign

To support residents in understanding more about primary care, we have co-produced a marketing campaign with GP practices, to run in summer 2022.

The multi-media campaign, 'It takes a team to care for a community', aims to inform residents about the different roles within GP practices such as nurses, physiotherapists, clinical pharmacists, social prescribers, and more, through channels such as:

- Outdoor advertising
- Posters
- Social media
- Practice websites
- Newsletters
- Press coverage

Individual practices

Portsdown Practice

At the last meeting, Portsdown Practice acknowledged that in late 2021 there was a very long turnaround time of over 10 days for eConsult, and it was agreed that this should be addressed. The Practice committed to reduce the eConsult wait times down to three working days within three months. Since March, the Practice has brought the turnaround times down, and while not quite managing within 72 hours, around 90% are now within four days (and some are quicker than this). There remains a small proportion that are taking longer than would be ideal and, having analysed the data, the Practice has identified certain staff who

were working to a different timeframe. They have been brought in line with the KPIs put in place for all other staff, and the Practice is confident that because of these changes, a 48-hour turnaround should be possible in the coming months.

The Practice has also reviewed its policy for failed encounters (when patients do not respond to the Practice) and it is now more robust so that patients are made aware the Practice has been in contact, when to expect a second call, and what they should do if they miss the call. The call abandonment rates are reducing, and the average wait times are 'good' with averages of less than 10 minutes often seen.

Complaints around access have reduced. Most commonly patients mention frustrations around the appointment system and lack of understanding in how to use it or wanting to see a GP when another member of the team is better placed to meet their needs. The Practice has a much wider team available to patients and more communications work is being undertaken in this regard to raise awareness. The Practice is shortly to release informative videos on their website and social media channels that outlines how to navigate the appointment system based on patient need i.e., urgent/routine/eConsult.

The Practice has made an open offer for councillors to visit the Practice and see their systems and processes in place.

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 agreed the Full Business Case has been submitted to NHS England/Improvement and recently some requests for further information have been received. The Business Case still requires final approval from NHS England/Improvement. The projected completion date is summer 2023.

UniCity Medical Centre

The practice moved into their new UniCity Surgery Practice premises at 159-161Commercial Road this month and positive media stories have confirmed they are ‘extremely happy’.

As a reminder, the site is just 0.5 miles from the previous 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 the services provided from the John Pounds Centre. There have been long-standing challenges in relation to the lease and capacity challenges within primary care. Progress is being made with the lease and there is ongoing discussion with the Practice and the council.

Trafalgar Medical Group Practice

The practice have been working with the CCG to potentially relocate to the Debenhams Site in Palmerstone Road. The Full Business Case had been given approval for the relocation

however, disappointingly the land owner has decided not to sell the site. The practice are taking some time to consider if there are any other options going forward.

Lake Road Practice and Sunnyside Medical Centre

Lake Road Practice and Sunnyside Medical Centre have submitted an application to the CCG to merge and become 'Island City Practice'. This has been approved and will take place in October.

The two practices are merging to ensure services can continue at Sunnyside Medical Centre, and to pool staff resources and clinical skills.

The practice offered two patient events on Tuesday 31 May at Lake Road Practice and Wednesday 1 June at Sunnyside Medical Centre, with patients attending and asking questions. The event at Lake Road was held in the morning as a walk in, and the event at Sunnyside was held in the evening as a presentation with questions taken from the audience. The general sentiment was positive in relation to the merger, with patients happy with the information provided to them.

The CCG and both practices are now in the process of updating relevant stakeholders and patients that the application has been approved.

Complaints

NHS England manage complaints for primary care for those instances where patients make a complaint direct to them. Data for the last nine months reflects relatively few complaints for Portsmouth practices (34 in total) and no trends were identified from the small numbers. Other complaints can be made directly to the practices and there is a requirement for them to report this to the CCG. Due to the pandemic this requirement was relaxed but has recently been reinstated, therefore the CCG will review once the information is available and provide an update.

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 (this post is currently out to advert). 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. A dental workshop held on 10 June 22 by Penny Mordant has recently informed and supported the dental agenda within the city.

Urgent Care

System pressures

On 6 April, Portsmouth Hospitals University NHS Trust and South Central Ambulance Service NHS Foundation Trust declared Critical Incidents. To support this, and ongoing system pressures across Portsmouth and South East Hampshire (PSEH) throughout April and May, partners have been working together on a multi-agency response which 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.

As we come out of the pandemic, the system is focussing on the organisational and cultural changes required to embed these changes in a sustained manner.

We are also working closely with all partner 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. This included a leaflet drop to 50,000 households in areas with high conveyance to the emergency department, significant press coverage and a campaign called 'Know where to go' which Portsmouth Hospitals University NHS Trust developed in partnership with bars/pubs in Portsmouth.

Urgent Treatment Centres

One of the schemes to support admissions avoidance at the emergency department throughout April and May included a redirection from the front door of ED to urgent treatment centres (UTCs) at St. Mary's Hospital, Gosport War Memorial Hospital and Petersfield Hospital. All are equipped to diagnose and deal with many of the most common ailments people attend the Emergency Department for, and offer treatment, advice and information for a range of minor injuries and illnesses. All UTCs offer the same service.

COVID response

Vaccination programme

As of 10 June 2022, 437,481 vaccinations have been given to individuals aged 12+ in Portsmouth. This is broken down in the table below.

	10 June 2022		**1 March 2022 (last HOSP update)**		**Difference**
First dose	163,403	80.0%	162,243	80.2%	-0.2%
Second dose	154,249	75.5%	151,347	74.8%	+0.7%
Booster or third dose	118,829	58.7%	115,174	56.9%	+1.8%

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 April and May, in partnership with Solent NHS Trust:

- 55 pop-up vaccine clinics have been delivered across Portsmouth and South-East Hampshire
- 4,086 vaccines have been administered, including:
    - 4% first doses
    - 16% second doses
    - 27% booster doses
    - 52% fourth doses
- Vaccine clinic locations include Cascades Shopping Centre, libraries, community centres and churches.

Live Well Clinics

In addition to the roving pop-up clinics, we are also supporting Portsmouth City Council's Live Well Clinics to engage younger people (18-34), particularly in more deprived communities in high-rise flats who are ethnically diverse, to consider getting the vaccine, but to also talk with them about healthy eating, physical wellbeing, mental health, finance and debt.

Two events have run in Somerstown and Landport with three planned for Somerstown in July. The demographic group identifies is also present in other areas of Portsmouth so additional locations will be sought following the next round of events.

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