



---

# NOTICE OF MEETING

---

## HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 22 SEPTEMBER 2022 AT 1.30 PM

### VIRTUAL REMOTE MEETING

Telephone enquiries to Democratic Services - Tel 023 9268 8014  
Email: [democratic@portsmouthcc.gov.uk](mailto:democratic@portsmouthcc.gov.uk)

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

---

### Membership

Councillor Ian Holder (Chair)  
Councillor Matthew Atkins  
Councillor Graham Heaney  
Councillor Mark Jeffery  
Councillor Abdul Kadir  
Councillor Brian Madgwick  
Vacancy

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](http://www.portsmouth.gov.uk)

### AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting (Pages 3 - 14)**

**4 Hampshire and Isle of Wight Integrated Care Board (Pages 15 - 30)**

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

**5 Solent NHS Trust (Pages 31 - 38)**

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

**6 Healthwatch Portsmouth (Pages 39 - 50)**

Siobhain McCurrach, Healthwatch Portsmouth Manager will answer questions on the report.

# Agenda Item 3

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 23 June 2022 at 1.30pm at the Virtual Remote Meeting

### Present

Councillor Ian Holder (Chair)  
Councillor Matthew Atkins  
Councillor Graham Heaney  
Councillor Arthur Agate, East Hampshire District Council  
Councillor Ann Briggs, Hampshire County Council  
Councillor Martin Pepper, Gosport Borough Council  
Councillor Rosy Raines, Havant Borough Council  
Councillor Julie Richardson, Havant Borough Council

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

The Chair welcomed everyone to the meeting and apologies were received from Councillor Brian Madgwick and Councillor Joanne Bull. Councillor Fred Birkett deputised for the latter.

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

Councillor Julie Richardson declared a non-prejudicial interest regarding the orthopaedic department.

**3. Minutes of the Previous Meeting (AI 3)**

**RESOLVED that the minutes be agreed as a correct record.**

**4. Southern Health NHS Foundation Trust (AI 4)**

Paula Anderson, Finance Director and Deputy Chief Executive, Southern Health introduced the report and in response to questions she and Paula Hull, Director of Nursing and Allied Health Professionals explained that:

Complaints are received centrally and there are many processes in place to ensure that these are acknowledged and responded to in good time. The issues raised are sent to the appropriate team to answer and understand them. If it is not possible to respond quickly to the complainant, they are contacted to ensure that they understand that it is being dealt with and their permission is sought for the trust to take more time to investigate thoroughly. The Chief Executive and Director of Nursing monitor those that have taken over 10 days to be resolved.

In the main, the report deals with patients' experiences between 2012 and 2015. However, the actions taken afterwards is the broad focus of the report plus what needs to happen to achieve gold standard. Some areas of inadequacy were identified. It is important that all organisations come together to discuss how they can all improve.

The Working in Partnership Committee membership includes the voluntary sector, local groups and carers. The Quality & Safety Committee is a broad subgroup whose membership includes non-executive and executive directors. It reports to the board. On page 2 of the report, recommendation 2 the dates

should read: The updated policy was shared with the Working in Partnership Committee on 17 January 2022, was reviewed by the Quality and Safety Committee on 15 February and 15 March prior to approval by the Board on 29 March. It was published on the Trust's website in late March.

Staff training is tracked using the Managed Learning Environment system. Some staff are champions. People's working practices are visible to others and any issues regarding practice will be picked up by line managers.

It was acknowledged in the report that the pandemic had a detrimental impact on some work; some had not progressed as well as had been hoped.

A lot has been learnt about working together to improve. In the early days, a policy or guidance would simply be put in place and that would be the action rather than ensure that the desired outcome was achieved.

Behaviour change is what will make the difference and ensure that the changes are sustained. Staff acknowledge and understand what has happened and what needs to be done to put it right and therefore their behaviour will change.

On 25 June there is a mental health awareness day in St Denys, Southampton. A great number of people have come forward wanting to be involved. This is a community-focussed event. Engagement with communities is going well.

## **5. Portsmouth Hospitals University NHS Trust (AI 5)**

Chris Evans, Chief Operating Officer introduced the report and in response to questions, clarified the following points:

- They are working hard to ensure there is sufficient capacity to offer use of the discharge lounge to everyone.
- The trust is working very cohesively with primary care across Portsmouth and South East Hampshire on pathways to avoid unnecessary admissions.
- The Lung Health Check programme is a national piece of work.
- Looking ahead to Winter, it will not be possible to fit additional beds in the current estate so the focus is on pathways to avoid admission where appropriate.
- The covid rate on 22 June in Portsmouth was 179 per 100,000 people which is up from below 100 two weeks ago. The number of patients with covid has more than doubled in the last couple of weeks; it is approximately 40 now. There has not been a significant impact on elective surgery.

Action: details of why the Lung Health Check cut off age is 74 will be sent to the panel after the meeting.<sup>1</sup>

---

<sup>1</sup> (Action: details of why the Lung Health Check cut off age is 74 will be sent to the panel after the meeting.)

Post meeting note:

In response to questions, Jo York, Associate Director System Management Urgent Care Lead explained that:

- The number of appointments with GPs has increased, but so has demand.
- The ways to access GP services have been expanded and include face to face, by telephone and online.
- Work is being carried out to improve GP recruitment.
- The local clinical assessment services support the urgent care pathway, the 111 service and the ambulance trust.
- The Urgent Treatment Centre in Petersfield's opening times have been extended. Work is underway looking at this and other UTCs to identify how they can work more closely with primary care.

## 6. **Adult Social Care (AI 6)**

Mark Stables, Head of Market Development and Community Engagement introduced the report and in response to a question he explained some of the reasons for the increase in demand:

- More people with complex needs are living longer.
- More people with autism are coming forward. This is largely because of the engagement work that has been carried out to raise awareness that anyone who find relationships, work or looking after themselves difficult are eligible.
- Referrals flattened during the pandemic partly because health and social professionals were not visiting in the same way and many people were on furlough and had more time to look after family members who needed support.
- There are more older people in the population nationally.

## 7. **Public Health (AI 7)**

---

*Q. Why is the Targeted Lung Health Check only being offered to smokers/past smokers in a certain age range?*

*A. The Targeted Lung Health Check is currently being offered to those most at risk of getting lung cancer. Data shows those between the age of 55 and 74 who currently or previously smoked are at a higher risk than others of getting lung cancer. If you display any symptoms or have any concerns about your lung health you should book an appointment to see your GP straight away.*

Some additional context, if needed.

*Lung health checks are an addition to what you might consider the normal NHS service, so everyone of all ages are still able to visit their GP if they have any symptoms or concerns about their lung health.*

*There is an age limit for lung health checks because it is effectively cancer screening of asymptomatic patients. Before any screening service is launched, evidence is scrutinised and the cost and benefit of introducing that service are considered. This includes, not only the cost-effectiveness of the intervention, but also includes the relative harms and benefits to participants of being screened. Screened participants will almost exclusively not have any symptoms, the majority of those screened will not have cancer. This kind of screening can cause anxiety for asymptomatic people and also includes risks such as overdiagnosis and overtreatment.*

Dominique Le Touze, Assistant Director of Public Health ran through the presentation that had been circulated with the agenda.

- The number of drug users and alcohol dependent people has not substantially improved over the last few years.
- Public health can support the coordinated action that is necessary by providing a strong evidence base to understand the scale of the problem and what works to improve it.
- Public Health supports the Air Quality Board locally to support delivery of the Health and Wellbeing Strategy workstream on air quality and active travel. Members include Portsmouth Hospitals' NHS Trust, Solent Trust, Portsmouth City Council, the Navy, the university, the port and Sustrans. Work is underway to understand all the member organisations' air quality plans to ensure a coordinated approach to achieve more. This work is aligned with the delivery of the NHS Green Plan through the ICS Sustainability and Energy Board.
- As transport drives approximately 50% of poor air quality, there is a need to address transport pollution and promote active travel.

The super zone focuses on coordinating both policy and practice for clean air, physical activity and healthy eating and community safety. It coordinates all that policy and action in a 400m zone around a single primary school. Early findings indicate that many of the single actions are having multiple co-benefits e.g. a local park was regenerated based on what pupils had identified as barriers for them using the park to be more physical active. The pupils will be asked whether this will help them use the park.

It is a highly complex issue but there is a lot of good will.

## **8. South Central Ambulance Services (AI 8)**

Tracy Redman, Head of Operations South East introduced her report and in response to questions clarified the following points:

Some of the well-established pathways have dedicated phone lines for the crew. They call the community initially and then the appropriate professionals are brought into the call.

The pilot has demonstrated that investment will be required to have a dedicated person to take the calls. Work is ongoing on the analysis of the pilot.

There is an established pathway with the hospital departments and on the whole, getting through is ok.

There has been a lot of work with care home colleagues to reduce the amount of unnecessary calls to the ambulance service. It is significantly better than it used to be. The high turnover of staff means it is a challenge to ensure that regular training is received.

Some homes have the Airdale system in place where staff can call a clinician to determine the best course of action when a resident is ill.

Jo York added that most care homes in Portsmouth have the Airdale model and work with PCNs, clinical trusts and Anticipatory care teams regarding training

Tracy Redman explained that

The ambulance service has been part of the ED redesign team and their needs have been taken into account. There are many design positives to help reduce queuing.

The flow of patients in and out of hospital will remain a system challenge as it is not simply an ED issue, but the new ED will improve it.

Body worn cameras were introduced a few months ago and have acted as a deterrent in some instances. These will provide evidence to support crews through the court system in cases of abuse.

They are not trained to restrain people and it is not somewhere they want to go. The police provide good support.

#### **9. Portsmouth Clinical Commissioning Group Update (AI 9)**

Jo York, Associate Director System Management Urgent Care Lead introduced the report and in response to questions, clarified the following points:

Portsmouth Practice is very close to reducing the eConsult wait times to three working days within three months.

Some of the challenges regarding recruitment are nationally driven. They are looking at different recruitment offers that can be made including locum+, salaried and partnership opportunities. Many NHS providers run bursary schemes. Solent NHS Trust has been successful in its international recruitment. NHS employers have removed the automatic requirement for someone entering at level two apprenticeship to have GCSE maths and English. Everyone involved is looking at ways they can do things differently and perhaps create more practical routes in for people.

There are some good examples where telehealth is working well but there is more that could be done to improve it. As we move into the Hampshire and Isle of Wight Integrated Care Board (ICB) space, the opportunity to do more of that at scale will benefit everyone. There is a long way to go regarding telecare and they will work with primary care providers.

There has been lots of work with practices regarding how they can manage it effectively and the advice they can produce to support their patients.

Most of the time, eConsult works well. The PCCG is continually working with practices and the eConsult providers to ensure that it is as robust a system as possible.

GP retention is quite stable. There is a close-knit primary care community.

Dentistry is currently commissioned by NHS England; with the ICB delegated responsibility will come to the Integrated Care board. They are looking to recruit a local post that would work with us to support NHS England and our priority areas: Portsmouth, Southeast Hampshire, particularly Havant, Gosport and the Isle of Wight, closely followed by Southampton.

At a recent local dental summit organised by Penny Mordaunt, the conversation was open and productive and explored some of the challenges and perverse incentives that are within the system.

There are significant national issues around the national contract, registration, the fact that you must have been an NHS dentist for at least four years before you can mentor another NHS dentist. The summit attendees (MPs, the General Dental Committee and NHS Health England) committed to look at some of these challenges

There's a Hampshire and Isle of Wight Dental Network. Locally, under the ICB, they can start to look at more specific commissioning, more focused around needs.

More could do locally. There's a Hampshire and Isle of Wight dental network.

Jo York will lead on dentistry in Hampshire and the Isle of Wight until a permanent position is found.

MPs are very concerned about the local issues. They are working with the minister to try to support how the national policy changes are enacted and speed them up through the processes. When they have the output from the local summit, some will be shared and the actions that all partners committed to.

---

Councillor Ian Holder  
Chair



# Agenda Item 4



Health and Care Portsmouth  
c/o NHS Hampshire and Isle of Wight Integrated Care Board  
4<sup>th</sup> Floor, Civic Offices  
1 Guildhall Square  
Portsmouth  
Hampshire  
PO1 2GJ  
Tel: 023 9289 9500

9 September 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 - September 2022**

I am 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 NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) has been involved with since our last update in June 2022.

Our letter includes updates from the HIOW ICB and the work we are delivering locally through Health and Care Portsmouth that describes the integrated working within the city.

Our website – [www.healthandcare.portsmouth.gov.uk](http://www.healthandcare.portsmouth.gov.uk) – provides further details about what we do if members are interested, and we are always happy to facilitate direct discussions if that would be helpful.

## **NHS Hampshire and Isle of Wight Integrated Care Board**

### ICB Board

As you are aware, the NHS Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) was established on 1 July 2022. There have been two formal meetings of the Board to date

with upcoming meetings scheduled for 5 October and 2 November 2022. The make-up of the Board is as follows:

Position	Name	Responsibility
Chair	Lena Samuels	
Chief Executive	Maggie MacIsaac	
Non-Executive Member	Julie Pearce	
	Martin Spencer	
	John Denham	
Associate Non-Executive Director	Dr Mojgan Sani	
Executive Members	Dr Derek Sandeman	Chief Medical Officer
	Roshan Patel	Chief Finance Officer
	Nicky Lucey	Chief Nursing Officer
	Helen Ives	Chief People Officer
	Caroline Morison	Chief Strategy and Transformation Officer
	Tessa Harvey	Chief Delivery Officer
Partner Members	Graham Allen	Adult Social Care
	Debbie Chase	Public Health
	David Williams	Executive Leadership
	Clr Simon Bound	Wider determinants of health
	Michele Legg	GP services
	Dr Matt Nisbet	Wider primary care services
	Alex Whitfield	Acute hospital services
	Ron Shields	Community and mental health services
	Sarah Daly	Children's services

Questions are welcomed from the public and should be emailed by noon, two days before each Board meeting to [hiowicb-hsi.communications@nhs.net](mailto:hiowicb-hsi.communications@nhs.net).

In addition to the establishment of the HIOW ICB, work is ongoing with all partners across the ICS to develop the Integrated Care Partnership (ICP) arrangements between the NHS and local authorities within HIOW. The ICP will oversee the development of a five-year health and care strategy.

#### Hampshire and Isle of Wight Elective Hub update

Plans for an elective hub in Hampshire and Isle of Wight have been proposed to offer a central location for patients waiting for planned operations for urology, Ear Nose and Throat (ENT), and orthopaedics.

It is anticipated that the hub will be based at the Royal Hampshire County Hospital in Winchester, and consultants from hospital trusts across Hampshire and Isle of Wight will be able to make use of the hub to operate on their patients.

Eligible patients will be offered the choice to wait to have the surgery at their local hospital, or travel to the elective hub. If approved, the hub could launch in 2024.

Work continues to develop the plans further including a developing business case for funding which will be submitted to NHS England for consideration.

The Healthwatches across Hampshire and Isle of Wight have supported us to seek the views of local people on the potential elective hub to inform the development of our plans for the service and the design of the building and they are currently analysing the survey results. The feedback from this will be used to help shape the plans further and we are planning to hold focus groups with local people to explore the feedback themes in more detail.

## **Health and Care Portsmouth**

### Section 75 update

With the launch of HIOW ICB and the development of the Integrated Care System (ICS), we continue to ensure robust integrated working through a section 75 (s75) agreement, which will enable the ICB and Portsmouth City Council to align objectives and funding.

As well as our existing s75 arrangements (for Continuing Healthcare, Better Care Fund and enabling functions delivered through Health and Care Portsmouth), we are working to bring together teams to deliver:

- Children's services 0-19
- Vulnerable adults
- Population health and wellbeing

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.

It is expected that the s75 agreement will be signed/completed in XXX which marks another step forward for integrated working between healthcare organisations in the city.

### Strategy development

On 15 July, HIOW ICB held an online event to discuss how partners will continue to work together at place level in Portsmouth. More than 65 people attended the event which was hosted by David Williams (partner member of the ICB and CEO of Portsmouth City Council), Jo York (Director for Portsmouth) and Ros Hartley (Director of Partnerships).

Discussions at the event focused on the need to refresh and agree priorities for the city in a new Health and Care Portsmouth blueprint. Part of this work had begun last year, alongside the development of the Portsmouth Health and Wellbeing Strategy 2022-2030 and Portsmouth's City Vision for 2040, where partners came together to discuss the significant challenges facing the city which are contributing to Portsmouth's health inequalities. This includes the cost-of-living crisis, demand and capacity pressures across the health and care system, residents struggling to access key services, workforce challenges, financial challenges and more.

Partners agreed key commitments and principles for Health and Care Portsmouth last year as part of the blueprint refresh and five place-based priority areas were identified:

- **Health improvement** – focusing on addressing health inequalities and improving outcomes

- **Children’s services (0-25)** – well developed integrated approach to commissioning and delivery
- **Vulnerable adults** – focusing on mental health, people with learning disabilities and those with the most complex lives, including substance misuse, homeless population
- **Primary and community services integration** – using the Better care Fund , focusing on frailty and people with long term conditions organised around three key themes:
  - Early intervention and self care
  - Admission avoidance and effective discharge
  - Proactive care
- **Person centred care planning** – continuing health care, and independent sector care purchasing

At the online event, attendees were encouraged to consider the five priority areas and discuss what next steps might be needed to help deliver these priorities, and how each individual/organisation can support. These comments are now being incorporated into the blueprint and the development of a draft action plan for Health and Care Portsmouth 2023-2028.

A series of smaller sub-groups are being established for each priority area and a further event will take place in September to further develop the blueprint. It is then anticipated that we will officially launch the new plan in October/November 2022.

#### Communications, marketing, and engagement

##### *Website*

On 1 July 2022, to coincide with the launch of HIOW ICB and ICS, a new website for Health and Care Portsmouth was launched. The new site includes:

- Case studies to showcase partnership working and current projects
- Information about local services available to people living, working and studying in Portsmouth
- Ways for people to get involved with Health and Care Portsmouth projects, through surveys, networks and events
- Resources for partner organisations to use when promoting specific projects
- Latest news, blogs and events

Visit the new website at [www.healthandcare.portsmouth.gov.uk](http://www.healthandcare.portsmouth.gov.uk).

##### *Engagement*

Since May 2022, the Health and Care Portsmouth team have attended six community events across the city. We've engaged with more than 130 people, having conversations about:

- Access to primary care - including GP practices and dentistry
- Mental health
- Weight management and healthy eating

In September, we will be attending the University of Portsmouth Freshers' Fayre and three events organised in Cosham, Hilsea and Somerstown with the council's Regeneration team.

## *NHS Communicate Award*

Health and Care Portsmouth's communications, marketing and engagement team has been shortlisted for a national NHS award for our collaborative work across organisations. The NHS Communicate 'Working in Partnership' award recognises NHS communications teams who have successfully worked in partnership with other organisations, such as local authorities and the voluntary sector, to deliver successful communications and engagement projects or campaigns.

Over the last 12 months, work delivered by the Health and Care Portsmouth team includes promotion of the COVID-19 vaccination programme, campaigns to promote urgent treatment centres, recruit more home care workers, raise awareness of expert teams within GP practices, how to access mental health services, engagement with residents at local events and redevelopment of the Health and Care Portsmouth website.

The team will find out if they have won the award at an online event in September/October (original date of Thursday 15 September has been postponed due to the death of Queen Elizabeth II).

## **Primary care**

### Access to GP practices

On 4 August 2022, we hosted - in partnership with Cllr Vernon-Jackson - a GP summit to bring primary care colleagues and councillors across the city together, to discuss current challenges facing our GP practices.

There are some very real challenges in terms of recruitment and retention of GPs, as there are in many parts of the country. This has the potential to impact on practice resilience and therefore patient access. Some of the perceived barriers to securing additional workforce are:

- The coastal placement of the city which reduces the catchment area by 50% for any employer
- The high levels of deprivation and the challenges associated with this comparison to some other parts of Hampshire
- The lack of space in some practices to accommodate trainee GPs, and the ability therefore to recruit and retain them within the city

In addition to the recruitment difficulties for partners and salaried GPs, practices are also finding it challenging to secure locum GP cover. We are aware this is also the case in other areas, particularly for our neighbouring city, and we are currently exploring with HIOW Workforce Leads and practices why this may be the case.

Activities currently being explored to improve practice resilience and improvement, including workforce challenges, either because of the GP summit or work already being undertaken by NHS Hampshire and Isle of Wight Integrated Care Board, include:

At an individual practice level:

- Using better IT solutions, to free up GP time for face-to-face appointments where needed, such as telephone consultations, eConsult online system, and Electronic Repeat Dispensing (eRD), where a batch of prescriptions are authorised in advance, up to a year where appropriate.
- Embarking on a piece of work from August 2022 which involves utilising a new tool to review in granular detail, demand and capacity data. This will enable practices to gauge how their current provision supports patient access needs and consider adapting, as necessary.
- Discussion around workforce, to discuss current approaches and any barriers to GP recruitment, advertising, and locum cover. The HIOW Workforce Team are leading on this, providing specialist advice and support, and linking in with the communications campaign on Portsmouth being a great place to work.

At a city-wide level:

- Delivery of conflict-resolution training for practice staff, supporting reception teams and others in how to resolve any conflict effectively and appropriately with patients.
- Investing in estates development to ensure practices have the clinical space to support more clinicians and other additional roles.
- Utilisation of Winter Access Funds via NHS England to bolster capacity through the winter by investing in additional locum cover (where this could be sourced), remote consultations via a national provider, and additional hours from existing clinical staff.
- Utilisation of Security funding via NHS England to improve security of buildings and safety of staff.
- Investment into the Clinical Assessment Service (CAS) - which manages urgent, emergency, and primary care dispositions from NHS 111 - during GP practice core hours and out-of-hours, freeing up GP practice staff to focus on demand from registered patients accessing their service.
- Proposal developed by the Portsmouth Primary Care Alliance (PPCA) to host some portfolio GP roles that could rotate through the PPCA and general practice. This is currently being reviewed and if formally approved should commence autumn 2022.
- Utilisation of national and local funding to support improved retention through:
  - Reinvigorating the First 5 Group to support new GPs from completion of training to the first point of revalidation at 5 years - should be up and running in September 2022.
  - Making best use of the national GP retention scheme - a package of financial and educational support to help doctors remain in clinical general practice, who might otherwise leave the profession. There is currently 1 GP under this scheme and we are actively looking to see if we can increase this.
- Marketing and communications campaign in development - 'Portsmouth as a great place to work'.

At a Primary Care Network level:

- Employment of additional supporting roles under the PCN contracts, to alleviate pressure from GPs. This includes:
  - 13 clinical pharmacists – who undertake medication reviews and tailor complex medication regimes to meet the patients' needs. These reviews can be time heavy for a GP and having this resource is highly respected by those patients receiving the service.

- 8 pharmacy technicians – who efficiently run the repeat prescribing processes in practice often linking in with community pharmacies and appliance contractors to solve patient issues in their supply of medications and increasing the use of electronic repeat dispensing described below.
- 7 physician associates – who take on several roles previously provided by GPs freeing up GP time to attend to more complex patients where their skill and expertise is required.
- 4 First Contact Physiotherapists – who provide care across a multitude of musculoskeletal problems.
- In addition to these front-line healthcare professionals there are many other roles such as dieticians, paramedics, social prescribers and care co-ordinators. These roles free up more time for GPs and nurses, whilst helping ensure patients are seen by the most appropriate Healthcare Professional first time. The recruitment support from within the ICB will focus on attracting more of these healthcare professionals to come into Portsmouth.
- A marketing and communications campaign to promote these additional roles has been developed by the integrated comms team and is currently being rolled out across the city. It has included billboard poster advertising across the city, radio and digital advertising, organic and paid for social media posts, photographs and videos of staff, engagement at community events and a dedicated section on the Health and Care Portsmouth website. Results of the campaign so far can be seen further down the report.
- PCNs are currently providing medical input into an Enhanced Care Home Team, a Multi-Disciplinary Team providing proactive care to residents, ensuring their health and care needs are supported and managed before complications occur, reducing the deterioration of health and need for hospitalisation.
- Planned work includes training in using Population Health Management tools, to use the data to support pro-active delivery of care to patients according to need, nomination of a Health Inequalities Lead, and taking on full responsibility for extended access from October 2022.

Following the GP summit with Portsmouth City Council, we are also looking to explore partnerships with the University of Portsmouth to support retention of students in the city and options for overseas recruitment.

#### Primary care marketing campaigns

##### *No excuse for abuse*

A campaign in July/August to promote consistent messaging around zero tolerance of abuse towards GP practice staff. Social media posts were shared by Health and Care Portsmouth partners and wider organisations including Hampshire Police and Healthwatch, and GP practices were given posters and digital screen assets to display on site.

Impact to date:

- Reach of 35,000+ across Facebook, Twitter, Instagram, LinkedIn and Next Door
- Sent to 11,000+ people through council's Flagship e-newsletter and Health and Care Portsmouth bulletin

### *It takes a team to care for a community*

A multi-media campaign in August/September to promote the different roles within a GP practice, alongside GPs. The campaign includes posters, social media posts, radio, digital and billboard advertising, videos, content for websites and newsletters, and attendance at local events for resident engagement.

Impact to date:

- Estimated reach of 241,972 from billboard advertising across the city, with people likely to see the billboard five times
- Estimated reach of 112,000 from radio advertising with HITS radio, with the advert being played 582 in two weeks
- 101,398 impressions through digital AdMessage advertising
- Reach of 50,000+ across Facebook, Twitter, Instagram, LinkedIn and Next Door
- Sent to 15,000+ people through council's Flagship, Family Life and Business bulletins and Health and Care Portsmouth bulletin
- 300+ page views on website landing page

### *Portsmouth: A great place to live and work*

The team is now also working on a recruitment campaign to promote Portsmouth as a great place to live and work, to encourage more healthcare workers to consider moving to the city. In the short-term (October/November), it is anticipated that the campaign will include some social media posts, internal comms, and consistent messaging for primary care job adverts. In the longer-term (January 2023), we hope to have developed a full marketing recruitment campaign with dedicated website and recruitment section on the HCP website.

### Individual practices

#### *Portsmouth Group Practice*

Cllr Vernon-Jackson, Cllr Horton and Cllr Winnington attended Portsmouth Group Practice on 6 September 2022, to discuss current challenges facing primary care in Portsmouth, and meet some of the team delivering services at Portsmouth.

In the contact centre at Cosham Park House surgery, the councillors saw first-hand, staff responding to patient phone calls, making appointments and directing to the most appropriate person. At the time of the visit at 3pm, the team had taken 900 phone calls that day, in addition to the 1,000+ daily eConsult enquiries.

Portsmouth continues to invest in its telephony system with a new system anticipated next year that will allow patients to request a call back when in the queue. It is hoped that this will decrease the number of abandoned calls, where patients do not wish to wait in the queue.

#### *Lake Road Practice and John Pounds Surgery*

HIOW ICB, at Portsmouth place level, is in dialogue with the Lake Road Practice and local public health colleagues on what service provision may be required for the Portsea population based on their needs. The views of patients will also be sought, via meetings with PAG and through the proposed community wellbeing event which is likely to be held in October or November 2022. The practice is committed to supporting this scoping exercise.



In addition, an update for PAG was given by Portsmouth City Council on Wednesday 7 September:

The John Pounds discussion focusses on three parts:

- 1) The main practice - rent to be fully reimbursed
- 2) Three practice rooms on first floor - rent not reimbursable and paid for privately by Practice for third party contract use but on same lease terms as the whole
- 3) Dilapidations and terminating existing lease including review of key M&E and capital requirements

The first two parts required commissioning an independent third-party specialist valuation report to advise the council on the likely market rent position for medical use. The report informed the council's approach, enabling us to proactively move forward with rental discussion and negotiation supported by the latest comparable data. This report has been received and the council has challenged and accepted the advice and valuation. This sets out the opening rental assessment for both the reimbursable and non-reimbursed parts of the practice.

This has been shared with the ICB and practice for review and to confirm that both parties are happy with the suggested rental position on the understanding that this is subject to the District Valuers rental assessment and award. The practice needs to review the viability of the three practice rooms they will privately fund and what contracts and length they could secure so that they can be comfortable with the lease commitments. Meetings with both the ICB and practice are being held in the next two weeks to confirm acceptance or outline position. Once this is received, the District Valuer can be engaged to formally make their assessment which will inform the business case to reimburse the rent.

With regards the dilapidations, a third party was formally engaged to prepare a costed end of tenancy dilapidations schedule. This has been completed and reviewed. NHS Property Services are reviewing the dilapidations survey and an onsite walkover is taking place shortly to review, with the council, the matters raised in the report so that both parties can agree together a pragmatic approach to dealing with those. For example - whether we take a view to disregard the matter if it is minor, whether the NHS will intend to complete the works or whether to agree a financial settlement. Both parties have agreed to work together amicably on this and to reach a swift, sensible and pragmatic conclusion.

As far as the lift is concerned, works have been paid for by the council to assess the lift and ensure it is fully operable. This has been achieved and there are no issues with the functionality of the lift. However, the reports have indicated that some replacement parts for the lift are obsolete which may impact whether future works can be undertaken and the risk therefore is that a component part fails that is obsolete that renders the lift out of action and irreparable. The council has therefore commissioned all surveys required and quoted for full replacement of the lift. The procurement element of this work is complete and is on hold pending conclusion of the dilapidation compensation claim as a whole. Once the dilapidations process and compensation claim has been completed legally and funds received the contracts will be completed to enable works to start on site.

Progress to date has relied heavily on input from third parties which has been hindered with summer leave across all parties. Now that the main summer holiday season is drawing to an end, a number of meetings are scheduled and have already taken place and it is anticipated

that many of these issues will be concluding towards the end of September with perhaps the District Valuer report and assessment still pending going into October, but this would be out of our control as the District Valuer works to their own timetable.

#### *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.

#### *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.

#### *Trafalgar Medical Group Practice*

The practice has been working with HIOW ICB to potentially relocate to the Debenhams Site in Palmerstone Road. The full business case had been given approval for the relocation. Following the landowner's decision not to sell the site some further discussion has been taking place but the outcome is not yet known.

#### Pharmacy, Optometry and Dentistry

The ICB became responsible for Pharmacy, Optometry and Dentistry under delegation from NHS England on 1 July 2022. The benefits of delegation include;

- Maximise opportunity to improve outcomes in population health and healthcare and tackle inequalities in outcomes, experience and access
- Embed professional and clinical leadership in local areas
- Work closely with professionals (as with medical)
- NHSE/I expertise recognised locally
- Opportunity for ICB staff to refresh and develop knowledge and skills to provide additional resilience function

- Combining and embedding workforce capitalises skills, leadership and subject matter expertise in Region and ICB
- Blended approach supports legacy knowledge and builds on transformation elements to recover, digitally transform and connect providers

In the Hampshire and Isle of Wight ICB there are;

- 95 Community Pharmacy contracts delivered from 307 locations throughout H&IOW
- 100 Optometry contracts delivered from 174 locations throughout H&IOW
- 177 Dental contracts delivered from 184 locations throughout H&IOW (1 contract due to terminate 30 September 2022)

There are a number of issues relating to the dental contract: lack of dental workforce and backlog following the reduced number of appointments during covid, the 2006 Contract and low contract values, contract hand back and length of time for procurement, the time it takes for dentists to be able to undertake NHS work and difficulty obtaining a dentist.

The ICB is actively working with stakeholders and following up on the Dental Summit held in June but change will take some time. Earlier in the year there was a review of Commissioned dental services undertaken by Public Health highlighted that commissioned activity ideally needs to be highest in the most deprived areas and contracts need to be achieved as some have sufficient activity but it is not delivered. The report highlighted a requirement for additional dental activity to be commissioned in Portsmouth, Isle of Wight, Havant and Gosport. A procurement exercise is currently being undertaken to increase activity in these areas and updates will be shared when available.

## **Urgent Care**

### System pressures

#### *Portsmouth and South East Hampshire Local Delivery System*

Urgent and Emergency Care pathways across Portsmouth and South East Hampshire (PSEH) continue to be challenged, with Portsmouth Hospitals University NHS Trust being an outlier for three key indicators:

- Eliminating 60 minute ambulance handover delays
- Reducing the total hours lost due to ambulance handover delays
- Reducing acute bed occupancy to 92%

This means that we are not currently offering timely urgent care to our population, resulting in the risk of harm from delays.

In order to impact the occupancy, we have a three-pronged approach:

1. Impacting earlier in a patients' care to avoid the need for admission
2. Earlier movement of patients to the right place in each organisation and/or within the system
3. An efficient and timely discharge processes across our bedded capacity

A remedial ambulance handover plan has been agreed between system partners and NHSE to deliver improvements between now and 1 October by focussing on four programmes of work led by CEO lead, as follows:

- Objective 1 - to improve flow out of ED between 8am and 8pm daily by identifying additional safe ward spaces to accommodate the Next Patient from ED.
- Objective 2 - to improve the robustness of the PSEH OPEL framework based on National Guidance, best practice and our own learning from Critical Incidents to ensure more timely escalation and de-escalation.
- Objective 3 - to reduce occupancy to 92% through reduction in numbers of patients with a LOS over 7 days and through increased discharges for Pathway 0 and P1-3.
- Objective 4 - to identify and proactively case manage high intensity users with severe and moderate frailty who represent the top 1% of people utilising 39% of our bed base thus reducing Non-Elective Admissions.

Regular, system-based review of progress and importantly the impact on risk across the system are in place, with oversight and support from the Director of System Performance Hampshire and Isle of Wight ICS (Dan Gibbs), the ICB transformation team and the regional NHS England team.

### *Winter planning*

The HIOW ICB communications team are currently developing a winter campaign across Hampshire and Isle of Wight, to help ease pressures on the NHS in the coming months. This is currently in development and will focus on messages around:

- Self-care - encouraging residents to look after their own health and be prepared for winter
- Knowing where to go - informing residents about what services are available and where to go in different situations
- Getting people home from hospital - working with the acute trusts and community providers to improve communications to patients and their loved ones to ensure more people can leave hospital in a timely way

The campaign will be rolled out in Portsmouth and be supported by specific activities in Portsmouth around Self Care Week (14 - 20 November) and activities to support pharmacies and primary care.

## **Mental Health**

### Community Mental Health Framework

The community mental health transformation programme is a complex three year programme of work which aims to improve access to community mental health services.

During year 1 (2021-22), several discovery events were held with people with lived experience, carers, the community and voluntary sector organisations including the Hive and secondary care staff. The outcomes from these events clearly identified a number of areas for focus and were collated into 3 broad themes:

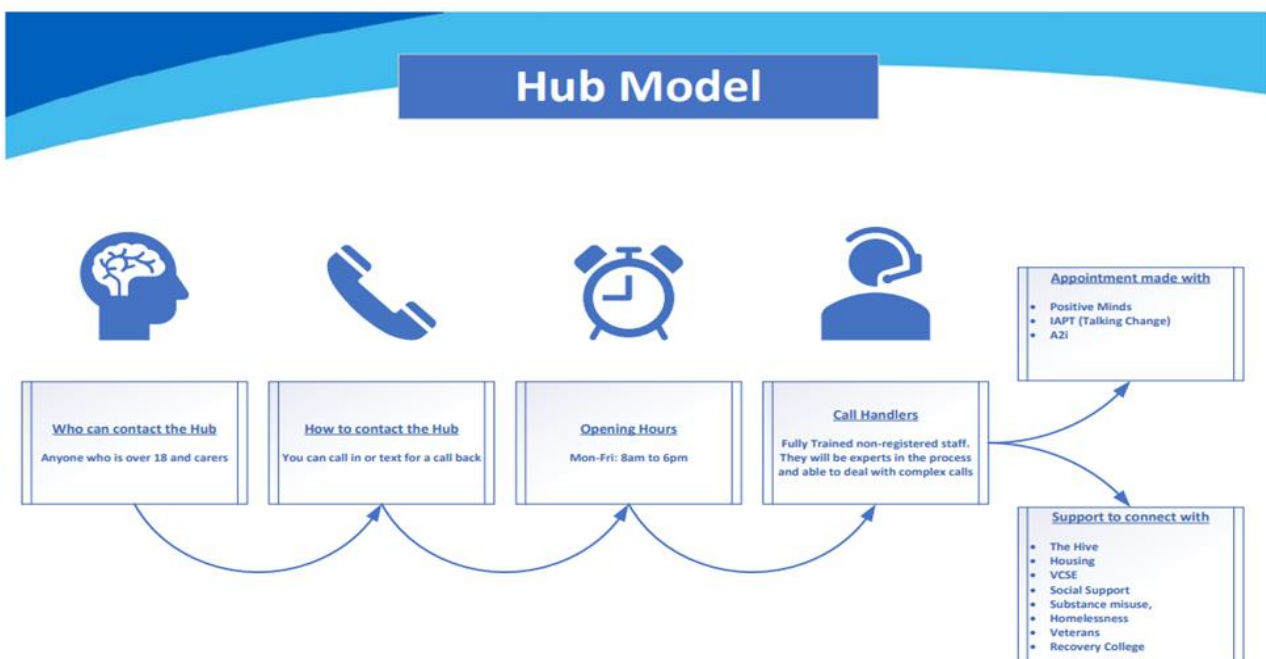
- Access - ensuring timely access to the right support

- Communication - Jointly developed care plans between staff and the person being supported to ensure they feel in control and part of their own recovery journey. Alongside the need to ensure joined up systems enabling better integration and working practices to reduce duplication and additional steps in processes to reduce delays in access.
- Trust - establishing positive trusting compassionate relationships between the person seeking help and the team who supports them.

Further to the above discovery events, in year 2 (2022/23), the team have used the themes to focus efforts in phase one of the project on improving 'access and short-term interventions' - namely support provided for up to six months. This was as a direct response for across the age ranges that people did not know where when or how to access services and when they did try, they felt they were pushed from one service to another without really getting the help they felt they needed.

The team have used the 'access' theme to focus discussions in design workshops which were held between April and July of this year, with good representation from people with lived experience, their carers and staff from both NHS providers including primary care and the VCSE organisations.

The output from these design workshops has been to agree the design for an access 'Hub'. The principle of the 'Hub' being to provide a central contact point for people to call and ask for support/advice. The ethos for this new 'hub' is everyone who calls will be listened to with kindness and compassion, will be supported with their query and will leave the call with a clear plan for their next steps. The expectation is the types of calls will vary from those wanting some initial information about the types of services and support on offer, to wanting to be reminded of appointment times or an indication of where their referral is to needing more detailed support with a particular issue requiring connections to be made for them with other services.



The aim is the newly developed 'hub' Model will become available in the New year and will continue to be developed over time to ensure it does improve access to the right services across the city.

The Access 'hub' is one component of this programme of work, with a number of other workings group in place to ensure a clear focus for those aged 16-25yrs, older people and those with specific mental needs such as personality disorders. All of this work is being co-produced with people with lived experience and their carers which is being facilitated by the Hive via the Experts by Experience Network.

All the information regarding the progress to date with this programme of work can be found on the health and care website.

### Mental Health young person's campaign

A 12-week mental health campaign, co-produced with and targeted at young people aged 16-25, called 'You are not alone' will be launching later this month.

The campaign aims to promote mental health services in the city, including:

- PositiveMinds - informal support in person, over the phone or online on Zoom, for anyone aged 18+
- Talking Change - a team of therapists and researchers who provide talking therapies to help anyone aged 16+
- Kooth - free online counselling support services for anyone aged 11-25
- The Harbour - out of hours mental health service for anyone aged 18+
- Shout - 24/7 text support service for anyone who is struggling to cope and in need of mental health support
- NHS 111 - dedicated staff providing mental health advice to people of all ages, available 24/7

The look and feel of the campaign has been developed in partnership with young people, using bright colours, simple language and modern design. It will launch around Young Person's Mental Health Day on 19 September with presence at the University of Portsmouth Fresher's Fare and continued promotion for 12 weeks through the following channels:

- Social media - specifically Instagram, Snapchat, TikTok and Facebook
- Promotional material - business cards, leaflets and posters
- Advertising - podcast and Spotify ads, posters, social media and digital screens
- Engagement - attendance at events, meetings and youth groups
- Email marketing - targeting parents/carers of young people

## **COVID response**

### Vaccination programme

#### *Current numbers*

On 30 August 2022, 437,477 vaccinations had been given in Portsmouth. This can be broken down to:

- 162,636 first doses (79.8% of the population)

- 154,167 second doses (75.7%)
- 120,644 third or booster doses (59.2%)

### *Autumn booster*

On Wednesday 8 September, the NHS launched its autumn booster programme to offer COVID-19 vaccines to around 7 million eligible people, starting with those at greatest risk.

People will be invited to book their appointments through the online National Booking System, by calling 119, or through a local vaccination walk-in site - such as a GP practice or pharmacy.

Please note that although delivery of vaccinations at Hamble House, St James' Hospital, ceased on 31 August, we are working with Solent NHS Trust and Portsmouth City Council to deliver pop-up vaccination sites across the city.

Care homes will also be visited by vaccination teams, to ensure residents and staff receive their vaccinations, and some hospital hubs will be jabbing members of the public as well as their own staff - all administering the flu vaccine where possible also.

### *Ongoing vaccination campaigns*

Over the summer, the Health and Care Portsmouth communications, marketing and engagement team ran a vaccination for travel abroad campaign, called 'Don't get left behind'. This was targeted at affluent young professionals, aged 25-34 years, who were thinking of traveling abroad over the summer.

The results were as follows:

- Reach of 100,000 people in Portsmouth through HITS radio ad and Spotify ad
- Reach of 100,000 25–34-year-olds in Portsmouth through Snapchat campaign
- Reach of 57,000 people in Portsmouth through digital AdMessage advertising
- Reach of 3,000+ people, predominantly women aged 25-34 on Instagram and Facebook, and a further 2,000+ views on an Instagram Reel
- 500+ unique page views on the campaign landing page on the website

### Live Well Clinics

In addition to the roving pop-up clinics, we are also supporting Portsmouth City Council's Live Well Clinics to engage people from our more deprived communities to consider getting the vaccine, but to also talk with them about healthy eating, physical wellbeing, mental health, finance and debt.

The Live Well Clinics have been run in conjunction with some of the city's food banks; The Landport Larder and The Kings Church Foodbank, with more planned with the newly opened Portsea Pantry. Events are also planned to residents of the Paulsgrove area.

So far, this year, we have delivered six events in Landport and Somerstown, with a further three taking place this September.

Based on five events and from those services submitting monitoring sheets, we can broadly estimate that a total of 280 themes have originated from the conversations held. These include:

- Cost of living including benefits, energy, personal finances, smart metering, school uniform, food and water supply - 99 conversations
- Mental health - 27 conversations
- Physical health including COVID-19, drugs and alcohol, medication, NHS treatment - 49 conversations
- Other topics discussed were employment including volunteering (15), housing (20), general (12)

Dates for the rest of the year are currently being finalised to incorporate Portsea and Paulsgrove.

Yours sincerely,

Jo York  
Managing Director  
Health and Care Portsmouth



# Agenda Item 5



## Portsmouth HOSP – September 2022 update

### 1. Jubilee House Transformation

1.1 We wanted to update you on the collaborative work which has been taking place over the last few months regarding the future of the Jubilee House building and service run by Solent NHS Trust.

1.2 Jubilee House has been a long-standing community inpatient facility in Cosham, delivering great care and has been highly respected and much loved for many years by patients, their families and staff.

1.3 In recent years it has become clear that the Jubilee House building is not the best environment to provide inpatient care, for example the age of the building making it difficult integrate modern ways of working and providing care. Over the last few years, it has been important to fully utilise Jubilee House to support the demands at QA Hospital throughout the challenging times of the pandemic. However, our ambition and commitment has remained strong to deliver an integrated, responsive service that provides high quality care in a modern environment for residents in Portsmouth and surrounding areas. We have at various times publicly communicated this, and engaged with members of the community about these plans.

1.4 Since COVID-19 pressures have eased, we have evaluated a number of options, considering the demand for community beds, staffing, location and the collective resources available.

1.5 A clear, preferred option has now emerged from that work which we believe will deliver the best service for patients and be the best working environment for staff. We plan to close Jubilee House by October 2022 and relocate the service to Harry Sotnick House to be co-located with PCC staff at the Southsea Unit.

1.6 This new integrated community bed provision will be led by Solent NHS Trust and consist of 30 Discharge to Assess (D2A) beds and 10 rehabilitation beds. Portsmouth City Council staff will transfer their employment to Solent NHS Trust. We are working closely with all staff involved, supporting them through this transition.

1.7 We are looking to host a community engagement event so that local residents can find out more about these changes.

1.8 We believe that this Jubilee House plan will ensure that patients can receive care, in a high quality and modern environment for many years to come.

### 2. MSK move from the QA Hospital

2.1 Portsmouth Hospitals University NHS Trust (PHU) have requested that Solent MSK Service vacate part of its existing premises within the purpose-built Rehabilitation Building on 'D' Level which is located on the Queen Alexandra Hospital (QAH) site. This request is to enable PHU to relocate the existing discharge lounge to allow works to commence on the new Emergency Department.

2.2 Solent MSK Service have been asked to vacate the existing Gym Space and the 8 bedded treatment bay area on D level. This would be a permanent request and MSK Service would not return to the site once the ED development is completed.

2.3 We are working with PHU colleagues to scope feasibility options, with a current projected timeline to deliver this move by February 2023/the end of winter 2022.

2.4 We will work alongside the comms team at PHU to produce communications materials to make service users aware of the changes ahead. We are also keeping Solent colleagues updated and supported in the lead up to the relocation.

### 3. Hampshire and the Isle of Wight Community and Mental Health Review

3.1 Please find attached as an appendix, a summary update regarding the Hampshire and Isle of Wight Community and Mental Health Review.

**Suzannah Rosenberg**  
**Chief Operating Officer, Solent NHS Trust**  
**(12 September 2022)**

## Hampshire and Isle of Wight Community and Mental Health services review

### Update – August 2022

#### Summary

1. Across Hampshire and Isle of Wight community and mental health services are provided by several organisations working closely together: Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust, Dorset Healthcare NHS Foundation Trust and Sussex Partnership NHS Foundation Trust as well as a range of other NHS, local authority and voluntary and independent sector organisations.
2. A key priority for the NHS in Hampshire and the Isle of Wight is ensuring that communities have equal access to services and experience the same outcomes. We know that over the coming years the demand for community and mental health services will increase. Our physical and mental health services are already responding to increasing need, both in terms of the number being referred and the complexity of issues they present with. Against this backdrop, continuing to improve and transform service provision as well as having an even greater focus on integration between mental and physical health is vitally important.
3. In January 2022 the Hampshire and Isle of Wight Integrated Care System (ICS) commissioned a review of community and mental health services. The purpose of the review was to understand how to best meet the current and future demands of our local populations and how organisations might work better together to meet those demands. It was the first step in helping us to understand the strengths and weaknesses of existing services, and to identify any gaps and areas for further improvement.
4. The review enabled us to determine the merit of exploring opportunities to redesign services for the benefit of our communities, looking carefully at the evidence and involving a number of partners. A range of different options were put forward and the review made recommendations for us to consider as a system.
5. The work, which took place during March and April 2022, was led by an independent company and involved a range of partners and stakeholders. It considered a wide range of data and information as well as feedback from one-to-one interviews and roundtable discussions. The findings of the review were shared with key partners and stakeholders in June.

6. This paper provides further detail of the review's aims, the case for change, strategic priorities, recommendations and next steps.

### Aims of the review

7. The aim of the review was to understand how to better meet the demands of the future to best serve those in our communities and how organisations might work better together to ensure that all of our residents receive high quality healthcare every time. As such the terms of reference for its scope were as follows:
  - Set out a high-level overview of current and future population needs for community and mental health services
  - Map community and mental health services currently delivered in HIOW
  - Understand strengths and weaknesses of the existing arrangements and their ability to meet future needs
  - Produce options for future delivery of services to meet needs and improve outcomes
  - Carry out an options appraisal exercise using evaluation criteria to explore relative pros and cons of each option
  - Set out the preferred option in a report and consider the impact on future leadership arrangements
8. Over eleven weeks, the review developed a case for change, identified future strategic priorities for the system, developed options for future arrangements and outlined next steps.

### The case for change

9. The review found a compelling case for change in the way community and mental health services are resourced and delivered across Hampshire and Isle of Wight so that they can be of the highest standard.
10. Demand for these services is high and will continue to grow in light of changing health needs and demographics of our population across all areas.
11. Historical inequities in the distribution of resource across Hampshire and Isle of Wight means some areas have received less investment than others. With the formation of Integrated Care Systems, this provides an opportunity for the system to lead and correct these inequities. The review found areas with the highest needs do not always have the most resource. The communities which have benefitted from higher investment in community health services appear

to spend proportionately less on acute care. We need to redress these imbalances.

12. Our mental health workforce is seeing significant shortages which is a key issue to address for the future sustainability of these services in the future. Demand for these services may rise by 10% within the next three years and positive action is needed through agile ways of working to achieve this
13. We know patients find navigating the health and care system challenging. The delivery of services is fragmented. Previous commissioning arrangements mean some services are provided by different NHS providers and there is a need for greater consistency. For example, the transition from child to adult mental health services is complex, with different providers for Child and Adolescent Mental Health services (CAMHS) and adult mental health services. The complexity of multiple providers can make it unclear who is accountable for individual patients and creates an imbalance of clinical risk where patients are escalated to high acuity settings rather than treated in the most appropriate care setting for their needs. It also creates wider confusion around leadership and ownership for improving systemwide provision of community and mental health services. This acts as a barrier to integrating across health and care services and we are committed to collectively breaking through this barrier.
14. The review concludes that, in order to best deliver the high quality service to our patients and respond to service users' needs effectively, we need a better use of collective resources, greater consistency and continuity of patient care, and a more holistic and preventative approach by joining up services in a streamlined way within communities and beyond.

### Future strategic priorities

15. Clinical and system leaders from across organisations were asked to agree a set of strategic priorities. Following the review, these are as follows:
  - Optimisation of patient safety, quality and experience by reducing variation; consistent standards and treating patients in the most appropriate care setting.
  - Alignment of care models and pathways to optimise patient access and ensure clear ownership of care, by addressing the overlap in services, using consistent criteria, reducing the complexity of the provider landscape and aligning community physical health and mental health.
  - Integration of local services across the life course and a more holistic approach to care by reducing fragmentation of services, focusing on

prevention and integrating across multiple community teams locally to meet all of a person's needs at once.

- Building a flexible, sustainable, and engaged workforce and optimising systemwide use of staff and available skillsets.
- Improving resourcing of services according to local needs and the required scale of delivery so generalist services are delivered locally and specialist services at scale.

16. The review found that there is widespread agreement across Hampshire and Isle of Wight that the current arrangements for delivering community and mental health services are not able to adequately respond to the case for change or meet the strategic priorities outlined for services. All partners working across the Hampshire and Isle of Wight Integrated Care System are dedicated to transforming this delivery for generations to come.

## Recommendations

17. To overcome the fragmentation of care delivery and ensure more alignment and consistency, new organisational arrangements are required so that the ICS can collectively meet its priorities.

18. The recommendations are as follows:

**A new Trust should be created for all community and mental health services across Hampshire and Isle of Wight, with local divisions to focus on our communities.** All existing providers are being engaged and are coordinating this work with the ICB, and identifying a roadmap on developing this work further, the risks and mitigations required.

**A review of community physical health beds should be undertaken, in a partnership between community, acute and primary care providers and local authorities.** This is required to ensure the highest possible levels of patient safety, quality and experience are in place and that patients are receiving care in the most appropriate setting for their needs.

**Develop a systemwide clinical strategy for community and mental health services that focuses on prevention, early intervention and patient centred care.** This will be led by our community and mental health providers with input from service users and key system partners, such as primary care and local authorities.

**A clear, systemwide strategy for place and local leadership is needed.** This will help to identify local integration across health and care and wider determinants such as education.

**Establishing a more strategic approach to the funding for community and mental health services to address the current inequities.** The approach should acknowledge financial complexities to date and reflect on the overall system performance in communities that have historically had higher levels of investment in community and mental health services, considering how the overall health spend available can be better utilised.

### Next steps

19. All partners are committed to ensuring patients are front and centre of our approach, which will be clinically-led, transparent, and inclusive. The engagement we undertake with local communities, staff and stakeholders will be two-way, to ensure that everyone's voices are heard and the changes put in place are widely endorsed.
20. The review incorporated existing insight and feedback from people who use local community and mental health services. However, it was the beginning of a detailed programme of work that will involve extensive engagement with our communities, colleagues working in local community and mental health services and partners. A key part of this is about bringing in the voices of people with lived experience including patients, service users, relatives and carers. Our approach will align with the ICB community involvement and engagement strategy which sets out four valuable principles relating to how we will work. These include ensuring that the involvement of our communities is based on trust and relationships, building on existing best practice, ensuring that we are inclusive of diverse communities and that we share a collective responsibility. We will continue to work closely and in an agile way with colleagues and partners across Hampshire and Isle of Wight, including Healthwatch organisations, to design a detailed engagement and involvement plan.
21. Local services will continue to be delivered. The recommendations set out above are improving the way these services work together. In the event of any service change which evolves from these recommendations, engagement with patients would be required on any specific proposals. We will be keeping all local scrutiny panels informed.

This page is intentionally left blank





## Public presentations 2022

What are we ?  
and  
What do we do ?

# What's Healthwatch Portsmouth ??

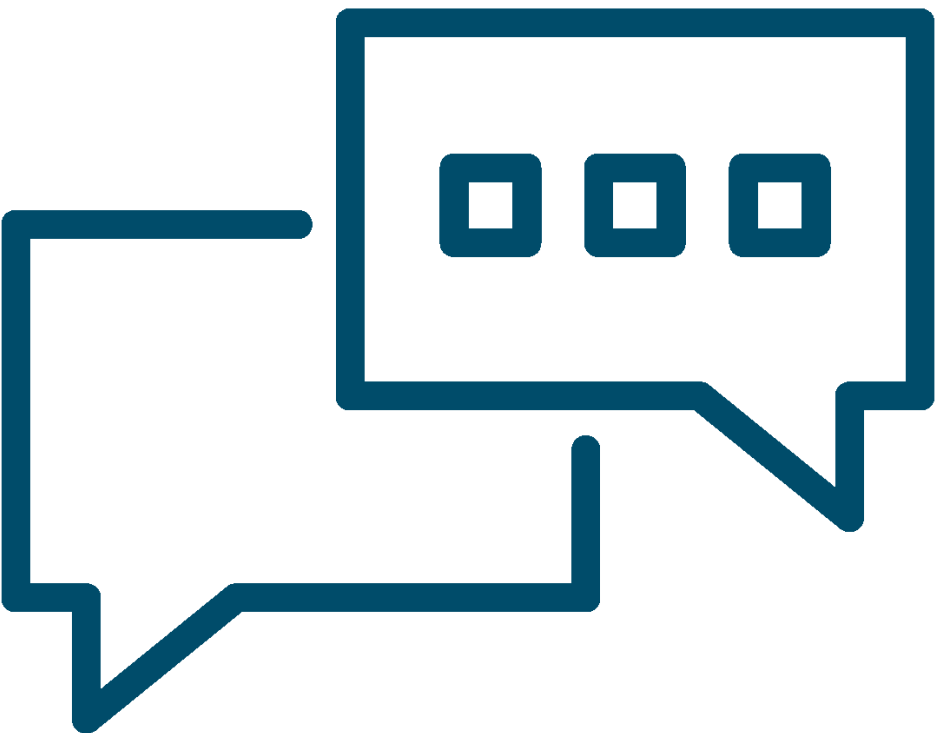
**An independent patient voice champion  
for health and care services in Portsmouth**

**We do 8 activities**



1. We encourage people to get involved to have their say about the way services are planned and provided
2. We are an independent body and gather feedback from the people who use local health and care services
3. We provide anonymised patient experiences to service planners and providers in Portsmouth to influence decisions on how to improve services
4. We comment on the quality and availability of services based on people's experiences and make recommendations for service improvement

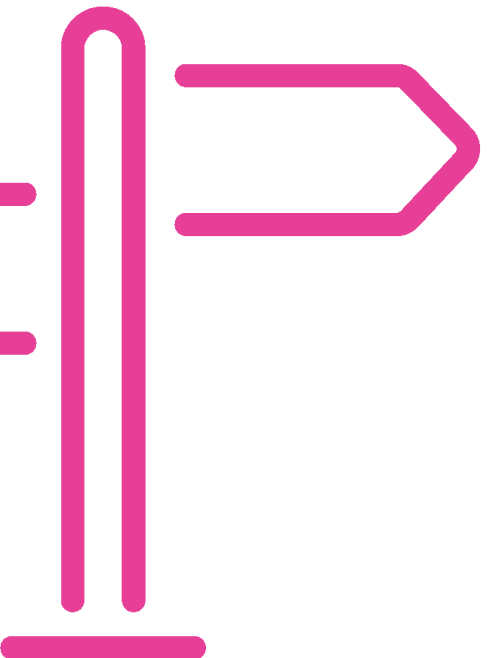
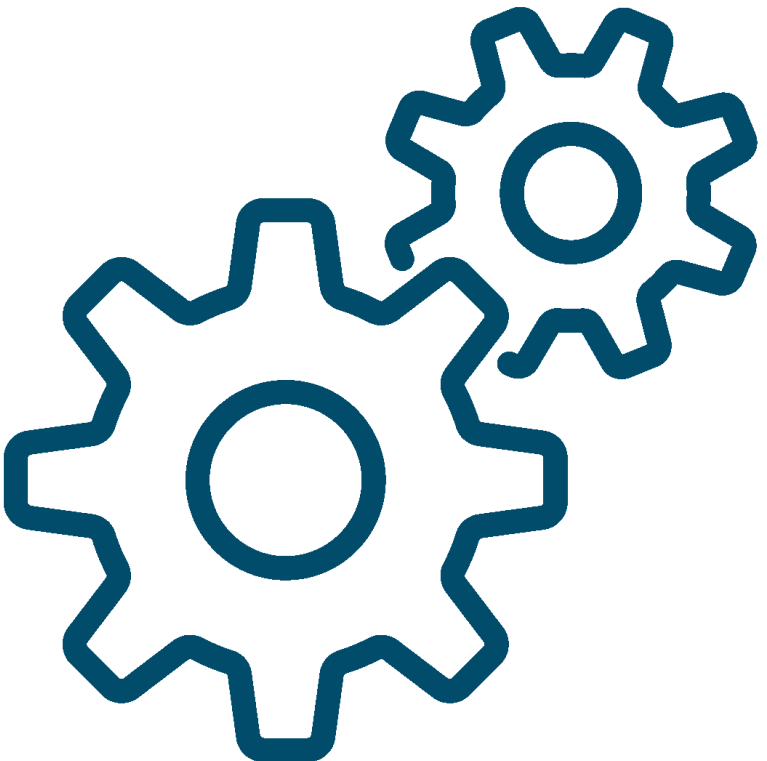
5. We provide information about available health and care services in Portsmouth to help people make informed choices
6. We review how service planners have involved patients and the public in their thinking about new services or changes to services
7. With the other 150 local Healthwatch we provide feedback to help Healthwatch England get a picture of what is going on across the country
8. We raise with Healthwatch England the key issues that affect Portsmouth to highlight a particular issue (e.g access to dentistry, GP surgeries)



## Healthwatch Portsmouth Achievements 2021/22

- Transferred to our new service provider, found new offices, ***re-established contacts in the city***
- Provided info and support to the public - ***COVID, access to GP surgeries, dentists***
- Found out people's experiences of using secondary care services – ***access to A&E***  
Walk Thru' QA Hospital Emergency Dept, Enter & View of Russets – ***recommendations made***
- Engagement best practice with NHS – ***Special Care Dentistry, electronic prescribing on hospital wards***
- Scrutinised health and care services / service plans – ***dental, GP surgery websites, dementia, speech and language therapy, needle attack pathway***
- ***From these activities we have achieved the following outcomes for Portsmouth residents .....***

Project / Activity Area	Changes made to services
Covid-19 testing facilities	Portsmouth City Council agreed to arranging for a drive thru' testing site in the city + 23 Priority Posting Boxes
Access to Speech and Language Services	Further to patient and family feedback the service trained staff
Hospital Trust's Equality Diversity Inclusion leads meet Healthwatch	Healthwatch: Hampshire, Portsmouth, Southampton, Isle of Wight
Blood test sample vials supply issues	Portsmouth Clinical Commissioning Group to give GP receptionists a script
Access to preventative vaccinations	Shingles vaccination to be offered to at risk patients when offered flu vac
Gov White Paper on Better Access to Primary Care	Portsmouth CCG asks to use Healthwatch Portsmouth questions include in public facing comms
Electronic Prescription – delays in access	Portsmouth CCG supported GP surgery and dispensing pharmacy to resolve delays, lack of clarity in system
Hospital Trust text message: O/P appts	Message: 'not attending appt costs NHS £160' reviewed to avoid confusion
User testing of eConsult platform's accessibility guidance information	Portsmouth Learning Disability Partnership Board members to test
Portsmouth Health and Wellbeing Board – Health Inequalities	Board review recommendations in Chris Whitty's Health Inequalities doc
Patient experience of Emergency Department for autistic people	Portsmouth Hospitals University Trust to work to improve patient experience
Public concern ref council plans to site a new fire station next to care home	Portsmouth City Council Planning Unit included public concerns in its report





## Healthwatch Portsmouth Plans for 2022/23

- Benchmarking of our activity against national Quality Framework standards
- Influence service delivery - seldom heard user feedback, review service plans
- Review then implement our Communications and Engagement Strategy
- Provide information on health & care services – enables informed choices
- Encourage best practice public and patient engagement in H10W ICS
- Undertake a set of Enter & View visits to care/nursing homes in Portsmouth
- *Stand-alone funded research project (w Uni Portsmouth) on health inequalities*

# Healthwatch Portsmouth information stalls



- May Fayre, St Mary's Church
- Good Mental Health Drop-in
- Somerstown May Fayre
- Party for Paulsgrove
- Portsmouth Pride
- Community Day @ Baffins Pond
- Cosham Awareness Day
- Open Day for Men's Wellbeing

# Healthwatch Portsmouth stalls for rest of year

Page 43



- Party for Cosham
- Party for Somerstown
- Party for Hilsea
- Fratton Family Festival
- Portsmouth Carers Event
  
- We're also delivering 6 talks on Healthwatch Portsmouth

# Thanks for listening to Healthwatch Portsmouth

You can reach us at:

[www.healthwatchportsmouth.co.uk](http://www.healthwatchportsmouth.co.uk)

[info@healthwatchportsmouth.co.uk](mailto:info@healthwatchportsmouth.co.uk)

tel: 023 9354 1510

## Any questions ?????