



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 16 MARCH 2023 AT 2.00 PM

VIRTUAL REMOTE MEETING

Telephone enquiries to Lisa Galacher, Local Democracy Officer 02392 834056
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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

Councillor Arthur Agate
Councillor Ann Briggs
Councillor Joanne Burton
Councillor Martin Pepper
Councillor Michael Read
Councillor 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

AGENDA

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

4 Southern Health NHS Foundation Trust update (Pages 11 - 14)

Nicky Creighton-Young, Director of Operations for the Portsmouth and SE Hampshire area, will answer questions on the attached report.

5 Portsmouth Hospitals University NHS Trust - Acute Services Partnership (Pages 15 - 18)

Penny Emerit, Chief Executive, will answer questions on the attached report.

6 Health & Care Portsmouth & Hampshire & IoW Integrated Care Board (Pages 19 - 28)

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

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 26 January 2023 at 2.00 pm at the Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Joanne Burton, Fareham Borough Council
Councillor Martin Pepper, Gosport Borough Council
Councillor Julie Richardson, Havant Borough Council

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Brian Madgwick and Abdul Kadir. Apologies for lateness were received from Councillor Graham Heaney who arrived at 14:05.

2. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 15 December 2022 be agreed as a correct record.

4. Solent NHS Trust (AI 4)

Andrew Strevens, Chief Executive Officer, introduced the report. He advised that the strategic outline case for bringing together community and mental health services would be going to their boards at the beginning of February, with a final version to be signed off at the beginning of March. This could be shared with HOSPs at a future meeting. A meeting with Healthwatch across Hampshire and the Isle of Wight will take place on 2 February and there will be a further in person engagement event on 22 February. They are looking at holding further engagement events on a quarterly basis.

In response to questions Mr Strevens explained that there is a huge variation across Hampshire and the Isle of Wight in terms of patient outcomes and accessibility, this proposal will bring everything together and they will be able to learn from each of the organisations about best practice to provide a more unified approach, which will be more beneficial to patients and their carers.

He advised that HOSP members should have been invited to the engagement event on 22 February which would be held at Southampton football stadium.

He advised he would check this with his communications team and ensure that councillors were invited to attend.

Solent are not proposing to make services changes as part of this proposal for the creation of a new organisation. They will be working on pathways and in the future there may be service changes, if so the appropriate process would need to be followed and engagement and consultation exercises undertaken. Mr Strevens said he would consult with his communication leads on whether purdah would affect the engagement process at all.

Solent are in the process of assessing the risks of creating a new organisation and beyond that for the post integration implementation plan. As part of the engagement process, Solent will be talking through the steps needed to mitigate those risks.

The new organisation would be a Foundation Trust. As part of the Integrated Care Board (ICB) all organisations will be more aligned and there will be the creation of the five-year plan which includes the integrated care partnership plans which ICB officers are working with local authorities on to create. He felt this was an exciting opportunity as it plays into moving more money and resources into prevention and providing care to people in the community.

Action - officers to check that communications have sent details of the engagement event on 22 February to councillors and a report to come back to a future HOSP meeting.

The HOSP thanked Mr Strevens for his report.

5. South Central Ambulance Services update. (AI 5)

Tracy Redman, Head of Operations South East introduced the report. The focus of SCAS continues to be working across the system in an integrated way to ensure patients receive the right treatment in the right place in the right time. There are often more appropriate places for many patients than ED and SCAS continue to reduce ED conveyance and signpost patients to more appropriate destinations. From January to December there has been an increase in 999 demand on the service. Performance has been significantly challenged, particularly in December which was exacerbated by the rise in Strep A cases.

In terms of challenges, there has been heightened state of pressure in Resource Escalation Action Plan (REAP) 3 and REAP 4. She advised that as of 24 January, as an organisation, this reduced to REAP 2 which puts them in a moderate state in terms of their current operating position. There has been a slight drop off in demand, an increase in workforce availability and a significant decrease in hospital delays.

Hospital delays cause a significant impact on their ability to get to patients in the community when ambulances are delayed handing over patients at the hospital. SCAs continue to work with PHUT and the wider system to address

this and since the report was written this has significantly improved. SCAS are now into week three of good performance in terms of hospital delays. In January SCAS are averaging 26 hours a day being lost on handover delays, most of that was in the first week of the month, this is currently down to 2 or 3 hours a day, this is often due to complex clinical issues. In December they were averaging 128 hours a day lost so this is a significant improvement.

There is a SCAS wider improvement plan in process currently. Ms Redman felt that they were in an early state of recovery at the moment and they are pushing to make the current state the new normality.

In response to questions Ms Redman clarified the following:

The improvements in hospital handovers have been due to a number of reasons including a focus on earlier discharges at the hospital which has helped the occupancy levels. There has been a lot of focus on discharges across the system with partners and also on flow and escalation within the hospital. There has also been a reduction of patients going to ED.

Primarily within SCAS the unions are GMB, Unite and Unison and there are some nurses within SCAS in the RCN union. The GMB union is primarily patient transport services in the Solent and Sussex area and SCAS have not seen any detrimental impacts with strike action there. The RCN have not yet taken strike action within SCAS. They are still awaiting the outcome of Unite and Unison ballot which affects a large number of staff however there are plans in place for mitigation if strike action does take place.

SCAS have been involved in the design for the new ED at Queen Alexandra Hospital and there has currently been no impact for SCAS with the groundworks.

SCAS regularly review access times of different alternatives to ED and other patient pathways. SCAS do not take many people to the UTC at Petersfield but she imagined the impact of the UTC improving access and times would be minimal to SCAS as most patients are walk in patients.

Demand is including incoming 999 calls from this geographical area which has been on the increase over the last year. The national target is to convey less than the 49% and SCAS are consistently under this target. The aim is for ED not to be the default destination, there are many more suitable places for patients. An example would be for frail or elderly patients can often be better cared for in their own home, so these patients are referred on to the community teams for onward care rather than ED.

SCAS have enough ambulances. Recruitment and retention of paramedics is a challenge, there are many opportunities for paramedics than previously such as working in primary care for the same wage. Clinicians are registered paramedics and are able to move around in healthcare. SCAS have an escalation process whereby if they need extra clinicians on the road if there is a surge, clinical managers can go out to patients if they need to.

In terms of the hours lost as a percentage, Ms Redman did not have this data available but said she could get that to members. She said however it would very high compared to the next worst hospital in the region. Hours lost due to ambulance handover delays is a significant outlier nationally. SCAS are now in a more sustained position at the moment which was excellent news. Ms Redman advised that there are staff shortages but they are able to meet the short term forecasts for demand with the staff they have. There were pressures towards the end of last year due to staff sickness due to the parents looking after children due to the rise in Strep A cases. Recruitment and retention is a longer term issue. SCAS are fortunate that many paramedics go through the University of Portsmouth for their training, and this is a good feeder for them.

There has been significant investment in leadership of the safeguarding team and a significant improvement plan in place. Most of the issues have been addressed and they are working closely with the CQC to address the remaining issues.

With regard to the 111 service, Ms Redman said that the questions that patients are asked are set nationally and it would be difficult for SCAS to influence this. She agreed that often many of the questions are not relevant or inappropriate. She advised that the call takers are not clinicians so would not have any discretion on what questions to skip and they will always err on the side of caution in terms of safety to obtain as much information as possible. Ms Redman said she was unsure but felt that there would probably be a route through NHS England to provide feedback on the 111 service. There is a representative from SCAS on the national group so she said she would feed this back to them.

SCAS continue to work across the ICB and do divert patients to other hospitals in times of crisis, but this has to be agreed by both hospitals. Southampton hospital is often in as challenged position inside the hospital however they do not queue ambulance because patients are queued in their corridors instead. Ambulance crews will always go to the nearest, most appropriate hospital for the patient's condition.

Action - Ms Redman to provide a percentage of hours lost in terms of QA handover delays.

The Panel thanked Ms Redman for her report.

6. Public Health update (AI 6)

The report was introduced by Helen Atkinson, Director of Public Health. She explained that Public Health is working within Health and Care Portsmouth and Ms Atkinson is a joint Director of HCP. Public Health Portsmouth also work closely across the whole of the H10W Integrated Care System (ICS) working with the other Director's of Public Health.

She explained that a significant change this year to the business plan is that there is additional funding for substance misuse services. Officers have set

up a local combating drugs partnership where there is one per authority in Hampshire and the Isle of Wight. Public Health also work with the Police and Crime Commissioners Office who have an overarching Hampshire and Isle of Wight substance misuse group that they report into. It is a partnership approach with the police leading on disrupting drug usage and Public Health on substance misuse services, with a big focus on improving treatment outcomes to ensure there are better health outcomes for those who are misusing substances.

Public Health have been focused over recent months on winter preparedness management with a focus on seasonal flu and covid vaccination uptake and working with schools and the NHS around supporting the national Strep A outbreak.

As part of the corporate work of the Council a cost of living hub has been established which has been running for two months. There is a specialist worker who supports individuals who call into the hub. To date 26 people have been supported to get the help they need in the last 5-6 weeks. Another piece of work the team are more involved in this year is the climate change agenda with a focus on the greening strategy. The team are also hosting the Portsmouth greening post who has bid successfully for funding to plant trees which will improve the environment, mental health and have a positive impact on improving air quality.

In response to questions Ms Atkinson advised the following:

As a result of lockdown, we have seen an increase in risky behaviours leading to increased levels of obesity and unhealthy drinking. The increase in STI testing rates is a combination of increased risk-taking behaviours as well as services changing how they are delivered. She added that having a high rate of testing is not a bad thing as the more people who test, the more people are diagnosed early, and they can then be treated. Services have adapted to offer better and easier access such as postal testing for HIV or STI's with patients able to have telephone or zoom consultations with a clinician. There is a big focus this year on HIV and STI testing working with the naval base, being a high-risk workforce, to encourage testing.

The Community Independence Service was something that Andy Biddle, Director of Adult Social Care (ASC) would need to answer. Public Health have a wellbeing service to support people to stop smoking, drink sensibly and move more, as well as supporting mental health and emotional wellbeing. ASC have an independence team working with residents with care needs to be more independent. The primary care networks (PCNs) also have social prescribers and Public Health have just taken on the health champions team who work with people to get them the advice needed and encourage people to take up vaccinations and other health improvement opportunities. The team are looking at how to bring those teams to work more closely together to support our most vulnerable communities.

There are many teams that work together around children's services, early help sits within the children's directorate under Sarah Daly. The public health

grant funds the commissioning the 0-19 years' service which includes health visitors and school nurses. In Portsmouth the decision was made to pool the funding and there is a Section 75 legal agreement between public health, Children's Services and Solent NHS Trust to deliver early help services. There is a team within the early help service who support children on the edge of care.

Ms Atkinson is on the University of Portsmouth partnership board for the medical school bid which is progressing and they are hopeful for a positive outcome. The Public Health team has an education and learning role with three consultants in public health who are education supervisors. Every quarter there are three new F2 doctors on a training rotation doing their joint PH/GP training placement. There are two specialist trainees in public health who are training to be consultants in public health. In February there will be two GP specialist trainees and two health psychologists joining as well.

The UoP medical school if successful with their bid will be a community-based training programme which will be training local GPs that will hopefully stay in the area. There is a lot of evidence that if people are trained locally they will stay working locally, particularly in the first years post training. The medical school plans are well progressed and she said she would make the Chair aware if any more events are organised if the panel wanted to learn more about the plans.

Ms Atkinson is also working with Portsmouth Dental Academy to look for opportunities to train more dental practitioners locally however this was at an early stages of discussions.

The HOSP thanked Ms Atkinson for her report.

7. Dates of future meetings (AI 7)

The panel agreed the panel dates of future meetings as follows:

All Thursdays at 1:30pm.

22 June 2023

21 September 2023

23 November 2023

23 January 2024

14 March 2024

The formal meeting ended at 3.12 pm.

Councillor Ian Holder
Chair

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Agenda Item 4

Southern Health NHS Foundation Trust
Update for Portsmouth HOSP
February 2023

Introduction

This paper provides a general update from Southern Health, with a particular emphasis on our services provided in the Portsmouth and South East Hampshire area. This update covers a number of projects including our ongoing Fusion work – bringing together NHS community, mental health and learning disability services provided in Hampshire and the Isle of Wight – as well as an update on our response to industrial action and our ABC clinical commitment.

Trust-wide update

Proposals to bring together community, mental health and learning disability services (Fusion work)

As previously reported at this panel, following an independent review of services earlier this year, there are proposals to bring together all NHS community, mental health and learning disability services provided in Hampshire and the Isle of Wight. The ambition is to create a single NHS Trust to deliver these services in a more joined up way, bringing benefits to patients and communities.

Plans are progressing well to develop a strategic outline case to go before the boards of all the organisations involved in March 2023. This case will set out the rationale for change and the work that would be required to bring services together and set up the new organisation. If approved, the programme will continue to develop a more detailed full business case later in 2023. Subject to the necessary approvals, the aim is for the new organisation to become a legal entity by April 2024.

The organisations involved have been meeting regularly and yesterday (22 February 2023) saw the second Joint Senior Leadership forum, bringing together senior leaders from all the organisations involved. The agenda for the day included an interactive session around the ambitions for the new organisation as well as potential ways of working and an update from the Integrated Care Board and partnership working.

Stage 2 Pascoe Report update

The Trust continues to work through the recommendations made as part of the stage 2 Pascoe report. Evidence against each recommendation has been considered by the Quality Governance leads in both the ICS and Regional NHSE Office. A report written by the ICS with NHSE, detailing their review, was presented to an extraordinary Tripartite Provider Assurance Meeting in October last year. **At this meeting, it was noted that 100% of the recommendations were either ‘on track/ongoing’ or ‘fully completed’.**

We are happy to report that 25 of the 37 recommendations (68%) are on track and 12 (32%) fully completed. National and local themes were considered and triangulated as a component of this review. It is important to note that the ‘on track’ recommendations will remain as such (and cannot move to ‘fully complete’), due to the nature of the recommendation and the need for ongoing monitoring to check that actions continue to be embedded in practice.

This ongoing monitoring now becomes part of our ‘business-as-usual’. Working with the ICS, a business-as-usual action tracker has been created to continually monitor the progress of these recommendations, as well as to identify any potential early warning indicators. This will be reviewed

on a 6 monthly basis. As a result, we ask that the Committee accept that the Stage 2 report recommendations have been actioned with no further updates required (other than those which form part of wider, future Trust briefings).

Industrial action

The Trust continues to ensure it has the correct plans in place, and is working alongside unions and partners, to ensure that urgent and essential services are able to continue operating during any industrial action that may take place in the coming months.

Whilst the Trust was not involved in the initial round of strikes two of our sites were involved in the second round in January – The Western Community Hospital in Southampton and Gosport War Memorial Hospital in Gosport. Action over the two days at Gosport saw considerable turn out with close to 200 people joining the picket line over the two days. The plans that were put in place ensured minimal disruption to patients.

The Trust is not due to be involved in the next round of RCN strikes in the coming weeks. Junior doctors in England have now voted in favour of taking strike action and we are preparing for how this might impact our sites.

ABC clinical commitment launched

This month the Trust has launched its ABC Clinical Commitment model. The model was originally developed by the Kings Fund and centred around Compassionate Care and supporting staff to make positive changes for patients. The ABC stands for:

- **Autonomy** – encouraging staff to have the autonomy to act and make decisions in their role, alongside their patients, service users, families and carers. It recognises that staff are the ones that make the biggest difference to the people they support so focuses on giving them the autonomy to make important decisions.
- **Belonging** – at Southern Health we want our staff to feel like they belong to the Nursing and AHP family. We want them to know that their special skills, knowledge and compassion are valued.
- **Contribution** – We want our staff to be really clear about the contribution they make to people's care. The ABC model is about how we can help them to develop their skills, so they can be the very best they can be, to deliver the best care to the people we support.

The Trust understands our nursing and AHP staff are experts in their roles. They are the closest to our patients, service users and their carers and families and they know what changes are needed to be made to allow them and their teams to do their jobs, to the best of their ability. We hope the implementation of the ABC model will support them to make those changes.

Portsmouth and South East Hampshire (PSEH) specific update

The following are some of the key initiatives that we have put in place to address system challenges to ensure we are doing all we can as a Mental Health and community provider to manage current and future demand, and ensure patients get the right care at the right place and time, working collaboratively with our acute and primary care partners.

Urgent Community Response (UCR) and Virtual Wards (VW)

In our last update we talked about our Urgent Community Response (UCR) and Virtual Ward work which sees patients on all caseloads and new referrals prioritised based on need and those with

urgent clinical care, which can be supported at home, are seen the same day (or 2-hour response) as required. Patients can be referred to the Virtual Ward if they have suspected or known frailty, presenting with an acute exacerbation/decompensation related to their condition, where clinical care can be managed within the home as an alternative to care in hospital, for a short duration (up to 14 days).

We are pleased to report that this work is having a positive impact on patients with the activity and referrals for UCR increasing, including increased referrals from South Central Ambulance Service (SCAS) and opportunities to increase referrals from GPs and Emergency Departments. We are working closely with SCAS to understand these further opportunities. To support the increased referrals, the recruitment is improving, and the team size is increasing. The team have also identified funding to purchase falls equipment and have procured vans to transport equipment, lifting equipment and monitoring equipment. The UCR team continue to work collaboratively with fire services to support with falls and increase falls learning and awareness.

The work of these teams and others across the division led to approximately two weeks of no 60-minute holds in January for our patients.

Petersfield Urgent Treatment Centre (UTC)

All UTCs should see 95% of patients within 4 hours. The UTC has been consistently compliant in meeting this metric. However, in December 2022 the National Strep A concerns added to the significant winter pressures, which created a challenging environment for the UTC staff. 3,164 patients attended UTC in December compared to the 2,236 patients that attended in November and this was double the attendance from December 2021 when Petersfield UTC saw 1,529 attendances. As a result, only 90% of patients were seen within 4 hours. In January 2023 the performance returned to 99% of patients being seen within 4 hours.

Bed Management and flow

The Portsmouth and South East Hampshire division opened all Community Physical Health surge beds at the beginning of November (an increase of 6 beds to 88). We now have a system surge bed de-escalation plan in place which would see the additional beds open until the end of March 2023. As a snapshot into bed use across the Portsmouth and South East Hampshire Division, the median occupancy across our wards in December was 160 occupied bed days (OBD). The lowest occupancy was one day in January where we had 148 OBD with the highest occupancy being 162 OBD which was reported over three days in January.

In January 2023 we admitted, across all our wards in the Portsmouth and South East Division, 146 people. During this same period, we were able to discharge 148 people. Of those discharges only 7% were readmitted within 30 days with most discharges happening between 9am and 3pm. We have seen a 15% increase in admissions and discharges through Gosport War Memorial Hospital and Petersfield Community Hospital since we instituted our seven-day discharge planning service.

We are pleased to report that we have reduced our length of stay, enabling patients to get back to their home or place of residence quickly. New inpatient therapy leads are now in post at both Gosport War Memorial Hospital and Petersfield Community Hospital and our therapy teams are working seven days a week (although this is not substantively funded), assessing patients within 24 hours of admission. Therapy has been made focus on ward rounds as has working closely with colleagues at QA to ensure referral forms and decision making is made earlier. This has enabled 'early bird' transfers or greater clarity and efficiency when discharging, especially with more complex cases e.g., homeless people.

Crisis Resolution Home Treatment (CRHT) Team

The team is currently being supported whilst it is undergoing quality improvement work. Two teams have recently merged and moved offices and are now more aligned with the ward. In order to improve pathways a dedicated housing officer has been recruited. There is also greater clarity on the role of the Pathways Team and ensuring CRHT gatekeep all admissions.

The Adult and Older Persons Mental health teams continue to work hard to ensure that patients are supported as much as possible at home and that if admission is required that it is as local as possible. The Trust and the Portsmouth and South East Hampshire Division has continued to use significantly less out of area beds than it did in previous years. We now only use out of area beds to support with extra-ordinary surges in demand and at present are currently using two ECR beds.

Future planning template

The Future planning template is launching in February within the Trust's Portsmouth and South East Hampshire Division with staff having recently completed their training e-Learning sessions. The Future Planning template was developed following feedback from patients who would often comment that if communication between their hospital specialists, GPs (in and out-of-hours) and the community services were better, they would feel more confident about being cared for by their local health and social care services. This was especially important to people with long term conditions and terminal conditions who wanted to ensure their wishes were recorded in a place where they could be accessed easily. We have developed the Future Planning template to ensure patients' wishes and preferences can be recorded and accessed by the people caring for them and have worked with colleagues in acute and primary care services to ensure the form can be accessed by a range of clinicians.

Over the coming weeks a range of resources such as the Care Plan front sheet, fridge magnets, posters and My Wishes leaflets will be distributed. A patient video has been completed and will be distributed to GP practices with resources and comms ready for staff and GP practices.

Patient experience feedback

Patient feedback is incredibly important to us as it helps us understand where we are doing well and where improvements are needed. Despite the current challenges we are pleased that the majority of feedback we received from our patients has been positive.

During the month of February 2023, the Portsmouth and South East division received 321 pieces of feedback. We are very proud to say that we received no complaints during this time. We received 273 compliments and 48 concerns. This represents a 283% increase in positive compliments for teams across the division, 100% reduction in complaints and a 95% reduction in concerns when compared to the same period last year.

Below is a lovely piece of feedback about our Twilight service to highlight some of the positive comments we receive: "I've had cause over the past year to call out the excellent Twilight service. They have all been most understanding and good at their jobs saving visits to hospital. Lily and Debbie came to my rescue on Sunday night to make good my blocked catheter. So a special thank you ladies to include all who work in this most valuable service-it must help keep some strain off QA-AE dept."

END OF REPORT

Agenda Item 5



Portsmouth Health Overview and Scrutiny Panel

Briefing paper

Title: Portsmouth Hospitals University NHS Trust update		
Author and role: Penny Emerit, Chief Executive	Contact details: communications@porthosp.nhs.uk	Date: February 2023
Purpose of the paper : To update the committee on the strengthening of the partnership between Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust.		
Brief summary: NHS partners in Hampshire & Isle of Wight have been working together for a number of years to resolve the challenges of delivering sustainable health services for the Isle of Wight population. On 31 January 2023, Isle of Wight NHS Trust (IWT) and Portsmouth Hospitals University NHS Trust (PHU) announced plans to further strengthen their partnership to enable the provision of high quality, safe, and sustainable services to the populations they serve. The first steps of this plan are to change the leadership and governance across IWT and PHU. Ongoing further support will be needed to transform services over the coming months and years to achieve the shared system goal of sustainable, highquality care for all.		
Background: Due to its island location, the Isle of Wight NHS Trust needs to provide a wide range of services to a comparatively small population. This makes services expensive to run and difficult to recruit to. As a result, they are neither financially, operationally nor clinically sustainable. Many of the clinical services it provides are so fragile they rely on a single member of staff. Together, partners across the Hampshire and Isle of Wight integrated care system (ICS) have been exploring how services on the Isle of Wight could be better organised to ensure that the improvement of recent years continues, and that healthcare is made sustainable for the long-term. This includes a review of community and mental health services across Hampshire and Isle of Wight to understand how to better meet the demands of the future (Project Fusion), looking at sustainable acute services and strengthening the partnership with South Central Ambulance Service NHS Foundation Trust. In 2020 PHU and IWT formed an acute services partnership to tackle the challenges faced by acute services on the Isle of Wight and improve care for people who live in Portsmouth, Southeast Hampshire and the Isle of Wight. The partnership is underpinned by three key principles: <ul style="list-style-type: none">• The maximum possible proportion of healthcare should be delivered on the Island.• Where services are not of sufficient clinical scale to be delivered sustainably by Isle of Wight NHS Trust they should be delivered in partnership with Portsmouth.• Patients will continue to receive specialist care on the mainland where necessary.		

Teams have been working together to identify the critical risks in Island services and agree the best way forward. You can read the Acute Services Strategy [here](#).

Since its creation, the Partnership has delivered improvements in services on the Island including Stroke, Cardiology, and Urology.

Update:

In February PHU and IWT announced plans to strengthen the Acute Services Partnership through the formation of a single Chief Executive, Executive Team and single clinical leadership across our two organisations.

Strong, experienced operational leadership teams will be retained in both Portsmouth and on the Isle of Wight. Our clinical leadership will lead the design and delivery of services across our two main hospital sites, for the benefit of all the populations we serve.

By working in partnership, both organisations will be able to create job roles which are more attractive, with more chance to take part in training and research, more opportunities for progression, and a wider range of clinical experience available across the two hospitals.

We know that in some areas both Trusts face similar challenges in recruitment, where there are recognised shortages of staff nationally. However, closer partnership working means we will work together to recruit colleagues into single services, rather than compete with each other. It means neither organisation is facing those challenges alone.

Timeline:

- **31 January** – Plans for a strengthening of the partnership with a single Executive Team and Clinical Leadership.
- **April 2023** – Single Chief Executive announced
- **June 2023** – Single Executive Team and Clinical Leadership confirmed
- **July 2023** – Clinical, corporate and support services will be reviewed in line with full public, patient and staff engagement where necessary.

Engagement to date:

System partners – All our system partners have been involved in partnership and its development. They have been regularly briefed and engaged with our projects and ambition to provide the high quality and sustainable services across our populations.

MPs – MPs from across IoW, Portsmouth and South East Hampshire have received a full briefing and been offered a more detailed briefing where needed. MPs will continue to receive regular updates.

Healthwatch – IoW and Portsmouth Healthwatch have received full briefings.

Staff – A number of virtual staff briefings have been held with staff to answer questions and concerns. In total over 900 staff across both organisations attended. Regular updates are being through internal channels.

Public/Patients – the announcement has been shared with the local media and on our websites to allow the public and patients to be aware of the management changes. If any changes to services are planned, patients and the public will be fully involved and engaged with.

Next Steps:

- Appointment of the single Chief Executive, leadership team and clinical leaders throughout March – June 2023.
- We will return to the committee in June following the appointments and give further information on the next steps and plans.

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Agenda Item 6



Hampshire and Isle of Wight



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3 March 2023

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

Dear Cllr Holder,

Update letter for HOSP - March 2023

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 since our last full update in September 2022.

Our letter includes updates from across the Hampshire and Isle of Wight Integrated Care System, as well as the work we are delivering locally through Health and Care Portsmouth that describes the integrated working within the city. This is included as an update from NHS Hampshire and Isle of Wight Integrated Care Board (ICB) and the integrated Health and Care Portsmouth team.

Our website – 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.

Hampshire and Isle of Wight Integrated Care System

Addressing the issues that affect people's health and wellbeing in such a challenging environment requires us to think differently. Meeting these challenges requires looking in new ways at delivering care and enabling improved services to be delivered more efficiently. Working in partnership with

other organisations across the system, this long-term transformational change is underway for the benefit of patients in our communities.

There are a number of core strategic programmes taking place across Hampshire and Isle of Wight. Although these programmes have been in development for some time and pre-date the statutory formation of Integrated Care Systems, their aims remain relevant to, and build on, the existing work of the health and wellbeing boards in each place and making improvements for the population. These programmes support the delivery of the Partnership Strategy and are interlinked by:

- Involving communities across large geographies in shaping care
- The need to rebalancing care with more at home
- Integrating care along pathways, with the patient at the centre.
- Building stronger links with partners in each area.

The current major change programmes are:

1. Community and mental health services review

This programme is addressing unwarranted variations in service provision, access, experience and outcomes across our system for community and mental health services. Service provision in our area can be inconsistent and fragmented.

A recent undertaken in 2022 made five recommendations:

1. Develop a shared clinical strategy for integrated care
2. Develop a strategy for place and place-based leadership
3. Review use of community physical health bed capacity
4. Establish a more strategic approach to funding services
5. Bring services together into a new Trust across system

2. Isle of Wight sustainability partnership

There are long-standing challenges in providing health services for the Isle of Wight population. The Isle of Wight NHS Trust is an integrated provider of acute, ambulance, mental health and community services, serving a resident population of 140,400 plus visitors to the Isle of Wight. It is the only NHS organisation in England that provides this range of services. This breadth of responsibility, combined with the sub-scale nature of each service, the physical isolation and island demographics, is resulting in significant clinical, workforce, operational and financial challenges.

System partners are working together to consider how best to organise service provision, so that we can address the challenges faced and deliver sustainable services for the Isle of Wight population. The next step is for the ICB Board to agree the proposed strategic approach, which is being set out in a Joint Strategic Case.

3. Hampshire Together: Modernising our hospitals and health services

There has long been a recognition for new hospital facilities in the north and mid Hampshire area. There is now the opportunity for a large capital investment in Hampshire, with a proposed new hospital building part of the national New Hospitals Programme.

The Hampshire Together programme has prepared a pre-consultation business case, which concludes the period of informal engagement to develop options and starts the process of seeking

approval to consult the public on potential service changes and a proposed new hospital, including the interdependencies with community models of care and community solutions.

We will keep you updated as these projects progress.

ICS Strategy

The Hampshire and Isle of Wight Integrated Care Strategy, developed by system partners, is now complete and was circulated to over one hundred organisations in Hampshire and Isle of Wight on 30 December 2022.

The strategy sets out where we and our partners plan to work together to improve the health, happiness, wealth and wellbeing of local people and communities across the geography of the Hampshire and Isle of Wight Integrated Care System.

Task and finish groups are taking place over the next few weeks to look at how the five priorities outlined in the strategy will be delivered:

- Children and Young People
- Mental Wellbeing
- Promoting good health and proactive care
- Workforce
- Digital and data insights



The strategy can be seen on the [ICS website](#).

Health and Care Portsmouth

Primary care

Access to GP practices

On 17 January 2023, we hosted - in partnership with Cllr Vernon-Jackson - a second GP summit to bring primary care colleagues and councillors across the city together, to discuss current challenges facing our GP practices. This was a follow-up to the first summit held on 4 August 2022.

There were a range of issues discussed at the meeting, including:

1. The challenges around supporting colleagues into working in the UK from overseas, including securing visas and appropriate conversion courses, and the burdens that this placed on individual practices.
2. The opportunities to incentivise working in Portsmouth.
3. The importance of retaining the current workforce as well as attracting new recruits.
4. Developing new models for the delivery of primary care services in the city, including community pharmacies as a bigger part of the picture.
5. How we can communicate the issues and solutions to the wider population so that they understand the challenges and how they can help us make improvements.

Options to be explored following the meeting include:

6. How we can provide some sort of centralised system to support international recruitment.
7. How we could create new and interesting roles that attract people in the city, perhaps creating hybrid roles with links to the hospital.
8. Could we develop a model similar to the Armed Forces Covenant for primary care staff to make the city attractive? We also noted that colleagues used Kent ICB as an example of an area that is doing interesting work in this space.
9. Consider how we need to respond to the changing ways that people want to access services.
10. Look at a dedicated city-wide magazine mailout focused on healthcare to highlight issues for residents.

It is anticipated that a forum for primary care to have regular contact with political leaders, including councillors and MPs, will be set up, and a further GP summit will be convened later in the year.

Individual practices

North Harbour Medical Group

In December 2022, and as presented to HOSP at the December meeting, partners at North Harbour Medical Group made the difficult decision to hand back their contract to deliver NHS services and close the practice in Cosham Health Centre.

We have been working closely with North Harbour Medical Group to facilitate the closure of the practice, which, since December, has involved:

- Weekly meetings with senior partners and business development staff at North Harbour Medical Group
- Weekly meetings with senior partners and business development managers at Portsdown Group Practice and The Drayton Surgery - the practices who received the majority of North Harbour patients in the managed transfer
- Meetings as required with stakeholders e.g. Penny Mordaunt MP, ward councillors, Healthwatch Portsmouth, other GP practices
- Establishment of a managed transfer of 9,500 patients from North Harbour Medical Group to local practices nearby, working closely with the NHS Commissioning support Unit
- Communications to patients including letters, website updates, text messages, social media posts, patient information events and library drop-in sessions
- Management of a dedicated phone line and email inbox for all patient queries
- Development of a survey to allow patients to choose which practice they would like to be transferred to

- Additional staffing resource allocated to North Harbour Medical Group
- Safe transfer of 9,500 patients to practices of their choice or an allocated practice if they did not complete the survey

North Harbour Medical Group will officially close on 31 March 2023.

We continue to work with colleagues at Solent NHS Trust to determine where additional services being delivered at Cosham Health Centre will continue to be provided (i.e., podiatry, bladder and bowel clinics, and mental health talking therapies) which may include Jubilee House, Cosham-based GP practices, or a combination of these. We also continue to explore the possibility of building a new GP practice premises on the Highclere site by Treetops in Cosham, PO6 3EP. The Business Case still requires final approval from NHS England/Improvement and the Department for Health.

The Drayton Surgery and Portsdown Group Practice

The Drayton Surgery and Portsdown Group Practice each received c. 4,000 patients from North Harbour Medical Group on 1 and 2 March 2023 respectively.

In preparation for the transfer of patients, the practice has recruited additional clinical and clerical staff, including GPs, and invested in its telephone system to allow patients to request a call back when in the queue.

They have also worked closely with the Health and Care Portsmouth team to attend patient information events and develop an information video and leaflet about how to book appointments and the different types of treatments and healthcare professionals you might come across. These have been promoted to the new patients arriving from North Harbour as well as existing patients through social media, website updates and printed materials. You can see the videos and leaflets for each practice on the [Health and Care Portsmouth website](#).

Island City Practice and John Pounds Medical Centre

We remain committed to identifying what service provision may be required at John Pounds Medical Centre for the Portsea population based on their needs but have been unable to progress this work since our last update due to the ongoing challenges with North Harbour Medical Group.

Our proposal is to establish a working group to help identify the challenges and needs of residents in accessing healthcare in Portsea. The group will be made up of representatives from Island City Practice, ICB, Portsea Action Group, Portsea Event Group, Portsmouth City Council, HIVE Portsmouth, Healthwatch Portsmouth and the local community pharmacist. The purpose of the group is to discuss innovative ideas and possible solutions to help most common issues identified, and work collaboratively to ensure the Portsea community remain informed and engaged throughout the process.

The ICB will also undertake a significant piece of community involvement work, including a survey, to:

- Help understand current usage of the medical centre and/or Island City Practice
- Identify the barriers to accessing healthcare
- Ask the community at a very high-level what they want/need at John Pounds, and

- Understand what they value most about receiving good healthcare i.e., convenience, consistency of staff, short wait times etc.

The survey will be available online and in paper format and in addition, the ICB team will attend local community groups, meetings and events in Portsea to encourage residents to complete the survey. Structured feedback forms will be given to staff to collate qualitative feedback alongside the survey.

Once the survey has closed, we are proposing to run a listening event, in-person at John Pounds Community Centre, to:

- Explore the themes of the survey and community outreach - namely around the challenges and barriers residents face in accessing healthcare
- Ask attendees to think about what 'good' might look like (within specific parameters of what must be done, budgets etc.)
- Discuss what needs to change to get us there and how the working group can support
- Educate residents on the alternative options to seeing a GP

As our final piece of community involvement work, we will send a short vox-pop survey (maximum three questions) to those who attended the workshop and/or completed the survey. This aims to summarise what was captured in the survey and the workshop and ensure that residents feel it is truly reflective of what they've fed back.

If there are any themes that need further discussion after the workshop, we will also establish small, focused groups for any specific areas that need more conversation and partnership working.

All of the feedback will then be presented to the working group to discuss the outcomes of the community outreach and to discuss ideas and solutions moving forward.

It is anticipated that this work will now take place between April and September 2023.

In addition, lease negotiations around John Pounds Medical Centre are almost complete.

Pharmacy, Optometry and Dentistry

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

In October 2023, it was announced that four additional NHS dental contracts were awarded in Portsmouth, to be delivered from 1 April 2023.

The contracts are expected to deliver more 63,000 units of dental treatments - the estimated equivalent of approximately 10 more NHS dentists in the area.

We know in Portsmouth recruitment and retention has had more of an impact than some other parts of the country. In addition to the new national contract that will be implemented nationally, we are actively looking at ways to bring performers into the area. We are also building a new dentistry team within the ICB, to help progress our local focus and transformation agenda, as well as a specific focus on recruitment.

In June 2022, a Dental Summit was held in Portsmouth, hosted by the University of Portsmouth and chaired by Penny Mordaunt MP. The summit recommended two steering groups be set up to progress the proposals raised at the summit. The first steering group is led by Professor Chris

Louca to progress a bid for a Centre for Dental Development at the University of Portsmouth Dental Academy.

The summit recommended a second working group, focussing on oral health promotion, to be established by Health and Care Portsmouth and chaired by the Director of Public Health for Portsmouth. To date, this working group has met with the next meeting scheduled for the 24 November 2022. The current work programme is focused on increasing oral health promotion services in key Portsmouth settings. The University of Portsmouth Dental Academy already undertake outreach to some schools, targeting areas of social deprivation, and into care homes and our homeless population in the city. This outreach provides guidance on how to brush teeth and other oral health promotion themes such as a healthy diet. The university's Dental Academy, Solent Special Care Dental Service and Public Health are developing a bid for transformation funding to expand this current offer to all schools and early years settings in Portsmouth. The group will also focus on developing joint oral health promotion campaigns to residents via social media.

The ICB's initial priorities will be to ensure appropriate oral health strategies are in place across the system, and to build relationships with providers, addressing their concerns and supporting them with their services and estates.

Urgent Care

System pressures

Portsmouth and South East Hampshire Local Delivery System

Urgent and emergency services continue to be challenged with pressures impacting the whole health and care system but causing the most visible problems at the front door.

Nationally, this winter has been the busiest on record for emergency departments including urgent treatment centres and ambulance trusts experienced more category 1 calls in December, with high levels of COVID and other respiratory illnesses contributing to the demand.

Locally, while the number of patients being conveyed to hospital has dropped compared with pre-COVID levels (December 2023 vs December 2019), the number of emergency department attendances is above pre-pandemic level, with a spike in December (driven by high level of paediatric and geriatrics) and the number of emergency admissions continue to increase, particularly for patients over 65 years old.

Despite this, since January there has been a reduction in the number 60 minute ambulance handover delays and the total hours lost due to ambulance handover delays at Portsmouth Hospitals University NHS Trust (PHU). However, this improvement is not yet steady and acute bed occupancy remains above 92%.

Our local response continues to be coordinated with providers working together across Portsmouth and South East Hampshire and the wider Hampshire and Isle of Wight ICS. Actions taken since the last update include:

- Opening of a face-to-face hub for responding quickly to residents with acute respiratory infections at Lake Road practice in conjunction with the Portsmouth Primary Care Alliance (PPCA), to avoid attendance at emergency departments.
- Bringing on capacity in our virtual wards operated by Solent NHS Trust and PPCA to
- Opening of additional beds in Queen Alexandra Hospital, Spinnaker Ward and Jubilee House to support patient 'flow' through hospitals and reduce delays for patients at the front door and in the community.

We have also used money from the Adult Social Care Discharge fund to:

- Expand capacity in bridging services and the Portsmouth Rehabilitation and Reablement Team (PRRT) to increase the number of people receiving domiciliary and reablement care in in their own home.
- Improve access to beds closer to home for residents with complex nursing needs by block booking five beds at Mary Rose Manor care home, to reduce the number of patients awaiting package of care or placement.
- Utilise capacity in a Portsmouth City Council owned care home through closer partnership working with PHU to support earlier discharge planning.

Work continues with PHU focusing on how to maintain the 15-minute handover target in an emergency department that treats most patients within four hours. The Director of System Performance Hampshire and Isle of Wight ICS (Dan Gibbs) and the regional NHS England team continue to provide oversight on progress and the impact on risk across the system.

Looking forward, as part of setting out priorities for 2023/24, the Department of Health and Social Care and NHS England have published a combined delivery plan for recovering urgent and emergency care services. The plan sets out how the NHS and partners will improve emergency waiting times in relation to ambulance services and emergency departments. It also sets out the actions being taken in social care to support improved discharge, led by the Department of Health and Social Care.

Making this improvement requires sustained focus in five areas over the next two years and beyond:

- **Increasing capacity** – investing in more hospital beds and ambulances, but also making better use of existing capacity by improving flow.
- **Growing the workforce** – increasing the size of the workforce and supporting staff to work flexibly for patients.
- **Improving discharge** – working jointly with all system partners to strengthen discharge processes.
- **Expanding and better joining up health and care outside hospital** –stepping up capacity in out-of-hospital care, including virtual wards, so that people can be better supported at home for their physical and mental health needs, including to avoid unnecessary admissions to hospital.
- **Making it easier to access the right care** – ensuring healthcare works more effectively for the public, so people can more easily access the care they need, when they need it.

These priorities are closely linked to our existing pillars of work:

- Care in the right place to avoid admission to hospital
- Acute capacity and flow
- Timely discharge and community capacity to support residents going home

Local delivery system planning is being coordinated by Jo York as Director of Urgent Care who is overseeing the development of the ICB Urgent and Emergency Care Strategy through a series of stages that incorporate:

- Local population health data
- Activity baselines and projections
- Assessment of existing schemes to ensure they meet national objectives and local needs
- Development of new plans, if required
- Supported by workforce plans and finances

These plans will form part of the ICB operating plan and to populate the ICS five year forward view both due for submissions at the end of March.

COVID-19

The Office for National Statistics (ONS) COVID-19 Infection Survey remains the best measure of current prevalence of COVID-19.

In England, during the week ending 14 February 2023 the percentage of people testing positive for coronavirus (COVID-19) continued to increase. 1,223,000 people, equating to 2.18% of the population or around 1 in 45 people, were estimated to have COVID-19 in England that week.

Local case numbers continue to be monitored but without widespread testing these do not give an accurate picture of what is happening. However, we continue to see COVID-19 contributing significantly to pressures in the health system. As at 23/02/2023 there were 184 patients in Queen Alexandra Hospital with a positive diagnosis of COVID-19, with 124 new admissions or in-patient diagnoses in the last 7 days. While only around a quarter of these were primarily being treated for COVID-19 it still amounts to over 15% of the bed base, and this has not dropped below 5% regularly since October 2021.

As at 22/02/2023, 78.25 of Portsmouth residents aged 12 and over have had a first dose of COVID-19 vaccine. 74.2% have had a second dose, and 58.4% have had a booster or third dose.

Communications

A 24-page magazine containing information about local health services has been developed by Health and Care Portsmouth and will be delivered to every household in the city in March. The magazine includes a host of information from self-care, how to use a pharmacy and how your GP practice works, to advice about menopause, dentists, childcare, adult social care, mental health and more. The magazine will be available online at www.healthandcare.portsmouth.gov.uk.

Yours sincerely,
Jo York Managing Director, Health and Care Portsmouth

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