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# NOTICE OF MEETING

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## HEALTH OVERVIEW & SCRUTINY PANEL

THURSDAY, 21 SEPTEMBER 2023 AT 1.30 PM

### VIRTUAL REMOTE MEETING

Telephone enquiries to Lisa Galacher, Local Democracy Officer 02392 834056  
Email: [lisa.gallacher@portsmouthcc.gov.uk](mailto:lisa.gallacher@portsmouthcc.gov.uk)

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

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### Membership

Councillor Mark Jeffery (Chair)  
Councillor Leonie Oliver (Vice-Chair)  
Councillor Matthew Atkins  
Councillor Stuart Brown  
Councillor Graham Heaney  
Councillor Judith Smyth

Councillor David Evans  
Councillor Ann Briggs  
Councillor Martin Pepper  
Councillor Julie Richardson  
Councillor Vivian Achwal  
Fareham Borough Council vacancy

### Standing Deputies

Councillor Charlotte Gerada

Councillor Jonathan Williams

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

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## AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting (Pages 3 - 10)**
- 4 **Stroke Recovery Service (Pages 11 - 16)**

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

**5 Portsmouth Hospitals' University NHS Trust – update** (Pages 17 - 20)

**6 Healthwatch Portsmouth** (Pages 21 - 36)

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

**7 Southern Health Update** (Pages 37 - 42)

**8 Access to Primary Care (GP practices, dentistry and pharmacy)**

Report to follow

**9 ICB recovery support programme**

Report to follow

# Agenda Item 3

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 22 June 2023 at 1.30 pm at the Virtual Remote Meeting

### Present

Councillor Mark Jeffery (Chair)  
Councillor Stuart Brown  
Councillor Graham Heaney  
Councillor Judith Smyth  
Councillor Ann Briggs, Hampshire County Council  
Councillor Martin Pepper, Gosport Borough Council

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

The Chair welcomed everyone to the meeting. Apologies were received from Councillors Atkins, Evans (East Hants District Council), Oliver and Richardson (Havant Borough Council).

Members noted that Fareham Borough Council had chosen not to appoint a member onto HOSP this year, however the link to meeting agendas will be sent to them for information.

#### 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 16 March 2023 be agreed as a correct record.

#### 4. South Central Ambulance Service update (AI 4)

Tracy Redman, Head of Operations South East, introduced the report and summarised the main points of the report. With regard to handover delays at Queen Alexandra Hospital she explained that there had been significant improvements in June and they are working with partners to see how these improvements could be sustained.

In response to questions Ms Redman explained:

Retention of paramedics is challenge. Paramedics are so well trained and some decide to move to primary care where the environment and hours may be more appealing or suitable for them. Some paramedics decide to rotate between frontline and primary care. Cost of living in the SCAS patch is high compared to other areas which also has an impact on recruitment. SCAS have just recruited some international paramedics from Australia, New Zealand and Tunisia.

Ms Redman said that for the next report to HOSP she could provide a table comparing SCAS against other Ambulance Trusts in England. With regard to performance data from the last 5 years, Ms Redman said that the landscape was very different then in terms of the type of demand and their capabilities, but she could provide this information for the next update.

A lot of media communication has taken place to signpost the public to different ways of accessing treatment other than the Emergency Department (ED) and there is a campaign taking place throughout the summer. There are Urgent Treatment Centres (UTCs) at Gosport, St Mary's in Portsmouth and Petersfield and SCAS do signpost people to these where possible. There is more work to do in this area to inform the public what options are available.

Jo York, Managing Director Health and Care Portsmouth added that there had been some gains pre covid and they had managed growth around ED demand well. There is a lot of work taking place with community services about how to intervene earlier to use alternative pathways to support people in their community without admission to hospital. She added that the UTCs have supported the system in seeing a reduced growth in demand in ED attendances.

A member commented that she felt there were some groups who needed different types of communication from the NHS particularly regarding ambulances. There are also a group of people who cannot get an appointment with their GP so resort to going to ED instead of going to a UTC.

Councillor Smyth advised that a family member had recently been sent by their GP by ambulance to QA and had received a very positive experience and was dealt with quickly. Ms Redman added that it was good to hear positive patient stories, if a patient is very unwell there is no delay and patients are transferred to QA for treatment.

Members wished to thank all staff at SCAS for their performance for remaining one of the best ambulance trusts in the country.

The panel thanked Ms Redman for her report.

## **5. Adult Social Care update (AI 7)**

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

In response to questions Mr Biddle explained:

With regard to the Liberty Protection Safeguards (LPS) not being implemented during the life of this parliament, Mr Biddle explained that they

received advice from the Department of Health and Social Care (DHSC) to advise them. Following this a 'Next Steps Putting People at the Heart of Care' which was an update on the White Paper the Government provided in December 2021 and then another note came out to say that one of the reasons LPS had been deferred was that the DHSC was focussing their resources on implementing the Next Steps paper. He felt there was still a risk for not having LPS. LPS will apply to people who live in their own homes and younger people which meant they would have had a more comprehensive system to pick up potential deprivations of liberty. There is no indication whether LPS will be picked up in the next parliament.

The impact of the local authority no longer needing to carry out long term health and care needs assessments is mixed. The reasoning that the government gave was because they wanted all local areas to move to a discharge to assess system (rather than assess to discharge). Mr Biddle said it is difficult as some people will need a longer term option before they leave hospital and there has been difficulty in getting to people in reasonable time. ASC are working closely with the ICB colleagues and there is a funded scheme to work with people from a discharge to assess perspective. Previously there was a national fund for discharge to assess which has now been absorbed into local budgets.

Mr Biddle felt that ASC could carry on with the good practice with Deprivation of Liberty Safeguards (DoLS) although the legislation not being fit for purpose was still an issue and his main concern was those people living in their own homes. He felt the quality of practice in Portsmouth was good but there is work to do on knowledge and implementation of the Mental Capacity Act which is where DoLS sits. There is a risk though that ASC will not be able to mitigate and the vulnerability of local authorities to judicial review is still there as there are significant backlogs of DoLS assessments. Members felt that this issue was very important and the authority needed to keep campaigning government to do the right thing.

In terms of the integrated relationships the ASC team have been seeking assurance with colleagues in Solent and the strong message that has come across is that Portsmouth's model of integration is valuable. Ms York added that the ICB does have a commissioning function and is working collaboratively with all partners and providers to look at the strategic commissioning direction and integration is a key part of that. Alasdair Snell, Chief Operating Officer at Solent NHS Trust added that a lot of work is taking place on the Fusion workstream and they are in the middle of a six week comprehensive engagement exercise with all staff in the trusts and partners in the system to work out the best structure and function. It is recognised as a system that there is best practice in Portsmouth and they are working closely to design the organisation based on that. Members raised concerns that the new organisation may be too large to respond to local requirements and urged people overseeing the work to look at outcomes.

Mr Snell said that there is a sea of data about access and quality of services which will continue to be monitored. He did not anticipate there being change to frontline provision as a result of Fusion in the very near future and if there is

anything it would be long term transformation. There are ten clinical workstreams and he was happy to include key dashboards in a future report once Fusion is completed.

There is no plan to separate mental health services from community health services, there would be one trust as there is now. The future structure of the organisation has not been designed yet which is why the engagement is taking place. Southern Health's current structure is divisional based. Partners will need to work together to decide what structure will be best for the patients and for clinical leadership moving forward.

Members felt that it was important to monitor figures and look at outcomes to measure what is happening.

With regard to the stroke association contract it is a rolling contract over a number of years. There has always been a gap and it has always been funded through underspends. If there is a change to a contract that will impact the voluntary sector, there is a minimum of three months' notice required, which would have taken it to June this year; this was extended though until the end of December when it was realised some more money was available.

Mr Biddle said he would come back with numbers of people affected as it is a referral service from NHS colleagues, self-referrals and a small amount from the local authority - ACTION

The service cannot be replicated as there are not the resources but there are other services available who people who have experienced a stroke in Portsmouth. There is a post stroke rehabilitation service operating within Portsmouth community and most referrals receive information and advice. Members felt that the danger with spreading a service in different areas is that the public do not know where to go. Members asked for better communication in the future for changes to services, Mr Biddle said it was very difficult but he took the point and said that communication could always be better.

As part of the Care Act 2014 unpaid carers were given equal billing to people who have support needs and there is a statutory duty on the local authority to conduct an assessment of needs with carers. There is a carers centre in Portsmouth that work with carers. The support available is based on an assessment of need. For some people this will be to ensure they have a full social life, asking someone from a care agency to work with the individual whilst carer takes a break or overnight respite is available at Harry Sotnick House. There is no charge for carers services. In terms of people who care for someone who may not identify themselves as a carer, the authority are trying to frame the language differently e.g. 'do you care for someone'. They have identified around 2000-3000 people who care for someone who do not identify themselves as a carer. ASC advertise and put information in places people visit and they communicate where possible and they would like to see a lot more referrals in so they can provide information for carers but there is more work to do.

With regard to Russets, the authority is working towards the next inspection with an action plan to move to Good.

Members said it would have been good to include outcomes including feedback from the public. Mr Biddle said he would ensure this is included in the report next time.

The Panel thanked Mr Biddle for his report.

## **6. Solent NHS Trust update (AI 5)**

Alasdair Snell, Chief Operating Officer, introduced the report and summarised the main points.

In response to questions Mr Snell explained:

The reason for moving the podiatry service out of Cosham Health Centre is that the building is to be used as part of a longer-term strategy between the ICB and property services. The building is no longer fit for purpose and there is a more strategic view on how the building could be used. Ms York added that this was linked to the closure of the Cosham Health Centre practice and the podiatry service was the only service left in the practice. The building will be passed back to NHS Property Services as an empty building to provide a saving to the whole system. The ICB had been working with the practice on a new provision and a business case had been submitted to NHS England to redevelop the site and capital funding was in place for the Highclere site at the top of Cosham High Street. Everything has been approved however there was a delay in obtaining the capital funding and the MP for Portsmouth North has been talking to the Secretary of State to unlock that funding to move this forward. It was envisaged that podiatry and some other services would move to the Highclere site.

Concerns around accessibility of Thomas Parr House were raised as the number 22 bus only runs an hourly service to Cosham. Mr Snell said that Healthwatch had also raised this as a concern. All possible estates open to Solent were considered at currently the Thomas Parr House site was the only one available that is as close to the original site as possible. Ms York added that the podiatry provision at St Marys is still continuing however the estate in the north of the city was quite limited. Patients will have the choice to attend either practice.

With regard to the new community and mental health trust, Mr Snell said it was very important to all stakeholders to ensure there is a strong clinical and quality governance structure and this is being reviewed as an entire workstream as part of Fusion.

Mr Snell said that he would need to come back with the offers in the city in terms of weekend provision for mental health - ACTION

The Panel thanked Mr Snell for his report.

**7. Health and Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board (AI 6)**

Jo York, Managing Director Health and Care Portsmouth introduced the report. She explained that pharmacy, optometrists and dentists were a relatively new delegated commissioning responsibility to the ICBs and said she could look at the breakdown of numbers of these across Portsmouth and possibly across Havant, Waterlooville, Fareham and Gosport - ACTION

With regard to the John Pounds Centre surgery, an agreement had now been reached around rates and a lease agreement with the district valuer and the Council had been reached. They were now waiting for confirmation from the practice and once this had been received the draft lease could be reviewed and both parties will then be in a position to sign. Engagement work is taking place in the Portsea area to look at supporting local communities.

In response to questions Ms York clarified:

Access to dentistry is a huge issue nationally as well as in Portsmouth and Hampshire more widely. The new contracts were planned about 18 months ago as a result of losing services in Portsmouth. Prior to this contracts went out across Hampshire and the IoW and were commissioned services for Portsmouth residents but when they went out there was no takeup from providers. The provider that takes up the contract has to provide a building; it is therefore difficult to ensure the practices are set up in the right areas. There are some disincentives to the current national contract for example if you are in a deprived area it may cost the dentists more to provide that service due to the unit of dental activity (UDA). To improve access they are looking at the option of a dental bus and how this could be piloted in areas of most need. Ms York added that she did not yet have any data on uptake rates.

There is lots of pressure around the national dentistry contract and parliamentary Select Committee are considering this and more details on the reforms are expected over the summer. One of the biggest challenges currently is around the entry requirements of dentists to the NHS with is taking up to a year for new dentists to work in the NHS. HCP are working with the University of Portsmouth on the Centre of Dental Development to look at utilising alternative dental roles such as dental therapists, which would make it easier for international dentists to come over and train. The NHS workforce plan is also expected about how to recruit more people into all professions. The ICB are supporting the University of Portsmouth's bid to become a dental school from an academy, which would mean help recruit more dentists into the area.



Ms York did not have data to hand relating to how people are able to access their GPs. They are starting to get much better information about access across the board in primary care and there are still some glitches with that information. There is a 13% increase in the number of appointments being made available in Portsmouth this April compared to last year. In the next update to HOSP Ms York said she could provide more detail on that across the practices. Locally a lot of work has taken place on the digital technology with the callback service and she undertook to provide an update on whether the Island City Practice have got that digital technology - ACTION. A huge amount of work is also taking place with the integrated communications team on access to primary care and explaining the different options available.

No Limits is a counselling service that is both face to face and online and it should support people who have had a referral from their GP and CAMHS, older children can self-refer. Ms York said she could find out about the waiting times and further information on the service and let the panel know. - ACTION

Funding that goes into community pharmacies has been dropped due to changes in relation to the contract. The community pharmacy strategy is being considered currently. The new contract does offer more funding for community pharmacies around and undertaking health checks. Ms York was not aware of any online prescription services based locally but she said she could try to find out - ACTION.

The HOSP thanked Ms York for her report.

## **8. Public Health update (AI 8)**

Claire Currie, Assistant Director of Public Health introduced the report. With regard to oral health of children she explained that there is a piece of work taking place with the dental academy and Solent NHS Trust, funded by Public Health and the dental academy, on oral health promotion focussing on care homes, primary schools/early years settings and people who are homeless.

In terms of substance misuse, there has been an increase in numbers engaged in drug and alcohol treatment. This is due to there being increased investment in these services from national funding and following the recommissioning of this contract which started in summer 2022 there has been a new website set up which includes videos, a chat function, and an online self-referral service.

In response to questions Ms Currie clarified:

There are high rates in Portsmouth of both gonorrhoea and syphilis which follows the national trend. There has been increased testing following covid

as people have started to socialise more. It is also thought that there is more transmission nationally. A high proportion of people being tested in Portsmouth are testing positive which is good as it means that the correct groups of people are being tested. There is good access to tests through telephone clinical triage to direct people to either an online test or a face-to-face appointment. HIV diagnosis is an area of active work in Portsmouth to ensure that it is diagnosed early. Work with ED department at PHUT is taking place to ensure there are pathways in place and there is also work taking place with the Navy.

Nationally life expectancy plateaued before covid and is broadly similar in Portsmouth though perhaps slight increases. When looking at healthy life expectancy both nationally and locally there have been small reductions, which is something to be focussing on to ensure people are living in good health. Since 2017 the suicide rate in Portsmouth has been reducing which is very positive.

In terms of air quality and biodiversity, Members noted that the Portsmouth Local Plan is being refreshed and biodiverse corridors, de-paving, reducing surface water drainage will all be part of that. Members said they would like to see a focus on air quality from a Public Health perspective for the next report. Ms Currie said that she did not have information to hand on whether the clean air zone had made any significant improvements to air quality -  
ACTION

The panel asked if some longer-term trend data and outcomes could be included in the next update to HOSP. This would allow the panel to note whether the work and initiatives are working. Ms Currie said this could be included for the next update. Members also felt that it would also be helpful to have a national average against the figures for Portsmouth.

The HOSP thanked Ms Currie for her report.

The formal meeting ended at 4.00 pm.

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Councillor Mark Jeffery  
Chair

# Agenda Item 4



## **THIS ITEM IS FOR INFORMATION ONLY**

(Please note that "Information Only" reports do not require Integrated Impact Assessments, Legal or Finance Comments as no decision is being taken)

**Title of meeting:** Health Overview & Scrutiny Panel

**Subject:** Stroke Recovery Service

**Date of meeting:** 28<sup>th</sup> September 2023

**Report by:** Jane Walker, Head of Adults Care and Support

**Wards affected:** All

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### **1. Requested by**

Cllr Mark Jeffery, Chair, Health Overview & Scrutiny Panel.

### **2. Purpose**

To provide an update following the decision to withdraw from recommissioning the Stroke Information and Support Service, commonly known as the Stroke Recovery Service.

### **3. Information Requested**

#### 3.1 Background

A four-year Stroke information and advice service contract was originally awarded to the Stroke Association in 2014 funded by PCC Adult Social Care, (ASC). The scope of the contract was then extended in 2017, to include support to people being discharged from the acute hospital following a stroke. This element was funded through PCC's ASC contribution from the Better Care Fund. In 2018 the contract was extended for a further two years to 30/09/20, utilizing the full extension period within the contract.

Due to the impact of the Covid pandemic, there was not resource available to undertake a procurement exercise at the end of the extension and two direct awards were made in 2020/21 and 2021/22. A further direct award was then agreed to cover the period 30/09/22 to 31/03/23 with the option to extend for 3 months to 30/06/23. This period

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was agreed to provide time to review the current service provision, reconfirm the availability of ongoing funding and to consider if the service was still needed.

Over the period 2014 to date, the services provided by the Stroke Association have developed and this contract contributes to the delivery of what is currently known and marketed by the Stroke Association as their Stroke Recovery Service.

### 3.2 Contract cost and funding sources

The current annual cost of the contract is £77,397.66. Of which £16,563.00 is provided through PCC's contribution from the Better Care Fund. The remainder is not linked to a specific budget line but was met through underspends in previous years. Due to pressures across the Adults Care and Support budget there was currently no funding that could be identified to support the remaining £60,834.66 needed to deliver this contract going forwards.

### 3.3 Contract delivery and performance

The Stroke recovery service is for stroke survivors (including TIAs/mini-strokes), and families and carers of people affected by stroke. The service works with people to identify personal support needs and priorities through telephone contact and in some cases a home visit. It provides:

- Emotional support
- Tailored information
- Assistance with accessing community-based support
- Support for carers and family members
- Signposting to other relevant organisations.

The service received 130 referrals in the first 3 quarters of the 2022/23 year. 65% of referrals came from health practitioners, 26% were self or family referrals, 3% from adult social care and the remaining 6% from voluntary sector and other organisations.

Of the 389 completed actions recorded in the first 3 quarters of the year 309 or 79% involved providing information, signposting and onward referral, 73 or 19% involved support and advice and the remaining 7 or 2% were recorded as other.

### 3.4 Rationale for decision

In February 2022 the NHS published a National Stroke Service model for an integrated community stroke service (ICSS). Since that time health organisations have been reviewing their stroke provision in line with the model. Whilst the model focuses on the

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core delivery of 3 pathways, 1. Home with ICSS input (most patients) 2. Home with ICSS input combined with daily social care support and 3. Discharged to residential/nursing home; Life after Stroke services including voluntary/charity support services are included within the scope of the model. It is suggested in the guidance that ICSS should work with the voluntary sector to develop appropriate life after stroke and support services.

Whilst the ICSS model has not been implemented in Portsmouth, a comprehensive stroke service is delivered through the NHS. This consists of stroke and stroke rehabilitation services, which are provided through inpatient beds at Portsmouth Hospitals University Trust, (PHU). A Community stroke Rehabilitation Team (CRT), which provides a stroke at home service typically for 6-8 weeks and longer-term clinical support, if needed, through the Community Neurological Rehabilitation Team (CNRT).

Adult Social Care also works collaboratively with both the CRT and CNRT to support people when they are discharged from hospital and for those people living in the community with eligible social care needs. This includes providing social work and occupational therapy support and a range of services from equipment and adaptations to reablement and domiciliary care as well as referral to local support services.

Support is also available through a variety of other organisations and services in addition to that available through the current stroke recovery service, which people are routinely signposted to:

- Think Ahead Stroke - a charity providing support, advice and information.
- National Stroke Association - Helpline, online support group, information and advice
- Different Strokes - Portsmouth based support group, providing support and activities.
- HIVE - provide a directory of services and support organisations.
- Age UK - advice information and support for older people
- Citizens Advice - support with various issues including work, housing and finances
- Carers Service - information, advice, and services for carers
- Community Connectors - support people to connect to local resources.
- Social prescribers and primary care support
- Mental Health Hub - support for people experiencing issues with their mental health.

The Stroke Association is a national charitable organisation, which is focussed on supporting people to rebuild their lives after stroke. It provides an online discussion forum, stroke helpline, various stroke publications, hardship grants and several other services, dependent on what is funded and developed in local areas.

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In Portsmouth, the ICB does not have any current plans to commission a specific Life after Stroke provision from the voluntary sector and did not recommission in 2021/22 the stroke communication support service that they previously funded and was provided by the Stroke Association. This was deemed an expensive service that supported a small number of people.

There is a mixed picture nationally across health and social care regarding the funding of voluntary sector stroke recovery services. Portsmouth is an outlier locally, in retaining a commissioned service funded by social care. The service fully funded by the NHS in Southampton has now ceased and whilst the ICB did pilot a stroke recovery service last year it was proved not viable to extend or enter into a contract. A similar decision has also been made by the Isle of Wight Council and their commissioned stroke recovery service ended on 30<sup>th</sup> June 2023 as a result of financial constraints within their budget setting for 2023/24.

Provision of a stroke recovery service is not a statutory responsibility of the Local Authority and has previously been provided under its discretionary powers. The clinical needs of those affected by stroke are the responsibility of the NHS and they will continue to meet these needs through the provision of the stroke and stroke recovery service already in place. Whilst all ICBs are responsible for delivering against the ICSS within the term of the NHS long-term plan, current statutory obligations are being met through the services that have already been commissioned.

### **4. Summary**

There is no doubt that the Portsmouth stroke recovery service has provided a tailored support service to the residents of Portsmouth, who are recovering from a stroke. However, because of budget pressures in ASC there was no specific funding source, other than that provided through the BCF to support the commissioning of this service beyond December 2023, when the current contract comes to an end. As a result, ASC had to make the decision not to reprocure this contract. At this challenging financial time, ASC must focus on the ability to discharge statutory duties, which inevitably means that some of the discretionary services provided historically can no longer be provided.

The landscape around commissioning for integrated stroke services is slowly changing, as a result of the publication of the national ICSS model, with health services increasingly focussing resources on delivering the core elements of the pathway.

Extending the contract for a further 6 months to the end of December 2023, provided an opportunity to ensure that all existing customers of the service were offered alternative forms of support if needed. It also provided the Stroke Association with an



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opportunity to identify any alternative funding sources that would allow it to continue to provide the service.

**5. Update September 2023**

Council officers have been working with the Stroke association since March 2023 to manage the situation and ensure information is available about other resources, (referenced above) is available to Portsmouth residents. During this time the political administration has also raised in person to the Hampshire and Isle of Wight Integrated Care Board (ICB) Chair and Chief Medical Officer to ask that the ICSS is worked on and subsequently written to the ICB asking for confirmation of the timeline for the ICSS (following the national plan) to be implemented in Hampshire and the Isle of Wight by the ICB.

The administration asked the ICB if the model was not due to be in place by December 2023, (when the contract extension was due to expire) whether the ICB plan to provide interim funding for the Stroke Association service. At the point of writing this update, there had not been a reply from the ICB.

As of September, with the awareness that the Stroke Association would need to begin the processes to close the service from September 2023, the Leader of the Council and Cabinet member for Community Wellbeing, Health & Care confirmed to the Stroke association that the Council had identified non-recurrent funds to maintain the service until the end of December 2024.

This is not a recurrent source of funding and therefore at this time no funding will be available from the Council after December 2024. The Council has prioritised extending this service with the expectation that the ICB will implement an ICSS model in Hampshire & the Isle of Wight during 2024.

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Signed by (Director)

**Appendices:**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:



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<b>Title of document</b>	<b>Location</b>
National Service model for an integrated community stroke service	NHS England and NHS Improvement 2022. Publication approval reference: PAR733



# Agenda Item 5



## Health Overview and Scrutiny

### Briefing paper

<b>Title:</b> Portsmouth Hospitals University NHS Trust update		
<b>Author and role:</b>	<b>Contact details:</b> communications@porthosp.nhs.uk	<b>Date:</b> September 2023
<b>Purpose of the paper :</b> To update the committee on the work being carried out by Portsmouth Hospitals University NHS Trust (PHU).		
<b>Update:</b> <b>Acute services partnership</b> - Earlier this year we committed with the Isle of Wight NHS Trust (IWT) to further strengthen the partnership between our two organisations by forming a Group. The Group is not a merger of our Trusts but will enable greater collaboration between our two organisations. A new leadership structure is in place to enable a focus on joint working to plan for the changes required for clinical and financial sustainability as well as leading day-to-day delivery in each of our Trusts.  As a Group, we will have an overarching Group Executive Team, supported by dedicated Trust Leadership Teams for both PHU and IWT, each headed by a Chief Officer.  <b>The Group Executive Team</b> are the Board Directors for both PHU and IWT as we remain two separate statutory organisations. They will align the strategic direction and transformation work across our two organisations and together with the Trust Leadership Teams, oversee the delivery of each Trust's operating plan and strategy.  Following a full consultation and interview process, we have recommended the following appointments to NHS England for approval: <ul style="list-style-type: none"><li>• John Knighton, Group Chief Medical Officer</li><li>• Liz Rix, Group Chief Nursing Officer</li><li>• Mark Orchard, Group Chief Financial Officer and Deputy Chief Executive</li><li>• Nicole Cornelius, Group Chief People Officer</li><li>• Joe Smyth, Group Chief Officer for IWT</li><li>• Nikki Turner, Group Chief Transformation Officer</li><li>• Dr Anoop Chauhan, Group Chief Research Officer</li><li>• Lesley Stevens, Director of Community, Mental Health and Learning Disabilities, moves into the role of Group Executive Director of IWT Community, Mental Health and Learning Disabilities Services</li></ul> The Group Chief Strategy Officer and Chief Officer for PHU roles are vacant at this time, with recruitment underway for the PHU Chief Officer.		

**PHU Trust Leadership Team** will lead the delivery of the Trust Strategy and delivery of the operating plan. We have maintained strong and experienced leaders in both PHU and IWT Trust Leadership Teams to ensure we continue to improve our day-to-day delivery in line with the strategic aims of both Trusts, and the wider Hampshire and Isle of Wight Integrated Care System.

As several people have moved from PHU into Group Executive roles, we are considering the best options for backfilling these positions, ensuring we have the right people with the appropriate skills and leadership experience to provide PHU with the steer and vision needed. The Group Executive Team will continue to provide the oversight and support required to ensure we deliver on our current commitments and make progress in our transformation plans across our two organisations.

**Industrial action** – We are preparing for another round of industrial action with junior doctors and consultants undertaking four days of joint action later this month. This will be the first time both groups have taken industrial action together and represents a significant operational challenge with potential to impact services, patients and staff.

**Main entrance improvements** – We are extending the main entrance of the hospital which will see a new lecture theatre and retail space. The development will also include a new Changing Places facility providing an accessible toilet and adult changing space. Alternative arrangements have been made to continue to allow access to visitors through the main entrance and all visitors are able to have 20 minutes of free parking to allow for patient drop off and collection.

**Building Better Emergency Care** - Work to develop a new Emergency Department continues well, with the foundation and drainage works complete, as of September 2023. There have been no reportable safety incidents and we remain on schedule for opening ahead of winter 2024.

Between July and August, we worked closely with partner organisations including South Central Ambulance Service to manage the diversion of emergency and patient transport vehicles who usually access through the East Entrance through alternatives access. This meant work to build the link bridge between the new Emergency Department and main hospital could take place safely. Pedestrian access remained available throughout with limitations at certain times when critical lifts were taking place, but this was managed locally.

Our clinical teams continue to progress designs and test new processes and pathways in preparation of moving to the new department. Diverting the ambulances away from the East Entrance allowed them to test alternative pathways into the hospital for emergency patients such as maternity, paediatrics and intensive care. Teams are looking at what they can learn from this, as well as in several other areas including imaging, communication/IT systems, and resus to ensure the best possible experience for our patients.

The new Emergency Department gives us the opportunity to look at ways we can work differently including how we staff services. With improved lines of sight and flow, existing staff will be able to work in a more efficient way to provide care to our patients. If any areas of the workforce need further expansion, this will be managed through the normal planning and recruitment/retention routes as pathways develop.

**Engagement:**

**MPs** – MPs from across the area attended a briefing with the Executive team in July. We discussed our progress during 2022/23, pressures on our services, recovering our planned services and work on the estate.

**NHS 75** - We have been working alongside numerous community groups as part of the celebrations for NHS 75. Local knitting group Hookers and Clickers produced some amazing work to help us yarn bomb various sites across Portsmouth and the hospital to mark the anniversary. Children from community theatre group, Groundlings, put our staff through their paces in interviews on their careers. The local Southsea park run marked the occasion with many runners from the hospital and many people in healthcare fancy dress. We have also run a colouring competition for local children to have their pictures of the NHS put up across the hospital.

**Nurses of the ward** – Nurses across PHU were filmed last year as part of the second documentary series broadcasting on W Channel. The film crew followed our nurses to give an insight into their daily lives on our wards and also followed the lives of patients visiting the hospital.

**Proud to be PHU Awards** – Our local community has been asked to vote for Patient Choice Award in this year's Proud to be PHU Awards. The award shortlist is made of up individuals and teams who were nominated by patients and their relatives. We received more than 100 nominations, and these were scored by a panel of judges to create a top 10 shortlist. The winner will be announced at a ceremony later this year.

**Tea and medals** – patients and staff who have served in the military are invited for a chat and a cuppa at the hospital every month.

**Breastfeeding drop information stand** – In early August our breastfeeding specialists held a information stand in the main atrium to talk to people about breastfeeding and maternity services as part of breastfeeding awareness week.

**Choices College** – We have been joined by nine young adults over the past academic year who have become a part of our organisation and completed placements across two or three different departments. The Choices College Programme (formerly Project Choice) provides supported internship courses for young adults ages 16-24 with learning difficulties and/or disabilities, and/or Autism. The programme champions real work experience in a supported setting for the interns within a healthcare environment, local organisation or private business. Each internship is tailored to the individual based on their skills, interest and previous experience. Interns spend a year learning maths, English and employability skills and attend up to three, 12-week placements within the Trust.

**Health fair and AGM** - This year, we extend the usual AGM to include a community Health Fair packed with information on our services, advice on living a healthy lifestyle, tips for greener living and a showcase of our achievements. Held at the Portsmouth Guildhall, a number of PHU services were available to talk to, seek advice and have a conversation

with. As part of the event, our AGM took place, during which people were able to discover more about the work of the Trust, as well as our challenges and achievements of the year.

### **Awards**

We are delighted to announce that we have been awarded the NHS Pastoral Care Quality Award for providing best practice pastoral care for international nurses and midwives. The scheme, that was launched by the Nursing International Recruitment Programme, supports NHS trusts to provide high-quality pastoral care to internationally educated nurses and midwives, and increase and develop our international recruitment plans.

Two teams at PHU have been crowned winners at this year's HSJ Digital Awards, recognising excellence in digitising, connecting, and transforming health and care. The Maternity Automation Programme, a partnership between the Intelligence and Automation and Maternity Teams at PHU, took home the trophy for 'Improving Back-Office Efficiencies through Digital', and the 'eConsent Project Team won the category for 'Empowering Patients through Digital'.

# healthwatch Portsmouth

## Public presentations 23-24

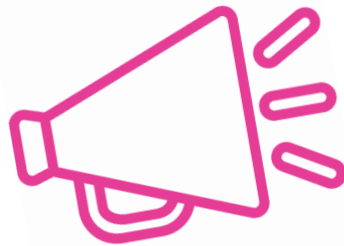
What are we and what do we do

# What is Healthwatch Portsmouth

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

We do 8 activities



1. We encourage people 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 issues (e.g. access to dentistry, GP surgeries)



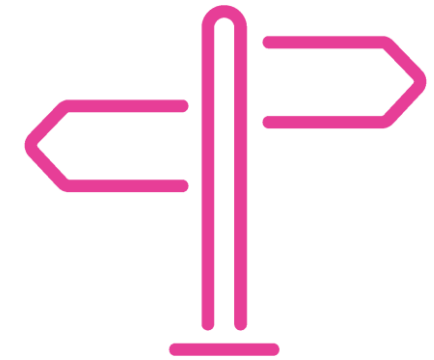
## How we've made a difference

- **Volunteers spoke to over 768 local people at info stalls and talks.**
- **With the introduction of Integrated Care Systems in each local area through the Health and Social Care Bill 2022 Healthwatch promoted awareness of what these do on service planning and provision.**
- **We co-produced a review of GP surgery websites and published our findings.**
- **Recommendations from our Enter and View at Russets House were implemented.**
- **Patients told us they are uneasy with the NHS style of notifying patients only if something is found. We suggested all annual health check results should be given to patients in the future.**
- **The full results of the Elective Survey 'Waiting for Hospital Care Report' are available. Recommendations were taken up by the ICB regarding the provision of information for patients to help them stay well while they were waiting.**
- **We attended a panel hosted by Stephen Morgan MP to discuss the issues affecting the city regarding access to primary health and care and access to NHS dentistry.**

# How we've made a difference

<b>Project/ activity</b>	<b>Changes made to services</b>
Portsmouth Military Mental Health Alliance	Produced a veteran pathway and a directory of membership
Hampshire and Isle of Wight Integrated Care interim strategy	A greater emphasis on the inclusion of the patient voice
Hampshire and Isle of Wight Integrated Care Board – Portsmouth team working on closure of North Harbour Med Group	The letter and overall approach to the information provided to patients who would be affected by GP surgery closing
Telephone systems in GP surgeries in Portsmouth	A commitment by Primary Care Transformation Team to increase the capacity of the phone lines.
Bladder and Bowel Service , St Mary's Community Health Campus	Voicemail message made clearer for enquirers and patient leaflet improved.

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## Next steps

Over the next year we will continue:

- our role in collecting feedback from everyone in our local community
- giving people a voice to help shape improvements to services
- our work tackling inequalities and work to reduce the barriers you face when accessing care

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## Top three priorities for 2023-24

1. Encouraging the public to get involved in shaping mental health services
2. GP surgery website review 2023
3. Understanding health inequalities and the effect of elective care delays

# Healthwatch Portsmouth events



Community Day Baffins Pond

John Pounds Centre

Portsmouth Pride



# Thanks for listening

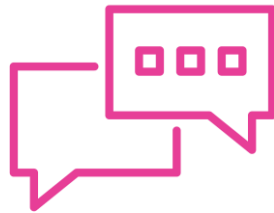
You can reach us by:

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

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

**tel:** 023 9354 1510

## Any questions?



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## Key issues April 2022–March 23

### Healthwatch Portsmouth annual review

#### Public engagement

Between April 2022 and March 2023, our volunteers spoke to over 832 local people about their experience of health and social care at info stalls and talks. They were invited to join the Lord and Lady Mayoress outside Portsmouth Guildhall on Saturday 18<sup>th</sup> March at a volunteer thank you event. On our website we provided info to 7273 people.

In total we have reached 21,072 people via our social media platforms relating to health and care issues of interest in the city including the latest news on availability of NHS dental care.

New website “same address, different look”. All the listings which were on our Service Directory have been put onto HIVE.

#### Long COVID

Access to the Long Covid service changed to let patients self-refer if they were clinically assessed by a GP.

#### Access to NHS Dental services

Residents contact HWP in large numbers for information about accessing treatment from an NHS dentist. We give and maintain information about dental surgeries with contracts to offer NHS appointments outside of their standard operating hours.

We spoke with dental commissioners looking at four key areas for improvement. 1) Urgent dental care, 2) urgent care needs, 3) pressure on the workforce and 4) Issue of prevention. We successfully applied to be a Patient Public Voice Partner on the temporary working group to update the NHS Dental Contract.

Evidence submitted to the Parliamentary Select Committee was published and therefore included in the Government’s assessment of what needs to change.

#### Healthwatch Portsmouth invite to Penny Mordaunt MP Dental Summit 10.6.22

A discussion with stakeholders about key issues and finding solutions collaboratively. A paper was drawn up on the suggestions raised and sent to Maria Caulfield, Parliamentary Under Secretary of State at the Dept of Health and Social Care.

#### Advisory Board meetings

March a new hormone health hub was discussed. Targeted lung checks were followed up. Pharmaceutical Needs Assessment was triggered 12 months early. Sir Robert Francis, QC, Chair of Healthwatch England addressed our Advisory Board meeting in public in October'22.

#### HWP review of GP surgery websites in Portsmouth – follow-up

HWP staff and volunteers undertook a co-produced review of the GP surgery websites in March and published our findings. These were presented in early June to the Portsmouth Clinical Commissioning Group’s Primary Care Commissioning Committee and received wide support from the GP surgeries and Clinical Commissioning Group for our work to identify what’s important for patients to know about and where incorrect information displayed regarding GP registration remained. We will be working with the CCG on implementing the recommendations in our report.

## Healthwatch Portsmouth Fourth Walk-Thru: QA Emergency Dept

The Fourth Walk-Thru Report was finalised and published in March: [QA-ED-HWP-Walk-Thru-visit-Final-report-inc.-recomendations.pdf](#).

### Patient information ref using A&E dept notice early April “use alternative A&E”

HWP suggested the NHS use the words 'life-threatening' instead of telling people to only use A&E departments for “actual emergencies.” We urged the comms and engagement team to use language the public understands and uses.

### Elective Care delays

Despite the Government's 'catch-up delivery plan,' elective care days persist. The 4 local Healthwatch across Hampshire and the Isle of Wight discussed concerns with the NHS and worked to develop an Elective Care survey that ran until June.

### Hampshire and Isle of Wight Integrated Care System (HIOW ICS) – 1st July '22

On 28th April 2022 the Health and Social Care Bill received Royal Assent and is now law. Healthwatch are promoting awareness of what the Integrated Care System is doing.

The Governance Advisor for the HIOW ICS responded after our volunteers and board member's scrutinised the draft constitution for the Integrated Care Board: “I am most grateful for the time, expertise and professionalism shown by Healthwatch Portsmouth in their important review of the constitution and its supporting work.”

### Integrated Care Partnership (HIOW ICS)

Working with other local Healthwatch in their ICS areas to develop the engagement strategy to be implemented by the new Integrated Care System Partners.

### Healthwatch encourages patient and public engagement best practice.

We provided insight into best practice on patient and public engagement by statutory bodies including the Independent Review of Community and Mental Health Services across Hampshire and the Isle of Wight. We challenged the fact that no evidence had been included in the report to demonstrate that patient and public engagement had previously taken place to inform the recommendations made in the report on key issues of health and care services for patients.

### Primary Care

Patients have trouble reaching their GP surgery by phone. We asked Portsmouth CCG about informal closures of new patient registration lists other than the short term application made by Kirklands. The Director of Primary Care assured us that in May, no surgeries closed to registration. We spoke with Portsmouth Clinical Commissioning Group to find out what data can be obtained by a 'cloud telephony' system to count the number of unanswered calls and unmet demands. We pushed for improved access using cloud-based technology for phone lines and eConsult to 2 GP surgeries in the north of the city who are receiving patients transferring from North Harbour Medical Group which closed in April, creating greater pressure for patients trying to access GP surgeries in the area. We keep highlighting the issue of digital exclusion.

### Community based services

#### Drug and Alcohol Plan for Portsmouth

A Drug and Alcohol Plan is being developed, with a Strategy Group to include the voice of patients and people with lived experience to improve services offered.



## Care pathway for needle assault victims in Portsmouth nightclubs

Portsmouth CCG reported they were working with Portsmouth Public Health to work on a pathway of support. There is now a clear 'front door' for people to access care from the city's healthcare providers. Screening test kits, support services and training were provided.

## Dementia care

An Extra Care facility to support people with dementia, physical and learning disabilities was proposed and developed while planning permission had recently been awarded for Cosham Fire Station to be built next to the new facility (Edinburgh House).

## Community Mental Health Framework

We were approached in February by HIVE Portsmouth to work with them to spread awareness of the forthcoming co-produced activities to re-design the service and plan how people can access the community-based service through 'no wrong door'. We're working with HIVE Portsmouth to encourage feedback from residents as well as those who have insight into accessing community mental health services currently. Solent NHS Trust used the feedback gathered from events to construct a final series of questions seeking feedback from attendees on July 13<sup>th</sup>.

## Access to QA Hospital for deaf community

We were invited to the Royal Association for Deaf people's roadshow on 2nd July, showcasing our work with the Portsmouth Deaf Club and our work to bring the experiences that deaf people had of accessing services at QA Hospital to the attention of the Trust.

## Support for stroke patients

We did a mystery shopping exercise to find out what signposting support was offered by staff in the Stroke ward when discharging a patient and if they got a care package.

## 'YourCareYourWay' Feb 22

Investigated the power the CQC has on provider compliance with the Accessible Information Standard (AIS) from the published inspection reports and is meeting with PHUT to discuss.

## PHUT Trust Quality Account

We were asked to comment on Portsmouth University Hospital Trust's draft Quality Account to review and gather patient feedback. We asked the Trust to provide an easier to read format for next year, give more clarity on what achievements were met rather than what the Trust would have expected and to link new initiatives with existing work. Our comments will be published.

## Solent's Speech and Language Therapy Service/Children's Service

Solent and Portsmouth Down Syndrome Association have generated staff training resources to be made available on a 6 month cycle for new staff joining and will produce video audio, easy read and BSL (British Sign Language) appropriate version. An information piece will also be developed to help families prepare for what will be discussed. This will be profiled in Trust and multi-agency websites and meetings to further learning and to help patients understand the benefit of giving feedback.

## Quality Framework – Portsmouth CCG Quality Improvement Team

We worked with Portsmouth CCG's Quality Improvement Team (QIT) to find out from residents and patients in care homes and nursing homes in Portsmouth about their experience of care. We got feedback from relatives of residents in care and nursing homes.

## Healthwatch Portsmouth Volunteers

A commendation from Portsmouth University: Our volunteers commented on the 'service user feedback form from those receiving care' which features in the Operating Department Practice course. HWP volunteers suggested the feedback form should be a requirement for completion. In future the revised forms will be included in assessment documents from next academic year.

## NHS Trust compliance with Accessible Information Standard (AIS)

PHUT identified actions to take for AIS Digital Plan 2022 and written a PHUT Training and Education Plan on AIS Training Education Plan 2022. Healthwatch spotted that there was an reference was missed from the latest NHS England template for providing information the reference will be added.

## Enter and View Visit: Russets

In September we requested an update on remaining 3 HWP recommendations: admin staff and residents update the information boards in the public areas with relevant information. The public road and pathway leading from Russets had not been upgraded but the road drains outside had been recently unblocked; staff email signatures now describe Russets as a 'short breaks facility' rather than for 'respite care' but no progress made to update the sign outside the building.

## An Update from Portsmouth Adult Safeguarding Board

Portsmouth City Council (PCC) Safeguarding Service gathered feedback using a brief survey co-produced between PCC and HWP. A consent form that contained information for safeguarding service users and a link to a digital survey enabled service users to give their feedback to HWP to key into an online survey, the results of which are held securely by PCC. The project was extended until the end of March.

## Health Inequalities Project:

'What Challenges Are You Facing?'; a co-produced survey with the University of Portsmouth. Questions are being made available from spring until December for people to give feedback to a researcher who has been raising awareness of the project in key areas where people are facing the greatest inequalities.

## Events and panels

Panel hosted by Stephen Morgan MP on Saturday 10th December at St John's Cathedral. Jo York, Managing Director of Health and Care Portsmouth, a local GP and a local dentist discussed with the public the issues affecting the city regarding health and care.

## Annual Health Check results reporting by NHSE

HWP stated that both the positive and negative ("nothing found") results of the annual health check should be given to the patient to give the patient peace of mind. Patients told us they were uneasy with the NHS style of notifying patients only if something is "found". Reply from HWE: our Policy Team will feedback to the government.

## Carers: What Matters Most?

A short survey to find out 'What Matters Most to Unpaid Carers?' working with Portsmouth City Council and the Carers Centre using the recommendations. The strategy was developed in 2021 – 22 by a Carers Oversight Group which we were a key partner. It launched on Carers' Rights Day on 24th November 2022.

### Urgent Treatment Centre – St Mary's, Portsmouth

The feedback results were published and shared with the Urgent Treatment Centre team. We are in the process of finding out which they will implement from the changes we recommended.

### Elective Care delays

The full results of the Elective Survey 'Waiting for Hospital Care Report' are available. Recommendations were taken up by the HIOW ICB regarding the provision of information for patients to help them stay well while they were waiting (although likely still to be via the digital My Planned Care app); to reduce anxiety and stress recommendations were (to inform patients every 12 weeks about their appointment due date or give reasons for the further delay; if and alternative locations are to be offered to patients (especially to those on the Isle of Wight to reduce their wait time) for additional transport and travel needs to be taken into consideration.

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# Agenda Item 7

**Southern Health NHS Foundation Trust  
Update for Portsmouth HOSP  
September 2023**

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## **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 winter planning, system pressures and mental health priorities.

## **Trust-wide update**

### **Project Fusion update**

Project Fusion is the name for the programme taking place to create a new, combined NHS Foundation Trust to deliver community, mental health and learning disability services across Hampshire and the Isle of Wight. Bringing services into a single organisation will result in more consistent care with reduced unwarranted variation, more equitable access to services irrespective of postcode, and a more sustainable workforce and services. The new organisation will be large, but will operate locally to ensure services can best meet the needs of different communities.

The new Trust will be comprised of all the services currently provided by Solent NHS Trust and Southern Health NHS Foundation Trust, the community, mental health and learning disability services provided by Isle of Wight NHS Trust and child and adolescent mental health services delivered in parts of Hampshire by Sussex Partnership NHS Foundation Trust. The aim is for the new Trust to be formed by April 2024.

Recent progress includes:

- Approval by NHS England of the strategic outline case for change
- The appointments of Ron Shields as Chief Executive and Lynne Hunt as Chair for the new organisation, following comprehensive processes overseen by the Integrated Care Board.
- Detailed and ongoing integration planning to prepare for the organisations to come together
- Ongoing collaborative working across all clinical teams to identify best practice and opportunities to develop and improve services in the new organisation.
- Engagement with communities, users, staff and partners to seek views about key elements of the new Trust (including vision, values, strategic objectives, clinical strategy, operating model and naming options).

A detailed full business case is now being developed which will be shared for approval with Boards of each provider Trust involved in October, and subsequently be shared with NHS England for review. This will describe in detail the case for change, benefits, and the work required to bring the Trusts together. The executive director structure for the new Trust is also being developed and the aim is to have appointed directors for the new organisation during Autumn. A clinical strategy setting out the key principles that will underpin the way services operate in the new Trust is also in development, following engagement with a wide range of clinicians and stakeholders. Alongside this work we are also developing a number of metrics and measures of success for the new organisation to ensure we can properly track our progress.

Furthermore a standalone website, leaflet, and animation has been developed to help communicate the rationale and benefits of this work. In the months ahead as the new Trust takes shape, and extending beyond April 2024, there will be further communications and engagement.

### **Lifting of enforcement actions**

In 2018 our regulator put in place enforcement undertakings which consolidated previous regulatory action in response to historical challenges the Trust had faced. These undertakings restricted some of the activity which we, as a Foundation Trust, would usually be able to carry out independently and increased the level of oversight on the Trust. Since our last update to the panel we are pleased to report that, in recognition of the improvements made by the Trust over many years, a certificate of compliance was issued and these undertakings were removed. This is an important step in our ongoing journey of improvement.

### **Industrial action update for strikes**

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.

Since our last update, several more rounds of industrial action have taken place across the local system. These have involved Ambulance staff, Junior Doctors, Consultants and Radiographers. Whilst these latest rounds had less impact due to the nature of our services and makeup of staff, the Trust's plans continued to ensure minimal disruption to patients and services.

### **Suicide Prevention**

The Trust is leading on Suicide Prevention, working closely with our colleagues at Hampshire Country Council, Southampton City Council and Portsmouth City Council, as well NHS Partners and various organisations across Hampshire and the Isle of Wight. 'Life Cards' with specific details of where to go in crisis are freely available to order through the Trust and our local suppliers. This year key messages are being displayed on digital screens (e.g. bus stops and road side displays) across Hampshire and Southampton City. We have also been working closely with colleagues at Portsmouth City Council and the ICB to get Portsmouth Guildhall lit up Orange on Sunday 10 September, to mark World Mental Health Day.

### **Annual Members Meeting**

The Trust's Annual Members' Meeting will be held on Tuesday 19 September 6pm – 8pm. The event will be held virtually and will cover a range of topics including the Trust's current position, Project Fusion, our work in Primary Care, our new gambling service and work in recruitment and retention. Everyone is welcome to book a place and we would welcome the attendance of councillors if they wish to attend. More information, including how to book a spot is available at [www.southernhealth.nhs.uk/amm2023](http://www.southernhealth.nhs.uk/amm2023)

## **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.

### **Winter planning**

We are working closely with our partners across the system to ensure we have a structured and collaborative response to the winter period. Ongoing work with community teams, frailty response and virtual wards all support patients to remain in the community rather than on a ward whilst roles such as our inpatient therapy leads continue to support 'early bird' transfers or greater clarity and efficiency when discharging. However, we continue to plan for the additional surge in demand that winter brings and are working closely with our partners at Solent NHS Trust, Portsmouth Hospitals Trust and Hampshire County Council to ensure we have capacity to deal with any increases or to provide temporary 'step down' accommodation if needed.

### **Flu and COVID**

Following the latest Joint Committee for Vaccination and Immunisation (JVCI) guidance the Trust will shortly begin its Flu and COVID-19 booster vaccination programme. The groups to be offered a COVID-19 booster and Flu jab include all adults aged 65 years and over, residents in care homes, persons aged 6 months to 64 years in a clinical risk group and Frontline health and social care workers amongst others. The vaccination programme for both Flu and COVID-19 plays a key part in supporting our patients to remain safe and well over winter, reducing admissions across the system. Last year, across the Trust 62% of staff were vaccinated for both Flu and COVID-19. Uptake for vaccinations have dropped when compared to peak COVID, however we are working hard to combat 'vaccine fatigue' and ensure our staff and the community are as protected as possible.

### **System Pressures and Funding**

The panel are no doubt aware of the current financial situation facing the ICB and all the Trusts within it. In June it was announced by NHS England that the ICB and its Trusts were being placed into 'recovery support programmes' – formerly known as special measures, after declaring a deficit plan for 2023-24. Funding across the area is therefore a considerable challenge and we are working hard to find ways to address this and put forward the most sustainable and persuasive cases for change that also mitigate financial challenges with least impact on services, continue to focus the community offer collectively as Care in the Right Place.

### **Frailty rapid response**

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).

Work on this programme is progressing and we are now addressing a number of core challenges ahead of the difficult winter period and Fusion. This includes ensuring focus and resources are directed to the programme, aligning the multiple referral routes and strengthening partnerships with our colleagues across the organisations involved (Solent, SCAS and Isle of Wight) and social

care. Non- recurrent funding was used for some elements of the service, and we are working to address shortfalls in this area along with ongoing recruitment and retention issues.

Moving forward The Trusts' aim is to implement personalised care for people across HIOW in line with the commitment set out in the NHS Long Term Plan. Working with partners, the Trusts will support people to build their knowledge, skills and confidence in managing their health condition and help them to live as independently as they wish, with timely care provided as close to home as possible. Working closely with our colleagues across the system we are articulating a clear vision for frailty across the ICS with the aim of creating a unified and patient-centred model for use across HIOW. The long-term impact of this work will be the way it feeds back into proactive and advanced care planning for patients between primary care and community teams. This creates a virtuous circle between crisis management and long-term care planning in the community. Done well over time, it will reduce the number and range of problems that are referred to secondary care.

### **Palliative Care Hub**

A Palliative Care Hub has been developed at Rowans Hospice and is now running as a pilot and currently taking patient referrals. The Hub is being operated by Clinicians from the Specialist Palliative Care Teams from Rowans, Southern Health Foundation NHS Trust and Solent NHS Trust. The Hub will increase the support for Palliative care patients and be a central resource that can be used to find useful information, guidance, and services for Palliative Care. The Hub will also provide additional support for Palliative Care waiting times compliance.

### **Gosport Medical Centre merger with The Willow Group**

Gosport Medical Centre successfully merged with The Willow Group on 1 April 2023. Gosport Medical Centre had approached the Willow Group at the start of the year having recognised that a number of imminent retirements and increasing demand would mean it would struggle and potentially close. The merger has been a relatively smooth process with staff working closely together and eager to share resources, learning and expertise for the benefit of patients. A number of engagement events were held in Gosport to ensure all patients would have the opportunity to hear more about what it would mean for their care and ask questions about the merger. Despite some initial ill feeling, especially given some historical perceptions around The Willow Group, the events were well attended and received with many patients praising the open and transparent discussions.

### **Mental Health priorities**

The Trust is investing in the acute and crisis pathway and progressing a single leadership structure. The Acute and Crisis teams continue to work together and have the daily bed pressure meetings to ensure the best resolution for the patient. The Crisis Team have recently appointed four newly qualified mental health nurses to start in October 2023 and the practice development nurse is producing a new induction programme to support the staff alongside the preceptorship programme. We believe this work will support community teams to begin transforming their services whilst freeing senior clinicians to manage more complex cases.

Community Mental Health Teams are piloting a hub model for referrals with the Petersfield Team and one surgery; the aim is to see if it can help reduce assessments, improve relationships, educate PCNs about where patients can go, improve response times and reduce patients being moved between services.

Community Eating Disorder Service continue to work hard to improve the waits for patients' assessments and treatments. The service has recently introduced a pilot which is available to all



patients who have had their assessment. The Keeping Safe programme is a transdiagnostic and self-directed psychoeducational intervention as a first step in their care. There is a multi-disciplinary team agreement on prioritisation at the time of assessment, the Clinical lead has oversight of the waiting list, undertakes regular reviews to ensure appropriate prioritisation and GPs are asked to contact us to advise of any changes to patient presentation which might require us to adjust prioritisation.

### **Portsmouth and South East Division Staff nominated and shortlisted for national awards**

We are pleased to share with the Panel that a number of staff and teams over the previous months have been recognised at national awards. We are immensely proud of the work our staff do and very happy to see their work recognised in various forums. Staff include:

- Charmaine Watts, Healthcare Support Worker in the SE Community Diabetes team received a Chief Nursing Officer (CNO) Award.
- Lauren Coleborn, Diabetes Specialist Nurse, won a General Practice Nurse (GPN) award for service improvement for the Hard-to-Reach project.
- The Diabetes Hard-to-Reach Project has been shortlisted for a Nursing Times award.
- Practice Education - Cathy Knapp, Physiotherapist at Gosport War Memorial Hospital, has been recognised for Excellence in Practice Education by University of Southampton.
- Portsmouth and South East Divisions, Holly Whitely, Emma Bekefi and Mel Poulter have all completed the prestigious Florence Nightingale Foundation Aspiring Director of Nursing course.

**END OF REPORT**

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