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Cllr J. Brent
Chair
Portsmouth Health Overview & Scrutiny Panel
Member Services
Civic Offices
Portsmouth PO1 2AL

Dear Cllr Brent,

Update for Portsmouth Health Overview and Scrutiny Panel

This letter is intended to update you and the members of the Portsmouth Health Overview and Scrutiny Panel on some of the work the Clinical Commissioning Group has been involved with over the past few months.

Our website – www.portsmouthccg.nhs.uk – may provide some further details about what we do if members are interested, but of course we are always happy to facilitate direct discussions if there are particular issues which are of interest to the panel.

1 Preparing for winter

The work we are doing collectively to prepare for winter as a health and care system (involving CCGs, all Trusts and local authorities working in the Portsmouth and south east Hampshire area) and within the city began much earlier this year than in previous years and this has enabled us to develop and agree a comprehensive plan with clear actions identified to be taken by all system partners working collaboratively.

The plan has a number of objectives which cover specific service delivery areas and include actions to address the issues that caused particular difficulty last year: capacity, discharge plans, four-hour wait performance and ambulance handover delays, as well as seeking to reduce the risks posed by flu for both our staff and our local communities.

All NHS and care organisations have a role to play in the delivery of the winter plan, which is managed directly by system leaders and the A&E delivery board.

A key aim within the plan is to reduce the capacity gap in acute hospital bed provision from its peak last year of 144 beds. The plan identifies it should be possible to release 90 beds, through improving the way complex discharges are achieved, in both the Portsmouth and Hampshire systems.

The specific Portsmouth element of this plan is required to release 23 acute beds, and reduce the number of medically fit for discharge (MFFD) patients waiting from the weekly baseline position of 49 per week, down to a target of 30 per week.

In the short term we will do this through increasing capacity in the community but with a longer term view to transform services through work to further integrate health and social care. In summary the Portsmouth plan involves:

- **Increasing domiciliary care capacity:** extend an existing, short term capacity boost for a further six months (2 locum social workers, 350 hours of additional domiciliary care); re-focusing Solent NHS Trust end of life care support services to increase productivity and extend referral pathways; and provide further additional capacity (another 600 hours of additional domiciliary care.)
- **Working with the Reablement Team and Community Units to deliver more capacity** with a greater focus on a more dynamic 'in-reach' service, where team members can actively 'pull' patients out of short-stay wards at QA Hospital and into community services without waiting for notification; and
- **Increasing capacity to enable processes around continuing health care to be completed within the community,** once optimisation of the person's re-enablement and rehabilitation has been reached in a community setting rather than in an acute hospital.

Portsmouth City Council is playing an active role in helping to develop and finalise the winter plan and the total investment to deliver the Portsmouth-specific improvements is around £1.25m, split equally between the CCG and the Council.

The Council's financial contribution comes at a time when adult social care is already overspending by £3.1m on its budget for this year, driven by a number of issues including an increase in the cost of community care packages directly related to more complex need, the flexibility required around purchasing residential placements at times of peak pressure and increasing staffing in Council residential homes in order to respond to CQC concerns. All of these contribute directly to delivering capacity in the city to both facilitate discharge from hospital and to avoid admission.

The Council is to receive around £890,000 (a share of a national total of £240m of additional, non-recurrent funding announced by the Department of Health and Social Care in October) and this funding will be directed towards offsetting the costs identified above, which is in line with the conditions for use of the funding set out by the Department.

There have already been some encouraging early signs of progress with the plan in schemes to deliver additional capacity out of hospital, in managing delays relating to patients who are medically fit for discharge, in working jointly on a range of schemes that seek to

support admissions avoidance programmes and in delivering a consistent, improved rate of performance around the four hour A&E wait target.

The challenge posed by winter remains significant for this area but organisations across the system are working together to deliver the winter plan, as well as an associated communications programme with the public, which has also been developed to support this.

2 Pilot ‘hub’ for supporting people with long-term conditions

The CCG is working with city partners to prepare to pilot a long-term conditions ‘hub’ in Portsmouth in the spring of 2019.

The hub will initially involve two practices – Portsdown and East Shore – and is intended to provide support to specific, defined groups of people who are living with diabetes and respiratory illness. The location of the hub has not yet been finalised.

The key objectives of this new approach are: to combine both clinical and wellbeing support, to recognise the importance of maintaining good emotional health for those living with long term illness; to deliver greater consistency in the quality of care through standardised pathways and comprehensive care planning; to promote empowerment of patients, and proactive healthcare, and also to involve the voluntary sector in delivering holistic support.

The CCG is working with the two practices, NHS providers and other stakeholders to complete the business plan for the pilot scheme. Staff from the practices will ‘rotate’ into the hub, and be supported by specialist staff from provider Trusts.

There have been several pieces of public engagement looking at the support of people living with long-term conditions in recent years, which are informing the development of this initiative. To supplement this, an initial discussion about this project has taken place with one of the relevant Patient Participation Groups (PPGs), and more such discussions will follow.

One area to be covered will be how the CCG can work with others to assess patient experience of the trial service, alongside empirical data.

A more extensive briefing can be provided to the Panel at a later date, if desired.

3 Your Big Health Conversation update

We now have the ‘topline’ analysis from Phase 2 of our Big Health Conversation engagement programme.

The Panel will recall that following Phase 1 (gathering people’s views on the changes and challenges facing the local NHS via an online survey), we wanted Phase 2 to have more of an emphasis on focus groups and discussions with a range of different patients’ groups. We were particularly keen to ask patients with first-hand experience of services their views on possible future developments around the services they used. Discussions focused on four main areas:

- Community-based mental health care
- Living with long-term illnesses
- Living with frailty
- Using same-day services

In all we heard from patients and carers from over 20 group discussions, with attendance ranging from 5/6 people to 15 upwards. These were structured conversations – setting out the issues faced today in delivering services effectively, and sketching an outline picture of how services could change in future to try to maintain the best possible outcomes for people.

We are currently developing the full report into our findings from Phase 2 but some of the recurring themes we have heard so far include:

Mental health: some inflexibility around the way services are delivered which could lead to people not being able to access the exact support they need; too much reliance on pills or counselling as a solution, with apparently insufficient options in between; concerns about the NHS being able to offer strong support for people in crisis or needing low-intensity talking therapy, but again, not really offering enough between those two points.

Long term illnesses: speaking to people living with one or (usually) several long term illnesses brought common themes to the fore that included a strong sense, still, of people feeling as if they are dealing with services which operate in ‘silos’ – having to tell their story over and over again, leading to a sense of frustration around duplication and inefficiency.

All of the things that most people might notice – hard to get through on the phone, long waiting times – also really mount up and multiply in terms of inconvenience when you have multiple health problems. There were differing views on who service users want to lead or coordinate their care between their local surgery and specialists, with specialist nurses, in particular, being very highly thought of.

Frailty: with frailty there was a clear sense that carers need support – and don’t always receive it currently, which, in some cases, leads to them feeling as if they are not always included or involved. Some of the other themes, not surprisingly, echoed the findings with other discussions, around the need for greater joined up working, not just responding to emergencies and the need to have enough staff in the community to provide sufficient help and support.

Interestingly, several people referred to loneliness and isolation – that being frail was more than a physical state, it was often a social state as well, and a damaging one at that. Normally people prioritise continuity of care – but for some people it is actually better if a very frail patient sees lots of different staff, because it can help to reduce loneliness.

Same-day services: the feedback here was slightly more diverse, possibly to be expected given the topic. Despite the changes to opening hours in recent years, there is still a perception for many that the NHS has not changed to reflect modern life. People still feel that GP surgeries and other same-day services have traditional, limited opening hours.

That said, many people are not attached to the idea that they “must” see a doctor. But the more often people need help, the more they value continuity.

When talking about any sort of ‘hub’ type arrangement for urgent care, some people quickly query the travel distance which is still a key concern for some.

There were also a number of general concerns expressed about whether the local NHS has the money or the staff it really needs to deliver plans around urgent care, however positive these plans are.

There is, and will be, much to digest from all the feedback we have received and, when it is completed, we will be making the full report publicly available and will share it with Panel members. It will also be shared with all of the groups of people who were so generous in giving up their time to talk about their experiences, and their thoughts.

The findings are also already informing work which is beginning to get underway now – including some of the developments we have included in this update, such as the long term conditions hub and mental health crisis services.

There is also likely to be a Phase 3 – taking what we have learned, and then moving into much more specific issues, looking in more detail about where services could be located, and how they could work.

4 Mental health crisis services

Portsmouth, Fareham & Gosport and South Eastern Hampshire CCGs have agreed with Southern Health NHS Foundation Trust and Solent NHS Trust a fundamental change to the way mental health crisis services will be delivered across the Portsmouth & South East Hampshire locality.

This has followed several months of careful observation around the way teams are currently working, examination of processes and records, and over 150 hours of workshops and consultation involving hundreds of patients/service users, carers and staff discussing how services should look in the future and particularly how people would access community mental health services.

The new service will combine the Southern and Solent crisis teams into a single service model that improves responsiveness and consistency for adults of all ages.

The service will be operational by summer 2019 and will deliver benefits for people living in Portsmouth such as:

- 24/7 needs led crisis service with response time standards
- Self-referral to support self-determination of crisis
- Support for carers
- Peer support to promote hope and recovery
- A supported workforce with the right skills to deliver person centred support and empower self-care

5 SystmOne - all Portsmouth practices now using the same IT package

Over the summer we were able to announce that all GP surgeries in Portsmouth now use the same IT system – paving the way for patients to get more joined-up, efficient care.

All GP practices in the city are now using the SystmOne software which means they share a standard clinical system for everything from storing patient records to booking appointments.

The community and mental health teams run by Solent NHS Trust also now use that same system, and adult social care staff are expected to follow suit next year.

The IT overhaul has direct implications for the quality of care that frontline teams can give to their patients, and should also reduce the frustrations of patients who have regularly had to explain their whole medical history every time they see a new doctor or nurse.

In the past, city residents using the out-of-hours service would be seen or spoken to by a clinician who could not see their notes. Now they can immediately access the patient's full record, no matter which practice they are registered with. That means better care, and a lower chance of the patient being referred back to their own GP surgery.

GPs can now easily access records kept by other healthcare professionals, such as community nurses, to see – for example – whether their patients are waiting for test results, or have other appointments pending. In turn, community-based teams can also easily view a wider range of information about their patients. In the past, frontline staff could not easily access patient data which was held by other parts of the NHS.

Getting all of our practices onto the same patient record system is a huge step forward, and will really open the door so that we can press ahead with joining up services for patients.

Health staff will be able to make decisions about someone's care knowing that they are seeing the whole picture of that person's health, and can rely on using real-time, accurate, and comprehensive information.

6 Gosport War Memorial Hospital

The panel requested an update on the response to the publication of the Gosport Independent Panel report. This update is provided on behalf of the Hampshire and Isle of Wight CCG Partnership (Fareham and Gosport CCG, South Eastern Hampshire CCG, Isle of Wight CCG, North Hampshire CCG and North East Hampshire and Farnham CCG) as Gosport War Memorial Hospital is situated in the area covered by Fareham and Gosport CCG.

For the NHS, there is both a local and a national response.

Locally, the Hampshire and Isle of Wight CCG Partnership (the 'CCG Partnership') has established its programme of work in response to the Panel Report. The CCG Partnership has – following a Conflicts of Interest process – designated its Executive Director for Quality and Nursing, Emma Boswell, to take responsibility for leading this work.

A Governance Review Group has been established which has reviewed the report, and set the scope of the work programme. A Gosport Learning and Assurance Board is being established – working with local and regional NHS partners, and safeguarding boards – to oversee the agreed responses to the findings of the Independent Panel. NHS Portsmouth CCG is liaising with the CCG Partnership to ensure that all parts of the local health system are working in a co-ordinated way.

Nationally, the government response is expected soon. This response will clearly be of great significance in influencing the way in which the NHS and other public agencies learn lessons and, where appropriate, enact changes.

This publication will be carefully examined by the CCG Partnership and other NHS bodies – including NHS Portsmouth CCG - and incorporated into the programme of work relating to the events in Gosport.

7 Listening to our patients

We have provided an update on the Big Health Conversation elsewhere in this letter but there are many other ways in which the CCG, and the local NHS, interacts with local patients and partners.

Our 'Listening to Our Patients' document supplements our annual report and is published to outline how the CCG engages with its local community and how it acts on the feedback it receives. The document is available [here](#) and covers the period April 2017 – March 2018.

Yours sincerely



Dr Linda Collie

Clinical Leader and Chief Clinical Officer
NHS Portsmouth Clinical Commissioning Group