

# A PLAN FOR HEALTH & CARE PORTSMOUTH

## 2020-2023

### Introduction

In 2015 the Health & Care Portsmouth partnership set out its commitments and blueprint for the future of health & care in the city. These commitments have informed and shaped how partners have delivered and improved health & care for city residents. Whilst the blueprint is now 5 years old, its basic principles and intent remain broadly correct. Since their publication, the engagement and work with local people and partners in the city continues to reinforce their direction and ambitions.

In 2020 we have been reviewing and refreshing the blueprint commitments and the plans that deliver them, initially drawing together existing plans for children, adults and public health. This is a part of the continuing work of the Health & Care Portsmouth partnership to align our work and to establish a single strategic planning & commissioning leadership for health & care in Portsmouth. It supports the delivery of the broader Portsmouth Health & Wellbeing Strategy and further drives the integration between Portsmouth Clinical Commissioning Group and Portsmouth City Council.

At this stage, the intent is to draw existing health & care plans and priorities together in order to engage and co-produce a refreshed set of plans that are built by the multiple partnerships that are responsible for delivering their outcomes. The revised plans will be broadly in the same format and set out 3yr priorities for adults, children & families and public health. When taken together, this collection of plans describe the full range of **health & care** intentions for the city.

### A Plan for Health & Care in Portsmouth



### Purpose of this Paper

There are multiple programmes of work currently refreshing key health & care strategies and priorities, led by the respective partnership or lead agency for that plan. For example, Safeguarding strategies are being reviewed and overseen by the partners involved in the respective adults & children's Safeguarding Boards.

This paper brings together the revised Health & Care Portsmouth priorities and plans. Engagement and co-work with partners in health & care (and beyond) is at differing stages

dependent on the plan, with some plans still in very early form. This is appropriate given the collective commitment to co-production and transparency by city partners.

## Health & Care Portsmouth Commitments

The Health & Care Portsmouth **Blueprint Commitments** are undergoing refresh as part of this work. This is being co-ordinated by the Portsmouth Health & Care Executive partnership. The revised Commitments are given at **Appendix One**.

## Children & Families

For **Children and their Families**, extensive work has been ongoing throughout this year to review priorities. The Portsmouth Children's Trust partnership is co-ordinating this work. There are 6 priorities:

1. Improve education outcomes - the Education Strategy
2. Improve early help and safeguarding - the Safeguarding Strategy
3. Improve physical health - the Physical Health Strategy
4. Improve Social, Emotional and Mental Health - the SEMH Strategy
5. Improve outcomes for children in care and care leavers - the Corporate Parenting Strategy
6. Improve outcomes for children with Special Educational Needs and Disabilities - the SEND Strategy

Further detail of the key objectives of each of the above plans is given in **Appendix Two**.

In addition, the Children's Trust Plan 2020-2023 has a 'strategic spine' - five areas that all strategies need to progress:

- a. A 'deal' with parents: a social contract with families and co-production
- b. The Portsmouth Model of Family Practice: restorative and relational Practice which is trauma-informed and whole-family
- c. Strong Organisations: Excellent Workforce: leadership development, restorative organisations and high-quality professional development - training and coaching
- d. Performance and Quality Management: using data well and learning from front-line practice
- e. Community capacity building: enabling the community and the voluntary sector to meet need

## Public Health

For **Public Health**, a similar review of work priorities is underway, with a particular emphasis on making connections between individual plans and wider actions on the determinants of ill health, including tackling inequalities. **Appendix Three** summarises current Public Health work priorities.

## Adults

For **Adults**, the collated plans for health & care are presented here for the first time together in draft form. These 6 draft plans will form the focus of our ongoing partnership engagement and co-production in order to finalise & deliver an integrated set of outcomes for adult health & care in Portsmouth.

The 2020-2023 Health & Care Portsmouth Strategy for Adults has 7 priorities:

1. Personalisation of care and support

2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long-term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

**Appendix Four** gives the 6 draft plans in full.

In addition there are 7 areas that need to be progressed by each of the above plans:

- a. Contracting approach
- b. Workforce development
- c. Maximising use of SystemOne (single care record)
- d. Co-production approach
- e. Improving use of Business Intelligence to inform decision making
- f. Safeguarding and liberty protections
- g. Accommodation strategy

### Learning from Covid-19

In revising and refreshing the city's plans for health & care, our strategies have taken the learning from the 2020 response to covid19; these are referenced and included in the plans themselves.

### Recommendations

The Governing Board of the CCG are asked to:

- Consider, discuss and endorse the ongoing & further engagement with partners all plans within the scope of the Health & Care Portsmouth plan.

Innes Richens

**Chief of Health & Care Portsmouth**

November 2020

Appendix One: Refreshed Health & Care Portsmouth Commitments  
Appendix Two: Children & Families Strategic Priorities  
Appendix Three: Public Health Strategic Priorities  
Appendix Four: Adults Strategic Priorities and Plans

## The Health & Care Portsmouth Commitments: Refreshed for 2020

### Introduction

Developed in 2015, the Blueprint for Health & Care Portsmouth has informed and shaped how partners in the city have delivered and improved health & care for residents. Whilst the Blueprint is now 5 years old, its basic principles and intent remain broadly correct. Since their publication, the engagement and work with local people and partners in the city continues to reinforce their direction and ambitions.

Much has been achieved in the city to deliver on these commitments during the past five years and there is acknowledgement that there is still more we can collectively do. The Blueprint set out 7 commitments for health & care in the city; these have been revised and refreshed for 2020, adding 2 further commitments:

1. We work continuously to improve the quality of health & care in Portsmouth, for all individuals and communities, visibly demonstrating how the diversity of local communities is reflected in the work.
2. We build our health and care service on the foundation of primary and community care, recognising that people have consistently told us they value primary care as generalists and their preferred point of care co-ordination; we continue to improve access to primary care services when people require it on an urgent basis.
3. We underpin this with a programme of work that supports the individual to maintain good health and prevent ill health. We strengthen the support for local peoples' health and care from both statutory and community organisations so that people become more resilient and know how to access community services when needed.
4. We bring together important functions that allow our organisations to deliver more effective community based front-line services and preventative strategies; this includes functions such as HR, Estates, IT and other technical support services.
5. We are committed to having a well led, well organised, highly professional and engaged workforce that uses data well to inform services and care and continuously learns from frontline practice.
6. We establish a new constitutional way of working to enable statutory functions of public bodies in the City to act as one and to improve local people's involvement and influence in health & care in the city. This includes establishing a single commissioning function at the level of the current Health & Wellbeing Board with delegated authority for the totality of health (NHS) and social care budgets.
7. We establish improved and integrated ways of delivering health and care services for the City. This will be achieved through a range of ways including the formal integration of some services. For local people this will mean they do not have to experience multiple assessments, will be offered choices about how they are treated, be offered opportunities to explain what is most important to them and be referred more straightforwardly to the services they need.
8. We simplify the current configuration of urgent, emergency and out of hours services, making what is offered out of hours and weekends consistent with the service offered in-hours on weekdays so that people have clear choices regardless of the day or time
9. We focus on building capacity and resources at a local level and in communities in the City to enable them to commission and deliver services at a locality level within a framework set by the city-wide Health & Wellbeing Board.



## Appendix Two

# The 2020-2023 Children's Trust Plan Strategic Priorities

November 2020 Draft

# The Priorities for Children & Families



**The 2020-2023 Children's Trust Plan - refreshed from 2017-2020, has Six Priorities:**

1. Improve education outcomes - the Education Strategy
2. Improve early help and safeguarding - the Safeguarding Strategy
3. Improve physical health - the Physical Health Strategy
4. Improve Social, Emotional and Mental Health - the SEMH Strategy
5. Improve outcomes for children in care and care leavers - the Corporate Parenting Strategy
6. Improve outcomes for children with Special Educational Needs and Disabilities - the SEND Strategy

**In addition, the Children's Trust Plan 2020-2023 has a 'strategic spine' - five areas that all strategies need to progress:**

- a. A 'deal' with parents: a social contract with families and co-production
- b. The Portsmouth Model of Family Practice: restorative and relational Practice which is trauma-informed and whole-family
- c. Strong Organisations: Excellent Workforce: leadership development, restorative organisations and high quality professional development - training and coaching
- d. Performance and Quality Management: using data well and learning from front-line practice
- e. Community capacity building: enabling the community and the voluntary sector to meet need

*All strategies under the Children's Trust Plan are being refreshed including the system-wide response, recovery and reset in regard to Covid-19.*

# The Priorities for Children & Families:

## 1. Education



### 10 Strategic Objectives

- a) Attainment and progress – improving results at all Key Stages
- b) Inclusion – Enabling more children with SND to attend mainstream schools
- c) Digital learning – Access to digital learning for all children
- d) Literacy and language – Developing key skills for learning in all children
- e) Recruit and retain teachers – Ensuring we have sufficient teaching capacity and quality
- f) COVID-19 secure schools – Ensuring schools are safe places for children and staff
- g) Safeguarding in schools – Ensuring high quality safeguarding of children
- h) Emotional health & wellbeing – Promoting good child mental wellbeing through schools
- i) School attendance – Reducing school absence
- j) Sufficient school places – Ensuring all children have a school place

# The Priorities for Children & Families:

## 2. Safeguarding



### 10 Strategic Objectives

- a) Universal services & early help – meeting child and family need at an early point
- b) Integrated Early Help Service – Delivering a high quality Solent NHS/City Council early help service
- c) An effective MASH – ensuring that children experiencing harm are identified and appropriately referred
- d) Family Safeguarding practice – joint children’s and adult’s services working to keep families safe
- e) Youth offending and violence – reducing youth crime and anti-social behaviour
- f) Reducing exploitation – tackling criminal and sexual exploitation of adolescents
- g) Tackling domestic abuse – reducing the prevalence and impact of domestic abuse
- h) Reducing neglect – tackling the most prevalent form of child abuse
- i) Quality assurance and learning – ensuring high quality front-line safeguarding practice
- j) Intelligence-led safeguarding – using our data to identify risk and harm and respond accordingly

# The Priorities for Children & Families:

## 3. Physical Health



### 8 Strategic Objectives [DRAFT]

- a) Reduce childhood obesity – to reduce later poor health outcomes
- b) Increase physical activity – to enable children and young people to stay healthy
- c) Effective sexual health advice – reducing sexually transmitted diseases and teenage conceptions
- d) Alcohol and substance misuse – reducing harmful use of substances
- e) Promoting breastfeeding – to promote strong attachment and provide babies with a healthy start
- f) Deliver the Better Births plan – delivering the national strategy locally
- g) Immunisations & vaccinations – improving local uptake
- h) Long-term conditions pathways – ensuring effective care across primary, acute and community health services

# The Priorities for Children & Families:

## 4. Social, Emotional Mental Health



### 11 Strategic Objectives

- a) Early attachment – achieving secure carer-child attachments in the first 1000 days
- b) Advice, guidance and self-help – enabling children to care for their own emotional health
- c) Strong, confident workforce – enabling all professionals to work confidently with emotional distress
- d) Early help and digital offer – on-line support for children and young people
- e) Wellbeing in education – making schools positive spaces for children’s mental health
- f) Neuro-diversity pathway – new ways of identifying and responding to neuro-diversity
- g) LAC and care leavers – mental health support for our children in care and care leavers
- h) Other vulnerable groups of children – including young carers, young offenders and self-harmers
- i) CAMHS developments – reducing waiting times and further improving treatment outcomes
- j) Suicide prevention – whole-system working to prevent suicide
- k) Loss and bereavement – care for children experiencing loss

# The Priorities for Children & Families:

## 5. Looked After Children and Care Leavers



### 8 Strategic Objectives

- a) Integrated multi-agency service – co-located multi-agency and multi-disciplinary working
- b) Enabling strong relationships – enabling children to develop and sustain positive family and friend relationships
- c) Quality care and pathway plans – high quality child-level plans
- d) High quality placements and accommodation – ensuring right level and quality of foster care and residential care placements including accommodation for care leavers
- e) Improve placement stability – to provide children with stability and continuity of care
- f) Improve education, employment and training – improving progress, attainment and inclusion
- g) Physical and mental health – including regular health checks
- h) Transform care leavers offer – ensuring a comprehensive offer in line with our pledge

# The Priorities for Children & Families:

## 6. Special Educational Needs and Disabilities



### 7 Strategic Objectives

- a) SEND inclusion – inclusive schools for children with SEND and reducing demand for out of city placements
- b) Inclusion of children with SEMH needs – with a focus on reducing exclusions and demand for alternative provision
- c) Preparing for adulthood – achieving the Preparing for Adulthood outcomes
- d) Autism and neurodiversity – autism-friendly services and improving support
- e) SEND Joint Commissioning – comprehensive and alignment commissioning of SEND services
- f) Co-production with children and families – working with families and young people to co-design support
- g) Workforce and practice – developing front-line practice with children with SEND and their families

# Appendix Three: Public Health Priorities (Draft)



## **There are 6 priorities for Public Health**

- Reduce the harm caused by substance misuse including alcohol misuse
- Reduce the prevalence of smoking, including smoking in pregnancy, across the city working with partners to ensure sustained system wide action
- Reduce unwanted pregnancies by increasing access to Long-Acting Reversible Contraception (LARC) in general practice, maternity and abortion pathways, and strengthening LARC pathways with vulnerable groups
- Promote positive mental wellbeing across Portsmouth and reduce suicide and self-harm in the city by delivering the actions within Portsmouth's Suicide Prevention Plan (2018-21) and the STP Suicide Prevention Plan (2019-20)
- Reduce the harms from physical inactivity and poor diet
- Work with Council partners to address the health impacts of the built environment

## **And there are 4 cross-cutting programmes:**

- Strengthen the intelligence function for the Council and Portsmouth Health and Care Partnership
- Address health inequalities with targeted attention on those that have the greatest need and are more likely to experience serious consequences of COVID-19
- Work with Council partners to improve the wider determinants of health by improving educational attainment, employment opportunities, housing, transport, planning and the built and natural environment
- Continue to lead the response to the COVID-19 pandemic focusing on public health advice to the council, partners and our residents.



# Appendix Four

# Health & Care Portsmouth Adults Strategic Priorities

November 2020 Draft

# The Priorities for Adults



## **There are 6 priorities for Adult's Health & Care:**

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

## **And there are 7 cross-cutting priorities:**

- a. Contracting approach
- b. Workforce development
- c. Maximising use of SystemOne
- d. Co-production approach
- e. Improving use of Business Intelligence to inform decision making
- f. Safeguarding and liberty protections
- g. Accommodation strategy

## Health & Care Portsmouth Personalisation and Care Support Strategy 2020-23

### Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Personalisation & Care Support Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

### Vision

To deliver personalised responses to the individual based on their circumstances

## Principles

Treat people with dignity, compassion and respect, appreciating that a person’s beliefs, feelings and values do not become invalidated by their health & care needs

Provide co-ordinated care, support and treatment, working across multiple services to ensure consistency of care and care records

Offer personalised care, support and treatment – patient choice, shared decision making, personal health budgets

Enable people to recognise and develop their strengths and abilities so they can live an independent and fulfilling life – social prescribing, community based support, patient activation and supported self management

## Covid-19 Recovery

- Restore continuing health care CHC assessment and care planning, using Personal Health Budgets as default

## Objectives

- Development of the market to increase care and support options across the City:
  - Domiciliary care intervention and review
  - Increase use of assisted technology
  - Day services developments
  - Increase supported living opportunities
- Personalised care planning support
  - E-care planning
  - Improved management of extra contractual referral (ECR) processes, aligned to CHC integrated governance arrangements
  - Future planning including end of life care planning

## Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	City	Full restoration of CHC, in line with assurance targets for business as usual from 1 September 2020.	Complete
		Review of all patients discharged from hospital between 19 March 2020 and 31 August 2020 for on-going needs and to determine	On track

		whether a CHC Assessment is required to establish future funding arrangements to be completed by 31 March 2021	
Development of the market to increase care and support options across the City	City	Implementation of the findings of the domiciliary care intervention and review	Ongoing
	City	Continuing to explore and develop opportunities to increase use of assisted technology to support domiciliary care packages	Ongoing
Personalised care planning support	City	Review of ECR processes with a view to align with integrated CHC governance arrangements with a new processes and delivery model being fully operational from April 2021	Underway
	PSEH, within HIOW framework	Ongoing work to increase use of future and advanced care planning, including sharing of information and templates, ongoing training and monitoring and evaluation being key work stream elements.	Ongoing

### 3yr Intentions

Priority Area	Ambition
Development of the market to increase care and support options across the City	
Personalised care planning support	

### Outcomes & Indicators

To be confirmed

## Health, Wellbeing & Communities Strategy 2020-23

### Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Health, Wellbeing & Communities Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

### Vision

To improve the health and well-being of people in the city by bringing people and services together to identify issues and to solve them with access to support, using the combination of individual, social and physical assets that exist within local communities.

## Principles

We will identify and make use of individual and community assets rather than focus on problems

We will acknowledge and build on what people value most and always aim to provide services where and how they are needed

## Covid-19 Recovery

The response to the covid-19 pandemic demonstrated the importance of working alongside local communities, in particular voluntary networks and organisations, to support the most vulnerable people.

Key lessons learned from the response in Portsmouth that are incorporated into this strategy are:

- The sustainability of the significant voluntary capacity mobilised in response to the pandemic over the medium-longer term
- Good practice and introduced innovation e.g. through developing safe volunteering guidance, introducing Fasttrack DBS checks. There is benefit in learning from such innovations and embedding them into new 'BAU' arrangements.
- Statutory and voluntary/community partners have demonstrated effective partnership working, which has enabled a high-quality and impactful response. Sustaining, and further developing, joint working approaches forms part of this strategy delivery.
- The sharing of data and information between agencies has supported an effective response; maintaining and developing more effective data/information sharing approaches is key to delivery of this strategy
- The resilience and capacity of the voluntary & community sector has been impacted by the pandemic; this strategy aims to incorporate joint working between the statutory and vcs sectors to ensure capacity & resilience does not limit ongoing delivery where it is needed
- There is a desire not to create dependencies or expectations which cannot be sustained or resourced over the medium-longer term (e.g. those which could undermine strengths-based approaches and lead to poorer outcomes)

## Objectives

The Strategy has four key objectives:

1. Improve population health management (PHM) approach
  - a. HLOW procurement of a PHM tool to support risk stratification
2. Strengthening the role of the Voluntary and community sector (VCS) in service delivery.
  - a. Strategic partnership with the HIVE

- b. Review of existing commissioned services
- 3. Increase provision of preventative support options to help people manage their own health and wellbeing
  - a. Community helpdesk
  - b. Community development and capacity building, including community catalyst
  - c. Strategic review of social prescribing (including additional PCN development in care co-ordinators and health and wellbeing coaches)
  - d. Reduce social isolation, aligned with BBI recommendations and national initiatives, to improve health and well being
- 4. Making every contact count
  - a. Closer working with public health and housing teams

#### Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Improve population health management(PHM) approach	City delivery within HIOW framework	Procurement of HIOW wide PHM tool to support clinical risk stratification across PCNs, locality and the ICS	On track
Strengthening the role of the VCS in service delivery	City	Completion of a strategic partnership MOA with the HIVE and identify sustainable infrastructure funding to support this by 31 March 2021	On track
		Continued involvement of HIVE Portsmouth within PPP and the Strategic Partnership Group to ensure VCS contribution to new models of care on a whole system basis	Underway
		Review of existing VCS commissioning and contracting arrangements from April 2021 to promote co-production of services with end users	Underway
Increase provision of preventative support options to help people manage their own	Locality and City wide	Develop and implement sustainable operating model for Community Helpdesk from 31 March onwards  Ongoing delivery and evaluation of the community catalyst/capacity	On track

<p>health and wellbeing</p>		<p>building schemes, comparing models and effectiveness</p> <p>Review of social prescribing model in light of changes to existing service provision by 31 March 2021, with new service model being established from April 2021. This will ensure integration and closer collaboration with additional planned investment within PCN's for care coordinators and health and wellbeing coaches.</p> <p>Development of clearer pathways and support between sectors to facilitate greater awareness of and appropriate response to mental health issues within the community, facilitating additional early intervention through the ongoing work of the Mental Health Alliance.</p> <p>Ongoing partnership working with BBI to increase whole system awareness, recognition, and response to reducing social isolation as a pivotal factor in improving health and wellbeing. Project scoping underway.</p> <p>Recognition of the role of locality teams as a legacy from Covid-19 with volunteers helping people within their neighbourhood and as a vehicle for engagement and coproduction.</p>	<p>On track</p> <p>On track</p> <p>Underway</p> <p>Underway</p> <p>Underway</p>
<p>Making every contact count</p>	<p>Locality and City wide</p>	<p>Continuing to develop closer working arrangements with public health and housing colleagues as part of the H&amp;C Portsmouth operating model</p> <p>Supporting the refreshing of the City Health and Well Being Strategy and aligning priorities within the adults plan</p> <p>Analysis of demand in conjunction with public health through helpdesk CRM to ensure pathways and commissioning strategy align with needs.</p>	<p>On track</p> <p>Underway</p> <p>Underway</p>

### 3yr Intentions

Priority area	Ambition
<p><b>Population health management</b></p>	<p>PHM approach well established and embedded within PCNs and at City level to support integrated locality teams target interventions to prevent onset of LTC, ill health and deterioration</p>
<p><b>VCS as a strategic partner in service development and delivery supporting community development</b></p>	<p>Hive continues to operate as a well-established strategic partner within the City, supporting PCC and PCCG with the commissioning and delivery of VCs alternatives to statutory provision</p> <p>VCS is a recognised partner in care pathways across the whole system for LTC's, mental health and opportunities to improve health and wellbeing through community solutions.</p>
<p><b>Provision of preventative support options to help people manage their health and well-being</b></p>	<p>Wide range of targeted preventative support options in place, under pinned by a robust community development offer, encompassing social prescribing and sustainable community helpdesk model and continued capacity building and social enterprise in agreed priority areas.</p> <p>'Making every contact count' within VCSE to ensure that it contributes and adds value where appropriate to system priorities of improving patient flows, placed based care and healthy communities</p>

### Key Outcomes & Indicators

TBC\_ – will be developed in line with work already undertaken with public health to develop outcome measures to support The Hive.

## Health & Care Portsmouth Primary & Community Care Strategy

### Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Primary & Community Care Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

### Vision

To build our health and care service on the foundation of primary and community care, recognising that people have consistently told us they value primary care as generalists and their preferred point of care co-ordination. We will improve access to primary care services when people require it

on an urgent basis. We will continue to build a community-based health & care system to better support people at home and to minimise time within hospital.

## Principles

Primary and community NHS healthcare is for all regardless of social and economic status. Every individual must have access to good health & care.

Health & care services are effective, preventive and form an integral part of the local, regional and national system of health & care. Services are multi-sectorial, working across boundaries, reflecting that health & care do not exist in isolation.

Good primary and community health & care is person-centred and family-centred, considering the physical, emotional, mental and whole well being of the person as well as their cultural, linguistic and social needs.

Primary & community health & care is based on inter-disciplinary teams, including the person and their family, who work collaboratively towards common goals. Health & care staff are trained to work together, encouraged to develop a team spirit and continuously improve their skills and the quality of the services they deliver.

Primary & community health & care is integrated, co-ordinating the activities and services involved in a person's care, across settings, services and boundaries.

Primary & community health & care is accessible, in person and virtually, and enables access to the broader health & care system and community resources where these are part of the individual's care. This includes providing people and professionals with access to their health & care information where this enables the delivery of good care.

Primary & community health & care achieves good outcomes for people and their families and addresses inequalities in outcomes that exist between people and communities.

Primary & community health & care uses resources wisely, taking into account the costs to tax payers and the health & care system.

## Covid-19 Recovery

- Recovery and restoration of primary and community services post COVID
  - primary and community care services restoration – Ensuring a safe and sustained transition in Primary Care from a full total triage model, maintaining virtual triage, self-management and strengthening MDT working
  - Optimising use of digital approaches to triage and assessment
  - Management of potential second wave of COVID-19 and impact of local outbreaks – delivering of virtual covid monitoring in community

## Objectives

- Primary care network (PCN) development and integrated locality teams
  - Primary care resilience and development of new roles
  - Neighbourhood model
- Integrated intermediate care to reduce hospital admissions
  - Strengthening admission avoidance and home first approach (role of PRRT /CIS)
  - Review of health and care bed based services to understand number and type of community beds required eg step-up /D2A /rehab and re-ablement
- Rehab and reablement strategies to maximise independence
  - Review of current rehab services in light of learning from COVID-19- including specialist rehab provision
  - Sensory service intervention
  - Review of respite services for people with LD

## Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	HIOW / PSEH planning and coordination	100% General practices restored to usual levels where clinically appropriate by Sept 2020	Complete
		All general practices offering both face-to-face and digital appointments where clinically appropriate	Complete
		Virtual covid monitoring in primary and community care established by 30 November	On track
Primary care network (PCN) development and integrated locality teams	PCN locality and City wide	PCN recruitment to additional roles completed (100% spend committed) by Mar 2021  Review and redefine the neighbourhood model programme within P3, based on the one team	On track

	PCN locality and City wide	approach across primary, community health and social care by end November 2020	underway
Integrated intermediate care to reduce hospital admissions	City within PSEH framework and with PSEH monitoring arrangements	<p>Ensuring sufficient winter capacity – option appraisal for increasing bedded capacity to be complete by November 2020.</p> <p>Phase 1 of integrated intermediate care review to be completed by 31 March 2021 to include fully embedding D2A approach</p>	<p>On track</p> <p>Progress could be delayed due to recruitment timeframe of programme lead</p>
Rehab and reablement strategies to maximise independence	<p>City / PSEH</p> <p>City / PSEH</p> <p>City</p> <p>City</p>	<p>To ensure community services are able to support the aftercare needs of inpatients recovering from COVID-19 by 31 March 2021</p> <p>Restore community specialist services, implementing patient initiated follow-ups where appropriate to begin waiting list recovery by 31 March 2021</p> <p>Completion of sensory services intervention (tbc)</p> <p>Review of respite services for people with LD (tbc)</p>	<p>Underway</p> <p>underway</p> <p>Underway</p> <p>Underway</p>

### 3yr Intentions

<b>Primary care network (PCN) development and integrated locality teams</b>	<p>Resilient PCN model in place with new roles and ways of working well established and supported by robust Citywide provision, where this makes sense.</p> <p>Integrated locality team model in place across primary, community health and social care which includes close working with VCS as part of wider neighbourhood model.</p>
<b>Integrated intermediate care to reduce hospital admissions</b>	<p>Robust, integrated intermediate care service in place to reduce admissions to acute hospital and long term care, routinely delivering against key targets. Placements. Reduced number of delays in hospital as D2A approach well embedded and operating as BAU.</p>
<b>Rehab and reablement strategies to maximise independence</b>	<p>Strengthened community rehab and reablement services in operation</p>

### Key Outcomes & Indicators

<b>Primary care network (PCN) development and integrated locality teams</b>	
<b>Integrated intermediate care to reduce hospital admissions</b>	<ul style="list-style-type: none"> <li>• At least 95% of patients are discharged to home from hospital</li> <li>• Delivery of 2h community rapid response (increase in preventable admissions)</li> </ul>
<b>Rehab and reablement strategies to maximise independence</b>	

## Health & Care Portsmouth Vulnerable People and Long-Term Conditions Strategy 2020-23

### Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Vulnerable People and Long-Term Conditions Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

### Vision

To strengthen the support for those most vulnerable including the effective prevention and management of long-term conditions so that people receive the responses they need to become more resilient & independent and know how to access services when needed.

## Principles

We will know, support and represent those in greatest health & care need in the city, focusing on tackling health inequalities.

We believe in personal independence, supporting people to be in control of their own health and care and less dependent on services.

We will work continuously to improve the integration and co-ordination of health & care for people who are vulnerable or who live with a long-term condition so that the person experiences their care as centred on their needs and delivered by one team, regardless of organisational boundaries.

We believe in the continued development of a single care record that is accessible by the person, their family and the professionals who are involved in their care.

We support and champion social, community and clinical leadership in the design and delivery of high-quality health & care that focuses on the whole person and addresses underlying inequalities in health & care.

We believe in proactive primary care, with links to local communities, alongside improved access in the community to staff with multi-disciplinary skills necessary to manage the complexity of vulnerability and long-term conditions.

We support vulnerable adults so they can confidently make their own decisions and give informed consent regarding their care.

We will continuously review and build support and services that are capable of managing the growing health & care needs of the city and that take account of the cost to residents and tax payers.

## Covid-19 Recovery

- Provision of ongoing support to support those most clinically extremely vulnerable (CEV) patients in the event of increasing local or national outbreaks requiring further restrictions to prevent the spread of the COVID-19 pandemic.

## Objectives

- Ongoing support to those people classified as clinically vulnerable including those from BAME communities
  - Proactive delivery of flu vaccination programme to meet targets
  - Local Delivery of Covid vaccination programme
- Provision of support to people in care homes and within the wider care sector
  - Effective infection prevention and control
  - Care sector resilience
  - Enhanced care home service implementation
  - Reduced conveyance to acute hospital
- Prevention and effective management of long term conditions
  - Long term conditions hub development

- Pathway specific developments eg respiratory
- Support for carers
  - Reducing breakdown of support packages due to carer stress
- Provision of support to people with a learning disability in line with the Transforming Care agenda
  - Identification of people on GP registers and annual health checks completed
  - Review of respite services
  - Pathway review of ADHD and autism pathways

### Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	City	Develop and implement local infrastructure to support those residents identified as CEV in the event of further local or national restrictions as a result of COVID-19 by 30 <sup>th</sup> October 2020	Complete
Ongoing support to people classified as clinically vulnerable	City delivery within HIOW & PSEH planning framework	Achievement of flu vaccination programme in line with national targets by 31 March 2021.	Underway (risk around availability of stocks)
	City delivery within HIOW & PSEH planning framework	Roll-out of covid vaccination programme in line with national and regional guidance from December 2020	Scoping underway at HIOW
Provision of support to care sector (including care homes)	City	Effective infection, prevention and control processes deployed across the care sector to reduce risk and spread of infection, including establishment of designated C19 positive site provision	Ongoing
	City	Operational and financial support package in place to maintain care sector resilience through the winter	Underway
	City	Enhanced care home DES offer in place to all homes from October 2020	Complete
	City delivery aligned with FGSEH	Reduction in conveyances to acute hospital as part of ICP admission avoidance and frailty work programmes	On track

Prevention and effective management of long term conditions (LTC)	City delivery within PSEH framework and alignment PSEH	Review learning from pre Covid LTC hub project and relaunch a programme to deliver a new care model aligned to PCNs by 30 <sup>th</sup> December 2020.  Ongoing pathway specific projects for diabetes, heart failure and respiratory including review of specialist community services and provision of same day emergency care (SDEC) solutions.	Underway  Underway
Support for carers	City	Ongoing support to carers to reduce risk of package breakdown. review of service in model in light of learning from Covid19	Underway
Provision of support for people with learning disabilities	City	Annual health checks completed for all patients with an LD on GP practice registers 67% by March 2021  Review of respite services	On track  Underway

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### 3yr Intentions

Priority Area	Ambition
Ongoing support to people classified as clinically vulnerable	Robust prevention strategies to protect the most vulnerable through deeper engagement and collaboration with communities
Provision of support to care sector (including care homes)	Resilience care sector operating in the City supported by primary and community health and care services to support people within their place of residence for longer.
Prevention and effective management of long term conditions (LTC)	Improved access to support for people with LTC to help them effectively manage their condition and reducing risk of deterioration as well as reducing the requirement for admission to acute hospital
Support for carers	Robust and varied support offer for carers in place to reduce risk of breakdown of care at home provision due to carer stress
Provision of support for people with learning disabilities	Transformation of the service offer for people with learning disabilities, that better supports the transition from childhood to adulthood to support people maintain their independence and wellbeing. Including development of robust community pathways for ADHD/ autism and flexibility within the respite offer.

### Outcomes & Indicators

Priority areas	Outcomes and indicators
Ongoing support to people classified as clinically vulnerable	<ul style="list-style-type: none"> <li>75% uptake of flu vaccination programme in high priority groups achieved by February 2021</li> </ul>

<b>Provision of support to care sector (including care homes)</b>	<ul style="list-style-type: none"> <li>• Increased resilience of care sector, with effective support offer</li> <li>• Reduction in ambulance conveyance to acute hospital from care homes</li> </ul>
<b>Prevention and effective management of long term conditions (LTC)</b>	<ul style="list-style-type: none"> <li>• Improved management of LTC in line with agreed clinical indicators</li> <li>• Reduction in emergency hospital admissions for people with LTC</li> </ul>
<b>Support for carers</b>	<ul style="list-style-type: none"> <li>• Reduced breakdown of care at home offer as a result of carer stress</li> </ul>
<b>Provision of support for people with learning disabilities</b>	<ul style="list-style-type: none"> <li>• 67% uptake of annual LD health checks by 31 March 2021</li> </ul>

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## Health & Care Portsmouth Secondary, Acute and Specialist Healthcare Strategy 2020-23

### Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Secondary, Acute and Specialist Care Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

### Vision

To work in partnership to continuously achieve excellence in acute and specialist health care.

## Principles

We will design and deliver hospital and specialist care that has the whole person in mind, respecting people's preferences and integrating physical, emotional, mental and social health. Our hospitals and specialist services will be enabled to fulfil their role for the communities they serve.

We will continuously strive for safe, high quality, reliable and person-focused hospital and specialist care, with staff and services who are able to pursue the best outcomes for their patients.

We will build services that empower patients and staff through information, technology and transparency

We will work to create care management systems that integrate hospital, specialist care with community, primary and social care, improving the person's continuity of care particularly where this involves multiple services or transitions between services.

We will continue to work hard improving access to urgent and planned hospital care, identifying and making improvements large and small, breaking down silos and forming partnerships between different health & care sectors, including residents and their communities.

## Covid-19 Recovery

- Restoration of cancer services
  - Includes provision of prevention, treatment, management and recovery
- Recovery of elective services
  - Restoration of elective services and single system approach to managing waiting lists
- Winter surge and escalation planning
  - Strengthening system resistance in light of Covid second wave and impact of local outbreaks
  - To manage increase ED and NEL demand over winter

## Objectives

- Transforming urgent and elective care (TrUE) services in the community programme delivery
  - Simplify and increase resilience of community based urgent care services as an alternative to ED
  - Strengthen out of hospital, community based elective and diagnostic services
  - Delivery of interim and long term procurement strategy to deliver the above
- Delivery and restoration of sustainable model of elective and cancer services
- Delivery of NHS 111 First and Same Day Emergency Care solutions
  - Strengthen provision of CAS as gateway to primary and community services to reduce conveyance
  - Frailty hub developments
- Increase resilience of specialist services

- Review of specialist palliative care services
- Critical care review

### Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	HIOW / PSEH	Planned restoration levels of acute activity in place to improve access, address long waiting patients and target shortfall in capacity (see outcomes and key indicators for full details)	On track (being monitored at HIOW)
	HIOW/PSEH	Ensure seasonal (winter) plans are developed across PSEH to mitigate additional pressures and ensure patient safety and care is maintained	Underway
	PSEH/HIOW	Maintain ED attendances, NEL admissions, bed occupancy and MFFD to agreed threshold levels to ensure flow across the PSEH and maintain patient safety	On track
	PSEH	Understanding the need for surge capacity from a second wave of Covid-19	Underway
	PSEH/HIOW		Underway
Transforming urgent and elective care (TrUE) services in the community programme delivery	PSEH	Complete Practice Plus (prev Care UK) contract extension negotiations by 31 December 2020	On track
		Complete due diligence process and sign contract extension for IPC service by 31 March 2021	Underway
		Complete all provider MOU for urgent care service delivery included within TrUE	Underway
		Undertake longer term procurement planning.	Underway
Delivery and restoration of sustainable	PSEH/HIOW	Focus on restoration as above and	Underway

model of elective and cancer services		<ul style="list-style-type: none"> <li>• Deliver diagnostic access programme to secure improvements</li> <li>• Embed digital innovations and speciality specific pathway developments for elective and cancer and transformation by 31 March</li> </ul>	<p>Underway</p> <p>Underway</p>
Delivery of NHS 111 First and Same Day Emergency Care solutions	<p>City / PSEH</p> <p>City</p>	<p>Review of Portsmouth CAS model and capacity to effectively deliver NHS 111 first, ensure there is a shared business continuity plan across PSEH</p> <p>Increase access to Same Day Emergency Care (SDEC) service model by 31 March 2021</p> <p>Fully embed current admission avoidance schemes and ensure consistent implementation 2021</p> <p>Development of a community based frailty hub within the City (aligned to integrated intermediate care model)</p>	<p>On track</p> <p>Underway</p> <p>Underway</p> <p>Underway</p>
Increase resilience of specialist services	PSEH	Review of specialist palliative care services by 31 March 2021	Delayed

### 3yr Commissioning Intentions

Priority area	Commissioning ambition and objective
<b>Transforming urgent and elective care (TrUE) services in the community programme delivery</b>	Long term procurement of new model of urgent and elective community provision complete and service delivery models in operation
<b>Delivery and restoration of sustainable model of elective and cancer services</b>	Continued achievement of cancer and elective standards enabling reduced waiting times and improved access for elective and cancer services; including improved access for diagnostics and improved early detection of cancer. Improved primary and community pathways and support for those not requiring secondary care intervention
<b>Delivery of NHS 111 First and Same Day Emergency Care solutions</b>	Robust CAS model in place as the gateway to urgent care services and SDEC model fully embedded as BAU leading to reduced conveyances and emergency inpatient admissions
<b>Increase resilience of specialist services</b>	Sustainable model of provision in place across PSEH for specialist community services

### Outcomes & Indicators for year 1 priorities (based on agreed national, HIOW and PSEH indicators)

Priority area	Key indicators and outcomes
Elective care and cancer	<p>89% restoration of outpatient first appointments by October (national expectation 100%) - will achieve by March (100% when factoring in A&amp;G impact)</p> <p>91% restoration of outpatient follow-up care by October (national expectation 100%) - will achieve by March</p> <ul style="list-style-type: none"> <li>At least 25% of all first and 60% of follow-ups appointments conducted virtually</li> </ul> <p>82% restoration of Day Case by October (national expectation 90%) - will achieve by March</p>

	<p>Inpatient elective care restored to 90% by October (national expectation 90% by October)</p> <p>2ww referrals returned to pre-COVID levels by Sept 2020</p> <p>Reduction in 52wk elective waits to pre-COVID levels by March 2021 (national expectation 100% by October)</p> <p>100% Restoration of MRI, CT and Endoscopy by Oct 2020 (national expectation 100%)</p>
Urgent care	<p>Zero tolerance to &gt;30 minute ambulance holds</p> <p>ED attends maintained at &lt;270 per day (220 adults /50 paed)</p> <p>Bedded capacity maintained at 85% (Urgent/ Medicines/ Mental Health) and 92% (Community) occupancy and acute bed days lost reduced to &lt;80</p> <p>MFFD maintained at &lt;30</p> <p>Admissions through SDEC pathways increased to 110 patients/day</p> <p>&gt;50% of high acuity dispositions (ED and Cat 3/4 ambulances) that have been downgraded within the CAS.</p>

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## Adult Mental Health Strategy

### Introduction: Health & Care Portsmouth's Adults Plan 2020-23

The Health & Care Portsmouth Adults Plan describes 6 priorities that form the basis of our work to improve the health & care of adults in Portsmouth. The **Adult Mental Health Strategy** is one of these six priority areas and draws together a wide range of improvement work involving a significant number of partners and people.

The six priorities of the Health & Care Portsmouth Adults Plan are:

1. Personalisation of care and support
2. Improving health and well-being and strengthening our communities using an asset building approach
3. Strengthening primary and community care services
4. Supporting vulnerable people through the prevention and management of long term conditions
5. Improving access to acute /secondary or specialist services – would include system resilience, urgent care and elective care pathways and TRUE
6. Improving access to mental health services at all stages of the pathway; well-being, access to community support, primary MH services, secondary care and planned and crisis services

Of equal importance, there are 7 cross-cutting programmes of work, representing standards and improvements we aim to be embedded in all six of the above priorities. These are:

- a. Safeguarding and liberty protections
- b. Contracting approach
- c. Workforce development
- d. Maximising use of SystemOne
- e. Co-production approach
- f. Improving use of Business Intelligence to inform decision making
- g. Accommodation strategy

All of the above have been reviewed and refreshed to incorporate our learning from the wide ranging response to the covid-19 pandemic and the specific recovery and reset actions have been incorporated into the work programmes of each plan.

## Vision

To create a mental health system that promotes wellbeing, prevents the development of mental health problems at the earliest opportunity, provides timely access to support and contributes to a society that values mental wellness as a foundation of our communities.

## Principles

We believe in prioritising early intervention and preventative health and social care services that allow individuals to have more choice and control over their own lives, to plan ahead and keep control at times of crisis in their health and care.

We support the creation of wellbeing services in or close to people's communities so that people can access support for a range of lifestyle issues which allows them to manage these better themselves.

We support communities that are able to support the needs of the most vulnerable, those with learning difficulties, with enduring mental health or physical health problems including hearing or visual loss or problematic addictions.

We work with parents and families to provide a co-ordinated approach to the health & welfare of children & young people

We work with people, families and organisations to improve engagement and support for older people in their communities and reduce isolation

We continue to develop a sustainable health and care system that achieves a shift in focus from acute care to community and primary care, early intervention, prevention and maximizes the contribution of the voluntary and community sector.

We will work to continuously improve the quality of mental health services in the city, from early intervention and primary care through to crisis support and acute care.

We support a recovery approach in all support and services that work with people with enduring or complex mental health conditions.

We believe people should have a strong voice about how services are designed and delivered in their community and their city.

## Covid-19 Recovery

- Expansion and improvement of mental health services, to support increasing demand for mental health services and higher acuity.
  - Restoration of IAPT services
  - Restoration of MH rehab services for people with enduring MH issues
  - 24/7 crisis lines maintained

## Objectives

- Improving well-being through increased access to community based support
  - Strengthening role of Positive Minds

- Primary and community MH services provision
  - New MH roles in primary care
  - MH assessment pathway – ‘one team approach and ‘no wrong door’ concept
- Timely access to secondary care provision
  - Increase therapeutic activity for those on CMHT caseload (A4 - phase three letter)
  - Recovery approach
  - Inpatient beds
- Crisis service response
  - Ed re-direction
  - Section 136 / place of safety provision
- Dementia pathway
  - Strengthening support for carers
  - Integration with physical health services in the community
  - Delirium pathway

### Year 1 Plan & deliverables

Priority area	Tier of planning	Milestone to be achieved	Status
Covid recovery and restoration	City (within HIOW framework / agreed recovery plan)	Sustainable mental health services in place to manage the anticipated increase in demand and acuity by 30 November 2021 (investment requirements included in HIOW RR plan submission) 100% IAPT services restored by December 20 24/7 crisis line HIOW 111 triage service sustained Restoration of Solent MH rehab services by 30 <sup>th</sup> Sept	On track  On track Complete Complete
Improving MH well-being and community based support	City	Review and strengthen role of Positive Minds as ‘gateway’ to MH services for primary care	Underway
Strengthening Primary and community MH services provision	City (within HIOW framework / agreed	Delivery of PCN DES new MH roles as part of an agreed primary and community pathway April 2021	On track

	transformation plan for CMH)	Development of vision and action plan for MH assessment services aligned with CMHF ensuring 'no wrong front door' when accessing mental health support and seamless transitions between services based / dependent on need. In order for new service model to be mobilised from April 2021	On track
Timely access to secondary care provision	City	<p>Increase therapeutic activity for those on CMHT caseload (A4 - phase three letter)</p> <p>Good quality mental health assessments to negate need to repeatedly tell their story coupled with seamless pathways to enable the most appropriate level of support which can be stepped up or down dependent on need.</p> <p>Community rehabilitation - Ensuring least restrictive and local placements as early as possible</p>	<p>Complete</p> <p>On track</p> <p>On track</p>
Improving community based dementia pathway		<p>Developing community based alternatives to admission as part of integrated intermediate care offer</p> <p>Supporting Dementia Friendly City Community Rehabilitation</p>	<p>Underway</p> <p>Underway</p>

### 3 Year Intentions

Priority area	Ambition
Covid recovery and restoration	MH Services modelling anticipated increase in demand levels of 30% as per national predictors. Full extent of this increase in demand and rising levels of acuity and its impact have yet to be realised.
Improving MH well-being and community based support	Building on lower level support through third sector organisations such as the Portsmouth PositiveMinds services. Helping people manage their own condition using personalised recovery support from family and social networks within their local community. This to include children and young people transitioning between children to adults services.
Strengthening Primary and community MH services provision	<p>Applying core principles of the CMHF vision over the next 3 yrs to develop new integrated models of primary and community mental care aligned with PCN footprints which are able to support adults and older adults with a range of long-term severe mental illnesses. This approach to ensure;</p> <ul style="list-style-type: none"> <li>• No-one falls through the gaps in service provision due to eligibility criteria / thresholds</li> <li>• No wrong front door to access mental health services</li> <li>• Good quality MH assessments regardless of where someone presents, negating the need to repeatedly tell their story</li> <li>• Transformed services are co-produced with service users and carers and experts by experience</li> <li>• Timely access to psychological therapies which support recovery</li> <li>• Clear provision / pathways to support children and young people as they transition from children's mental health services to adults.</li> </ul>

<p><b>Timely access to secondary care provision</b></p>	<p>Establishing a 'no wrong front door' approach to ensure access to mental health services is timely and appropriate based on need, supported by good quality mental health assessments regardless of where someone presents. There is seamless movement throughout the system enabling both a 'step up' and 'step down' access for appropriate care and support. All interventions to be recovery focused to enable the service user to become active participants in their own community to a level they can manage.</p>
<p><b>Improving timeliness of Crisis response services</b></p>	<p>Seamless pathways between the crisis, psychiatric liaison services including ED redirect and NHS 111 mental health triage services with primary and community and secondary care services to enable right time right place support and prevent 'hand offs' between service providers.</p> <p>Inclusion of appropriately trained peer support workers integrated into the Crisis team and availability of clear city wide provision of Crisis alternatives such as Safe Haven models.</p>
<p><b>Improving community based dementia pathway</b></p>	<p>Clear accessible Dementia support services for both the person diagnosed with dementia and their family / carers integrated as part of the community mental health team and the older persons physical health / frailty teams to ensure parity of care and access. A key focus will include:</p>

**Key Outcomes & Indicators**

- 90% of Emergency Psychiatric Liaison referrals seen within 1 hour (Core 24 Standard)
- All mental Health assessments of a person in crisis, undertaken <4 hours
- 95% of CYP with mental health need seen within 4 hours of accepted referral
- Mental health OOA referrals eliminated by March 2021