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4 March 2022

Cllr Ian Holder
Chair, Portsmouth Health Overview and Scrutiny Panel
Members Services
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Dear Cllr Holder,

Update letter for HOSP - March 2022

I'm pleased to provide an update for the Portsmouth Health Overview and Scrutiny Panel, intended to update you and the members of the Panel on some of the activity that the Clinical Commissioning Group has been involved with since the last update in November 2021.

Our website – <u>www.portsmouthccg.nhs.uk</u> – provides some further details about what we do if members are interested and, of course, we are always happy to facilitate direct discussions if that would be helpful.

Health and Care Portsmouth update

Integrated Care System (ICS)

On 24 December, due to existing national pressures linked to the Omicron coronavirus variant, and to allow for sufficient time for the Health and Social Care Bill to make its way through the final stages of Parliament, a new target date was announced for new statutory arrangements for the ICS to take effect. it is now anticipated that this will be on 1 July 2022 (instead of the previously agreed 1 April 2022).

Subject to approval of the Health and Care Bill, the statutory arrangements for ICSs have two components:

- 1. An Integrated Care Partnership (ICP): a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- 2. An NHS body, the Integrated Care Board (ICB), which will be responsible for NHS strategic planning, the allocation of NHS resources and performance, and bringing the NHS together locally to improve health outcomes and health services.

The Health and Care Bill places a requirement that Hampshire and Isle of Wight ICS will establish an Integrated Care Partnership as a joint committee of five statutory and equal partners: Portsmouth City Council, Southampton City Council, Isle of Wight Council, Hampshire County Council and the Hampshire and Isle of Wight ICB. The purpose of the Integrated Care Partnership is to develop a strategy (which will be called an 'Integrated Care Strategy') for Hampshire and Isle of Wight describing how the assessed needs of the population will be met by the ICB and the responsible local authorities.

The intention in Hampshire and Isle of Wight is that the ICP also includes and involves a broader alliance of partners and representatives who contribute to improving the health and wellbeing of local communities. The programme to establish the ICP is led by the Chief Executive Officers for each statutory organisation.

Due to the delay announced in December, current statutory arrangements will remain in place until 1 July 2022, with the first quarter of 2022/23 serving as an extended preparatory period. In effect, this means Portsmouth Clinical Commissioning Group will remain in place until the summer. The arrangements for the ICB and its associated governance will be finalised in time for July 2022 and will evolve over time.

From the start of July, subject to legislation being approved, assets and liabilities of Portsmouth CCG will transfer to the new ICB. This means, in effect, the day-to-day business and staff of the CCG will transfer to the ICB and all existing functions and ways of working will subsequently move across. We continue to work with Hampshire, Southampton and Isle of Wight CCG (HSIOWCCG) colleagues to ensure safe transfer of staff and contracts into the new organisation.

System pressures

As a result of continued winter pressures, and the move to National Major Incident Level 4 (to mobilise support for a potential COVID-omicron outbreak in November 2021), there have been continued system pressures across Portsmouth and South-East Hampshire, resulting in high bed occupancy at Queen Alexandra Hospital and, as a result, the hospital has been experiencing ambulance handover delays.

Partners across the system have taken a proactive, multi-agency response through the Portsmouth and South-East Hampshire (PSEH) Urgent and Emergency Care Improvement Programme, which includes taking part in two national pilot schemes to:

- Improve timeliness of ambulance handover, and
- Improve the ease of discharge.

The PSEH Urgent and Emergency Care Improvement plan focuses on:

- Admissions Avoidance includes increasing capacity in primary care, maximising capacity in urgent treatment centres, delivering a communications campaign around 'choose well' messaging, increasing capacity and uptake of virtual wards and more.
- Increasing capacity and flow includes an ambulance rapid release national pilot and increasing bed capacity through Southern Health NHS Foundation Trust, Solent NHS Trust and other partners.
- Timely discharges includes national pilot on increasing efficiency in appropriate patient discharge.

We are also working closely with communications colleagues to ensure appropriate and timely messages to residents about where to get help if needed i.e., 111 online, urgent treatment centres (UTCs) and self-care. A video showcasing how a UTC works, local opening times and how to access the sites, is currently being investigated to share on social media, websites and in resident e-newsletters.

Primary care

Access to GP practices

GP practices continue to offer a mix of remote and face to face appointments for patients as appropriate. The overall number of appointments for April to December 2021 was very close to pre-pandemic levels for the same period and practices have balanced delivery of the COVID vaccination programme with the on-going care needs of patients. National guidance has been followed in regard to clinical prioritisation during the pandemic and now that demand under the booster programme is reducing there is an expectation that any backlog associated with routine care is addressed over the coming weeks and months, particularly as more patients may come forward.

The Winter Access Fund (WAF) has provided for some additional capacity over the winter period to support practice resilience in delivery of services. This includes GPs, nurses, healthcare assistants and some non-patient facing staff, enabling practices to run clinics that they would otherwise have not had the resources for. The extra sessions have been provided through a mixture of locums, additional hours undertaken by the practice teams, and an alternative provider offering remote consultations. The WAF has also seen practices enhance their capacity through innovation and by adopting more efficient solutions. Examples include the purchase of equipment, which has supported faster and more accurate monitoring/diagnosis, and the implementation of new technology to support more efficient processes for pathology.

Ease of telephone access to the surgery continues to present a challenge for some patients and this is being tackled through the WAF to assist practices to move to modern cloud hosted telephony systems. These systems will provide improved and more resilient telephone access for patients whilst providing increased functionality, control, and visibility to practices. Practices are currently reviewing their needs and are able to submit bids during March 2022.

Individual practices

North Harbour Medical Group

As previously updated, Solent NHS Trust is undertaking the project to move North Harbour Medical Group from their current location in Cosham Health Centre to a purpose-built premises on the Highclere site by Treetops in Cosham, PO6 3EP.

Planning permission has been submitted and it is hoped approval will be approved in March 2022. The business case remains with NHS England for final approval. The projected completion date is spring 2023.

UniCity Medical Centre (previously University Surgery Practice)

Refurbishment work to the new UniCity Surgery Practice premises in Commercial Road has been slightly delayed by electric and internet connectivity issues which are currently being resolved. Completion is now expected in late April 2022. The practice will move in shortly afterwards.

As a reminder, the new site is located at 159-161 Commercial Road, just 0.5 miles from the current site and immediately adjacent to the Cascades shopping centre.

John Pounds Surgery

We have been working closely with the Lake Road practice group, Portsmouth City Council, the HIVE and local residents to look at increasing the opening hours at the surgery, which had reduced due to COVID and some long-standing challenges in relation to the lease and the capacity challenges within primary care. Progress is being made with the lease and there is ongoing discussion with the Practice and the council.

Support for asylum seeker accommodation

Since 3 February, Portsmouth CCG and Trafalgar Medical Group Practice have been supporting, and continue to support, the Home Office and refugees arriving in the city. This is by providing medical support to families in need who have been provided with temporary accommodation at a private hotel while their applications are being processed.

Dentistry

Although the contract for NHS Dental services remains with NHS England/Improvement until 1 July 2022, the CCG are looking to recruit a Dental Transformation Programme Manager to support innovative ideas to improve dental access within the city. From 1 July 2022 to 31 March 2023, it is expected that another ICS will support Hampshire and Isle of Wight before full control is passed to HIOW ICS on 1 April 2023.

COVID response

Vaccination programme

Shortly after our last update, there was a national ask across the NHS to support the vaccination programme in light of the Omicron variant. This included redeployment of staff, a significant roll out of vaccinations through primary care, and the establishment of pop-up vaccination clinics in partnership with Solent NHS Trust.

As of 1 March 2022, 162,228 Portsmouth CCG patients aged 12+ have received their first dose of the vaccine with 151,257 having their second. This equates to 80.2% and 74.7% of the eligible population (individuals aged 12+) respectively and is a significant increase since the last update, seen below. However, the most impressive increase is the number of individuals who have taken up the offer of the booster dose, where almost 57% of individuals aged 12+ have now had their booster. When we look at those who are actually eligible for their booster, this increases to 80.5% having received one.

	1 March 2022		10 November 2021 (last HOSP update)		Difference
First dose	162,243	80.2%	155,801	77.0%	+3.2%
Second dose	151,347	74.8%	141,072	69.8%	+4.9%
Booster or third dose	115,174	56.9%	30,111	14.9%	+42.0%

In addition to the mass vaccination site at St. James' Hospital, which is accessible via 'walk in' 8am-8pm, 4 days a week (including weekends), the universal offer through Primary Care Networks and the pharmacy offer through Laly's and Goldchem, we are delivering a roving/pop-up model in partnership with public health colleagues and Solent NHS Trust. The pop-up model is being used to target geographical areas where we know take-up is low, and running targeted clinics to specific communities i.e., people experiencing homelessness, students, people experiencing substance misuse. We also know there is low uptake in specific ethnic groups (most notably Eastern European, Black African and Black Caribbean) and are running pop-up clinics targeted at these communities, offering translated materials, utilising community champions, engaging on the ground and trialling clinics in different settings i.e., churches/mosques/football grounds.

Throughout January and February, in partnership with Solent NHS Trust:

- 64 pop-up vaccine clinics have been delivered across Portsmouth and South-East Hampshire
- 2,335 vaccines have been administered, including:
 - o 17% first doses
 - o 27% second doses
 - o 56% booster doses
 - o 0.1% immunosuppressed fourth doses
- Vaccine clinic locations include Fratton Park, Cascades Shopping Centre, Jami Mosque, Gunwharf Shopping Centre, libraries, community centres and churches.

More vaccine clinics are planned for the coming days and weeks including confirmed clinics at The Salvation Army, The Royal British Legion, Tesco North Harbour and more. Planning for the clinics is expected until the summer.

Uptake also remains low among younger people (18-24) particularly in more deprived communities. To address this, we've established a working group for a specific geographical area (Somerstown) to adapt a new approach based on local knowledge and insight. This group has already begun to identify key insights in relation to young people and students - lack of interest in getting vaccinated now that there is no need to prove vaccination status; sense that they are not at risk so no need either; continued concerns around fertility, for example.

Community conversation insight gathering is also happening with community groups, voluntary sector organisations, small informal groups and others to identify some of the barriers, issues and ideas people may have to support increases in uptake.

Yours sincerely,

Jo York
Managing Director
Health and Care Portsmouth