

**Briefing document for Portsmouth Health and Overview Scrutiny Panel meeting
24.03.15**

This document provides an update on service developments within South East Hampshire over the last six months. The East Integrated Service Division does not provide any specific services within the city of Portsmouth, however does provide care and support for many residents in the local area.

Care Quality Commission report

In February the CQC published a report into Southern Health services following a comprehensive inspection process, which took place in October 2014. The Trust received an overall rating of 'requires improvement', however of 17 core services visited, with each rated in five different domains, we were pleased to see that over 70% of the individual scores were 'good'.

In every part of the report, staff were recognised as being caring and responsive, with best practice highlighted in a number of areas, such as research and innovation, as well as leadership development.

There were also a number of areas highlighted for improvement in the report, which for the South East area included staffing levels, accurate record keeping, medicines management and end of life care. The Trust has a detailed action plan (available on request), and the vast majority of the actions detailed here have been completed or progressed already.

The Trust will provide a final copy of this action plan to the CQC at the end of March, after which the next comprehensive inspection will not take place for around three years. Smaller spot check inspections, both planned and unannounced, will continue to take place to ensure progress on the action plan and developments of services more generally.

Integrated Care Teams

We are embarking on a proposal to redesign our community services in order to build services which better meet the needs of the local population, and fully integrate physical and mental health care for older people.

The Integrated Community Teams (ICTs) will have clear clinical and managerial leadership to enable change to take place while maintaining the delivery of high quality, safe services. The proposed ICTs have been designed in line with the new service specification detailed on our contract for 2015/16, and in consultation with our commissioners.

We are redesigning the nine existing community teams to create four larger ICTs. The minimal change in staff is about reviewing our skill mix and providing equity around all ICTs. The four larger teams will be based around clusters of GP practices and therefore centred around natural communities across Fareham, Gosport and East Hampshire. This means our services would be better aligned with both our primary and social care partners, with the aim of offering GPs more consistency and better assurance of maintaining an equitable service across the geographical area.

Following a period of consultation with our staff, we are currently working with local GPs in order to ensure there is understanding and support for the project, and the opportunity for primary care colleagues to provide any suggestions or feedback.

Enhanced Recovery and Support at Home

The ERS@H team has been active in South East Hampshire since October, enabled by additional winter funding, and helps patients with complex health and social care needs. It is run by Southern Health in partnership with Hampshire County Council and has been a vital component in enabling patient flow through the healthcare system. The team supports people to live independently following a hospital stay or provides the care they need to avoid being admitted in the first place.

Support for the health system

There has been a significant increase in demand across the health and social care system in recent months, and particularly at the beginning of the new year. During this period we stationed very senior managers and/or an executive director in all of our acute hospital providers in order to help facilitate swift senior communications and decision making.

We also undertook a range of activity to further support colleagues, including delivering more services and in-patient capacity within community hospitals at a non-commissioned level, and prioritising caseloads by cancelling or re-scheduling identified routine visits where appropriate. We placed extra staff into community hospitals and community teams and more experienced and trained staff into hospitals to assess patients and establish their needs to ensure support packages were in place upon discharge.

We opened additional beds in our community hospitals to provide improved rehabilitation and re-ablement provision, and provided increased support through our social care service, TQ at Home, enabling patients to be moved out of hospital and into the community. Finally, we brought community matrons into some of the hospitals to help maintain patient flow by identifying where we could work in partnership with our social care colleagues, with the aim of reducing delays in transfers of care.

We have continued some of this activity, where necessary, as the system pressures have continued, and we are working closely with acute care colleagues and commissioners to provide support where required.

Petersfield development group

We are actively engaged in the Petersfield development group, which is examining the options available to make the best use of services within the hospital, particularly in relation to older people's mental health and adult mental health services. We are keen to ensure that we work with our commissioning and service colleagues, as well as staff, patients and local interested groups, to ensure the hospital is able to best meet the needs of the local community.