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# NOTICE OF MEETING

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## HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 7 OCTOBER 2014 AT 9.30 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056  
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### Membership

|                                     |  |
|-------------------------------------|--|
| Councillor David Horne (Chair)      | Councillor Gwen Blackett (Havant Borough Council)            |
| Councillor Simon Boshier            | Councillor Dorothy Denston (East Hampshire District Council) |
| Councillor Steve Hastings           | Councillor Peter Edgar (Gosport Borough Council)             |
| Councillor Hannah Hockaday          | Councillor Keith Evans (Fareham Borough Council)             |
| Councillor Phil Smith               | Councillor David Keast (Hampshire County Council)            |
| Councillor Lynne Stagg (Vice-Chair) | Councillor Mike Read (Winchester City Council)               |

### Standing Deputies

|                            |                             |
|----------------------------|-----------------------------|
| Councillor Margaret Adair  | Councillor Sandra Stockdale |
| Councillor Margaret Foster | Councillor Julie Swan       |

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

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk)

### AGENDA

- 1 Welcome and Apologies for Absence**
- 2 Declarations of Members' Interests**
- 3 Minutes of the Previous Meeting (Pages 1 - 6)**

**4 Adult Social Care update**

Rob Watt, Head of Adult Social Care will give a presentation on Adult Social Care, to include an update on Better Care Funding and the Deprivation of Liberty.

**5 The provision of HIV medication**

Debbie Zimmerman, Operational Director for Sexual Health Services will attend to give the panel a verbal update on the changes to the HIV homecare service.

**6 Portsmouth Hospitals' NHS Trust - Update (Pages 7 - 10)**

Peter Mellor, Director of Corporate Affairs and Business Development will answer questions on the attached report.

**7 Southern Health NHS Foundation Trust - update**

Nicola Bliss, Communications and Engagement Manager will attend to answer questions on the report which is to follow.

**8 Portsmouth Clinical Commissioning Group - Update**

Dr Tim Wilkins the Chair of the CCG Governing Board, Innes Richens, Chief Operating Officer and Michelle Spandley, Chief Finance Officer will answer questions on the report that will follow.

**9 Healthwatch Portsmouth - update (Pages 11 - 16)**

Simon Hail, Healthwatch Manager will answer questions on the attached presentation.

**10 South Central Ambulance Service - update**

Neil Cook, Area Manager, Portsmouth and South East Hampshire will answer questions on the report that is to follow.

**11 Dates of Future Meetings**

For the Panel to agree the provisional dates for 2015 below:

3 February  
24 March  
14 July  
1 September  
4 November

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

# Agenda Item 3

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 8 July 2014 at 9.30 am at the Conference Room A - Civic Offices

### Present

Councillors David Horne (Chair)  
Steve Hastings  
Hannah Hockaday  
Phil Smith  
Lynne Stagg  
Gwen Blackett, Havant Borough Council  
Dorothy Denston, East Hampshire District Council  
Keith Evans, Fareham Borough Council  
Mike Read, Winchester Borough Council

### Also in Attendance

#### Portsmouth Hospitals NHS Trust

Darryl Meeking, Consultant Endocrinologist  
Peter Mellor, Director of Corporate Affairs

#### Solent NHS Trust

Graham Bowen, Head of Podiatry  
Judy Hillier, Director of Quality and Nursing.

#### Care UK

Justin Cankalis, Operations Manager  
Joe Chadwick-Bell, Regional Director  
Kim Dennis, Service Manager, Guildhall Walk Healthcare Centre  
Wendy Parkinson, Lead Nurse Practitioner  
Dr Tim Wright, Medical Director

#### NHS Property Services

Aileen Patterson, Operational Director for Child and Family Services  
Robert Steele, Associate Director of Estates  
Clive Shore, Project Director

#### Portsmouth Clinical Commissioning Group

Innes Richens, Chief Operating Officer  
Dr Tim Wilkinson, Chair of the Governing Board

#### Portsmouth City Council

Dr Janet Maxwell, Director of Public Health

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

The Chair welcomed everyone to the meeting and asked that thanks be recorded to ex-Councillor Peter Eddis for his excellent chairmanship.

Councillor Peter Edgar sent his apologies for absence and Councillor Mike Read sent his apologies for late arrival.

**2. Appointment of Vice Chair (AI 2)**

Councillor Lynne Stagg nominated herself for the position of Vice Chair. This was seconded by Councillor Dorothy Denston.

**RESOLVED that Councillor Lynne Stagg be appointed Vice Chair.**

**3. Declarations of Members' Interests (AI 3)**

No interests were declared.

**4. Minutes of the Previous Meeting (AI 4)**

**RESOLVED**

**The minutes of the meeting held on 20 March were agreed as a correct record.**

**5. Amputation rates for diabetics (AI 5)**

Graham Bowen and Darryl Meeking included the following points in their presentation:

- Data validated by Public Health England shows a significant reduction in amputation rates for diabetics in Portsmouth: 48 between 2008 and 2011 and 36 between 2009 and 2012. A reduction from 2.3 to 1.3 per 1,000 adults.
- This is due to a number of factors including holding more multi-disciplinary foot clinics, changes to the referral system, six-monthly visits to GP surgeries, patient conferences, microbiological services, focussed treatment and management of demand and capacity.
- Providers are only commissioned to treat 5% foot health needs, so education is vital.
- As type 2 diabetes usually takes several years to develop, it is not common in children. However, Dr Meeking saw his first child with type 2 diabetes 12 years ago and since has seen several others.
- Poor lifestyle and diet are risk factors for diabetics as well as obesity and smoking.
- 5% of the general population have diabetes.

Janet Maxwell asked the panel to note that healthy eating is essential to prevent diabetes. The Good Food Partnership aims to improve nutrition and cooking skills. The council can make a difference with its influence on local businesses.

**RESOVLED that the good progress made be noted.**

**6. Vascular Services - update. (AI 6)**

Peter Mellor explained that four years ago outcomes for patients in the UK with vascular problems were not as good as in the rest of Europe. Consequently, the Vascular Society decided that this could be addressed by

centralising services. Local people in the NHS assumed that this would mean that small hospitals would no longer provide these services as it would not be sustainable e.g. Winchester and St Richards. However, NHS England (Wessex) interpreted this literally and proposed that all patients from Queen Alexandra Hospital's catchment area would be treated at Southampton General Hospital, despite both already providing high quality services. Portsmouth Hospital's NHS Trust (PHT) felt that this was not acceptable because evidence showed that some patients would die en route and there was no evidence that overall outcomes would improve. The Portsmouth HOSP and The News echoed these concerns.

Following a recent change in management, NHS England (Wessex) has adopted a more flexible approach and on 1 July agreed to a network solution which is acceptable to the two hospitals. This would involve clinicians from both hospitals continuing to hold regular multi-disciplinary team meetings to discuss complex cases and to transfer patients between the hospitals when the need arises. There is also the intention to hold joint training and research & development. The hospitals on the Isle of Wight, in Dorset and parts of West Sussex may also be involved.

In response to questions from the panel, he clarified the following points:

- Although PHT has a duty to provide services within an envelope of money, the outcomes are more important.
- Portsmouth and Southampton hospitals provide the best outcomes in Western Europe but the quality of services in the UK does vary.

The Chair noted that the network solution is in the best interests for the population in South Hampshire.

**RESOLVED that the update be noted.**

#### **7. Portsmouth Hospitals' NHS Trust update (AI 7)**

Peter Mellor introduced the report and in response to questions from the panel, clarified the following points:

- The name change from Accident & Emergency to Emergency Department (ED) was a national decision aimed at emphasising that it is for emergencies only. There have been several advertising campaigns to spread this message.
- To a certain extent, the ED at Queen Alexandra Hospital (QAH) has been a victim of its own success because people know that although they may have to wait for a while, they will be seen.
- The Emergency Care Centre is at the front of the ED and is where GPs carry out triage of attendees and either treat them, signpost them to more appropriate services or forward them to the ED. PHT is keen to see this service extended to open 24/7.
- A late night pharmacy is open in the city after 5pm until early morning, weekends and bank holidays.
- A recent survey of attendees showed that although most were registered with a GP, they had come directly to the ED.
- Expectations regarding medical care have changed; people now expect immediate care.

- The government wants all NHS institutions to become Foundation Trusts. Within next 12 months PHT will back on route to achieve this. This will not distract from providing quality care to local people.
- In order to improve transparency, on each ward the number of staff on duty against the number expected is shown. Service personnel are not included in these figures as they are required to be released at short notice.

**RESOLVED that the update be noted.**

**8. Care UK - update (AI 8)**

Joe Chadwick-Bell, Dr Tim Wright, Kim Dennis, Justin Cankalis and Wendy Parkinson introduced their services and in response to questions clarified the following points:

*Hampshire Doctors on Call.*

- More people now expect to see a GP out of hours. There are approximately 14,000 cases a month; 45% of which are in the Portsmouth area.
- The panel was invited to learn more about the Hampshire Doctors on Call Service by accompanying GPs.
- Local GPs are employed as they know what services are available. In a recent survey, GPs explained that the most common reason for not joining this service was the need to maintain a work-life balance and family commitments.
- Dependent on crime, how released. If no problem - straight out.

*Guildhall Walk Healthcare Centre (GWHC).*

- If a homeless person presents after 11.30pm and it would be detrimental to his health to return to the street, sometimes a hotel room is arranged for them.
- HopeHouse (formerly known as Mill House) is not always appropriate as it is a wet house where residents are permitted to drink alcohol.
- Sometimes people are released from prison on a Friday without their methodone; pathways are set up so the GWHC can prescribe small amounts.
- Benzones and strong pain relief are not prescribed.
- The GWHC is not allowed to market its services. Although marketing could help reduce inappropriate ED attendances.
- The panel was invited to visit the centre.
- There is a recovery lounge open at night nearby which deals with alcohol-induced problems.

*Nursing Home.*

Care UK also provides a nursing home for people with dementia.

The panel expressed concern about the apparent lack of short-term accommodation for homeless people who are ill but do not need to be admitted to hospital.

**RESOLVED that the report be noted.**

**9. St Mary's and St James' Hospital Service Review. (AI 9)**

Graham Bowen, Clive Shaw and Robert Steele introduced their report and in response to questions from the panel, clarified the following points:

- Mental health care services will remain unchanged at the St James' Hospital site. However, the support services in the main building will move.
- A number of drop-in sessions for staff have been held and there is a dedicated email provided for staff queries: [communications@solent](mailto:communications@solent). On 1 July an event was held for the public and another is planned for September.
- The Lowry Unit was decommissioned and its services will be provided in the community.
- Access to podiatry services will improve with more clinics which are open longer and more focus on education.
- Maintenance staff have already been flexed to fill voids.
- There will be no change to the number of clinical staff.
- Car parking provision is being reviewed at St Mary's Community Health Campus.

The panel requested that the increased parking requirement be addressed prior to the services being moved to St Mary's Community Health Campus.

**RESOLVED that the update be noted.**

**10. Solent NHS Foundation Trust - update. (AI 10)**

Judy Hillier introduced her report and in response to questions from the panel, clarified the following points:

- The staff awards are working well.
- People with mental health issues are risk assessed so that support can be offered in the community and admission to a ward is only a small part of their experience. Although medication is important, psychological, cognitive and social support is equally so.

The Chair commented that people with mental health issues sometimes end up in the justice system because they have not consistently taken their medication.

**RESOLVED that the update be noted.**

**11. Portsmouth Clinical Commissioning Group - update (AI 11)**

Dr Tim Wilkinson introduced his report and in response to questions from the panel, clarified the following points:

- All GP practices in the city offer same day appointments.
- The vast majority of patients are happy with the accessibility of their GPs.
- The CCG will look at how GPs can be supported in order to deal with the increased demand for their services.

- The contract for the Minor Injuries Treatment Centre is coming to and shortly. The services will be reviewed to ensure that the offer is viable before the contract goes out to tender for a minimum of five years.
- Patient groups tend to meet virtually nowadays.
- The CCG annual report is available on the website.
- New members are welcome to attend a briefing on how the NHS works.

**RESOLVED that the update be noted.**

**12. Director of Public Health - update (AI 12)**

Janet Maxwell introduced her report and in response to questions from members, clarified the following points:

- The content, presentation and social setting are important factors in improving school meals. The council is currently in discussions with contractors to identify how to improve quality with the aim of achieving the food for life catering gold standard mark.
- Increasing take up of regular physical exercise is key to improving health.
- Health staff work closely with other departments and are trained to participate at licensing and planning meetings. It is essential that the community also has the opportunity to have their say. The council is also looking at the location of play areas to ensure that children can reach them safely.
- Any front line service can refer to the hubs; equally people can self-refer. The outcomes will be monitored closely.
- More work will be carried out regarding education and prevention.
- Schools are encouraged to participate in the design of the offer in the Healthy Child Programme.
- The Portsmouth CCG commissions mental health services from Solent NHS Trust. The national guidance states that there should be 'no health without mental health.' Mental health is on a par with physical health.
- Creative and flexible solutions to help people have been introduced e.g. people have been helped to clear their lofts, which means that they can have insulation installed. As a consequence, they can afford to heat their homes more cheaply and their health benefits.

The formal meeting ended at 12.15 pm.

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 Councillor David Horne  
 Chair



# Agenda Item 6

Portsmouth Hospitals 

NHS Trust

**Ursula Ward MSc MA**  
Chief Executive

Trust Headquarters  
F Level, Queen Alexandra Hospital  
Southwick Hill Road  
Cosham  
PORTSMOUTH, PO6 3LY  
Tel: 023 9228 6770

Chair, Health Overview & Scrutiny Panel  
Customer, Community & Democratic Services  
Portsmouth City Council  
Civic Offices  
Guildhall Square  
Portsmouth  
PO1 2AL

17 September 2014

Dear Chair

## **Update letter from Portsmouth Hospitals NHS Trust**

I write to provide the Health Overview Scrutiny Panel with an update from Portsmouth Hospitals NHS Trust. My colleague Peter Mellor, Director for Corporate Affairs, will further expand upon these issues at the formal HOSP meeting on 7 October.

Members will be aware that we have recently faced some huge pressures on our emergency corridor, and you may have seen the press reporting about a surge in demand. Some days we have had over 400 attendances in our emergency department, when our capacity should be around 270 patients.

Despite local media reports we have not closed our Emergency Department to admissions, but urged people to choose well as we faced the unprecedented demand for our services. One day we peaked 30 patients in just one hour as patients were being 'blue lighted' in to our hospital by ambulance. To put this in context we usually receive between 10-12 patients an hour.

Patient safety is always our primary focus and we do everything we can to make sure patients are safely managed. We are being aided by colleagues right across the local healthcare system to ensure the demand on the Emergency Department is quickly resolved. What is clear is that demand on our services is continuing to rise and we must work well as a 'system' which includes ourselves, the Commissioners, GPs, Local Authorities and Community Providers.

Despite these pressures our patient focused care continues to flourish. The trust has seen an 11 per cent increase in the number of life-saving kidney transplants carried out in the last year. Recent figures published by NHS Blood and Transplant show the renal team at Queen Alexandra Hospital performed 87 kidney transplants between 1 April 2013 and 31 March 2014 – up from 78 last year. The Organ Donation and Transplantation Activity Report 2013/14 also shows the number of people waiting for a transplant in the Portsmouth area decreased from 235 in 2012/13 to 228 in 2013/14.

The hospital has also recently been rated as above average in a number of key areas following a patient-led inspection. The latest Patient-Led Assessments of the Care Environment (PLACE) report published by the Health and Social Care Information Centre (HSCIC), shows us scoring above the national average in three out of four categories.

PLACE covers four specific areas: cleanliness (including assessment of bathrooms, furniture, fixtures and fittings); food and hydration (including assessment of choice, taste, temperature and availability over 24 hours); privacy, dignity and wellbeing (including assessment of changing and waiting facilities, appropriate separation of single sex facilities, telephone access and appropriate patient clothing); and condition, appearance and maintenance (including assessment of decoration, signage, linen and car-parking access).

The inspectors gave the hospital trust a score of over 99 per cent for cleanliness, compared to a national average score of just over 97 per cent; 92 per cent for privacy, dignity and wellbeing, compared to a national average of 87 per cent; and 96 per cent for condition, appearance and maintenance, compared to a national average of just under 92 per cent. PLACE is now in its second year and aims to give the public a chance to assess a range of non-clinical services within the NHS and the assessment criteria represents aspects of the care environment which patients and the public have identified as important.

Members will be aware from previous updates that we take much pride in our research and development at the hospital. We have many patients involved in our clinical trials. The LASER trial – A breath of fresh air in Asthma is a National Institute for Health Research (NIHR) Health Technology Assessment (HTA) funded trial for patients with allergic asthma, recently featured on BBC South News. The LASER Trial will assess whether a new treatment device for patients with allergic asthma might help to reduce the frequency of asthma attacks. We are currently recruiting and asthma sufferers interested in taking part can find out more at [www.asthma-treatment.org.uk](http://www.asthma-treatment.org.uk).

We are also proud that an invention created here at Queen Alexandra Hospital has proved to be a life saver for our local population. A recent paper published in the acclaimed British Medical Journal (BMJ) shows that our death rates fell by more than 15% after nurses started using handheld computers instead of paper charts to record patients' vital signs.

The case study illustrates how our nurses record patients' blood pressure, pulse, oxygen levels and other indicators on handheld devices. Specialist software, called

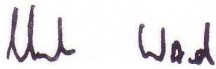
VitalPAC, automatically calculates if the patient is deteriorating. If so, the nurse is warned to increase the frequency of their monitoring of the patient and, in some cases, to alert a doctor or a rapid response team.

The introduction of the system was followed by a fall of almost 400 deaths among patients in one year at Queen Alexandra Hospital, Portsmouth, and a drop of more than 370 in the same period at University Hospital, Coventry, who also use our invention. The BMJ described the research as 'an important milestone' in improving patient safety and said the lowering of mortality 'represents a truly dramatic improvement'.

Further acclaim for our hospital teams is also shown in our shortlisting for several national Health Service Journal Awards. We have been highlighted in the peer review magazine as among the best for Acute sector innovation, Clinical research impact and Enhancing Care by Sharing Data and Information.

Finally, I hope that members of the HOSP received our flyer for the hospital Open Day which is on Saturday 4 October. This is now an annual event enjoyed by many hundreds of local people and their families. This year we have tours and visits around the hospital including Pathology, Endoscopy and the Mortuary. This allows our public to see behind the scenes of this large and complex organisation, and also to engage with us as the second biggest employer in the city.

Kind regards

A handwritten signature in dark ink, appearing to read 'Ursula Ward', written in a cursive style.

Ursula Ward MSc MA  
**Chief Executive**

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**HOSP Update**  
**7<sup>th</sup> October 2014**

## In our first year we have...

- **Service Directory:** created a single point of information for health and social care services, listing approx. **600** services.
- **Signposting:** assisted **1400** people to find local health and social care services in Portsmouth.
- **Community Engagement:** At 60 events, 21 of which targeted for under 21/over 65, disadvantaged or vulnerable people.
- **Volunteer Engagement:** Delivered **1730hrs** compared to the **300hrs** contractually required.

## In our first year we have...

- **Advocacy:** Provided full independent advocacy support for over 42 cases.
- **Trends in Complaints:** poor standards of care, failure to diagnose and refer, poor communication.
- **Website:** Seen a steady and significant increase from 2,048 visits in October to 9,384 at the end of March.
- **CQC:** In regular contact & organised Dementia review focus group as part of national survey.

## Our main priorities for 2014/15

Identified by Healthwatch Members and Board:

- Cancer Services
- Mental Health Services
- Medical Equipment
- Dementia

### Community Research Projects

- GP Services
- A&E Waiting Times





## The Future

- **Remaining Independent:** Discussions on an independent chairperson to strengthen the Board
- **Information:** Continue to build our single point of access for information, work more closely with GP's
- **Influence:** delivery and design of local services through the CCG & Health and Wellbeing Board
- **Giving a Voice:** Gather views and experiences of local people on the way services are delivered & work with other Healthwatch organisations to build a national picture.
- **Consumer Champion:** Continue to engage, inform and advocate for the public
- **Longer-term :** Looking beyond 2016 for HW to function as an independent organisation.



**Questions?**