

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 23 February 2016 at 9.30 am at The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor John Ferrett (Chair)
Councillor Phil Smith
Councillor Jennie Brent
Councillor Gemma New
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough Council
Councillor Peter Edgar, Gosport Borough Council
Councillor David Keast, Hampshire County Council
Councillor Mike Read, Winchester City Council

Also in Attendance

Hampshire & Isle of Wight Local Dentists Committee
Keith Percival, Honorary Secretary

Healthwatch Portsmouth
Patrick Fowler, Consultant

Portsmouth City Council
Barry Dickinson, Senior Commissioning Manager
Dr Janet Maxwell, Director of Public Health
Rachael Roberts, Service Manager
Justin Wallace-Cook, Assistant Head of Adult Social Care

Portsmouth Clinical Commissioning Group
Dr Tim Wilkinson, CCG Governing Board Chair

Portsmouth Hospitals' NHS Trust
Janice Cloud, Matron for outpatients and Phlebotomy
Alison Fitzsimons, General Manager
Peter Mellor, Director of Corporate Affairs and Business Development

Portsmouth Safeguarding Adult Board
Robert Templeton, Independent Chair

Solent NHS Trust
Sarah Austin, Chief Operating Officer & Commercial Director
Matthew Hall, Operations Director for Adult Mental Health
Mark Young, Senior Manager, Estates Team

8. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillor Brian Bayford and Councillor Alicia Denny.

9. Declarations of Members' Interests (AI 2)

Councillors Peter Edgar, Jennie Brent and Gwen Blackett each declared a personal interest as they are on the council of governors at Portsmouth Hospitals' NHS Trust.

10 Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 2 February 2016 be confirmed as a correct record.

Matters arising

Councillor Keast advised that the independent review of deaths of people with a learning disability or mental health problem in contact with Southern Health NHS Foundation Trust item had been discussed the day after the panel at the Hampshire HASC. A motion was put forward that the Chairman of Southern Health should resign, however this was not passed as it was pointed out that this does not fall within the committee's remit.

11 Portsmouth Safeguarding Adult Board - Annual Report (AI 4)

Robert Templeton, Chair of the Portsmouth Safeguarding Adults Board, and Rachael Roberts, Service Manager, introduced the report. Robert gave a short presentation on the work of the PSAB (a copy of the slides is attached to the minutes).

In response to questions the following points were clarified:

- People in police custody with suspected mental health issues are rarely diagnosed at the police station but are taken to 'places of safety' such as St James' Hospital. The Hampshire Liaison and Diversion Service support the police where there are suspected mental health issues with people in custody and the response time for this is very quick.
- The PSAB have different themes to focus where the board will consider whether this is an area to review and audit and if yes this will come back to the next meeting. Mental health is one of these themes.
- If there are concerns about people with limited mental capacity being mistreated the patients' GP and allocated social worker will become aware of this and review the plans in place. The CQC regulate care homes for people with mental health issues and review standards of the home.
- The PSAB are promoting the message that safeguarding is everyone's business and are looking to improve the dialogue between councillors, who are more aware of safeguarding issues in their wards, and the safeguarding team.

- There is a mechanism in place for advocacy groups to report to the PSAB.
- With regard to the quality of care services figures in the report, these were from March 2015 and this is one of the indicators of the PSAB. The CQC are getting more focussed about quality of care and the team have regular meetings with the CQC. Any homes where there are concerns will be regularly visited but the council does not have regulatory powers.
- Self-neglect is a key these for the PSAB and the team work closely with the Fire and Rescue Service and Housing Service. Their members of staff have all had safeguarding training so will let the team know if they discover as part of their role, people with safeguarding issues. Councillor Smith advised he is a member of the Hampshire Fire & Rescue Authority and gave his thanks to the work of the PSAB. He said the Fire & Rescue Authority are targeting work about home safety visits and are proactive on the PSAB.

Officers advised that the PSAB Strategic Plan would be ready for June and would bring an update to the HOSP in June.

RESOLVED that the PSAB Annual report be noted.

12 Adult Social Care update (AI 5)

Justin Wallace-Cook introduced the report. In response to questions the following matters were clarified:

- With regard to the new minimum wage resulting in increased costs of care and the anticipated shortfall despite the 2% increase in council tax, officers advised they were still working on the figures to see by how much they would be short. This is not easy to determine as they are awaiting information from some of the private providers. This information should shortly be available and Justin advised he would provide this for the panel.

Councillor Edgar thanked the ASC team for assisting the Independent Panel set up to review documentary evidence concerning care of families' relatives and subsequent investigations into their deaths in Gosport War Memorial Hospital. He felt this was a very important issue which needed to be resolved.

The panel congratulated the ASC team being ranked fourth overall for value for money out of all the councils in the UK that provide ASC services, and said this was a tremendous achievement.

RESOLVED that the Adult Social care update report be noted.

13 Solent NHS Trust - mental health, St James and Baytrees and Drug and Alcohol Detoxification Pathways in the City (AI 6)

The chair advised that he would be taking agenda items 6 & 7 together

Baytrees detoxification unit

The Chair advised that three deputations had been received for this item and invited David Southon, Sheila Walsh and Jane Muir to the table to make their representations.

David Southon's points included:

- The closure of Baytrees would cause a 'ripple' effect across the city causing increases in the number of deaths, people living on the streets and create additional pressures on QA Hospital.
- Clinical neglect not to have a 24 hour unit for people with complex needs.
- Only two services in England that deal with such a wide range of alcohol/drug related issues and the need for these services is increasing.

Jane Muir's points included:

- Concerned that if the centre closes, where the patients with complex issues will be transferred to.
- Passionately believes that there is a need for residential detox and people should be offered a choice of either residential or a community based programme as no 'one size fits all'.

Sheila Walsh's points included:

- She is a recovering alcoholic and Baytrees saved her life.
- Has been a patient, volunteer and now a full time worker at the centre and cannot understand why the closure is proposed.

The Chair thanked all those making their deputations and invited them to sit back in the gallery. Sarah Austin, Chief Operating Officer & Commercial Director at Solent NHS Trust and Barry Dickinson, Senior Commissioning Manager at Portsmouth City Council were then invited to the table to present their reports. Accompanying Sarah were Matthew Hall, Operations Director for Mental Health and Mark Young, Senior Manager for the Estates Team.

Sarah Austin advised that Baytrees provided an excellent service, not just to the city but to the wider area as well. The staff working there are exceptional as they are dual qualified and highly experienced. The report shows that despite that, the demand for the unit has changed and there are fewer referrals. Solent NHS Trust have looked at different options to try to make the unit viable, there has been some interest but not enough. For the unit to be viable it would need for 17 out of the 23 beds to be occupied consistently, and during Q2 on average 11 beds were occupied. It is losing approximately £500,000 a year due to unfilled beds. Currently only 7 beds are being used.

Barry Dickinson introduced his report on drug and alcohol detoxification pathways in the city. Dr Janet Maxwell, Director of Public Health, was invited to give a view as budget holder for the public health budget. She advised that the budget is under huge pressures. There is a rising need of people with complex drug and alcohol related issues therefore a more integrated approach was necessary. The team are looking to integrate housing, mental health and drug and alcohol services to bring this together in one place to

build a more robust service. This is a priority for the team and once tenders have been received a progress report will be brought back to the panel.

In response to questions the following points were clarified.

- There has been a significant reduction in the use of Baytrees as a result of increased choice for patients. There are other 24 hour providers in the area. There has also been an increase in the number of community and home detoxing which has proved very effective.
- With regard to the referral process, Barry advised that there is a full assessment process in place to decide on the best option for the patient and he was not aware of patients being referred inappropriately.
- None of the serious case reviews carried out for patients who have died whilst in the process of their detox treatment, have concluded that the location of their treatment was a factor.
- Alternative community arrangements were in Farlington, Bognor Regis, Basingstoke and two around Southampton. For more complex needs there is a residential centre in Weston-Super-Mare.
- In response to a question querying why Baytrees is not being used Barry advised that it is a complex picture. The model has changed and people are now using different facilities or choosing community based programmes.

With regard to the cost of the service, Sarah Austin explained that the cost of the service was competitive and she was not aware of any other service planning to move into the building. If another Solent service cannot use the building, options will be considered for the future use of the building however cost is not the driving force. Matthew Hall added that Baytrees was at the very top of the pyramid of delivery for providing 24 hour care for complex issues however because it provides very specialist care there will be less units covering wider geography.

The panel noted the excellent work the staff at Baytrees are doing. However the panel felt that there was no major change of service to refer this.

Mental health inpatient transformation scheme

Matthew Hall, Operations Director for Mental Health introduced the report and in response to questions clarified the following points:

- All bedrooms are en-suite, single bedrooms and meet the single sex requirements.

Portsmouth Community Care Estate Review - Phase 2

Mark Young, Senior Manager introduced the report and in response to questions clarified the following points:

- With regard to concerns that there will still not be enough parking available at St Mary's Hospital and people will therefore use residential streets to park, Mark advised that a transport assessment had been undertaken and the recommendation was to introduce measures including a multi-storey car park. The estates team are working closely with the council's planning officers with regard to the multi-storey car park planning application, and it is anticipated that local residents will be fully consulted.

RESOLVED that the Solent update report be noted.
RESOLVED that the drug and alcohol treatment pathways report be noted.

14 Portsmouth Hospitals' NHS Trust - update. (AI 8)

The report was introduced by Peter Mellor, Director of Corporate Affairs and Business Development and in response to questions the following matters were clarified:

- Concerns were raised about the loss of parking spaces outside of the Emergency Department. Peter explained that over the last 6-8 weeks there have been constant ambulances coming in to drop off patients. Therefore to protect the public walking in this area from the volume of traffic, the spaces have been cordoned off. This was not a permanent solution and Peter advised he would take the panel's concerns back to PHT.
- With regard to hospital discharges, Peter advised that PHT continue to work closely with healthcare partners to improve this. PHT are aware that both Portsmouth City Council and Hampshire County Council are under huge budgetary pressures which is not helping the situation and this is a significant problem. On 21 February there were 213 medically fit patients awaiting discharge, this had reduced to 163 by the end of 22 February. There is a commitment to reduce this number to 90 by the end of February.
- There is no intention that the paediatric unit at QAH will reduce due if Southampton Hospital's paediatric unit expands.
- PHT receives a financial penalty if ambulances are delayed. The NHS is under huge financial pressures and PHT are looking to make £32 million in savings. PHT are writing to commissioners to suggest suspending the fining regime and hope they will be removed from next year's contract.
- Peter Mellor said that the recent conversation with the commissioning officer at Hampshire County council had helped to understand the problems faced with hospital discharges and care packages and there is a meeting on 25 February to discuss this issue further.
- Chichester residents are entitled to come to QAH for treatment instead of Brighton and many patients already do, Ursula Ward is due to meet with her counterpart at Brighton hospital to discuss this.
- Approximately 40% of patients arriving by ambulance are either discharged before coming into QA or sent to their GP. Statistics are available and Peter advised he would arrange for these to be circulated to the panel. South Central Ambulance Service are also under huge pressures to meet their targets and there is regular dialogue with them.

The panel were delighted to see in the report about the apprenticeship scheme and congratulated PHT on receiving national recognition for this. They were also pleased that PHT are continuing to work with the armed forces.

ACTION

Peter Mellor to arrange for the statistics on the number of patients arriving at the Emergency Department by ambulance, who either discharged before coming in or referred to their GP, to be circulated to the panel.

RESOLVED that the PHT update report be noted.

15 Repatriation of Vectis Way (Phlebotomy) Blood Taking Clinic Proposal (AI 9)

Alison Fitzsimons, General Manager and Head of Professions for Clinical Support, and Janice Cloud, Matron for Outpatient's and Phlebotomy introduced the report.

The Chair thanked Alison and Janice for the offer of a visit to view the service, which had been arranged at the beginning of February; and apologised that this unfortunately had to be cancelled as members could no longer make the date.

The panel felt the proposal was sensible and would offer patients better choice.

RESOLVED that the report be noted.

16 Portsmouth Clinical Commissioning Group update (AI 10)

Dr Tim Wilkinson, Chair of the CCG Governing Board, introduced the report and in response to questions the following points were clarified:

- With regard to the Guildhall Walk consultation, Dr Wilkinson said he did not have the exact figures with him but several hundred responses to the consultation had been received along with two petitions. The CCG are taking independent advice on how to treat the petitions but suspected these would be treated as a single entity with the number of signatures reported to the CCG Governing Board on the 16th March.
- There is a national formula for calculating the estimated dementia diagnosis rate. The panel congratulated the CCG on leading the way on dementia diagnosis.

The chair noted that Dr Wilkinson is standing down as chair of the CCG Governing Board and that Dr Elizabeth Fellows is taking over the post in April. On behalf of the panel, he thanked Dr Wilkinson for all his work with the panel. Councillor Edgar wished to personally say thank you, as a long serving member of the panel, for the way Dr Wilkinson has co-operated with the panel and provided honest answers, which helped create a trust between Portsmouth CCG and the HOSP. This was endorsed by the rest of the panel.

RESOLVED that the CCG update report be noted.

17 Local Dentists' Committee - update. (AI 11)

Keith Percival, Honorary Secretary H&IOW LDC, introduced the report and in response to questions clarified the following points:

- With regard to the contract, Keith explained that pre 2006 dentists paid for the work they did. Under the 2006 contract, dentists are paid in units of dental activity and there are three bands of treatment plus an urgent band. The contract reform prototypes are based on capitation, activity and quality. Treatment is based on an oral health assessment and there is a drive to shift the patient focus from treatment to prevention.
- If people are struggling to find NHS dentists with spaces, they should contact NHS England Wessex.

Keith suggested that when the next LDC report is due to HOSP, the panel consider also inviting a representative from dental contracting NHS England (Wessex), the consultant dental public health and possibly the clinical director for salaried services. Keith advised he would liaise with the HOSP clerks with regards to providing contact details for these.

RESOLVED that the update from the Hampshire and Isle of Wight Local Dentists Committee be noted.

18 Healthwatch - update (AI 12)

Patrick Fowler, Healthwatch Portsmouth consultant, introduced the report and in response to questions clarified the following points:

- With regard to the mystery shopping work, Patrick explained that they have been looking at GP practices to identify good practice for access to appointments and the process for new patients registering. The team have been pretending to be new to the area and asking about the availability of appointments, what is required to register at a surgery and what ID is required. Various themes have emerged from this and the team will share this with practices and work with the CCG to involve the different Patient Participation Groups (PPGs) to ensure that good practice is shared and there is a consistent approach with GP's. Patrick advised he would share this report with the Panel.
- In response to questions about working with different minority communities, Patrick advised that Healthwatch works with local community organisations such as the British Red Cross and Portsmouth Race Equality Network Organisation (PRENO) as they are well placed to have contacts and know communities. Healthwatch are working with commissioners and providers to help people understand services available across the city.
- Healthwatch's response to the CCG's consultation on the Guildhall Walk walk-in service was submitted and this is available on their website and has also been circulated by email. The main themes in this focus on concerns over accessing the walk in centre if this moves to the St Mary's site and capacity of the site to manage increased demand.

ACTION

Patrick to circulate the Healthwatch report on the mystery shopping of GP practices when this is available.

RESOLVED that the Healthwatch update report be noted.

The formal meeting ended at 12.20 pm.

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Councillor John Ferrett
Chair