# HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 26 July 2016 at 9.30 am in the Conference Room A - Second Floor, Civic Offices

**Present**

Councillor Jennie Brent (Chair)
Councillor David Tompkins
Councillor Alicia Denny
Councillor Gemma New
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough Council
Councillor David Keast, Hampshire County Council
Councillor Mike Read, Winchester City Council
Councillor Elaine Tickell, East Hampshire District Council
Councillor Philip Raffaelli, Gosport Borough Council

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

The Chair welcomed everyone to the meeting and introductions were made.

There were no apologies for absence.

## 2. Declarations of Members' Interests (AI 2)

No interests were declared.

## 3. Minutes of the Previous Meeting (AI 3)

Councillor Raffaelli advised that he had been omitted from the list of attendees from the previous meeting.

**RESOLVED that the minutes of the meeting held on 21 June 2016 be agreed as a correct record, subject to the above correction.**

## 4. Systems Resilience Group's Plan (AI 4)

Innes Richens, Chief Operating Officer/Director of Adult Social Services, NHS Portsmouth CCG/Portsmouth City Council introduced his colleagues who were present for this item:

- Sarah Austin, Chief Operating Officer, Solent NHS Trust
- Sue Damarell-Kewell, Programme Director System Resilience Fareham and Gosport, Portsmouth and South Eastern Hampshire CCGs
- Sheila Roberts, Interim Chief Delivery Officer, Portsmouth, Fareham and Gosport and South Eastern Hampshire CCGs
- Angela Dryer, Deputy Director of Adult Social Services

- Ed Donald, Chief Operating Officer, PHT.

Innes advised that the SRG's plan details a wider set of actions across Portsmouth and SE Hants which is overseen by the members of the SRG. South Central Ambulance Service (SCAS) is also a critical partner however they were unable to send a representative today.

Sue Damarell-Kewell explained that the SRG's focus is on planning, information and delivery and looking at how organisations can all work together to deliver operational resilience. All leaders come together to monitor and performance manage programs. There are challenges around urgent care and the SRG are looking at helping people stay well for longer and managing conditions out of hospital e.g. caring for patients in their own homes.

Sheila Roberts added that SRG's have been around for a number of years and they are now focussing on interdependencies.

Innes then invited Ed Donald to update the panel on priorities for PHT. The hospital is on an improving trajectory and he was pleased to report that 76% of patients were admitted or discharged within 4 hours in April which increased to 82% at the end of June. Last week this reached 84% so the situation is continuing to steadily improve. There is still an issue with the number of ambulances arriving at the ED, although ambulance delays have reduced significantly. He advised that the panel may wish to follow this up with SCAS.

PHT are also making sure that patients see the most senior doctor and there is a 'pit stop' area at the front of the ED where patients are assessed. A pilot has been run and the average time for minor patients to be seen by a clinician was 50 minutes however, if the staffing was at correct levels this could be reduced to 15 minutes. With regard to an assessment and treatment plan, 100% of patients had received this within 60 minutes as part of the pilot.

With regard to the short stay pathway for patients, this has improved from 60% to 65% and for older population it has increased from 35% to 45%. A comprehensive geriatric assessment has been completed by Dr Ali Bartens. This started in January and 90% of patients now have received an assessment.

Sarah Austin and Angela Dryer were then invited to give the panel an update from the community providers' perspective. Sarah advised that there were three key areas of work:

1) Better services in community so that people with frailty do not have to be admitted to hospital;
2) A community team has been based at the ED at QAH, which is a combined Solent/Southern team, for some years. If a patient requires admission to hospital, staff will now complete a comprehensive geriatric assessment and following this Solent will follow the patient through the system to ensure they know what happens to their

patients. It is about making it possible for them to return home as the quicker they can get home more likely they are to be independent;

3) In-reach into wards by the community social care and health teams known as the discharge to assess model. This means that rather than leaving someone who is well in a bed while they are waiting to be discharged, the patients is either moved back home, moved into a community ward or into a care home, so that no patient is waiting in bed to be discharged for more than 24 hours if they are well enough to be discharged. This is a very big step forward. The discharge to assess model has started before Christmas and this now needs to be geared up further.

Angela Dryer advised that the discharge to assess contract with the provider for 24 hour care for up to two weeks went live in April and as a result long term admissions have fallen. Allowing patients back home is the best place to complete the assessment and identifies when patients will need assistance. This is based on capacity and currently this is manageable.

Angela advised that the other key change is that formerly care packages for patients were cancelled when they were admitted to hospital, which was a problem if the patient needed to be discharged quickly. The ASC team have now agreed with PHT that care packages will not be cancelled if a patient is admitted into hospital and the agency providing the package will still be paid.

In response to questions the following matters were clarified:

- Recruitment of staff across all partners is a problem however this is not unique to this area. The introduction of the living wage will impact the community providers.
- Visits by care providers are determined by individual need so can be up to four times a day. These are supported by nursing or therapy support.
- The SRG has shifted from firefighting to actively planning and the targets set are achievable.
- Some of the elements on the delivery plan are overdue. Money needs to be reorganised to ensure that funding is sustainable. Members of the SRG are looking at how to cover this in a more productive way rather than historically. Finances have not yet been agreed and PCCG is actively looking to recycle money.
- The plan for ED discharges for QA is to increase this to 85% and hold this at this level before increasing the target to 90% once know the changes have embedded and it is known that the improvements are sustainable.
- The key is to achieve the correct flow in the hospital and make sure that patients do not come through the ED unnecessarily. The discharge lounge is working well and use of this will be maximised. Ed advised though that staff at PHT recognised that the department is too small and PHT will be looking at plans to expand the ED department. The challenge of this will be obtaining capital to finance this.
- If a patient can walk off of an ambulance, they will not be put onto a trolley but into a wheelchair instead.

- The pilot scheme in the ED took place following the CQC report was published as the teams at the front door felt they could do better which was very positive. The level of the pilot cannot be sustained as the substantive staff are not in place. PHT are currently focusing on recruiting substantive staff over the next 6 months and it will take approximately two years for them to be fully trained.
- There are no longer 15 minute slots for nursing staff to visit patients in their homes as it is recognised that this is not practical to complete the tasks and also have a decent conversation with the patient. Most visits are 30 minutes long however it is not uncommon for visits to last an hour. Unfortunately the finances are not currently in place to allow for longer visits than 30 minutes. Angela also confirmed that for domiciliary care 15 minute visits only take place for welfare visits e.g. to pop in to check the person is well but for any personal care visits these are allocated a minimum of 30 minutes. Blended visits where two members of staff carry out personal care visits also take place if necessary, although both carers may not stay for the whole visit depending on what is needed.
- Ed Donald advised that the feedback from the CQC weekly assessments is verbal and at present they have not come back with any concerns to the approach PHT are taking to the improvements.
- Staff morale will be revisited and peer reviews of staff will take place over the next few months. It was agreed these results would be shared with the panel once available.
- Members commented that it would be helpful to see the trajectory to see how things have progressed and the targets aimed for. Sue advised that this data was available and could be circulated to the members along with the monthly updates.
- The challenge for the group is what can be done for the resources available. Innes advised that it would be sensible to bring this item back to the panel's next meeting and he would include details of savings targets.

<u>ACTIONS:</u>

- The SRG update for July and monthly updates going forward to be circulated to the panel.
- PHT to share the results of the peer review with the panel once these are available.
- Trajectory data and the dashboard data to be circulated to the panel.

**RESOLVED that the report be noted and an update on progress be brought back to the next meeting.**

**5. Solent NHS Trust - update (AI 5)**

Ellen McNicholas, Interim Chief Nurse introduced the report on behalf of Sarah Austin who had to leave the meeting after the previous item. Ellen explained that:

- A significant amount of work had taken place during the lead up to the CQC inspection and Solent are very proud of their staff. The quality summit and final report would be on 19 September and prior to this Solent will receive the report to comment on for to check for factual inaccuracies.
- Earlier this year, the vacancy rate was at 47% for nursing within Solent however recruitment has recently taken place and offers of employment are currently being made and this has reduced to 11%. It is anticipated by mid-end of September all vacancies will be filled.

In response to questions the following matters were clarified:

- With regard to the pressures on the Section 136 suites from the police, Ellen advised that Solent are doing best to ensure safe and effective service and working with police however there is a lack of resources nationally.
- The 136 suite in Portsmouth is one suite but is now separated into two rooms following a recent remodelling. Food is available to patients and they will be taken care of as it can be a lengthy process.
- There are 11 psychiatric intensive care beds which are predominately for Portsmouth residents who require them. Would not accept out of area patients unless there is a spare bed. Ellen said she did not have figures with her on the population of patients in the area requiring medical treatment and would arrange for this to be circulated to the panel after the meeting.
- One of the areas for improvement raised by the CQC was around substance misuse, particularly in the Southampton area. There are plans in place for the points raised following the CQC inspection, however until the report is received a proper action plan will not be able to be drawn up.
- Solent has no patients in Antelope House in Southampton so its temporary closure did not have a direct impact. However Solent are monitoring the situation carefully as it may cause a demand on beds in Portsmouth.
- There is a gap in the number of nurses, physios etc. to meet the needs but this is now being addressed. The University of Portsmouth will be running a nursing qualification from February 2017 with 110 places. This will help to reduce the gap in the numbers of nursing staff.
- The existing skills of staff that were previously based at Baytrees will be assessed to see whether they require any further training to be redeployed.
- There is a psychiatric liaison services which is run jointly by Southern Health and Solent NHS Trust based at QA hospital.

ACTION
Ellen to email to the panel figures on the population of patients in the area with mental health needs.

**RESOLVED that the update report be noted.**

**6. Portsmouth Hospitals' NHS Trust - update (AI 6)**

The Chair advised that a deputation request had been received for this item and invited Mr Jerry Brown to the table.

Mr Brown made a deputation about the provision of mental health services to PHT in the period between Solent Health reaching the end of their contract and the new contract with Southern Health commencing in September. The Chair thanked Mr Brown for his deputation.

Peter Mellor, Director of Corporate Affairs, was then invited to the table to present his report. In response to questions the following matters were clarified:

- Mental health patients are admitted to QAH if they have an acute injury that needs treatment and if staff think that the patient may also have a mental health issue they will refer them to Solent or Southern Health for an assessment.
- The Trust's budget is approximately £490m each year. Last year PHT were overspent by £23.5m which the NHS has rightly said is unacceptable. There is £14.6m transitional money available to assist however this money is given in arrears dependent on performance. The NHS has said they will not take into account the quarter 1 performance data to allow the changes to be embedded.
- Peter said that as he had not had sight of Mr Brown's deputation, he could not answer the points raised in this deputation but he could arrange for a response to be sent to Mr Brown which would also be shared with the panel.

ACTION

- The quarterly results that PHT send to the CQC to be circulated to the panel.
- That Peter Mellor arrange for a response to the points raised in Mr Brown's deputation to be sent to him and also circulated to the panel.

**RESOLVED that the update be noted.**

## 7. Mental Health Services Provision - particularly CAMHS. (AI 7)

The report was introduced by Stuart McDowell, Commissioning Project Manager, Integrated Commissioning Service and Sonia King, Better Care Centre Manager.

In response to questions the following matters were clarified:

- It is the team's intention to commission an early help service to support young people and to have clinics in seven of the senior schools in the city. These clinics will help sign post them to either ensure they receive follow up in a clinic or that they are sent directly to the CAMHS team.
- The Council offer training for school staff to recognise the signs of mental health issues and are offering self-harm intervention.
- Off the Record is currently funded by Portsmouth CCG until December 2016, it will then go out to tender for a similar service.

- There are a wide range of presenting conditions, anxiety is one of the main ones. The team hare a rota with Sussex, which covers Havant for self-harm but districts have different set-ups. There is also a shared learning Looked After Children team that covers the Isle of Wight, Gosport and Fareham.

**RESOLVED that the update be noted.**

**8. Portsmouth Safeguarding Adult Board Strategic Plan Update (AI 8)**

The report was introduced by Rachael Roberts, Service Manager and Robert Templeton, PSAB Chair. In response to questions the following matters were clarified:

- The PSAB meets quarterly and the sub groups undertake various pieces of work. The number of sub groups has been reviewed.
- Priorities for next year will be public awareness and quality and intelligence.

**RESOLVED that the update report be noted.**

**9. Adult Social Care - update (AI 9)**

The report was introduced by Angela Dryer, Deputy Director of Adult Services. In response to questions the following matters were clarified:

- The assessment form has now reduced from 18 pages to just four questions.
- The number of deprivation of liberty applications has doubled from 14/15 to 15/16 and is likely to increase further in 16/17.

ACTION

- It was agreed that a more in depth report on Deprivation of Liberty Safeguards come back to a future meeting.

**RESOLVED that the update be noted.**

**10. Southampton, Hampshire, Isle Of Wight and Portsmouth Health Overview and Scrutiny Panels Arrangements for Assessing Substantial Change in NHS Provision (revised June 2016) (AI 10)**

The Chair introduced this item. She advised that the purpose of this item is to agree the Framework for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) areas.

The document describes the actions and approach expected of relevant NHS bodies or relevant health services providers and local authorities with health scrutiny functions when proposals that may constitute substantial service change are being developed. It also outlines the principles that will underpin each parties' role and

responsibility.

The document is the fourth refresh of the 'Framework for Assessing Substantial Service Change' and updates the guidance relating to the key issues to be addressed by relevant NHS bodies or relevant health service providers when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.

**RESOLVED that the revised Framework for Assessing Substantial Service Change be approved.**

The meeting ended at 12.10 pm.

.....

Councillor Jennie Brent
Chair