

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 24 January 2017 at 9.30 am in The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Jennie Brent (Chair)
Councillor David Tompkins
Councillor Alicia Denny
Councillor Leo Madden
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough 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 asked members to introduce themselves for the benefit of those in the public gallery.

Apologies for absence were received from Councillor Gemma New.

2. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 6 December 2016 were agreed as a correct record.

4. Hampshire and Isle of Wight Sustainability and Transformation Plan (AI 4)

The Chair advised that a deputation request had been received from Mr Jerry Brown however as Mr Brown was unable to attend the meeting today, Councillor Luke Stubbs would be reading out his deputation. She invited Councillor Stubbs to read out the deputation and copies of this were circulated to the panel.

Mark Smith, STP Programme Director and Innes Richens, Chief Operating Officer introduced the Sustainability and Transformation Plan.

Mark summarised the case for change and said there are a number of challenging problems in Hampshire and the Isle of Wight including:

- Funding is outstripped by demand

- Workforce pressures
- Navigability of the system
- Too much variation across the area
- Pace of technological change
- The healthcare system is too reactive

He advised the STP's goal was to meet the many opportunities and challenges facing the local health and care system around the need to empower people to stay well and to provide safe, high quality, consistent and affordable health and care to everyone.

Mark then went on to explain the six core programmes and said that these would be delivered in an integrated way.

The STP is currently in the third phase which is implementation and the team are making sure it is ready to deliver and putting plans in place. There are two more boards of the STP in this financial year. At the February Board the resource planning will be completed. At the March board the programme and project delivery plan will be in place then this will move in earnest to delivery from 1 April 2017. There is a network of four Health and Wellbeing boards which the executive delivery group reports to.

Innes Richens added that the Portsmouth Blueprint and Health Care Portsmouth (HCP) are still relevant and remain the core plans for the city.

In response to questions, the following points were clarified:

- Financial provision had been made available for the new housing developments due in Hampshire and there is a sustainability transformation fund which the programme leads are currently bidding for. Resources should be in place by the March STP board. The figures within the STP are based on population modelling of new homes however there will be further financial implications as a result of the programmes. Innes Richens added that the NHS gets a settlement for growth however this does not meet the cost of delivering service. Part of the STP is how we live within the money available.
- With regard to the phrase on page 4 of the STP that 'people are empowered to take a responsibility for their own health and wellbeing' Mark advised that this was partly information about their own health and looking after their own health and wellbeing for example taking steps to avoid the exacerbation of conditions. It was also about tools including using digital tools to enable patients to have a dialogue with health to have some responsibility for their health. This would be through the NHS and also the voluntary sector to provide a wider backdrop of care, support groups and carers to support each other electronically. The trend of self-diagnosis using the internet is a good thing however it is not without risk as people can get the wrong message.
- One of the objectives of the STP is to release money from the acute sector to invest in primarily community services. This can only be achieved if the precise question of how the money is released. This

has been set as an aspiration and PHT, UHS and the Isle of Wight hospital are looking at this.

- The mental health alliance is working on the best way to provide mental health services. The number of people with mental health issues is increasing and the voluntary sector has a role to play as many of the mental health issues are caused by stress of debt, housing etc. This will help to take the burden from the NHS mental health services. Innes confirmed that some of the STP money would be invested in mental health services and this should help to reduce the waiting time for patients with mental health issues to be treated.
- The Panel raised concern about the relatively short timescale to close the £577m gap by 2020/21 and felt that it would be a challenge to get everything in place. Mark advised that this would be a challenge and they are putting pressure on to ensure this is met. In addition they also need to have conversations with partners and there needs to be movement around the STP to mobilise this to ensure this is more than just an academic exercise.
- With regard to managing risk, Mark said that the infrastructure and architecture of the plan is in place but the detail was now required. Conversations were happening locally with commissioners and providers and he was positive that good work was taking place. He said it was difficult to show tangible benefits however.
- The STP needs engagement and consultation. The public are stakeholders also need detailed construction on patient experience patient and carer voices will be feeding into reviews.
- One of the STP's cases for change is the fact that all councils are under budget pressures which will affect social care. Innes Richens said that there is no doubt there is a significant national issue for social care and he was pleased that this is now being recognised. The recent government decision to allow councils who provide social care to adults to increase their council tax by up to 2% has helped, but it does not go far enough. The Better Care Fund is looking at both NHS and social care resources collectively.
- The STP published on 21 October is a final document but does not specify any changes to service. Mark explained that the full detail of the £577m or the reduction in bed capacity was not yet known as more work is required. Innes added that it is an evolving document. It was anticipated that by the February Board all resource planning would be complete so there would be some minor revisions to the plan, but it would not significantly alter. The document would be consulted on again after February.
- Innes advised that the CCG's are drawing up a piece of engagement work which would seek feedback and implications. It was anticipated this would start in the next few months. If there is a significant part of the STP that suggests a change in service then this will be consulted on separately.

The panel agreed that it would be helpful to have the STP come to their meeting after March when it was hoped that more information on risk

management.

RESOLVED that the Hampshire and Isle of Wight Sustainability and Transformation Plan be noted and that this will return to HOSP after March 2017.

6. Deprivation of Liberty Safeguards update from Adult Social Care (AI 6)

Angela Dryer asked whether agenda items 5 and 6 could be heard in reverse order. The chair agreed to this.

Cher Brazier, AMHP/Dols Team Manager introduced the report. She referred to the Supreme Court decision last week and advised that a lot of work was required to work out what this will mean for Dols to ensure that this is delivered properly. Once officers have had time to assess the implications of this, there may be a need for the council to make a representation to government. Cher gave an example to the panel of how Dols has helped improve the situation for an elderly resident.

In response to questions the following points were clarified:

- When someone is placed in a care home, local authorities have a responsibility to place them in a home near to their family, even if this is in a different local authority area. However, families are now much more dispersed and a lot of families do not have a good relationship, therefore this can place more pressure on the local authority if there is no family support network. The team were always work to a person's wishes before they lose capacity. There had been two cases within the last month where the patients' family had not agreed with the decision so the team will work with the family to reach a solution that is agreeable to all parties if possible. If a patient does not have any family support, the team must pay for an independent advocate.
- Angela said that she was not confident that the service had enough money to manage the number of Dols assessments required. The government grant was given to local authorities based on the previous year's referral rate however as the numbers have risen significantly there will not be enough to cover the referrals for this year. Independent best interest assessors are expensive so ASC have trained all Approved Mental Health professionals to carry out these assessments and there is a rolling program in place for training other ASC staff. Cher added that the independent best interest assessors are only used for the care homes that Portsmouth City Council are the owners of.
- With regard waiting lists there are two types. Urgent referrals must be actioned within 7 days and standard referrals within 21 days. The figures in the report relate to standard referrals. There are currently no urgent referrals outstanding.
- Referral timelines are not being impacted by the discharge to assess initiative.

RESOLVED that the report be noted.

5. Adult Social Care Update (AI 5)

Angela Dryer, Deputy Director Adult Services introduced the report. With regard to the performance she explained that 969 questionnaires were sent to carers and 55% responded. The intention is to share the results of the survey with carers during Carers Week in June. With regard to the OPPD assessment service intervention, Angela advised that the first set of data will be available this month and suggested that a practical, on-screen demonstration could be brought to a future meeting as part of the ASC update to demonstrate how the new measures will work

In response to questions the following points were clarified:

- With regard to the learning disability service, the new services would start during the next 2-3 months.
- As of the beginning of January 2017, there was a full establishment of staff within the ASC hospital social work team. 2016 had been difficult with recruitment and getting the right quality of staff in place.
- There are sometimes cases where a patient refuses the care package offered to them. There is a particular challenge with domiciliary care packages, especially where double up care several times a day or specialist care is needed.
- The national carers survey was a national survey and therefore did not include a question on the carers centre. A decision was yet to be made on the carers centre and a review will be taking place on this before any decisions are made. A review of the Carers Service including the carers centre was recommended following the Peer Review.
- Councillor Raffaelli advised that Fareham and Gosport CCG had recently started having community health specialists accompanying the crews and said this was something that Portsmouth may wish to consider. Angela added that as part of the community independent services, occupational therapists are sent out to assess service users. The team are looking to have a quick response to people in community to reduce unnecessary hospital admissions.

The panel wished to pass on their congratulations to the Independence and Wellbeing Team for their excellent work. Angela said she would pass this onto the team. The collaboration of getting people out of hospital and the establishment of a 24-hour care at home service for up to two weeks has seen positive outcomes for people and their families as well as making a saving to the social care budget in the long run as number of admissions to care homes have reduced. Angela advised that she is looking to extend this service and there has been interest from other local authorities.

RESOLVED that the report be noted.

7. Substance Misuse Service Update. (AI 7)

Mike Taylor, Operations Director introduced the report and explained that in November 2016 the Society of St James was awarded the Integrated Substance Misuse and Housing contract from Portsmouth City Council.

In response to questions the following points were clarified:

- The refit is not sustainable. A minimum of £40,000 investment was needed to sustain this and this would be sought through grants.
- The Winter Beds Project was a very challenging project as funding was limited. There was originally provision for 28 beds however this was extended to 40 due to the number of people queuing for a bed. There was a zero tolerance approach to any poor behaviour as it jeopardises the scheme. There are three members of staff and one additional member of staff to help control. The project was due to cease on 12 March.
- The majority of service users were residents of Portsmouth aged between 30 and 50 years old, although there were a few migrants.
- Mike advised that he was not aware of service users being redirected from other local authority areas.
- The Portsmouth counselling service had open ended arrangements and there was a 50% DNA (did not attend) rate so there had been scope to reduce provision. There were now referrals to psychoactive one to one counselling.
- It was too early to know how successful the new service had been, this would not be known until the completion of 6 months. Mike said that the team were under pressure as there were a lot of people wanting to use the service, and it was hard to run the service under a reduced budget.
- The clinical team was spread throughout the team rather than under the Operations Director as suggested by the staff model.

RESOLVED that the report be noted.

The formal meeting ended at 11.40 am.

Councillor Jennie Brent
Chair