

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on
Tuesday, 7 March 2017 at 9.30am in the Guildhall.

Present

Councillor Jennie Brent (Chair)

David Tompkins

Leo Madden

Lynne Stagg

Gwen Blackett, Havant Borough Council

David Keast, Hampshire County Council

Mike Read, Winchester City Council

Elaine Tickell, East Hampshire District Council

Philip Raffaelli, Gosport Borough Council

1. Welcome and Apologies for Absence (AI 1)

Councillors Alicia Denny and Gemma New sent their apologies.

2. Declarations of Members' Interests (AI 2)

No interests were declared.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 24 January are a correct record

Matters Arising.

Item 4 - An update on the Hampshire and Isle of Wight Sustainability and Transformation Plan would come to the May meeting.

4. Director of Public Health - update (AI 4)

Dr Jason Horsley, Director of Public Health introduced his presentation and report and added that:

Public health deals with prevention and takes a population view of health.

Public health has been reinvented three times: the first looked infrastructure including water and sewage, the second identified the lifestyle factors that are causing problems. Until now interventions have been at an individual level by education. Generally, this has not been proved to be effective as generally people don't consider the health impact before making everyday decisions.

Now the need to change the environment has been recognised so that the healthy choice is the easy one.

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

Smoking

Stop smoking messages must be pitched carefully to the age range of the audience. Primary school pupils have not embedded their behaviours. Early-mid teens are more influenced by what's happening around them and generally don't place as much importance on their long term health. People become inured to messages that are designed to shock or scare. Reminding people how expensive it is to smoke can be effective.

Education is a relatively small element of the solution. Changing the accessibility of tobacco is more important. In Portsmouth, as in many other areas of the country, untaxed cigarettes are brought into the city, and this continues to make tobacco cheap and accessible. Work is ongoing to inform people that by buying it they are funding violent gangs. More meaningful fines are required to deter this crime.

It would be good to encourage non-smoking on NHS sites. New York and California have introduced bans within a radius of 15-20m of all public buildings. It is important to look at the council's policy alongside other public buildings.

The tobacco industry is good at finding good ways to advertise despite not being allowed to do so. The number of people smoking in films and on You Tube has increased.

Australia has seen a decrease in smoking thanks to plain packaging.

The national ban on smoking in public places has been very effective at making smoking sociably unacceptable.

Electronic Cigarettes

Public Health England guidance states that the emissions are 95% less harmful than those from normal cigarettes. However, studies of long term effects have not been carried out yet.

If every smoker switched to e-cigarettes, that would avoid a significant burden on health and improve health inequalities between the rich and the poor.

Some smokers mistakenly think that e-cigarettes are just as harmful.

There is no evidence that using e-cigarettes are a gateway to normal cigarettes.

There are concerns that:

- They are addictive.
- There is a risk that the increasing use may create a new social norm.
- The products are evolving. The safety profile was on the first generation ones. Newer products use higher temperatures to produce more vapour which increases combustion and possible emissions.
- There are many additives, and the health impacts of these are unknown.
- A child might not be able to differentiate between the two types of cigarettes.

Sheffield City Council's public health team promotes e-cigarettes above normal ones with the message: Don't start. If you do smoke, stop. If you can't stop, swap.

There are a range of aids available to help people stop smoking including nicotine replacement and medications that reduce the desire for nicotine.

Life Expectancy

In developed countries this has reached its peak. The focus is now on living healthily for as long as possible and reducing health inequalities between the rich and the poor.

He is working closely with the children's team to design an integrated 0-19 programme.

Education

It is important that pupils are taught to have enquiring minds, to ask questions, to have a healthy scepticism, to develop own opinions and to improve their resilience. There is a personal responsibility element for parents.

Screening levels

The low uptake of screening in deprived areas is a massive problem which will take generations and government policy to tackle.

There are many reasons for the poor take-up including language barriers and the logistics of making and attending the appointment when there are many children, transport issues and other hurdles to overcome.

NHS England delivers screening programmes but the director of public health has an oversight responsibility. He questions them on their plans to improve take up rates.

The economic outlook is improving in Portsmouth. We must ensure that there are employment opportunities for people in the most deprived area as employment is generally good for health.

His Role

His role is a joint appointment with Southampton City Council. Both cities have a relatively similar profile. He looks at how resources could be better used by sharing work between the cities.

He has regular meetings with the other Public Health Directors in the area to look at opportunities to work together.

Working with Developers

This is essential to improve public health. The council now works better with developers. It is important to strike a balance between not discouraging developments and public health considerations. Considering health in proposed developments must be more than a tick box exercise.

Residents need better access to green space.

The Sustainable Transformation Plan.

The STP is quite rightly ambitious.

He does not know if the proposals are achievable. Without extra investment, it will be a challenge to deliver the outcomes and savings.

Public Health and the NHS have different definitions of prevention; public health prefers to deal with issues before they become a problem, which is considered primary prevention. Health services often focus on secondary prevention – dealing with problems that have already started to stop them progressing. Investment historically has centred on secondary prevention services and less on primary.

Adult Gyms.

As a highly visible statement they are good, but he does not know the evidence base regarding how effective they are.

Members commented that many factors affect health including education, mental health issues, culture, your families' attitude to health, cheap alcohol and fast food availability.

5. Solent NHS Trust - Update on Falcon House/ Battenburg Clinic (AI 5)

Mark Paine, Transformation Manager introduced his report that was circulated with the agenda and in response to questions from members clarified the following points:

There are a number of parallel actions shown in the engagement plan.

This is an engagement not a full-blown consultation.

He took on board members' views that some of the questions were worded in order to elicit a certain response.

Service users will be asked to complete the survey at the reception desk when they come for their appointments. He accepted that extra support may be required. If they need the form translated this can be looked into.

The staff have close relationships with parents and carers.

The results of the recent audit of the car park are being analysed. Staff who park there display tokens in the windscreen. Approximately half of the cars in the car park do not have tokens displayed. They are looking at understanding its broader use.

In response to feedback from this engagement, some changes can be made to the service e.g. if clients prefer earlier or later appointments.

There are two drivers for this rationalisation: service integration and savings.

There are many cultural barriers to break down in order to change working practices. There can be resistance to doing things differently. A significant amount of work is already underway to open up the office environment and IT systems have been put in place to enable more flexible working.

The plans will be considered by the Senior Leadership Team at the end of March.

Action

It was agreed that a collation of the responses from the survey will be sent electronically to the panel in June 2017 to inform Members of service users views on the intended relocation of services to form a Better Care Centre at the Battenburg Clinic.

RESOLVED that the update be noted.

6. Solent/ NHSPS update on Phase 2 St James (AI 6)

Chris Box, Associate Director of Estates and Facilities and Geoff Lewis, Portsmouth Phase 2 Programme Manager, Solent NHS Trust and Nicola Booth, Senior Transaction Manager, NHS Property Services introduced the report that had been circulated with the agenda. In response to questions from the panel, clarified the following points:

Solent NHS Trust owns the entire St Mary's campus with the exception of Cotswold House and the Walk in Treatment Centre. A site ownership plan is attached to these minutes in appendix one.

Parking

A planning application for a new multi-storey car park at St Mary's hospital was registered in January 2015, accompanied with a detailed travel survey of usage at St Mary's. The Highways Authority commented on the application, and noted a number of areas where further supporting information was required.

Solent then commissioned a Transport Assessment and Travel Plan to address the issues raised.

This was conducted over the summer and autumn of 2015. Discussions continued in to 2016 with the planning officer and Highways Authority, culminating in statement that the application would be recommended for refusal on a number of grounds, most significantly that it was counter to the National Planning Policy Framework and a number of policies within the Portsmouth Plan. As a result, the application was formally withdrawn.

In parallel the trust worked hard to come with an alternative approach to address the immediate parking problems at St Mary's. These included the introduction of Automatic Number Plate Recognition (ANPR) parking controls, and the provision of additional off-site parking within walking distance, for staff.

These measures generated a significant improvement to the parking situation at the site. For phase 2 it is proposed to provide further off-site parking within walking distance to address the additional demand arising from Phase 2. Discussions are underway with Portsmouth Football Club about spaces at its site which is a 10 minutes' walk from St Mary's Health Care Campus.

Members commented that it is a 20-25 walk from Portsmouth Football Club to the St Mary's site.

The map attached to these minutes as appendix one shows the route from the car park entrance to the St Mary's entrance is 0.5m or a 10 minute walk.

Over the last 12 to 18 months the capital requirement has been refined to remove the multi-storey car park. If a planning application for the car park were to be resubmitted, the capital requirement would need to be re-evaluated. This would necessarily cause a significant delay, and may compromise scheme approval completely as the capital sum required for the car park is no longer factored in to the proposals.

Notwithstanding this, the current arrangements are working well, and have the ability to flex to accommodate increased demand associated with Phase 2.

The Limes and The Orchards

These services will remain on the site and are dependent on the infrastructure including ICT, water, waste and power.

Valuation.

The Property at St James' Site has not yet been valued.

Junior Drs Mess Relocation

Enquires are on-going into the availability of a suitable residential property close to the site to provide alternative accommodation for the Junior Doctors. The panel was reminded that the development of the site will mean more houses for the city.

Baytrees

Solent is in discussion with the council and Southern Health Foundation Trust to explore all the options for the future use of this site.

The current facility provided a substance misuse rehabilitation clinical service for between 10 and 14 patients.

Clinical staff have advised there is an issue with the line of sight for nurses within the current layout if it were to be considered for mental health use.

The interim care facility that was suggested by the panel had not been explored. It is unlikely that Baytrees would be suitable as it has limited space on the ground floor.

Actions

It was agreed that the following information would come to the next meeting:

- The outcome of Solent NHS Trust's consideration as to whether it will resubmit a planning application for the construction of a multi storey car park
- A list of services that have moved/ will be moved from the St James' Hospital site.

RESOLVED that an update be brought to the next meeting.

7. Portsmouth Hospitals Trust - Update (AI 7)

Members asked that the following questions be put to Portsmouth Hospitals' NHS Trust and that a further update be brought to the next meeting:

- What is the annual bill for agency staff?
- Has the forecast year end deficit changed since the update was written?

The panel congratulated PHT for the many awards that it had won.

RESOLVED that the update be deferred to the next meeting.

8. Portsmouth Clinical Commissioning Group - Update (AI 8)

Dr Elizabeth Fellowes, Chair of the Portsmouth Clinical Commissioning Group (CCG) Board introduced her report that had been published with the agenda and added that:

The merger between Derby Road Group Practice and Portsdown Group Practice is on hold.

The Milton Park Surgery is due to move to Cotswold House St Mary's Community Health campus next week.

In response to questions from the panel, she and Suzannah Rosenberg, Director of Quality & Commissioning, Integrated Commissioning clarified the following points:

The Chair of Healthwatch Portsmouth had been involved in the engagement.

Several hundred responses have been received.

The Sustainability Transformation Plan (STP) enables the CCG to work more closely with neighbours and to help support communities better. It has refocused the health service to achieve what they were striving for. If no changes were made, they would not be able to deliver care. The Local delivery system, Portsmouth, Fareham, Gosport and South East Hampshire CCGs, Solent NHS Trust, Southern Health and Portsmouth Hospitals' NHS Trust work closely together.

The merger of Derby Road Surgery and Portsdown Group Practice is on hold not the move. More support is available for staff. The CCG is more facilitative but it can be difficult as GP surgeries are separate businesses.

Veterans who have been injured in service have priority at a clinical level. Solent NHS Trust is on board with the Covenant. Information about whether a patient is a veteran is captured on the referral forms. The CCG works with the Veterans Outreach Support.

Actions

It was agreed that further updates on the STP be brought to the HOSP as soon as they are available.

RESOLVED that the update be noted.

9. St Mary's NHS Treatment Centre Update (AI 9)

Deb Jeavons-Fellows, Operational Manager and Penny Daniels, Hospital Director introduced their presentation that had been circulated with the agenda and in response to questions, clarified the following points:

There has been an increase of between 15 and 60 patients a day since the closure of the walk in service at Guildhall Walk, which is lower than anticipated. They did not know if there was a link between this and the high attendance rates at the Emergency Department at QA. However, as most service users live nearby, it is unlikely that they would go past it and onto the hospital in Cosham.

If unregistered patients attend the Guildhall Walk Healthcare Centre, they are registered and seen that day.

The 66% increase in the volume of St Mary's Treatment Centre (SMTC) patients who are not registered with a CC would include homeless people.

Leaflets with information on the SMTC facility were delivered to 90,000 households in the immediate area in December.

There will be an open day on 17 June 10-4pm which will showcase all the services on offer with guided tours, speakers and refreshments. They are looking into arranging for the parking to be reimbursed.

A nurse practitioner sees patients before they sign in. This is not classed as a triage service as they are not fully assessed.

The SMTC no longer offer diabetic retinopathy services as it was not successful in the tendering process.

RESOLVED that the update be noted.

The formal meeting ended at 12.15 pm.

Councillor Jennie Brent
Chair