

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. 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