

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Thursday 13 June 2013 at 9:30am.

### **Present**

#### Portsmouth members

Councillors Peter Eddis (chair)  
Margaret Adair  
Margaret Foster  
Jacqui Hancock  
David Horne (vice chair)  
Mike Park

#### Co-opted members

Councillors Gwen Blackett  
Keith Evans

### **Also in attendance**

#### Portsmouth Hospitals' NHS Trust.

Gill Walton, Director of Midwifery  
Allison Stratford, Associate Director of Communications and Engagement

#### South Central Ambulance Service.

Neil Cook, Area Manager Portsmouth and South East Hampshire.

#### Solent NHS Trust

Judy Hillier, Director of Nursing and Quality  
Denise Matten, Clinical Director of Specialist Dental Services.

#### Portsmouth Clinical Commissioning Group.

Dr Jim Hogan, Clinical Lead and Chief Clinical Officer  
Innes Richens, Chief Operating Officer.

#### Care Quality Commission

Catherine Campbell, Compliance Manager (Portsmouth)

#### Portsmouth City Council

Jackie Charlesworth, Senior Programme Manager  
Justin Wallace-Cook, Assistant Head of Adult Social Care

25. **Welcome and Apologies for Absence (AI 1)**  
Councillors Peter Edgar and Dorothy Denston sent their apologies.
26. **Members' Interests (AI 2)**  
No interests were declared.

27. **Minutes from the Meeting held on 14 March 2013 (AI 3)**  
**RESOLVED that the minutes of the meeting held on 14 March 2013 be confirmed as a correct record and be signed by the chair.**

28. **Maternity Update (AI 4).**

Gill Walton, Director of Midwifery, Portsmouth Hospitals NHS Trust presented her report that had been circulated with the agenda and in response to questions from the panel, the following points were clarified:

- Three midwifery PHD students have recently been appointed.
- Although efficiency savings are sought, staffing levels have not been reduced. There has been more joint working with partners.
- Income for the maternity service has increased.
- Outcomes have improved.
- National research has shown that home births are cheaper and carry more likelihood of a normal delivery than at the hospital.
- Will continue to deliver more services at the Portsmouth Maternity Centre at St Mary's Hospital.
- Mothers-to-bes' future needs are identified at ante-natal appointments and individual care packages are designed with the involvement of GPs and social services as required.
- Health visitors and midwives provide more support to vulnerable women including home visits.
- Joint clinics are run in children's centres.

The panel commented that it had recently visited the service and had been very impressed.

**REVOLVED that the update on Portsmouth Hospitals NHST Trust maternity service be noted.**

#### Actions

Health Visitors and GPs be invited to a future meeting to discuss the arrangements in place to ensure that vulnerable mothers who miss appointments are followed up.

29. **South Central Ambulance Service NHS Foundation Trust Update (AI 5).**

Neil Cook, Area Manager Portsmouth and South East Hampshire presented his report that had been circulated with the agenda and in response to questions from the panel, the following points were clarified:

#### 111 Service.

- South Central Ambulance Service (SCAS) provides the training for the call centre staff.
- Care UK is responsible for the out of hours element of the service.
- GP appointments are not booked for out of hours or daytime callers in Hampshire but this is being considered from the out of hours service and maybe other surgeries in the future.
- The service is working very well in Hampshire and SCAS is advising other areas on how to improve.

- Following a big recruitment drive in October last year, current staffing levels are good.
- Calls peak in the mornings and at weekends.
- The increase in demand for the service co-incided with winter when would normally see an increase.
- The campaign to reduce the number of inappropriate calls to the 999 service has led to an increase in demand for the 111 service. This should read; SCAS has experienced an uplift in 999 calls which have been associated the introduction of the 111 service however our misuse campaign led to an initial increase and is possibly the reaction of the public to a new service.

#### Standby Points.

- Ambulances are based in standby points to cover Hayling Island.
- The service is currently seeking 10-12 standby points in Hampshire.
- The Ambulance Service has yet to speak to the Seafront Manager regarding the standby point by the lifeguard station at the seafront. The life guards' contract is now managed by the RNLI.

#### Ambulance Stations.

- The South East Hampshire Resource Centre in North Harbour on Western Road is due to be completed in the Autumn. The panel was invited to visit.
- The Portsea station was sold approximately six months ago; performance in this area still as high as ever.

#### Community Responders

- A Community First Responder is a trained volunteer available to be dispatched by an ambulance control centre to attend medical emergencies in their local area to support patients until the ambulance arrives.
- The training (provided by the ambulance service) covers the use of defibrillator, oxygen therapy, full resuscitation and first aid.
- Two or three kits are shared between each area's group.
- Community responders are especially important in rural areas where ambulance response times tend to be longer than in urban areas.
- Community responders are not sent to road traffic accidents or alcohol-related incidents.
- The ambulance service manages the groups and has 4-5 trainers.
- There are 600 volunteers in Hampshire. Recruitment is steady.
- Training is updated annually.

The ambulance service also works with nursing homes and shopping centres to ensure that staff have defibrillators on site and are fully trained.

**RESOLVED that South Central Ambulance Service NHS Foundation Trust's update be noted.**

### Actions

- Mr. Cook to check whether 111 day staff can book GP appointments for callers.
- Visit to the ambulance station in North Harbour to be arranged when completed.

### **30. Solent NHS Trust Update (AI 6).**

Judy Hillier, Director of Nursing and Quality and Denise Matten, Clinical Director of Specialist Dental Services presented their report that had been circulated with the agenda and in response to questions from the panel, the following points were clarified:

- Solent NHS Trust provides community and mental health services in Portsmouth Southampton and parts of Hampshire regarding substance misuse, specialised dentistry and sexual health.
- Governors are sought to join the board which meets at various locations in Portsmouth and Southampton.
- The Community Assessment Lounge deals with patients who do not require admission but who need more attention to ensure that they are sent home with the appropriate support e.g. a care package or equipment.
- Generally people are more aware of the risks of substance misuse. The service carries out a lot of work in schools with the police on this issue and teenage pregnancy.
- The cost improvement programme will continue over the next five years. A lot of work is being carried out to encourage mobile working and releasing time to care. Currently have a small surplus and plan to have next year, as is required of a Foundation Trust. Assessments of all proposed efficiency measures are carried in terms of potential risk, quality and impact on staff, patients and relatives. The strategic overview is essential.
- The Grove Unit is at full capacity and is working well to its specifications. Ms. Hillier receives a weekly update on the unit.
- The podiatry service pilot in Southampton will be extended out to Portsmouth. The Single Point of Access is working well and will be phased in gradually for all services. It is hoped that this will be available 24/7 in time. The concerns raised by the panel with regard to how elderly and vulnerable service users will access will be fed back to the appropriate team.
- The specialised dental service caters for people who may be vulnerable because they have learning difficulties or are immune-compromised patients. The dentists can offer sedation or anaesthesia via IV or inhalation.
- Solent works closely with stakeholders including school nurses, GPs, medical visitors and learning disability services.
- After an initial assessment, patients will be treated or referred to a community dentist.
- The dental helpline facilitates access to dental care.
- There is an adequate supply of NHS dentists in the city.
- The commissioners decided to close the dental practice in Lake

Road.

- The Grove Unit fulfills a slightly different need than the Spinnaker Ward.
- Community equipment with a value of less than £30 cannot be returned to the provider because the costs of collection, cleaning and carrying out safety checks would not be covered by reselling it.

The panel suggested that it might be possible for the providers to receive the equipment and then sell it for scrap.

**RESOLVED that Solent NHS Trust's update be noted.**

Actions.

- The panel's concerns regarding the return of community equipment will be fed back to the providers.
- A response to members' concerns regarding elderly and vulnerable service users having to book future appointments themselves will be given to the panel.
- The results of a review into the effect of community places including the Grove Unit on admissions to the Emergency Department will be brought to a future meeting.

**31. Portsmouth Clinical Commissioning Group Update (AI 7).**

Dr Jim Hogan, Clinical Lead and Chief Clinical Officer presented his report that had been circulated with the agenda and in response to questions from the panel, the following points were clarified:

- Responsibility for public health (the prevention agenda) has been transferred to the local authority. GPs, pharmacies, dentistry, ophthalmology have moved to the Local Area Team.
- The two main areas of focus for the CCG are: medicine for elderly people and redesigning the emergency department.
- The Emergency Department (ED) was designed to cater for 270 attendances a day. It now regularly sees over 300 people per day.
- There has been a national increase in ED attendances of between 7and10%, locally it has been around 7% - and this increase started several months before the introduction of the 111 service.
- During the day (08:30-18:30) an advice only service is provided. GP appointments cannot be made directly for callers.
- At night, callers can be transferred to the GP out-of-hours service or can be made an immediate appointment.
- The 111 service is working better in Portsmouth than elsewhere in the country.
- The 999 and 111 service work on different systems in the same building. The management of the two systems is being reviewed.
- Callers to the GP out of hours service are advised to call 111.
- Ambulances are dispatched before 999 calls are completed because the service is driven by response times.
- There are high numbers of ED attendances; however the fact that there has not been a subsequent increase in ED admissions, suggest that these

are inappropriate attendances.

- Analysis shows that younger people are more likely to attend the ED.
- The Guildhall Walk GP surgery has dealt with a previously unmet need.
- The ED is not very good at managing primary care and children. The staff feel responsible for the patients and reluctant to send them away to a more appropriate treatment centre. In the past, patients have declined offers of taxis to treatment centres. Under the new plans, GP appointments will be made for patients with minor ailments so that they can be sent away.
- The community assessment lounge will still be required.
- The CCG has recently funded an extension to a telehealth care pilot so that a further 400 patients can benefit. The results will be reviewed.
- The cost per person seen at the St Mary's Treatment Unit was requested and are shown in appendix one.
- The out of hours service will be reviewed shortly.
- Havant is part of the SE Hants CCG's area.
- The CCG offered to be involved in the maternity service update that will be given to the panel.

**RESOLVED that Portsmouth Clinical Commissioning Group's update be noted.**

Actions.

- The cost of treatment at St Mary's Minor Injuries Treatment Centre per person will be provided to the panel (
- The results of the out of hours service will be brought to a future meeting.
- The CCG will be invited to participate in the maternity services update that will be brought to a future meeting.

**32. Care Quality Commission (AI 8).**

Catherine Campbell, Compliance Manager (Portsmouth) presented her report that had been circulated with the agenda and in response to questions from the panel, the following points were clarified:

- The CQC is funded by the Department of Health but is an arms-length body.
- Additional funds were made available to the Commission this year.
- A large recruitment drive for inspectors was carried out over the last 18 months.
- Most inspections are unannounced. Inspectors decide on 5-6 regulations that they will focus on; however on the day they can gather information on others if required.
- The gravity of any non-compliance of a standard is determined by how many people are affected, the level of risk and the outcome area.
- Judgments on compliance are made by evidence collected through observations of care, review of documentation and talking to service users and their families. People may speak to inspectors after the visit if they prefer.
- Hospitals (NHS and independent), domiciliary care agencies, GPs, dentists, ambulance service (NHS and independent), nursing and care

- homes (private and local authority run nursing/ care homes) are inspected.
- The CQC welcomes information and concerns about premises which inform its work. There are several ways in which people can get in contact: by calling 03000 61 61 61; emailing [Enquiries@cqc.org.uk](mailto:Enquiries@cqc.org.uk); or completing a form online at <http://www.cqc.org.uk/contact-us>;
- The CQC has good links with adult social care.

Councillor Jacqui Hancock expressed concern regarding the risk of patients deconditioning during hospital stays and the support given at mealtimes at Queen Alexandra Hospital, Cosham.

#### Actions.

Links to the following information will be sent to the panel:

1. The CQC's response to the Francis Inquiry.
  2. The Business Plan.
  3. The Voices into Action section of the CQC website.
- Concerns raised by the panel regarding assistance given to patients during meal times will be fed back to the inspections team to see if future inspections could include this area.
  - Any further questions that the panel may have can be sent to the CQC.

**RESOLVED that the Care Quality Commission's update be noted.**

(Councillor Evans left the meeting).

### **33. Project Closure Report: Re-provision of Exbury Ward, St James' Hospital (AI 9).**

Councillor Eddis presented the report that had been circulated with the agenda. Mr. Richens explained that the process had been exceptionally well carried out with minimal impact on the patients. The good practice will be used to inform the planning of future projects.

In response to a question from the panel, Mr. Richens explained that there would have been places at Harry Sotnick House for all the residents if that had been a suitable location.

**RESOLVED that the update on the re-provision of Exbury Ward be noted.**

### **34. Adult Social Care Update (AI 10).**

Justin Wallace-Cook, Assistant Head of Adult Social Care presented his report that had been circulated with the agenda and in response to questions from the panel, the following points were clarified:

- The number of posts has been reduced by 50- only 6 were compulsory redundancy. Out of 600-700 staff.
- Increased number of older people requiring assistance. National trend. More dementia. One of the biggest pressures.
- If the pilot identifies a requirement for more premises of that type, will look into where that could be accommodated.
- More pressure for early discharge from hospital, where appropriate.

- Caroline Lodge changed name to Caroline Square by the landlord Housing 21 used to be court.
- Organising visits of the show flat for ward councillors.
- Personal Health Budgets - update in your regular update.
- Concern regarding potential abuse. More choice and control for the individual.  
ASC to CHC. Now under ASC makes transition easier.
- Safeguards in place against fraud.

**RESOLVED that Adult Social Care's update be noted.**

**35. Possible Repatriation of Plastics from St Richard's Hospital, Chichester (AI 11).**

Allison Stratford, Associate Director of Communications and Engagement presented her report that had been circulated in advance of the meeting and informed the panel that a similar report will be considered by West Sussex County Council's Health and Adult Social Care Select Committee on 26 June.

**RESOLVED that the update be noted.**

**36. New Ways of Working (AI 12).**

The panel felt that most organisations did not need to report updates more than twice a year; however service changes would still need to be reported within adequate time for the panel to consider them.

**RESOLVED that:**

- 1. The proposed work programme be adopted.**
- 2. The overview meetings be held on 17 October 2013 and 16 January 2014.**
- 3. The dates of the review meetings will be set as part of the scoping documents.**

Action.

The work programme will be updated regarding the frequency of reports.

**37. Framework for Assessing Change (AI 13).**

**RESOLVED that the framework for assessing significant developments or substantial variations be noted.**

The meeting concluded at 13:05.

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Councillor Peter Eddis  
Chair, Health Overview & Scrutiny Panel



**Appendix One.**

The cost per patient at St Mary's Minor Injuries Treatment Unit.

<b>Type of attendance.</b>	<b>Cost.</b>
Minor Injuries	£58.16
Walk Ins	£36.74