

## **HEALTH OVERVIEW & SCRUTINY PANEL**

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room B, Portsmouth Civic Offices on Wednesday 10 June 2009 at 2.00 pm.

### **Present**

Councillors David Horne (Chairman)  
Margaret Adair  
David Stephen Butler  
Robin Sparshatt

### **Co-opted Members**

Councillors Dorothy Denston  
Peter Edgar (joined the meeting at item 7(ii))  
Andrew Lenaghan  
Vicky Weston

### **Also in Attendance**

Katie Benton, Scrutiny Support Officer,  
Portsmouth City Council  
Rob Dalton, Director of Corporate Affairs,  
Portsmouth City Teaching Primary Care Trust (PCT)  
Jock McLees, Chairman,  
Portsmouth Local Involvement Network (LINK)  
Timothy Robinson, Head of Public & Patient Involvement,  
Portsmouth Hospitals Trust  
Ann Thwaites, Senior Commissioning Manager,  
Portsmouth City PCT  
Victor Vine, Portsmouth LINK Officer,  
HAP UK

## **26 Apologies for Absence (AI 1)**

Councillors Jacqui Hancock and Margaret Foster from Portsmouth and Councillor Brian Bayford from Fareham sent their apologies.

The new chairman Councillor David Horne then extended welcome to all members both old and new of the Health Overview & Scrutiny Panel. The Chairman explained that we welcome back from Portsmouth:

- Councillor Butler who remains on the Panel but is now chairman of Governance & Audit,;
- Councillor Jacqui Hancock;
- Councillor Margaret Foster.

The Chairman also welcomed new members:

- Councillor Margaret Adair, who joins the Panel as Vice-Chair;
- Councillor Robin Sparshatt.

The members who have left the Panel include:

- Councillor Lee Mason, who is now chair of the Housing & Social Care Scrutiny Panel;
- Councillor Eleanor Scott, who is now Cabinet Member for the Environment Portfolio.

From the co-opted members we welcomed back:

- Councillor Dorothy Denston;
- Councillor Peter Edgar;
- Councillor Vicki Weston.

The Chairman then welcomed new members:

- Councillor Brian Bayford who replaces Councillor Keith Evans who is now on the Executive at Fareham Borough Council;
- Councillor Andrew Lenaghan, who is in rotation with Councillor Gwen Blackett from Havant Borough Council.

The Panel noted the news that Councillor Dennis Wright has not been re-elected to Hampshire County Council, and therefore the Panel await notification of a new co-optee.

### **POST MEETING NOTE**

Several letters of thanks to outgoing Chairman Councillor Butler were received from the Chairman and Chief Executive of local Health Trusts to thank him for his work Chairing the Health Overview & Scrutiny Panel over the past three years.

### **27 Declarations of Interest (AI 2)**

There were no declarations of interest.

### **28 Appointment of Chairman/Vice-Chairman for the Municipal Year 2009/10 (AI 3)**

The chairman explained that Councillor David Horne had been appointed chairman and Councillor Margaret Adair appointed vice-chairman of the Health Overview & Scrutiny Panel for this municipal year.

### **29 Minutes of the Meeting held on the 15 April 2009 (AI 4)**

**RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 15 April 2009 are confirmed as a correct record.**

There were no matters arising from the minutes of the 15 April 2009 meeting.

### **30 Scrutiny Reviews (AI 5)**

- (i) The HOSP then heard a summary of the Hyperbaric Medicine Unit Scrutiny Review from the Chairman of the Panel.

(TAKE IN REPORT)

The Panel heard:

- That on 16 September 2008 the Health Overview & Scrutiny Panel identified this topic as a high priority for review. At its meeting on 1 December 2008 it agreed the project brief and began the Hyperbaric Medicine Unit Scrutiny Review.

- That the main aim of this review was to understand the reasons for the closure of two local hyperbaric medicine units and to review the options available to the local area for a new hyperbaric medicine unit operated by QinetiQ. The Panel now understand that one of the two units closing will be moved to St Richard's Hospital in Chichester.
- That the review started in December 2008 and was completed in April 2009. The Panel received evidence from a number of sources including Portsmouth Hospitals Trust, QinetiQ and Western Sussex Hospitals NHS Trust, whose evidence was used to draw up a series of recommendations to submit to QinetiQ, local health trusts and the Care Quality Commission.

In response to questions the Panel heard:

- That it be minuted that thanks were given to Katie Benton, Scrutiny Support Officer, for her work on the Hyperbaric Medicine Unit Scrutiny Review.

**RESOLVED (1) that QinetiQ provides assurance that the new unit at St Richard's Hospital will be available to civilian emergency and elective patients as soon as possible;**

**(2) that the Care Quality Commission accelerates the St Richard's Hospital hyperbaric medicine unit for inspection and registration by the regulator, ensuring that the unit is able to begin treating civilian diver patients before the busy summer period;**

**(3) that QinetiQ provides assurance that the additional travelling time needed to reach the hyperbaric medicine unit in Chichester will not have an impact on the number of serious cases and fatalities relating to decompression illness;**

**(4) that QinetiQ re-evaluates its policies on consultation with the public and rescue organisations regarding the closure of hyperbaric medicine units it provides;**

**(5) that the Hyperbaric Medicine Unit Scrutiny Review report is agreed.**

- (ii) The Panel were then informed that the St Mary's Health Campus Scrutiny Review engagement exercise will be held on Tuesday 23 June 2009 meeting in the Cabinet Room at 9.00 am.

### **31 Update on Items previously considered by the Panel (AI 6)**

- (i) Specialist Palliative Care Update - Portsmouth PCT

The Panel then heard from Ann Thwaites, Senior Commissioning Manager, Portsmouth PCT, who presented to the Panel an update on community specialist palliative care services.

(TAKE IN PAPER)

The Panel heard:

- That the community specialist palliative care service gives terminal patients with both cancer and non-cancer related illnesses the chance to decide where they wish to die.
- That the main choices available to patients with this decision are to die at the hospice (The Rowans), in their own homes or in hospital.
- That 85-93% of all patients over the last six months have received their first choice in deciding where they wish to die.

- That the 7-15% of patients do not die in their chosen location. This may be due to the patient being either too ill to die at their chosen place, or too ill to state where they wish to die.
- That the future plan for the service is to concentrate on the underperforming Key Performance Indicator (KPI) relating to non-cancer services. This is being targeted by an awareness campaign for specialist clinical nurses (with those staff members being made aware of how to refer patients to the service), and by distributing leaflets for display in local health services. There is also future planned work involving consultation with hard to reach groups. The community specialist palliative care service will specifically be working with the community focus groups available through the PCT's Patient Involvement Service.

In response to questions the Panel heard:

- That the joint commissioner group that meets each month to review progress measures the service against a series of KPIs. If a service is found to be underperforming then work is focused in that area to raise awareness and improve performance.
- That changes to Jubilee House include work on the entrance and stairs to make the fascia of the building more appealing, and a new entrance for undertakers to use separate to the main entrance. These changes will be completed in October 2009.
- That Jubilee House is being used as a choice for patients, who do not wish to die at home/hospice/hospital. It still has some continuing care patients that require nursing care.
- That the changes to the community specialist palliative care service has not impacted on the Rowans Hospice service.
- That the end of life care strategy that was recently flagged up as being behind target to the PCT Board is purely related to non-cancer and hard to reach group key performance indicators.
- That the community specialist palliative care service only works with Portsmouth residents but ensures that Portsmouth Hospital Trust, who treat patients from both Portsmouth and the surrounding areas, has the correct communication information to contact palliative care services in other regions.
- That the PCT does not have specific guidance on when a patient starts palliative care. The patient's clinician decides this.
- That hard to reach groups include Chinese and Asian communities, some of which, due to their culture, do not like the intervention of the palliative care service. Therefore nurses will be visiting the focus groups in these communities to find out what is appropriate and where the boundaries lie.
- That there are enough staff working within the service to keep it 24/7, as the palliative care service is integrated with community nursing. The PCT received additional funding to set up the community specialist palliative care service and this has been adequate.
- That positive feedback has been received from patients, carers and families around the new service.
- That more work needs to be completed around the different cultures and religions involved in various Asian families in Portsmouth.

**RESOLVED** that the update of community specialist palliative care services in Portsmouth report is noted.

**(ii) Joint Commissioning/Section 75 Update**

The Panel decided to postpone this item to the 9 September 2009 meeting.

**32 Possible Substantial Changes to Services, Quarterly Letters and Annual Reports (AI 7)**

**(i) Portsmouth City Teaching Primary Care Trust Quarterly Letter**

Rob Dalton, Director of Corporate Affairs, Portsmouth PCT, presented to the Panel the PCT's Quarterly Letter, which included items on commissioning of wheelchair services, locally based hospital units and dental procurement projects.

(TAKE IN LETTER)

The Panel heard:

- That the Professional Executive Committee (PEC) Board of the PCT have decided to re-tender the wheelchair commission's service. This tendering process will be finished in July in which time the PCT will look at current and new suppliers of wheelchair services.
- That the PCT will not hesitate to change the supplier if they can find a better service.
- That the PCT has been successful in bidding for funding of £930,000 to re-provide services for very vulnerable patients with physical, learning and/or mental health difficulties in Portsmouth.
- That the PCT will continue to work with families and carers to provide the best possible service for those previously using local hospital based units.
- That the PCT has managed to secure additional funds for new dental procurement projects. This will enable the PCT to tender for three additional dental services.
- That the first of these services will be located in the Paulsgrove & Wymering Healthy Living Centre.
- That the second and third dental services have not yet been located, but will be placed in regions that have dental need in Portsmouth. The PCT is currently identifying these locations.

In response to questions the Panel heard:

- That the PCT is currently enabling its dental health strategies around children and will provide an update on this in September.
- That the current waiting list for wheelchairs is between 30 and 40. This includes both those waiting for the right wheelchair and those waiting for modifications to their current wheelchair.
- That Portsmouth Hospitals Trust has put a significant amount of work into reducing waiting lists for wheelchairs.
- That a wheelchair is a prescribed piece of medical equipment and cannot be bought off the shelf, as one size does not fit all.
- That all items featured in this quarterly letter relate to Portsmouth residents only.

**RESOLVED** (1) that all items are noted;  
(2) that a further update on commissioning of wheelchair services is given in September;

**(3) that a further update on the dental procurement project is given in the PCT quarterly letter in November.**

**(ii) Portsmouth HOSP/LINK Protocol 2009/10**

The Panel then heard from Katie Benton, Scrutiny Support Officer who summarised the HOSP/LINK Protocol 2009/10.

(TAKE IN PROTOCOL AND REPORT)

The Panel heard

- That the HOSP/LINK protocol stemmed from a meeting to discuss HOSP/LINK relations between the then HOSP chairman Councillor Butler, Councillor Horne and LINK chairman Jock McLees, with supporting officers in attendance.
- That the protocol and resulting flow diagram set out the guidance by which the LINK and HOSP will be governed. However members need to remember that this is not a legal agreement.
- That the main points of the protocol include:
  - That the LINK will be able to forward both health and social care issues to the HOSP and expect the legislated response from the Panel.
  - That main communication will be through the relevant supporting officers, but for official purposes will be via letter.
  - That the LINK will not have a co-opted place on the HOSP but are able to attend every meeting if desired, and will have a regular agenda item through which they can give reports of their activities and bring forward issues.
  - That work programmes will be exchanged at the beginning of each municipal year to avoid duplication and enhance joint working on the issues of mutual concern/interest.

The Panel then heard from Jock McLees, LINK chairman and Victor Vine, Portsmouth Link Officer on the HOSP/LINK protocol.

The Panel heard:

- That the LINK decided the nature of the group reflected the fact that the relationship between the HOSP and LINK should be looser in nature and therefore at this stage the two parties have agreed that there will be no co-option onto the Panel for members of the LINK.
- That the LINK has already heard two subjects mentioned at today's meeting which are close to the LINK's heart. These involve elderly wards and wheelchair waiting lists.
- That the LINK will be looking at broader sets of issues than previously seen in the patient and public involvement forums.
- That there is an onus on the Local Involvement Network to engage with the city on topics for review.
- That the LINK stands or falls by its independence and therefore is happy with the outcomes of the HOSP/LINK protocol.

In response to questions the Panel heard:

- That the previous chairman of the Panel was happy with this protocol and all agreements within it were unanimously decided.
- That there is a mutual advantage in relations not being too cosy between the Local Involvement Network and the HOSP.

**RESOLVED (1) that the Panel agrees the 2009/10 Portsmouth HOSP/LINK protocol;**

**(2) that the above mentioned protocol be signed by both the LINK and HOSP chairmen on 10 June 2009.**

**(iii) Portsmouth HOSP Terms of Reference**

The Panel heard from Katie Benton, Scrutiny Officer who gave a summary of the changes to the HOSP terms of reference and co-opted members report.

(TAKE IN REPORT)

The Panel heard:

- That the HOSP terms of reference and co-option of additional members' papers have been brought to the Panel because of the need to update them to reflect changes in legislation, workloads and involvement since the establishment of the HOSP in 2003.
- That changes to the terms of reference relate to the inclusion of the need to undertake statutory functions relating to the NHS Act 2006 and Local Government and Public Involvement in Health Act 2007, the inclusion of the need to formally acknowledge referrals from the Local Involvement Network and the involvement of Adult Social Care as a service to be scrutinised by the HOSP.
- That the changes to the co-option of additional members relate to the inclusion of all authorities the Health Overview & Scrutiny Panel has membership from.

In response to questions the Panel heard:

- That the two groups from which the HOSP could take representatives from in 2003 that have been amended in this report are the Portsmouth & South East Community Health Council and Portsmouth Council of Community Service, neither of which now exist. The revised list of co-opted representative councils includes:
  - East Hants District Council;
  - Fareham Borough Council;
  - Gosport Borough Council;
  - Hampshire County Council;
  - Havant Borough Council;
  - Winchester City Council.
- That the councils mentioned above are able to state standing deputies to attend the panel if the main named representatives are able to attend.

**RESOLVED That the Panel agrees the Health Overview & Scrutiny Panel terms of reference and co-option of additional members guidance.**

**Extra Item**

**Date of Health Overview & Scrutiny Panel visit to New Queen Alexandra Hospital**

After discussion the Panel stated that they wished to visit the new Queen Alexandra Hospital on Monday 22 June at 1.00 pm.

### **33 Date of Next Meeting (AI 8)**

The next meeting is scheduled for Wednesday 9 September 2009, in the Executive Meeting Room, Guildhall. However, the HOSP will have to meet<sup>ing</sup> formally before this date in order to sign off the St Mary's Health Campus Scrutiny review report.

The meeting closed at 3.08 pm.