

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Wednesday 20 January 2010 at 2pm.

Present

Councillors David Horne
Margaret Adair
David Stephen Butler (left during item 6.iii)
Margaret Foster
Jacqui Hancock
Robin Sparshatt

Co-opted Members

Peter Edgar, Hants County Council (left after item 6.ii).
David Gillett, Havant Borough Council.
Vicki Weston, Winchester City Council.

Also in Attendance

Portsmouth City Primary Care Trust (PCT).

Debbie Tarrant, Programme Director.

Ann Thwaites, Project Manager, Secondary Care.

Rob Dalton, Director of Corporate and Support Services.

Mark Fletcher, Development Manager, Secondary Care.

Portsmouth Healthcare Ltd.

Ross Dowsett, General Manager.

Portsmouth City Council.

Suzannah Rosenberg, Head of Integrated Commissioning.

Rob Watt, Head of Adult Social Care.

Portsmouth Hospitals Trust (PHT).

Tim Robinson, Head of Public and Patient Involvement.

South Central Ambulance Service.

Neil Cook, Head of Operations.

- 1 Welcome, Membership and Any Apologies for Absence (AI 1).**
The Chair welcomed everyone to the meeting especially Councillor David Gillett who replaces Councillor Andrew Lenaghan as a representative from Havant Borough Council. Councillors Brian Bayford, Gwen Blackett and Dorothy Denston sent their apologies.
- 2 Declarations of Interest (AI 2).**
Councillor Peter Edgar declared a personal but non-prejudicial interest as he has shares in a business that works for the NHS.
- 3 Minutes of the Meeting Held on 18 November 2009 (AI 3).**
RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 18 November 2009 be confirmed as a correct record.

Matters Arising.

- Contact details for the Lead Co-Responder had been circulated to the Panel.
- The PHT's public and patient involvement plan was sent to the Panel on 21 December.

4 Scrutiny Reviews (AI 4).

Alcohol-Related Hospital Admissions.

The Chair informed the Panel that its bid for Scrutiny Development Area status as part of the Centre for Public Scrutiny's Health Inequalities Programme had been successful.

RESOLVED that the project brief for the scrutiny review be agreed with the following amendment: the 1st and 2nd meetings be combined.

5 Update on Items Previously Considered by the Panel (AI 5).

(i) Scrutiny Review of St Mary's Healthcare Campus.

Debbie Tarrant, Programme Director, PCT presented her report which responded to the recommendations made in the scrutiny report.

(TAKE IN REPORT)

The Panel was informed that the PCT welcomed the Panel's report and its recommendations. The Panel was informed that the Strategic Health Authority has delegated authority to the Department of Health to release funding for the work on St Mary's Healthcare Campus. Although the delay in the approval process has delayed the work by approximately 5 weeks, the campus is still due to open in Summer 2012.

Councillor Butler was disappointed to note that a multi-faith room was planned for the site and no separate chapel. He explained that the chaplain for the site who he had interviewed for the survey had expressed concerns that the chapel would not be large enough to cater for people of all faiths and that the candles and crosses, which are important for a Christian sacred space, would be missing.

Ms Tarrant agreed that the chapel is a lovely building and its demolition would be a great loss. However, the relatively small size of the St Mary's site means that it is not possible to have both a multi-faith room and a chapel. She reminded the Panel that it is a polyclinic rather than a community hospital with only 16 beds for the elderly and 6 maternity beds. She explained that the Christian artefacts that are currently in the chapel are on part of the site that will be retained for housing / light industrial development by PHT.

Councillor Edgar congratulated the PCT for its work in Portsmouth. However, he felt that NHS Hampshire was not providing adequate services for Havant, Fareham and Petersfield residents.

Ms Tarrant explained that a number of the services, which will be provided on the St Mary's site, are district wide and some are jointly commissioned by Portsmouth and Hampshire PCTs. The buildings previously used for paediatrics and maternity services will accommodate the majority of the community hospital services.

RESOLVED that the response report be noted and that the PHT be asked what will happen to the chapel artefacts.

(ii) Wheelchair Commissioning.

Ann Thwaites, Project Manager and Mark Fletcher, Development Manager, Secondary Care, PCT presented their report on wheelchair commissioning.

Ms Thwaites asked the Panel to note that section 2.1 of the report should read: 'patient care is likely to be compromised...'

(TAKE IN REPORT)

Tim Robinson, Head of Public and Patient Involvement, PHT, asked to speak on this item in order to ensure that the Panel received a balanced view. During his contribution, he raised the following points:

The PHT had given a detailed report on wheelchair provision to the Panel in November and was surprised he was not informed that the PCT was going to bring a report on wheelchair commissioning today.

The PCT's report does not mention the close working of the two trusts and that the PHT has been open and transparent with all the data.

Portsmouth's Disablement Service is one of the most successful services in the area and a natural consequence of that success is a requirement for extra resources.

Mr Robinson expressed concern that there was a lack of clarity with regards to the commissioning issues.

The Panel agreed that the two trusts should be given time to iron out any difficulties they were experiencing with regard to this service and an update be given to the Panel at a future date.

RESOLVED that both reports be noted and that an update be brought to this Panel.

(iii) The Guildhall Walk Healthcare Centre.

Ross Dowsett, General Manager Care UK gave an update on the centre's performance since its opening six months ago.

(TAKE IN GRAPHS)

During his presentation, the following points were clarified:

The centre has attracted a higher number of walk in patients than anticipated.

Normal opening hours and services were maintained throughout the recent bad weather and all patients were signed in within 30 minutes of arrival and seen by a nurse or doctor within two hours as set out in the centre's targets.

In response to questions from the Panel, the following issues were clarified:

The target for walk in patients has been over achieved. However, this will not attract a bonus.

The centre is measured against a range of service delivery targets.

More GPs have been recruited to deal with the unexpected high number of patients and a nurse practitioner is currently being recruited. Several GPs have shown a keen interest in joining the centre because of the wide range of patients that are treated there.

The centre is very popular with students and the figures for them are shown in the graph both separately and in the category marked 'outside border.' The postcode areas are for the patients' home addresses.

Many people who did not previously have a GP have registered with the centre.

The success of the centre has been partly due to its location as it is very accessible. The marketing campaign carried out jointly with the PCT was specifically targeted to reach specific groups especially those who were not registered with a GP in the city. The marketing campaign ended in September and so most of the new patients come through recommendations.

Although people registered with a GP are eligible to attend the centre, it might be better for them to see their own GP to ensure continuity of care. When a patient attends the centre, a hard copy of their records is requested from their GP. Once received, this is summarised and entered into the electronic database. GPs surgeries in the city use several different computer systems so it is not possible to send patients' records electronically between different surgeries. The centre is aiming to gain accreditation for reducing the amount of paper used.

The Choose Well campaign seems to be working well.

Councillor Edgar observed that the Haslar Accident Treatment Centre practice in Gosport used to serve approximately 21,000 patients per year until its name was changed to the Minor Injuries Clinic. He felt that the subsequent drop in the number of patients seen there and the rise in the number of inappropriate patients turning up at A&E in Queen Alexandra Hospital were due to people not realising that the clinic still dealt with relatively serious injuries including fractures.

The Chair confirmed that a review of communication processes would be within this Panel's remit.

RESOLVED that the performance update on the Guildhall Walk Healthcare Centre's first six months be noted and that a breakdown of patients' addresses based on city wards be sent to the Panel.

(iv) Locally Based Hospital Units.

Suzannah Rosenberg, Head of Integrated Commissioning at Portsmouth City Council gave a verbal update on the business case for locally based hospital units that is due to be presented to the Primary Care Trust Professional Executive Committee on 29 January. During her contribution, the following points were raised:

The move from locally based hospital units to home care for those with severe learning disabilities is in line with nationally driven policy. The criteria are that the service users have been living there for more than one year, not detained

under the mental health act and are receiving services commissioned by the NHS.

There are two such units in Portsmouth: Hamilton House in St James' Hospital and Avenue House in North End, which cater for 12 people.

The PCT has received a capital allocation for reprovision of the LBHU. A capital grant of £930 is required in order to redesign and provide a new model of care.

On 29 January the Primary Care Trust's Professional Executive Committee will be asked to give approval to the capital plans for both sites.

6 RECOMMENDED that the report be noted and that the Panel be regularly updated.

Possible Substantial Changes to Services, Quarterly Letters and Reports (AI 6).

(i) Quarterly Letter.

Rob Dalton, Director of Corporate and Support Services presented a quarterly letter on the dental procurement project, childhood obesity and health living pharmacies.

(TAKE IN LETTER)

Councillor Horne informed the Panel that at his next decision making meeting, the Cabinet Member for Culture & Leisure will be considering a report on campaigns to combat smoking in children and obesity in adults. He had been surprised to note that these did not seem to be running in conjunction with the PCT.

Mr Dalton assured the Panel that the Council and the PCT's had a very strong working partnership and that the agenda and commitment are jointly held. He explained that most health campaigns have a positive impact on each other as the issues are interlinked.

Portsmouth's levels of childhood obesity remains higher than the national average but the rate of increase has slowed down.

The Healthy Living Pharmacies will be points of advice and support to people for minor ailments. People can go to the pharmacy that is the most convenient for them.

National guidance encouraged PCTs towards this but Portsmouth PCT is the first to have started rolling out this initiative.

RESOLVED that:

- 1. The report be noted.**
- 2. Details of the location for a dental practice in the Paulsgrove/Wymering area be sent to the Panel.**

(ii) Portsmouth Hospitals' Trust.

Tim Robinson, Head of Public & Patient Involvement, presented the Trust's quarterly letter. During the presentation, the following points were clarified:

(TAKE IN REPORT)

The trust's turnaround plan is currently being worked though. Each department has been asked to put forward proposals for cost cutting and to date 99 non-clinical facing positions have been identified for possible cuts.

The Oasis Centre at Queen Alexandra Hospital is an indoor fitness area primarily for staff use with a gym, a fitness suite and consultancy areas. The hydra pool is located elsewhere in the building.

Recorded cases of swine flu in Hampshire are very low but the 'Catch It, Kill it, Bin It' campaign will continue in Portsmouth.

The wards that are transferred to Queen Alexandra Hospital would be renamed to fit in with the existing system at the hospital. The number of beds available in the wards will remain the same.

Councillor Edgar congratulated the hospital staff for doing a fantastic job. However, he had been very disappointed to learn that the hospital is not a member of the Gold Command emergencies team. The Senior Local Democracy Officer informed the Panel that during a major incident plan the NHS lead is the ambulance service, which then co-ordinates all the hospitals.

Councillor Edgar commented that he was pleased that the Discharge Lounge was to be relocated to a more suitable location.

During the recent period of bad weather, disruption was kept to a minimum by the hard work of all staff and also the Council which kept the access roads clear. Additional measures taken included lodging staff who were unable to return home at the hospital; collecting and dropping off staff in 4x4 vehicles; holding four command control meetings a day and cancelling elective procedures. The trust was pleased to report that the emergency service was maintained.

RESOLVED that:

- 1. The report be noted.**
- 2. Performance details for the A&E department at Queen Alexandra Hospital during the bad weather be sent to the Panel.**
- 3. Details of the turnaround process be discussed at the Chair's meeting with the Chief Executive, PHT.**

(Councillor Peter Edgar left the meeting).

(iii) Adult Social Care Update.

Rob Watt, Head of Adult Social Care, Portsmouth City Council gave an update on nursing homes, the Care Quality Commission (CQC) Annual Performance Assessment, Health and Social Care Partnership (HaSP), Development Projects Position Statement, Transforming Social Care and the Learning Disability Partnership Board. During his presentation, the following points were raised:

The project team which comprises the PCT, PHT and the Council has held a series of meetings with stakeholders over the last year to learn from their

experience of the care pathway.

A campaign to advertise the change in services following the reorganisation of adult social care teams is currently running. There will be one central number to a duty team at the Council who will direct the caller to the appropriate cluster area. The aim is to provide a multi-disciplinary and highly qualified team at the first point of call.

In response to questions from the Panel, the following points were clarified:
Milton Village is run by an independent private company contracted by the Council.

On 15 December the 48 sites were approved by the Council and the procurement process will start shortly. Due to new legislation, this is expected to take until March 2010 to complete.

(Councillor David Stephen Butler left the meeting).

Under the Government's Transforming Adult Social Care programme, when a new client requests care this procedure will be followed:

1. The client's care needs are assessed.
2. These details are entered into the resource allocation system, which calculates how many points have been allocated.
3. The options available to the client based on the number of points allocated are explained to the client.
4. A personal budget is allocated to the client who is in control of how this is spent.

The aim is to give the client more choice and control over the services that they receive.

As resources are limited, a balance has to be achieved regarding disinvestments of some services to free up other resources.

The Panel was asked to note that 3.5 should read 'Members of the existing board met in November 2009..';

The Chief Executive and Head of Communications are appointed to the Learning Disability Partnership Board. If they cannot attend a meeting they are required to send a deputy with delegated authority.

As a large part of the work force lives outside of Portsmouth there fewer staff available during the recent period of bad weather. It had not therefore possible to transport all service users to day care services. However, every vulnerable person received the support that they required thanks to the team pulling together and the goodwill of staff from other council departments.

The Joint Accommodation Strategy is constantly updated in order to monitor population growth and its needs.

The demand for standard nursing homes has steadily decreased over the past few years. Due to a steady reduction in demand and higher standards set by the Care Quality Commission, the number of private care homes in the city has

decreased from 12 to 5.

RESOLVED that the report be noted.

(iv) South Central Ambulance Service.

Neil Cook, Head of Operations, South Central Ambulance Service, gave a verbal update on the service's current performance. During his presentation, he informed the Panel of the following points:

The past four weeks have been challenging for the ambulance service. On 23 December a major incident plan was declared due to the heavy rains. The service received approximately 4,000 calls a day during that period. Normally the service would receive about 700.

The service has worked well with other agencies in particularly the Co-responder service which was very effective.

Performance has been affected but the priority was to get to the patients as quickly as possible whilst ensuring the safety of the crews and to maintain contact with the caller.

Additional 4x4 vehicles were hired and an adverse weather office was set up.

Assistance from the public especially in the rural areas has been greatly appreciated.

The situation is returning to normal now. However, there was concern regarding the heavy snow that fell on the Basingstoke area this morning.

The work profile changed during this period with trips, slips and falls being the most common problem.

The ambulance service's stakeholder letter will be presented to the Panel in March. This will detail the key elements of the service that will be changing next year.

In response to questions from the Panel, the following points were clarified:

Work is continuing to improve ambulance standby facilities in the city. Portsea Ambulance Station is still on the market.

During the adverse weather conditions staffing levels were maintained.

The performance statistics will reflect the pressures that were put on the service over the last four weeks. However, the targets will probably not be reduced accordingly.

Six new 4X4 vehicles have been ordered and are expected in the next couple of weeks.

Ambulance turnaround times have improved because of the work that has been carried out as explained at a previous meeting. More responsibility is put on the caller to choose the appropriate service.

RESOLVED that the report be noted and that the plans for Portsea Ambulance Station be given to the Panel.

7 Date of Next Meeting (AI 10).

4 March 2010 at 2pm.

The meeting closed at 16:04.