

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 10 June 2010 at 2pm.

Present

Councillors Lynne Stagg (Chair)
Margaret Adair
David Stephen Butler (standing deputy).
Jacqui Hancock
Robin Sparshatt

Co-opted Members

Dorothy Denston, East Hampshire District Council
Peter Edgar, Hampshire County Council
Keith Evans, Hampshire County Council
Pat Stallard, Winchester City Council

Also in Attendance

Allison Stratford, Head of Communications,
Portsmouth Hospitals' Trust.
Alan Knobel, Substance Misuse Coordinator,
Portsmouth City Council
Tony Horne, Project Director of the Dental
Outreach Centre, University of Portsmouth.
Rob Watt, Head of Adult Social Care, Portsmouth
City Council
David Barker, Associate Director Communications
& Engagement, NHS Portsmouth.

15 **Welcome, Membership and Any Apologies for Absence (AI 1).**

The Chair welcomed everyone to the meeting and explained the following changes to the Panel membership:

- Councillor Lynne Stagg joined the Panel as Chair.
- Councillor David Stephen Butler became a Standing Deputy
- Councillor Patricia Stallard replaced Councillor Vicki Weston as representative from Winchester City Council.

The Chair also explained to Councillor Stallard that she had not been listed on the agenda as at the time of its publication her position on this Panel had not been confirmed.

The Chair asked for the Panel's thanks to Councillors Weston and Butler for their contributions to be noted in the minutes.

Councillors Margaret Foster and David Gillett sent their apologies for this meeting.

16 **Declarations of Interest (AI 2).**

No declarations were made.

- 17 **Minutes of the Meeting Held on 4 March 2010 (AI 3).**
RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 4 March 2010 be confirmed as a correct record.

Matters Arising.

1. *The reduced opening hours of Gosport War Memorial Hospital Minor Injuries Unit.*

The Panel was reminded that since the last meeting, Tim Robinson, Head of Public & Patient Involvement, Portsmouth Hospitals' Trust had informed the Panel that the staffing issues had been resolved and that the unit would reopen to the contracted hours of 8am to 9pm with effect from Monday 29th March.

2. *The numbers of patients attending the Guildhall Walk Healthcare Centre broken down into wards be given to the Panel.*

The Chair informed the Panel that this information was not yet available.

3. *The two presentations given at the meeting held on 4 March be sent to the Panel.*

The Chair explained that these can be found on the Council website with the papers for the March meeting at the following address:

<http://www.portsmouth.gov.uk/yourcouncil/17561.html>.

4. *A breakdown of alcohol consumption by ward be sent to the Panel.*

The Chair reminded the Panel that this information was sent out with the agenda under the following categories:

- Alcohol related mortality rates.
- Above average wine consumption map.
- Above average beer consumption map.
- Binge drinking figures by ward.

5. *The location of the ambulance primary standby points in the city be sent to the Panel.*

The Chair reminded the Panel that this information was sent out with this meeting's agenda.

6. *The issue of directional signage at Queen Alexandra Hospital be put on the PHT working lunch agenda.*

The Chair informed the Panel that this was discussed at the meeting with the Chief Executive of Portsmouth Hospitals Trust agenda and that the notes were sent to the Panel on 22 April.

- 18 **Possible Substantial Changes to Services, Quarterly Letters and Annual Reports.**

(i) Adult Social Care Quarterly Letter.

The Panel agreed to consider the Adult Social Care update quarterly letter next. Rob Watt, Head of Adult Social Care introduced the quarterly letter, which is attached to these minutes as appendix one. In response to questions from the Panel, the following issues were clarified:

Deprivation of liberty handover meetings are held when individuals are known to more than one local authorities.

The quarterly letter gives a general overview of the key issues in adult social care. More details can be made available upon request.

In order to carry out the self-assessments for the Care Quality Commission (CQC) many factors are considered including: feedback from service users and partners; national performance indicators and the self assessment statement given by the CQC which identifies areas in need of improvement.

Under the new Self-Directed Support system, the client informs Social Services of their needs and either a carers assessment or a self-assessment is carried out. Families are always invited to be involved in the carers assessment. The amount of money available to meet their needs is then determined, but it is the client who decides how this will be spent. Social services can offer advice on services or direct the client to approach brokers including Age Concern and the Portsmouth Disability Forum, which can offer them more time and possibly more options.

The information website will be up and running by October and in order to fulfil CQC targets, the department of adult social care must be able to demonstrate by March that it has been used. It was designed by a very experienced company called Open Objects and contains links to other websites.

Occasionally, there will be a discrepancy between perceived and assessed needs. It must be remembered that the client knows their own needs and how they are best met.

For those fulfilling the eligibility criteria, the client self assessment of need must be given due consideration. The client must be given the opportunity of stating how they wish to have those needs met.

RESOLVED that the number of convictions and criminal charges in relation to adult abuse be given to the Panel.

19 Update on Items Previously Considered by the Panel (AI 4).

(i) Working lunch with the PHT Chief Executive.

The Scrutiny Support Officer listed the issues covered at this meeting and reminded members that it had received the notes for this meeting.

RESOLVED that further copies of the notes of the meeting be sent to the following members: Councillors Butler, Stagg and Stallard.

(ii) Funding for Carers.

The Chair reminded the Panel that it had again asked NHS Portsmouth for a breakdown of how it spent the funding for carers given by the Government in 2009-10 and how it plans to spend this year's funding. The response dated 24 May was sent out with the agenda as appendix two.

RESOLVED that the Chair write again to NHS Portsmouth requesting a breakdown of spending on carers 2009-10 and predicted spending in 2010-11.

(iii) Guildhall Walk Healthcare Centre.

The Chair reminded the Panel that this information was not yet available.

20 Update on the scrutiny review into alcohol related hospital admission, including some documents requested at the previous meeting. (AI 5).

Alan Knobel, Substance Misuse Coordinator explained that the four maps produced showing above average wine and beer consumption broken down according to ward and type of person is based on a self-reported survey so the accuracy of the information cannot be verified.

Mr. Knobel meets regularly with the University to discuss how to promote sensible drinking. The student pub crawls are not organised by the University. It was noted that the number of students that attend A&E are not recorded.

When the police come across a minor drinking alcohol in a public place the parents are informed by letter. If this is the second offence, the police will visit the parents to discuss the situation.

The Tell Us survey was undertaken across England by Ofsted in Spring 2007, 2008 and 2009, to ask children and young people from years 6, 8 and 10 for their views about their local area and behaviour (this annual survey has now been scrapped by the Coalition Government). The number of pupils in Portsmouth reporting that they drink regularly and binge drink is higher than the national average.

RESOLVED that the results of the Tell Us survey and details of the police's procedure for dealing with minors drinking alcohol in public places be brought to a future meeting.

21 Scrutiny Reviews (AI 6).

(i) Alcohol-Related Hospital Admissions.

Mr Knobel gave a presentation on the treatment services available in the city, including the number of alcohol related hospital admissions over 2007-2008 and 2008-2009 and a comparison by gender at Queen Alexandra Hospital. A copy of this presentation is attached to these minutes as appendix two. During his presentation the following points were raised:

There is a lot of media attention on binge-drinking but it is important to note that people with chronic conditions make up the highest number of alcohol related hospital admissions.

An attendance at the Accident & Emergency department is not classed as a hospital admission.

Most alcohol misuse services are combined with drug dependency services. Feedback indicates that this deters potential clients from accessing the alcohol services.

Hundreds of health and social care professionals have been given training on how to provide brief interventions to people that need advice for alcohol misuse. Research shows that advice from a professional is heeded and that following a brief intervention there is likely to be a reduction in alcohol consumption. A Community Health Practitioner (ambulance personnel) is stationed at Guildhall Square on Friday and Saturday nights to assist people with minor injuries. They also gives brief interventions to people in police

custody on Saturday and Sunday mornings.

The Safer Portsmouth Partnership has contributed to the Portsmouth Street Pastors scheme, which assists vulnerable people in the Guildhall Walk area. Portsmouth City PCT is now providing regular on-going funds.

At the A&E department at Queen Alexandra Hospital a screening project has been introduced to ask patients who have been assaulted where it occurred. This information is then collated so that police resources can be targeted appropriately. However, only 20-30 patients a month have been interviewed, which is surprisingly low as Southampton hospital records over 100 a month.

As a result of one of the recommendations in the Alcohol Needs Assessment, staff at A&E were asked to use the Paddington Alcohol Test (attached as appendix six to the agenda) to screen all patients that present with the most frequent alcohol-related conditions in order to determine whether they need to be referred to an Alcohol Interventions Team worker. However, it does not seem that this has been fully implemented as there have been very few referrals (e.g. only 2 in March).

The Alcohol Specialist Nurse Service, based at QA, will see three Alcohol Specialist Nurses employed (currently two are temporarily in post). This service will only be available to Portsmouth residents as Hampshire PCT do not currently wish to invest in the service. The team is responsible for detoxification treatment. Patients that are discharged before this is completed are asked to come in every day for their prescription and advice. The service will provide a service currently not available, shorten stays in hospital and prevent re-admissions.

Patients who have the highest level of alcohol related repeat hospital admissions are referred to as 'frequent flyers'. As part of a recent project, a specialist community nurse has been working intensively with five frequent flyers over the last three months and has reduced the number of hospital admissions to three during this period. Typically these people would have made 25 hospital visits. A hospital visit costs on average £700 and so this project has enabled substantial savings to be made.

A Safe Space will be set up at the weekends in the Mountbatten Gallery from 23: 00 – 04:00. A paramedic will be on hand to treat minor injuries and the Street Pastors will be able to bring vulnerable people. Onward referrals will be made for people with alcohol issues.

The Save Dave Campaign is running with a World Cup theme.

In addition to the recommendations set out in the presentation, Mr. Knobel also suggests that more dry accommodation be made available to people who have completed detoxification treatment and that staff involved in sexual health services be trained to deliver brief alcohol interventions as a recent study showed that 80% of clients were drinking beyond sensible levels.

In response to questions from the Panel, the following points were clarified:
Portsmouth's rate of alcohol related hospital admissions is growing at a rate of 4-5%, which is lower than the national rate of 10%.

The interventions and projects have proved successful on a local and national level. Brighton has recently invested an extra £750,000 per annum in alcohol services; their rate of admissions is now falling, so the benefits of the extra investment in Portsmouth should be seen in the next 1-2 years.

More dry houses are required for clients completing detoxification treatments. There are currently 15 supported beds available in Portsmouth but another 20, or so, are probably required.

The number of support services and our treatment capacity is expanding, including acceptance and commitment therapy (Cognitive Based Therapy based).

Alcoholics Anonymous runs many meetings in the city, effectively supporting hundreds of people in their sobriety; it is a fantastic resource, however not appropriate for everyone.

The Alcohol Specialist Nurse Service at QA is the biggest project currently being established. It consists of three nurses and administrative support and costs approximately £200,000 per year. The Primary Care Trust funds this service.

Portsmouth City Council funds residential drug and alcohol rehabilitation for drug and alcohol at a cost of £120,000 per year. The Council also partly funds alcohol counselling services.

The Supporting People programme funds supported housing for drug and alcohol clients, including 6 beds at a project called DASH and 8 beds in Foster Road.

The Alcohol Specialist Nurse Service is the biggest project currently running. It consists of three band 7 nurses and administrative support and costs approximately £200,000 per year. The Primary Care Trust funds this service.

Portsmouth City Council funds residential drug and alcohol rehabilitation for drug and alcohol at a cost of £120,000 per year. The Council also partly funds alcohol counselling services.

The Supporting People programme funds beds for drug and alcohol detoxification treatments: 6 beds at Baytrees and 6 beds in Foster Road.

Mr. Knobel recommends the introduction of a minimum price per unit for alcohol as studies show that when the price of alcohol increases, consumption decreases. It might impact on ciders more than wines perhaps. Evidence from the Street Pastors indicates that many people drink heavily before going out 'pre-loading' and therefore minimum pricing would not affect pubs and clubs as much as supermarkets.

A summary of the measures introduced by Oldham Council to reduce alcohol consumption was sent out with the agenda as appendix 17.

The police in Portsmouth monitor licensed premises for alcohol-related issues.

Councillor Butler expressed concern that spirits are often displayed near the

cashiers and so encourage impulse buying.

RESOLVED that details of how the A&E department uses the Paddington Alcohol Test screening and assault screening tools be brought to the next meeting.

(ii) Visits and Work shadowing.

The Chair asked members to consider the list of proposed visits and work shadowing opportunities attached as appendix four and inform the Scrutiny Support Officer which they can attend.

Councillor David Stephen Butler left the meeting at 3.40pm.

22 Possible Substantial Changes to Services, Quarterly Letters and Annual Reports (AI 7).

(i) The Dental Training Centre, University of Portsmouth.

Tony Horne, Project Director of the Dental Outreach Centre, University of Portsmouth gave the Panel an update on the extension, which is due to open in September 2010.

This is a joint initiative between the University of Portsmouth and Kings College London Dental Institute. A total of 80 fifth year undergraduate students from Kings College will come in four groups of twenty for a 10 weeks work placements at the centre. It will provide an integrated model of training where hygienists, dental nurses and dentists train together.

Capital funding of £9m approximately has come from Higher Education Funding Council for England (HEFCE), the NHS, the University of Portsmouth and Kings College London.

The aim is to principally recruit new patients who have not seen a dentist for some time. They will be introduced to a model of minimal intervention/ self-help care and encouraged to subsequently move on to another dentist in the community once orally fit.

It will be operate Monday to Friday 9:00 -5.00 and is open to all ages.

The student service will not be available 52 weeks per year but the Centre will be providing clinics during the students' absence for patients with urgent needs. It will also run open access sessions for emergency/urgent patients during term time. It is not likely that this will have any impact on the out of hours emergency dental service provided at QAH .

(ii) Adult Social Care Quarterly Letter.

This was dealt with earlier in meeting.

(iii) Portsmouth Hospitals Trust Quarterly Letter.

Allison Stratford, Head of Communications, Portsmouth Hospitals Trust presented this letter to the Panel, which was attached to the agenda as appendix 19. In response to questions from the Panel, the following points were clarified:

The Panel noted that people are still choosing to go to the A&E department at Queen Alexandra Hospital rather than treatment centres. This might be partly due to lack of other facilities.

Ms. Stratford said that she would take the Panel's comments would be considered.

The prolonged winter season and the severe weather meant that there was an increase in patient numbers.

The Panel expressed concern that the large number of people attending A&E could mean that serious conditions were not being seen quickly enough. Ms. Stratford assured the Panel that there was no evidence that patient safety being compromised in any way. The numbers attending A&E are constantly being reviewed. Mondays are especially busy for the A&E department. This might be due to people waiting with a condition over the weekend. The Choose Well campaign which aims to direct people to the appropriate service is running well.

Sometimes ambulance crews advise people to go to the minor injuries unit.

The Panel was invited to visit the new discharge lounge.

David Barker Associate Director Communications & Engagement, NHS Portsmouth explained that the profile of pharmacies was being raised over the next 2-3 months in order to encourage people to use their services.

RESOLVED that a visit to the discharge lounge at Queen Alexandra Hospital be arranged.

(iv) South Central Ambulance Service's Map of Ambulance Standby Points.
The Panel considered this map that was sent with the agenda as appendix 20.

(v) NHS Portsmouth's Quarterly Letter.
Mr Barker presented this letter to the Panel. The Scrutiny Support Officer apologised to the Panel as this had not been circulated to the Panel.

RESOLVED that NHS Portsmouth's quarterly letter be considered at the next meeting.

Councillor Peter Edgar left the meeting at 4.30pm.

23 Any Other Business (AI 8).

Joint Health Overview & Scrutiny Committee

The Chair informed the Panel that Councillor David Horne attended the Joint Health Overview & Scrutiny Committee on 16 March and copies of the minutes were emailed to the Panel.

It was resolved that the proposals for Primary Percutaneous Coronary Intervention (PPCI) across Hampshire and the Isle of Wight be endorsed. This is a technique to unblock arteries of patients having heart attacks.

NHS Specialist Commissioning Group gave a presentation on the proposals for Children's Cardiac Surgery Services in England. It was resolved that following the formal consultation an update on the proposals for Children's Cardiac Surgery be presented to the Joint Committee.

A review of Children's Neurosurgery Services had been requested by some members of the British Paediatric Neurosurgeon's group which was part of the Society of British Neurological Surgeons. Details were given of the current centres and the need for change. It was resolved that an update be given.

The Chairman reported on the review that Hampshire, Oxfordshire and Buckinghamshire had carried out on rural ambulance services.

The Chairman reported that following the Joint Committee's involvement in the provision of burns services in southwest England the commissioning group had given an update on progress and responded to the issues the Joint Committee had raised.

Queen Alexandra Hospital.

Councillor Stagg expressed concern about occasional tailbacks along the roads near the hospital caused by limited access to the multi storey car park.

Ms Stratford explained that the car park is accessible from all directions and therefore no such problems should occur.

RESOLVED that details of the access to the multi storey car park be brought to the next meeting.

24 Date of Next Meeting (AI 7).

22 July 2010.

The meeting closed at 16.40