

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in The Guildhall, Portsmouth, on Tuesday 19 October 2010 at 2pm.

Present

Councillors Lynne Stagg (Chair)
Margaret Adair
David Horne
Margaret Foster
Robin Sparshatt

Co-opted Members

Patricia Stallard, Winchester City Council

Also in Attendance

Alan Knobel, Substance Misuse Coordinator, Portsmouth City Council
Rob Dalton, Director of Corporate & Support Services, NHS Portsmouth.
Debbie Clarke, Associate Director, Adult Services Care Delivery Unit, Solent Healthcare
Janet Kearney, Head of Capital Planning and Strategic Development, NHS Portsmouth

- 51 Welcome, Membership and Any Apologies for Absence (AI 1)**
Apologies for absence were received from Councillors Dorothy Denston, Peter Edgar, Keith Evans and Jacqui Hancock.
- 52 Declarations of Interest (AI 2)**
Councillor Edgar declared a personal and non-prejudicial interest in that he is a member of the Council of Governors of Portsmouth Hospitals NHS Trust.
- 53 Deputations from the Public under Standing Order No 24 (AI 3).**
No requests for deputations had been received.
- 54 Minutes of the Meeting Held on 23 September 2010 (AI 4).**
RESOLVED that the minutes of the meeting of the Health Overview & Scrutiny Panel held on 23 September 2010 be confirmed as a correct record.
- 55 Update on the Scrutiny Review into Alcohol Related Hospital Admissions (AI 5).**
Alan Knobel, Substance Misuse Coordinator presented five of the twenty six conclusions and recommendations made by the Department of Health Alcohol Harm Reduction National Support Team (NST) following interviews with Portsmouth stakeholders in September. A copy of the presentation is attached to these minutes as appendix one. During the presentation the following points were clarified:
- The NST visited 30 areas to review the work being carried out to reduce alcohol related hospital admissions. It was very impressed with the work being carried out and ranked Portsmouth in the top three.

Simon Holmes has recently been appointed as Senior Champion for Alcohol at QAH.

The Deputy Head Nurse at Queen Alexandra Hospital will attend the Alcohol Steering Group.

The amount of assault data collected at the Emergency Department at QAH has increased slightly over the last couple of months. It is important that this continue.

In Mr Knobel's opinion it would only be possible to deal effectively with the issues regarding the night time economy when the Guildhall Walk area is changed to cater for a mixed clientele. This would necessitate a commitment at a senior level.

Although the ambulance and police services have the facilities in place to record whether alcohol is a contributing factor in incidents that they attend, this is not happening.

Mr Knobel has not been able to persuade some other Council services of the importance of Identification and Brief Advice training for staff e.g. sexual health, social care and housing.

Clients with a dual diagnosis of mental health issues and alcohol misuse are not receiving the treatment that they require as it is often difficult to assess a client's mental health whilst they are misusing alcohol. Clients might be self-medicating with alcohol in an attempt to deal with their mental health issues. There is a strategy in place for dual diagnosis, but it does not seem to have been implemented.

All probation clients complete an alcohol screening tool and receive an audit score. Those with a score of 30+ will be issued with an Alcohol Treatment Requirements (a court-ordered alcohol programme). This was previously offered to all clients with a score of 20 or more. Since the change, the number of offenders who are being issued with an ATR has reduced from 75 to 15 per year.

The National Offender Management Service suggests that a score of 20+ be used and in September 2010 during a visit to Portsmouth the Department of Health for Reduction of Alcohol Harm National Support Team recommended that the Probation Service reconsider its threshold.

The NST recommendations regarding licensing have been passed to the Council's Licensing Manager, to include as part of the current consultation on the Council's Statement of Licensing Policy.

Mr Knobel suggested that if the Council were to reorganise its services, it might consider grouping together those affected by or involved in tackling alcohol misuse.

The Council's staff code of conduct permits alcohol consumption during the working day provided it does not affect performance. Mr Knobel recommends

that this be changed to prohibit any consumption during the day. He informed the Panel that the Chief Executive has indicated that he would undertake a review of the policy.

Alcohol Awareness week is running from 18 - 25 October 2010. The main theme in the marketing campaign is to ask people to consider the possible impact that their drinking has on their children.

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

It would be very complicated and costly to install data collection systems in all agencies involved in dealing with people affected by alcohol misuse. The appropriate systems are already in place but data is not always collected. Mr. Knobel gave an example of violent crime, where the alcohol section was only completed by police in 50% of cases.

The NST concluded that there was not sufficient use of community detoxification programmes. These involve a different delivery model. The inpatient detoxification programme is more expensive but not necessarily more effective.

The Council's Health Improvement & Development Service (HIDS) provides school health education officers and an Alcohol Project Worker. There is also a recently appointed Alcohol Advisory School Nurse. The latter works with young people already drinking who have been referred by the police and A&E.

Although the number of children in Portsmouth who reported in the Tell Us survey that they drink alcohol regularly is higher than the national average, it must be remembered that those drinking regularly are still a minority and it is not normal behaviour for young people in the city.

After completing a detoxification programme, clients are normally referred to a residential rehabilitation unit outside of the city. This helps them to focus on their treatment away from distractions and former triggers for their previous behaviours. There is also a private residential rehabilitation unit in Portsmouth which is used. Social Care funding permitted approximately 15 residential rehabilitation placements per year for alcohol clients.

Councillor Foster informed the Panel that she had heard that the detoxification unit outside the city was very strict and the prohibition of mobile telephones seemed like a punishment. She also highlighted that the former detoxification unit building at St James Hospital, called the Nelson Unit, was empty and could be used to provide residential rehabilitation.

Joined up working at a senior level is required to draw up a plan for the city centre. Mr Knobel suggested that the Council apply for Purple Flag accreditation Scheme which recognises good night time economy at night. Achievement of this status would require co-ordinated effort between Planning, Regeneration, Transport, Culture and Community Safety.

The liberalisation of planning law in the 1990s made it easier to open licensed premises, which tend to be located in the same areas to attract the maximum number of clients. Liquid and Envy nightclub moved from the seafront to Guildhall Walk. Prior to the relocation of the pubs and nightclubs, there were

the same number of problems as now but these were spread out over a larger area. This centralisation of pubs and clubs has occurred in most cities. The police have considered the possible advantages of introducing Off Watch for supermarkets, a scheme similar to Pub Watch and concluded that as these are more spread out they did not necessarily see the value in this.

Pubwatch recently agreed what they thought would be a responsible minimum price of £1.50 per drink. They also agreed that as responsible retailers they should honour this price. Most night clubs and pubs in the key areas employ floor walkers to monitor clients' behaviour. If someone is drunk, they are given a bottle of water and asked to leave.

The Council could lead by example by changing its staff code of conduct to prohibit alcohol consumption during the working day. This would encourage private companies to follow its lead. HIDS assists private employers to gain the Healthy Workplace Hallmark accreditation; substance misuse is a part of this.

The Panel agreed that a no-alcohol policy for the Council should apply to Councillors as well as staff.

The NST will feed back its findings to Government. At the progress review next month in Portsmouth, Mr Knobel will request information on how this information is being used and report back to the Panel.

The Joint Needs Assessment produced by the University of Portsmouth indicates that there is a strong drinking culture in the city partly due to the history of the navy and dockyard industry.

Rob Dalton, Director of Corporate & Support Services, NHS Portsmouth informed the Panel that he was interviewed by the NST and they had been very complimentary about the partnership working that is being carried out in the city and that it is one of the better performers in the UK.

Mr Knobel added that the Government Office of the South East was also very impressed with the work being undertaken to reduce alcohol related hospital admissions.

RESOLVED that details of the Department of Health Alcohol Harm Reduction National Support Team feedback to the Government be reported to the Panel at a future meeting.

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

i) Rembrandt Unit.

Rob Dalton, Director of Corporate and Support Services, NHS Portsmouth and Debbie Clarke, Associate Director Adult Services Care Delivery Unit, Solent Healthcare presented the report on the temporary relocation of the Rembrandt Unit to the St James Hospital site due to building work at the St Mary's site. A site plan of the St Mary's site was shown to the Panel; a copy is attached to these minutes as appendix two. During the presentation, the following points were clarified:

The Rembrandt Unit is a twelve bed rehabilitation unit which provides a step down for patients from Queen Alexandra Hospital on their journey home. The average stay is two and a half weeks. It is important that all the parties work together to use the site as effectively as possible.

The buildings in the middle of the site will be demolished and therefore a section of the site during the work is required.

Staff from the Community Team will be brought in to both sites to assist the transfer of patients.

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

The Rembrandt Unit will return to the St Mary's Site in 2012 but would be located in a different building. There are plans to extend it to a 16-bed facility.

Access for contractors will depend on the planning permission and the impact on traffic will be taken into consideration.

Timeline.

End of November / early December 2010 – adaptations to the Wimborne Unit in St James Hospital Site will start.

December 2010 - the pre-demolition assessment will be carried out and a planning application submitted.

Spring 2011 – transfer of patients, followed by the start of demolition works.

The vacant land will be sold at the best market value as it is surplus to requirements.

Like many other services, this unit was named after a famous painter who does not have links to the city. There are no plans to change the name of the unit but suggestions are welcomed.

As the patients only stay for a short while, it is not possible to engage with those who are likely to be affected. The transfer will be carried out as carefully as possible in order to minimise disruption for patients. The staff might be will work towards maybe having a week or two when both sites are open.

The majority of the patients are over 65 years old and there is a 90-100% occupancy rate.

Clear, sensitive communication is essential to minimise concern and disruption for patients.

Home support could be offered to patients who do not want to come to the St James Hospital Site.

Social services, service providers, and LINKs have indicated that they are satisfied that the relocation would not be detrimental to patients' needs.

Councillor Stagg noted that she considered this to be a significant variation to services.

RESOLVED that the proposed temporary relocation of the Rembrandt

Unit, St Mary's Hospital to St James' Hospital be noted.

ii) Battenburg Avenue.

Janet Kearney, Head of Capital Planning and Strategic Development and Rob Dalton, Director of Corporate and Support Services, NHS Portsmouth presented the report on the proposed relocation of the children's local community outpatient clinics, midwifery and orthoptic clinics and the children's community team base from Northern Parade Clinic to the Battenburg Clinic.

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

The method of engagement with service users will be agreed at the provider services meeting in November. This will be carried out by the service providers and a number of tools will be used including one to one interviews and questionnaires.

The centre caters for approximately three or four families per clinical session. The midwifery centre provides antenatal classes once a week for approximately 20 people.

There will be more space at the proposed new location and more parking.

Councillor Stallard observed that it was an information-sharing exercise rather than a consultation.

Mr Dalton explained that the objective was to engage with service users and other stakeholders in order to identify any specific difficulties; the plan could then be amended accordingly.

RESOLVED that a progress update on the relocation of the Northern Parade Clinic be given to the Panel at its December meeting.

Councillor Horne left the meeting at 3.30pm.

57 Dates of Future Meetings.

RESOLVED that the Panel will meet at 2pm on the following dates:

9 November.

13 December.

20 January.

3 March.

The Chair informed the Panel that the minutes from the Joint Health Overview & Scrutiny Panel which was held on 14 October would be circulated to the Panel.

The Chair read out the main points from the meeting with the Chief Executive of Portsmouth Hospitals Trust on 15 October.

The meeting closed at 3:45pm