

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in The Guildhall, Portsmouth, on Friday 17 December 2010 at 12pm.

Present

Councillors Lynne Stagg (Chair)
Margaret Adair
Robin Sparshatt

Co-opted Members

Peter Edgar, Gosport Borough Council and Hampshire County Council.
Patricia Stallard, Winchester City Council.

Also in Attendance

Aileen McNaughton, Associate Director Responsible for Children and Sexual Health Services, NHS Portsmouth.
Janet Kearney, Head of Capital Planning and Strategic Development, NHS Portsmouth.
Rob Dalton, Director of Corporate and Support Services
Joanna Kerr, Head of Public Health Intelligence, Directorate of Public Health and Primary Care, NHS Portsmouth.
Simon Bryant, Acting Director of Public Health and Primary Care, NHS Portsmouth.
Nickii Humphreys, Licensing Manager, Portsmouth City Council.
Claire Upton-Brown, Assistant Head of Planning Services, Portsmouth City Council.

- 82 Welcome, Membership and Any Apologies for Absence (AI 1)**
Apologies for absence were received from Councillors Dorothy Denston and David Horne.
- 83 Declarations of Interest (AI 2)**
Councillor Edgar declared a personal and non-prejudicial interest as he is a member of the Council of Governors at Portsmouth Hospitals Trust.

Councillor Stallard declared a personal and non-prejudicial interest as her husband uses a wheelchair that was purchased privately.
- 84 Deputations from the Public under Standing Order No 24 (AI 3).**
The Chair read out a written deputation from Drs Sue Paulton and Ann Dowd, Consultant Geriatricians expressing their concerns about the decision to decommission specialist rehabilitation.
- 85 Minutes of the Meeting Held on 9 and 25 November 2010 (AI 4).**
RESOLVED that the minutes of the meetings of the Health Overview & Scrutiny Panel held on 9 and 25 November 2010 be confirmed as correct records.
- 86 Update from the Previous Meeting (AI 5).**
The Chair informed the Panel that the Panel's query on funding for carers was

included in NHS Portsmouth's quarterly letter.

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

It was agreed that the Panel would consider Portsmouth Hospitals' Trust's quarterly letter at the end of the agenda.

i) NHS Portsmouth's Quarterly Letter.

Rob Dalton, Director of Corporate and Support Services presented the quarterly letter and raised the following points:

Carers Respite Funding.

Mr Dalton explained that the allocations were not ring-fenced by the Department of Health but provided within overall total allocations to PCTs for their populations. This means it is not possible to identify specific expenditure against this allocation.

In the quarterly letter, a list was provided giving an indication of where funds have been made available to provide support and breaks for carers. The Panel was asked to note that the selection of examples could be subjective and the list is not exhaustive.

The allocation of funds is a complex process. The needs of each category of carer are assessed individually and NHS Portsmouth tries to meet them through the carers support programme.

The amounts set out in the survey published by the Princess Royal Trust indicate that the funding given to NHS Portsmouth doubled this year.

Although, community and health service investment from the NHS has grown considerable over the last 10 years, demand, requirements and expectations are growing beyond the funding available. All decisions are based on intelligence in order to try to invest appropriately.

The way that services are commissioned will impact Portsmouth Hospitals Trust's workload. It is essential that there is the ability to provide the services that are necessary for the population. The health community is working together to balance the books.

Aileen McNaughton, Associate Director Responsible for Children and Sexual Health Services, NHS Portsmouth explained that she could give examples of how funding is provided to carers of children with complex needs.

The Panel explained that it requires information showing exactly where and how much is spent on carers.

Decommissioning of D1 Ward.

Mr Dalton explained that he will take on board the concerns raised in the deputation and will ensure that these are included in the evidence considered. The aim of the proposals is to provide better services with improved access for the elderly.

NHS Portsmouth is the decision-maker, but it will be informed by a number of expert sources including clinicians, GPs and national research.

RESOLVED that

- 1) NHS Portsmouth's Director of Finance be asked to provide further information on funding for carers.**
- 2) The Panel consider the decommissioning of D1 Ward at a future meeting.**

ii) Joint Strategic Needs Assessment (JSNA).

Simon Bryant Acting Director of Public Health and Primary Care and Joanna Kerr, Head of Public Health Intelligence, Directorate of Public Health and Primary Care, NHS Portsmouth presented the JSNA. A copy of the presentation is attached to these minutes as appendix one. During the presentation, the following points were raised:

The JSNA is a statutory requirement and is a key cornerstone for NHS commissioning. In future, commissioners (such as GP commissioning consortia) will be required to take into account of its findings. The initial impetus for the JSNA came from the Department of Health but its focus continues to expand to cover more determinants of health and wellbeing.

Inequalities are a key issue. Alcohol, smoking, child obesity, teenage pregnancy and an ageing population are issues that impact on the future cost of care in the city. These areas have been researched to varying degrees.

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

There is a JSNA for Hampshire but it is not on web yet. The table on slide 12 of the presentation shows inequalities by ward; Charles Dickens, Paulsgrove and Nelson electoral wards have the highest levels.

The Panel is very welcome to feedback from the Panel on the content of the JSNA.

Councillor Edgar reported that he had been very impressed by a programme in Gosport (suggested by teenage mothers themselves) where they go into schools to talk to pupils about the realities of motherhood at that age.

Councillor Stagg noted the importance of partnership working to understand the needs of the population. Mrs Kerr outlined the effect of lifestyles on health e.g. Portsmouth has higher levels of binge drinking. Compared to England or the region, the effects of excess alcohol consumption can be seen in Portsmouth's significantly higher levels of people claiming benefits due to alcoholism, alcohol-related hospital admissions, alcohol-related violent crime, alcohol-related sexual crime and alcohol-specific mortality rates for males (the female rate is higher than England or the South East Government Region but not significantly so).

RESOLVED that the JSNA be noted and that a list of key areas of health inequalities be identified from which the Panel will select an issue to review, subject to its work programme.

Northern Parade.

Janet Kearney, Head of Capital Planning and Strategic. Development and

Draft – subject to approval at the next meeting.

Aileen McNaughton, Associate Director Responsible for Children and Sexual Health Services, NHS Portsmouth gave an update on the plans for Northern Parade as requested at the October meeting.

Currently work is being carried out on the Communication Plan.

The Project Team is planning the details of the service move which will take place in May 2011 as the site is sold to the Council as part of a major redevelopment.

The catchment area is city wide as well as the local community. Most children come from the mid to North of the City.

The new site is only 0.7 miles from the current one. Many clients are already accustomed to visiting the Battenburg Clinic and the Willows Children's Centre which is adjacent. It is also next to a school which will minimise time out of lessons for those pupils. There are children and adult mental health services and speech therapists.

Many patients attend for a screening service and are then referred on to another. Clients who require ante-natal services are given a list of sites to choose from.

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

The move is being advertised in a number of ways. Current long-term clients are sent a letter, with a map and bus service details for the new site. Information has been sent to GP surgeries and children's centres. Other venues are being considered including supermarkets, which were suggested by a member of the Panel. Discussions are underway about advertising in Council publications.

The education service is keen to encourage teenage mothers to return to their original schools.

iii) PHT Quarterly Letter.

The Scrutiny Officer informed the Panel that the Associate Director of Communications could not attend today to present this letter due to work commitments but would respond to any questions that are sent to her.

The Panel noted that it had received very useful feedback on the arrangements in place during the bad weather.

The Chair informed the Panel that the Senior Local Democracy Manager had given a presentation to PHT Council of Governors Board to explain the powers and role of the scrutiny panel.

RESOLVED that the Portsmouth Hospitals' Trust quarterly letter be noted.

88

Update on the Scrutiny Review into Alcohol Related Hospital Admissions (AI 6).

Nickii Humphreys, Licensing Manager and Claire Upton-Brown, Assistant Head of Planning Services explained their services' work in relation to alcohol licensing.

Draft – subject to approval at the next meeting.

The council's Licensing Policy Statement was agreed by Full Council on 14 December 2010. The Licensing Manager and the Assistant Head of Planning Services informed the Panel that although they have distinct licensing regimes the two services work closely together particularly with regard to possible breaches of conditions.

Applications for a new premises or a change of use are made to the Planning Committee and licence applications are made to the Licensing Committee. Conditions can be placed on planning applications regarding use, hours of operation etc. It is not possible to impose a planning condition prohibiting a bar area or limiting the consumption of alcohol to customers who are dining. The Planning Committee will only consider local residents' amenities. Licensing conditions must have a direct correlation with one of the four licensing objectives. If a breach of use or condition is suspected, the planning service will collect evidence to establish that this has occurred.

The planning authority, the police and Environmental Health are responsible authorities and therefore can object to a licensing application. People who cause a nuisance on their way home are dealt with under other controls. The potential to cause a public nuisance could be considered a material consideration for the Planning Committee when considering an application. However, in areas that already have many licensed premises, experience has shown that it is difficult to prove that that one premises is directly response but more so is a cumulative issue.

There is nothing to prevent an applicant applying for later hours in respect of a premises licence than the planning consent permits but the applicant would still be required to comply with any planning restrictions notwithstanding any later issues granted under the licence or face potential enforcement action. Additionally, as a responsible authority, the Planning Service would have an opportunity to make representations as regards the application should it consider that the grant would have a detrimental effect upon the licensing objectives.

Members of the public are entitled to make deputations to both the planning and the licensing committees regarding licensing applications subject to certain restrictions.

The council's adopted planning policy is to encourage licensed premises in the Guildhall Walk area. However, the licensing committee has the authority to deviate from this if other considerations are greater and indeed the Council has adopted a cumulative impact policy as part of its statement of licensing policy which creates a rebuttable presumption that applications for new licences or variations to existing licences will be refused subject to representations being received.

Since April 2010 local authorities can impose mandatory conditions on alcohol licences e.g. prohibiting irresponsible drinks promotions. There are no strict criteria; this allows the local authority some flexibility on how this could be defined.

Councillor Peter Edgar left the meeting at 2pm.

Draft – subject to approval at the next meeting.

89

The Chair informed the Panel that a Health Overview & Scrutiny Panel in a different city is carrying out a review into veterans accessing health care.

Dates of future meetings (AI 8).

27 January 2011.

3 March 2011.

Draft – subject to approval at the next meeting.