HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 3 March 2011.

Present

Councillors Lynne Stagg (Chair)
Margaret Adair
Margaret Foster
David Horne (Vice Chair)
Caroline Scott (standing deputy for Jacqui Hancock)
Robin Sparshatt

Also in Attendance

Rob Watt, Head of Adult Social Care, Portsmouth City Council
Rob Dalton, Director of Corporate and Support Services, NHS Portsmouth
Sarah Balchin, Head of Patient Experience, Portsmouth Hospitals Trust
Jo York, Associate Director Systems Management Urgent Care, NHS Portsmouth
Jason Hope
Dr Sue Poulton, Consultant Geriatrician
Chris Ash, Divisional Business Executive Medicine for Older People
Catherine Kickham, Head of Early Years, Portsmouth City Council
Paula Reynold, Area Manager Children's Centres in the North of the City.

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

Councillors Dorothy Denston, Jacqui Hancock and Patricia Stallard sent their apologies.

11 Declarations of Interest (AI 2).

No declarations were made.

12 Deputations From the Public Under Standing Order No 24 (AI 3).

The Chair read out the written deputation from Dr Cox in which he expressed his concerns about fluoridation of water supplies.

Barbara Meldrum, John Pope and Councillor Caroline Scott expressed gave verbal deputations to the Panel to express their concerns about fluoridation of water supplies.

Additional papers on fluoridation were circulated to the Panel.

13 Minutes of the Meeting Held on 27 January 2011 (AI 4).

RESOLVED that the minutes of the Health Overview & Scrutiny Panel held on 27 January be agreed as a correct record.

14 Update From the Previous Meeting (AI 5).

The Chair gave the following update to the Panel:

Funding for carers.
This item is on the agenda.

South Central Ambulance Service
A letter was sent to the ambulance service expressing the Panel's satisfaction with the level of consultation received and its support for its application for trust status.

Alcohol-related hospital admissions.
The Cabinet will consider its response to the recommendations for the Council at its meeting on 17 March. The HOSP will receive all the responses at its next meeting on 17 March i.e. Council, South Central Ambulance Service, the Probation Service, Portsmouth Hospitals Trust and the police. The panel will also consider an appropriate time-table to monitor the implementation of the recommendations from the review and the impact they are having.

15 Fluoridation (AI 11),

The Panel agreed to consider this item next and discussed the possible implications for Portsmouth of the High Court's decision that the Strategic Health Authority had not acted unlawfully in instructing Southern Water to fluoridate water supplies.

RESOLVED that a report on the implications of the High Court's decision that the Strategic Health Authority had not acted unlawfully in instructing Southern Water to fluoridate water supplies be brought to a future meeting.

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

Adult Social Care.
Rob Watt, Head of Social Care, Portsmouth City Council presented his quarterly letter and raised the following additional issues:

- The Care Quality Commission rated five of Portsmouth City Council's adult social care outcomes as good and the other two as excellent. The Council is rated in the top third of Local Authorities in the South in this field.
- The Universal Information and Advice Hub site was launched in November as requested by the Department of Health. Stand-alone kiosks with internet portals to the site are being considered for access in other venues.
- The consultation on the organisational review will end on 24 April 2011.
- Community teams will be refocused to work more closely with colleagues in Health and there is a new Portsmouth Rehabilitation and Re-ablement Team bringing together health and social care professionals.
- A new role of care coordinators is to be introduced to support service users and to plan care packages.

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

- Qualified social workers carry out initial assessments and support service users with complex needs.

- It is predicted that there will be more demand in the future for adult care services but this will not necessarily result in a greater need for qualified staff. The ratio of care coordinators to qualified staff is currently higher than in some other local authorities.

RESOLVED that the Adult Social Care quarterly letter be noted.

(ii) NHS Portsmouth.

Rob Dalton, Director of Corporate and Support Services, NHS Portsmouth presented the quarterly report and raised the following additional issues:

There will be no change in service for the 300 or so Portsmouth patients who use the Trevor Howell Unit every year.

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

The plans for St Mary's Health Campus have not yet been finalised. The disposal of the majority of the site will be managed by Portsmouth Hospitals NHS Trust.

RESOLVED that the NHS Portsmouth quarterly letter be noted.

17 Health Update (AI 8).

NHS Commissioning Board.

This is a national organisation. A board will be set up in shadow form from April with Sir David Nicholson as the Chief Executive. Through the Strategic Health Authorities, it will lead the consolidation of Primary Care Trusts into sub-regional 'clusters;' and the development of GP Commissioning Consortia.

Primary Care Trust Clusters.

Primary Care Trusts (PCTs) have been asked to ensure that management resilience remains in the system until March 2013 by forming clusters.

The South Central will have three clusters: the SHIP (Southampton, Hampshire, the Isle of Wight and Portsmouth) area; East & West Berkshire and Oxford & Buckinghamshire. A decision on which Cluster Milton Keynes will join has not yet been finalised. Each cluster will have one Chief Executive, a Finance Director and Executive Team. The first two appointments will be made at the end of March. Other Executive Team appointments will be composed by June/July. Portsmouth and Southampton's needs are different to those of the rural areas in the SHIP area. Portsmouth PCT Board will remain but may choose to delegate some decision-making powers to the emerging cluster.

GP Consortia.

These will be decision-making bodies. There has been a good level of interest from local GPs. There will be an election to appoint an executive group of GPs who will then appoint a lead GP. The consortium can apply for 'pace-setters' status, which will give it more flexibility and powers. The GP consortia will be supported by the PCT clusters until April 2013.

The remuneration for the GPs who will have lead positions in the consortia have not been agreed.

Solent Healthcare.
This was formed by the merging of Southampton and Portsmouth PCT provider arms. It is applying for Community Trust status from April 2011 and Community Foundation Trust status from April 2012. At this point it will be called Solent Community Foundation NHS Trust.

Estates and Facilities Management Services.
The question of what was to happen with the Primary Care Trusts' estates after their abolition was not raised in the White Paper, but subsequent guidance has now been received about the transfer of the estate to those Community Trusts seeking Foundation Trust status. Solent Healthcare aims to be a CFT in April 2012 and has expressed interest in acquiring responsibility for local PCT property. The transfer of some of NHS Portsmouth's estate to Solent Healthcare has been agreed in principle and a decision will be made by the Board at its meeting later this month. Conditions would apply to the sale of property including that properties are not bought in a piecemeal fashion and that land that is already locked in an agreement with another company is not available for sale.

Solent Healthcare currently occupies some NHS Portsmouth properties. It is in its interest to maintain them to ensure the best use for local people. The GP Consortia, NHS Commissioning Board and Monitor will ensure that there are no conflicts of interest. Solent will not be permitted to 'cherry-pick' or acquire estate in a piecemeal fashion.

RESOLVED that the update on the changes in the health economy be noted and details of NHS Portsmouth's estates and facilities plans be brought to a future meeting.

(iii) Portsmouth Hospitals Trust (AI 6)
Sarah Balchin, Head of Patient Experience, Portsmouth Hospitals Trust presented the quarterly letter and answered questions from the Panel.

In December 2010 the Trust received 1,184 plaudits and 40 complaints.

Following a complaint regarding care that is provided for autistic patients, a six month project has been set up that will run from April to review work in the Emergency Department and two medical wards that have a higher than average number of patients with disabilities. People with autism are on the steering group for this project.

Today 114 patients are medically fit for discharge but not yet able to leave. Significant work is being carried out to deal with this issue.

Twenty two seats have been installed around the hospital in accordance with guidance on the maximum footage before seating is required. Higher raised seats are better than sofas, as they have two arms to push up against to aid in standing up.

The Chair commented that she had highlighted the problem of insufficient signage at the hospital on several occasions.

The graph in the quarterly letter shows cumulative totals of C difficile cases

(over 48 hours) from April 2010- to date compared to the upper threshold (the maximum number of cases allowed). There has been a percentage reduction year on year. The method used to report cases is changing next year, which may mean that some cases are recorded twice. It was agreed that in the next quarterly letter the data would be presented in a line graph showing the number of actual cases.

A formal process for collating and analysing plaudits has recently been introduced. Additionally, a project is underway to access feedback from less easy to reach groups as currently the majority of people who give plaudits are white and middle class.

RESOLVED that the Portsmouth Hospitals Trust quarterly letter be noted and that the following be brought to a future meeting:

- **A breakdown of the amount of time that has been freed up for as a result of the High Impact Actions and Essence of Care schemes**
- **Details of Portsmouth Hospitals Trust's finances.**
- **The number of seats and sofas installed at QAH.**

18 D1 Decommissioning (AI 7).

Jo York, Associate Director Systems Management Urgent Care, NHS Portsmouth explained the reasons for the decision to decommission D1 ward and the process involved.

The Health Reform Demonstration Systems (HRDS) identified a lot of waste in the system that addressed the needs of older people who fell. On average there 31 patients a month were re-admitted to the Emergency Department because of a breakdown in the care package. There were also high levels of dissatisfaction regarding access to services and the high number of assessments carried out. Service users said that they wanted a more joined-up service. The decision to change the service is based on a significant amount of evidence. An audit was carried out in 2009 and found that 50% of people on existing rehabilitation wards in the city could have received their care at home.

The aim is to return beds to a community setting for non-acute rehabilitation as part of a larger programme for integrated health and social care community services. The community service will be enhanced and the support at home more intense. It is part of Health and Social Care Partnership Programme which brings together the Independent Living Service and Solent Healthcare's rapid response unit. There will be two re-ablement units one on the St Mary's Health Campus and 18 beds as part of the four sites development.

A wide consultation was carried out and a business case written. The new units are due to open in 2012.

Dr Sue Poulton, Consultant Geriatrician explained that she has 14 years experience at managing this group of people, is the district lead on falls prevention and has been a member of the strategy group since 2001. She has been involved with HRDS and HaSP work since the start and has the following concerns:

The loss of the specialist rehabilitation ward at a time when there will be an

increase in the number of patients with more complex needs.

The audit that had been carried out was flawed as the denominator did not change as the patients were assessed week by week.

It is proposed that junior doctors will be on duty at the bedded unit without adequate supervision. The postgraduate tutor has confirmed that this would not be allowed in terms of training. The other rehabilitation units have staff grade doctors.

About 50% of the patients on D1 have had a hip fracture. Those requiring D1 for their rehabilitation are the very complex end who have an array of co-morbidities that need to be managed as well as their functional impairment following fracture. Approximately 65% of hip fracture patients i.e. the majority are discharged straight from the acute hip unit with follow up by community services. It is only the more difficult patients that require transfer to an inpatient unit.

Acute wards do not do rehabilitation. This means that there is possibility for the patients to decondition and rehabilitation outcomes may not be so good.

Chris Ash, Chris Ash, Divisional Business Executive Medicine for Older People explained that they had both the will and desire to continue working with Portsmouth City Council and NHS Portsmouth. They understand that it is only through the introduction of innovative and new social care models that the health service will meet the challenges.

D1 is a medical consultant-led unit which is part of Portsmouth Hospitals Trust which provides specialist rehabilitation. The cohort of patients that require D1 has a mixture of needs which can only be managed in a unit like D1 where patients are seen by specialists very early on in their treatment. Patients have very focussed multidisciplinary management and we have seen a reduction in the length of stay with the move to Queen Alexandra Hospital (QAH) from St Mary's Hospital. The day to day medical management is by 2 SHOs supported by Specialist Registrars. Being on the QAH site means that we have easy access to all diagnostics and other specialists.

He and Dr Poulton are very supportive of the working model.

<Councillor Caroline Scott left the meeting at 4pm.>

Ms York stated that similar units in Southampton, Bournemouth and Torbay do not have the same high level of consultant-led staffing as D1 currently has and these units do not have problems with long length of stays.

She explained that the level of medical input was currently being discussed.

Patients are not directly admitted to D1 from the community. They are referred from the acute wards (all specialities) and transferred as appropriate.

One of the aims is to reduce the delays in patient discharge from hospital. The money saved will be reinvested to provide more community support partly based in St Marys Health Campus. We believe that all the patients will receive the level of care that they require.

Dr Poulton reiterated the fact that most of the patients on D1 have complex needs including dementia and other interacting medical conditions and therefore there are concerns about them being managed by an intermediate care. The ward will be isolated and without sufficient medical cover.

Councillor Stagg asked Ms York how many GPs attended the engagement workshop in 2009.

Dr Paulton expressed concern that the engagement workshop covered the Health and Social Care Programme in general and did not focus on the plans for D1. She also reported that a consultant at a general rehabilitation ward at Southampton General Hospital had informed her that patients have a longer length of stay on the acute wards since the loss of the specialist rehabilitation wards. The option to enhance the service that D1 provides had not been put forward by commissioners for consideration.

Ms York explained that the aim of the change was to strengthen capacity and prevent readmission for the cohort of patients that currently use D1.

It was agreed that details of the numbers of GPs attending the workshops and responding to surveys and their views of this plan would be brought to a future meeting.

She wants to work with Portsmouth Hospitals' Trust and Solent Healthcare but recognises that they are not yet there.

The bedded unit is due to be ready in April 2012.

In September 2009 the Cabinet Member for Housing and Social Care gave his approval to the plans.

Consultation on HRDS was carried out with staff, service users, GPs, voluntary sector organisations.

Portsmouth Hospitals Trust is a party to this partnership and is very happy with the programme.

A member of the Panel observed that the options paper for the development of an integrated rehabilitation and re-enablement service published in May 2010 notes that considerable savings would be made following these plans.

Ms York responded that whilst it was part of the Sustainability Plan, the main reason was to improve the quality of care and reduce waiting times.

RESOLVED that further details on consultation and predicted outcomes be brought to the next meeting.

19 Children's Centres in Portsmouth (AI 9).

Catherine Kickham, Head of Early Years, Portsmouth City Council and Paula Reynold, Area Manager Children's Centres in the North of the City gave a presentation on immunisation and vaccination programmes and health inequalities work. A copy of the presentation is attached to these minutes as appendix one. During the presentation and questions from the Panel, the

following points were raised:

Every family has a consistent pathway from antenatal to five years old. Universal assessments at key stages of their life will identify areas where extra support is required.

There are 27 full time equivalent health visitors and they work closely with staff at the Children's Centres to ensure the best use of resources.

There are 16 centres in the city located so that no-one is more than a 20 minute walk away. Each centre is tailored to the needs of its local community.

Immunity of a sufficient number of individuals in a population such that infection of one individual will not result in an epidemic is referred to as herd immunity.

Breast feeding is key in the prevention of obesity. Portsmouth has a very high start up rate (75%) but by six weeks this has dropped by half.

The Health Economy Worker runs workshops on cooking healthily on a budget.

Many schools are involved in the healthy school challenge.

A new parenting team was set up 18 months ago which runs the Positive Parenting Programme using the Solihull Approach.

The Children & Adolescent Mental Health Service runs the Little Minds Matter course for under twos issues regarding attachment or extreme behaviour. It has produced some great results. It is currently only available in the centre of Portsmouth at the moment.

The Bilingual Support Service provides language assistants at school for pupils whose mother tongue is not English.

Over 50% of children on the Children in Need list were born to teenage mothers.

Portage is a home-visiting educational service for pre-school children with additional support needs and their families.

It is important that a consistent message is given to all service users.

The budget will be reduced by 17%. An impact assessment developed by the Children's Trust was carried out on every service to identify the services that could be reduced and those that are essential.

<Councillor Foster left the meeting at 17.15>

The Child Health Promotion Programme is now known as the Healthy Child Programme.

RESOLVED that the work of the children's centres in Portsmouth be noted.

20 Funding for Carers (AI 10).

The Chair reported that she had met with the Finance Director of NHS Portsmouth to discuss this issue and had been satisfied that more is spent on funding for carers than had been allocated. The Panel agreed that no further information on this issue was required.

The Scrutiny Support Officer informed the Panel that it had been invited to visit the Carers' Centre.

RESOLVED that NHS Portsmouth's expenditure on funding for carers be noted and that a visit to the Carers' Centre be arranged.

21 Scrutiny Review of Paediatric Cardiac Services (AI 12).

RESOLVED that the Cabinet be asked to write to the NHS Specialist Services to express the Council's support of option B in its Safe Sustainable Review of paediatric cardiac services.

22 Joint Health Overview & Scrutiny Panel (AI 13).

RESOLVED that Councillors Lynne Stagg, David Horne and Robin Sparshatt be nominated to represent the Panel on an interim basis on the Joint Health Overview & Scrutiny Committee which comprises Hampshire, Southampton, Portsmouth and the Isle of Wight and will consider any significant service changes as a result of the Sustainable Plan.

22 Dates of Future Meetings (AI 14).

17 March 2011 at 1pm.

The meeting closed at 17:25.