

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 9 June 2011 at 11am.

**Present**  
Councillors Peter Eddis (Chair)  
Margaret Adair  
Jacqui Hancock  
David Horne (Vice Chair)  
Councillor Lee Mason

**Co-opted Members**  
Councillor Dorothy Denston  
Councillor Colin Chamberlain

**Also in Attendance**  
Dr Paul Edmondson-Jones, Director of Primary Care and Public Health, Portsmouth City Council  
Simon Cook, Associate Director of Programme and Acute Care, NHS South Central  
Professor Cliff Shearman, Professor of Vascular Surgery/ Consultant Vascular Surgeon, Southampton University Hospitals Trust.  
Richard Samuel, Director of Corporate Affairs and Strategic Planning, NHS Hampshire  
Beverley Meeson, Network Manager, NHS South Central  
Dr Andy Douglas, Portsmouth GP Commissioning Consortium  
John Divall, Foundation Trust Project Director, South Central Ambulance Service NHS Trust  
Neil Cook, Head of Operations, East Hampshire South Central Ambulance Service  
Steve Gooch, Deputy Director of Finance Portsmouth Hospitals NHS Trust  
Justin Wallace-Cook, Assistant Head of Adult Social Care, Portsmouth City Council  
David Barker, Associate Director of Communications and Engagement, NHS Portsmouth  
Claire Pond, Head of Engagement and Experience, NHS Portsmouth  
Ted Griggs, Director of Estates and Facilities Management, NHS Portsmouth  
Jo York, Associate Director Systems Management Urgent Care, NHS Portsmouth  
Allison Stratford, Associate Director of Communication and Engagement, Portsmouth Hospitals NHS Trust  
Graham Sutton, Associate Medical Director, Portsmouth Hospitals NHS Trust

Alison Fitzsimmons, Head of Nursing, Alcohol Specialist Nurse Service, Portsmouth Hospitals NHS Trust

**36 Welcome, Membership and Apologies for Absence (AI 1)**  
Councillor Peter Eddis introduced himself as the new chair of the panel and welcomed everybody to the meeting. Councillors Margaret Foster, Peter Edgar and Keith Evans sent their apologies.

**37 Declarations of Interest (AI 2)**  
No declarations were made.

**38 Deputations From the Public Under Standing Order No 24 (AI 3).**  
The Chair suggested that deputations should be heard at the appropriate item on the agenda and this was agreed.

**39 Update from the previous meeting held on 3 March 2011(AI 4)**  
The Chair advised that the minutes would be agreed at the next meeting.

**40 The Transfer of Public Health responsibilities to Local Authorities (AI 5)**  
Dr Paul Edmondson-Jones, Director of Public Health and Primary Care explained that last summer the government's first white paper on the proposed NHS changes was published. It was followed by a public health white paper in December which set out proposals to transfer public health functions including resources and staff to local authorities.

Two consultation papers had also been published: an outcomes framework paper and a funding and commissioning paper. Three months was allowed for public consultation.

Dr Steve Field, chair of the Futures Forum, would be presenting a report to the Prime Minister on 14 June which would be followed by the Secretary of State's response. A government command white paper would be published between 12 – 18 July.

Dr Edmondson-Jones briefly outlined the implications of the changes for Portsmouth:

- Every Local Authority must appoint a Director of Public Health, but there is an option for smaller authorities to share directors.
- Staff and resources are transferring to Portsmouth City Council
- Associated strategies would be made known at a later date.

Dr Edmondson-Jones added that there had been a considerable amount of cooperation and joint working between the health and local authorities already in place before these changes had been proposed. For example, the HIDS staff were funded 50:50 by the NHS and the Local Authority.

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

- The number of staff transferring to the Portsmouth City Council offices is no more than 25: 10 staff members were already located in the Civic Offices
- All the services commissioned by the Director of Public Health were already located in appropriate premises.
- Funding was provided to cover staff relocation cost.

**RESOLVED that the update on the transfer of public health responsibilities to local authorities be noted.**

**41 South Central Ambulance Service's Quarterly Letter (AI 8)**

The Panel agreed to hear this item next.

John Divall Foundation Trust Project Director, South Central Ambulance Service NHS Trust referred to the quarterly letter attached to the agenda and outlined some of the main points.

2010 was a remarkable year for the South Central Ambulance Service, (SCAS) as the service had been rated as one of the top performing ambulance trusts in the country.

The application to become a Foundation Trust was approved by the Department of Health on 1 April and he was confident that the process was moving forward.

Public consultation on the foundation trust application process was completed on 28 February. Following comments from local authorities on the number of local authority appointed governors, they had agreed to increase the number to three. Elections for governors was projected to start in September and to be completed by November, but this would depend on Department of Health approval. Membership of the trust was currently around five and half thousand.

The service was looking to expand the "hear and treat" service and the current projections were for the first 111 service to be operating with the region by the autumn of this year.

The annual plan had been published and was on the website.

Finally, Mr Divall commented that 2011 would be a challenging year for the service, as the uncertainty of demand as a result of cost reductions in hospitals and local authorities would be difficult to predict.

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

- A new vehicles programme was still in place; staff were engaged in the design and specification of vehicles. They were looking at a replacement programme having regard to the range of vehicles

available.

- The service currently deals with 12 local authorities and requires 3 Councillors to be appointed to the board. The service has no say as to which authorities would appoint local authority governors. This could be a matter of debate for local authorities.
- The service would be contributing to discussions both nationally and locally regarding vascular emergencies and major trauma.

Members of the Panel expressed concern regarding how the three local authority governors would be appointed given that the service served 12 local authorities. Members stressed the importance of having a rural representative and a south coast representative.

**RESOLVED that:**

- 1. The South Central Ambulance Service's quarterly letter be noted.**
- 2. Details of the method by which the local authorities in the South Central region determine which three Councillors will represent them on South Central Ambulance Service's board of governors be brought to a future meeting.**

**42 Increasing fitness for surgery – proposal to require stop smoking treatment prior to referral for elective surgical procedures (AI 6)**

Dr Paul Edmondson-Jones gave a presentation to expand on the report circulated with the agenda; a copy is attached to these minutes as appendix one.

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

Smokers would not be denied access to surgery. The policy would provide GPs and hospital staff with the opportunity to explain the benefits of smoking cessation, the increased risks and potential for complications both during and after surgery for smokers and to assist smokers to give up their addiction prior to their operation.

The initiative will be launched in July.

Decisions regarding whether the benefit from having the operation outweighs the benefit of smoking cessation will lie with the patient and their GP or consultant.

Currently, all Portsmouth hospitals were signed up to the scheme but they were looking at rolling it out other hospitals in the region that Portsmouth area residents may use.

The initiative is both locally and nationally based. NHS Portsmouth would be producing its own publicity and information literature.

**RESOLVED that:**

- 1. The proposal on increasing fitness for surgery – to require stop smoking treatment prior to referral for elective surgical procedures be noted**
- 2. An update on similar initiatives in place to assist patients in dealing with obesity, alcoholism and drug addiction be brought to the Panel in six months' time.**

**43 Vascular Surgery (AI 7)**

Professor Shearman Professor of Vascular Surgery/ Consultant Vascular Surgeon, Southampton University Hospitals Trust gave a presentation to accompany the report circulated with the minutes. Simon Cook, Associate Director of Programme and Acute Care, NHS South Central outlined the plans for vascular surgery as set out in the presentation. A copy of the presentation is attached to the minutes as appendix two.

Dr Isabel Pine, Governor of Portsmouth Hospitals NHS Trust, made a deputation to the panel in which she expressed her concerns about the proposal.

Councillor Peter Edgar was unable to attend the meeting but his concerns about the proposals were read out to the Panel.

A letter from Mr Syd Rapson, Mrs Lucy Docherty and Dr Robin Marsh who are Governors of Portsmouth Hospitals Trust expressing their concerns about the proposals was read to the Panel.

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

- 17 emergency Abdominal Aortic Aneurism operations were carried out in Portsmouth and approximately 30 in Southampton.
- Six vascular surgeons was the minimum number required to service a hub unit as recommended by the 2009 South Central Health Authority review. If the Portsmouth and Southampton units were working together with the hub unit based in Southampton, this unit would have a heavy workload and would require more than six surgeons.
- The question of the working arrangement between Queen Alexandra Hospital (QAH) and St Richard's Hospital in Chichester was raised. It was explained that whilst St Richard's was happy to continue working with QAH, the future of the arrangement would depend on the South East Coast Strategic Health Authority's review of vascular services and how St Richard's Hospital would fit with future plans for that authority.
- Dr Douglas pointed out that the case for larger units was proven but one possibility might be to have a single vascular surgical team working from two sites, i.e. Southampton and Portsmouth.

(Councillor Lee Mason left at this point at 12:05pm)

- In relation to the income that would be lost to QAH if the vascular surgical team were to concentrate their services in Southampton, it was explained that the decision on future plans for vascular services would be based on how to obtain the best outcomes for patients. However, the authority would do its best to mitigate the cost consequences for units which would lose revenue as a result of centralisation.
- The effect of the centralisation of vascular services in Southampton on other specialties at QAH was raised and it was agreed that these matters should be discussed in the public domain.
- Portsmouth GPs had been consulted on the proposals and Dr Douglas reported their view was that all options should be explored and a decision based on achieving the best outcome for patients given the finances and other resources available.
- It was anticipated that a decision would be made at the end of this calendar year. Consultations with local scrutiny groups would be taking place during the coming months.
- Graham Sutton, Associate Medical Director commented that emergency ruptured aortic aneurysms involved a small number of patients - it would be foolish to plan entire services around a single emergency procedure. The arrangement with St Richard's Hospital was sustainable, had been operating for six years and there was no intention to change the arrangement between St Richard's and Queen Alexandra unless called for by the South Central Review Panel. He expressed support for the vascular Surgical Society's review of the future of vascular surgery in the UK which would affect the viability of smaller units. The unit at QAH was one of the larger units. Mr Sutton believed that the SHA review panel had over estimated the potential gains resulting from centralisation in Southampton and underestimated the potential effect on the people of Portsmouth of the loss of the QA vascular surgery unit.

**RESOLVED that:**

1. **The review of vascular surgery be referred to the Joint Health Overview & Scrutiny Committee with the recommendation to investigating including representation from West Sussex with regard to the implications of the working arrangements with St Richard's Hospital.**
2. **A report on the possible effect of the proposal on other specialties at QAH be brought to the next meeting.**

**44 Portsmouth Hospitals Trust Quarterly Letter and End of Year Review (AI 9)**

Allison Stratford, Associate Director of Communication and Engagement, Portsmouth Hospitals NHS Trust and Steve Gooch, Deputy Director of Finance Portsmouth Hospitals NHS Trust, presented the quarterly letter which was circulated with the agenda.

Replying to questions from the panel, the following points were

clarified:

- Regarding more efficient use of trust sites, it was mentioned that the Dermatology unit at St Mary's Hospital would be transferring to QAH, as was the case with the Finance team which was currently off site in rented accommodation.
- The redundancy programme referred to posts not people.
- Bariatric Surgery would be introduced as a new service and would provide additional income.
- 5% of QAH staff members were military personnel which brought in an income of £3m. The next nearest hospital with military personnel was Frimley Park.

The Panel commented that the infection control graphs showing cumulative statistics were somewhat confusing. Members asked for graphs indicating increases/ decreases and including national comparators and this was agreed.

**RESOLVED that Portsmouth Hospitals Trust's quarterly letter and end of year review be noted.**

#### **45 Adult Social Care's Quarterly Letter (AI 11)**

The Panel agreed to hear this item next. Justin Wallace-Cook Assistant Head of Adult Social Care, Portsmouth City Council presented the quarterly letter which was circulated with the agenda.

The following points were clarified in response to questions from the Panel:

- Information on how schools are made aware of relevant strategies will be provided in the next quarterly letter.
- Responding to a comment that dementia needs to be diagnosed earlier so that more effective treatment can be given. It was explained that Dementia can be difficult to diagnose and accordingly, there is a reluctance among clinicians to give a definitive diagnosis. The Adult Social Care Service was working with GPs and other health colleagues to improve the service for patients with dementia.
- A lot of information is available to the general public about Dementia and the signs and symptoms to be aware of. The Social Care universal hub provides information. There are also training schemes for GPs.
- Councillor Eddis referred to several sheltered housing units in Southsea. He asked for a report on Friendship House and Portsmouth Town Court to be brought back to the next meeting. It was believed that the resident warden would be replaced by a roving warden. The comment was made that although this would result in a saving for the Housing Association it was likely that Portsmouth City Council would have to pick up other costs resulting from reduced services to residents.

**RESOLVED that:**

1. **Portsmouth City Council's Adult Social Care's quarterly letter be noted.**
2. **A report on Dementia strategy including information for families and GPs to be submitted to the next meeting.**
3. **A report on changes to the residential warden provision at Friendship House and Portsmouth Town Court be brought to the next meeting.**

**46 NHS Portsmouth's Estates and Facilities Management (AI 13)**

The Panel agreed to hear this item next. Ted Griggs, Director of Estates and Facilities Management, NHS Portsmouth, presented his report, which was attached to the agenda.

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

- Buildings and facilities would be transferred to Solent Health Care with effect from 1 September.
- The leases on properties would also be taken over by Solent Health Care.
- The arrangement enabled properties to remain within the ownership of the NHS.

**Resolved that the report on NHS Portsmouth's Estates and Facilities Management be noted.**

**47 D1 Decommissioning – Update (AI 14)**

The Panel agreed to hear this item next. Jo York, Associate Director Systems Management Urgent Care, NHS Portsmouth presented the report which was circulated with the agenda.

**RESOLVED that the progress report on the re-provision of rehabilitation services be noted.**

**48 NHS Portsmouth's Quarterly Letter (AI 10)**

The Panel agreed to hear this item next. David Barker, Associate Director of Communications and Engagement, NHS Portsmouth, presented the report which was circulated with the agenda.

The following points were raised by the Panel and David Barker agreed to seek clarifications and report back:

- With regard to the introduction of a prescription system for patients requiring medication following treatment at St Mary's NHS treatment centre, the Panel asked whether patients who went to the centre late in the evening could be given sufficient medication for the night, as they might not be able to get to a chemist until the following day.
- Information on the cost effectiveness and convenience for patients of the new Diabetic Retinopathy service was requested.

**RESOLVED that:**



1. **NHS Portsmouth's quarterly letter be noted.**
2. **Details of the patients and the procedure for the prescription of medicine at St Mary's Treatment Centre be provided for the next meeting.**

**49 NHS Portsmouth's Equalities Delivery System (AI 12)**

David Barker, Associate Director of Communications and Engagement, NHS Portsmouth and Claire Pond, Head of Engagement and Experience, NHS Portsmouth presented the report which was circulated with the agenda.

**RESOLVED that the Equalities Delivery System be noted.**

**50 Scrutiny Review of Alcohol Related Admissions (AI 15)**

At its previous meeting, the Panel requested further clarification to responses from the following services: South Central Ambulance Service, Portsmouth Hospitals Trust, Hampshire Constabulary and the Probation Service. A written response was received from Hampshire Constabulary and was attached to the agenda. Neil Cook, Head of Operations, East Hampshire South Central Ambulance Service, attended the meeting to deliver a verbal report but had to leave before this item was dealt with.

Alison Fitzsimmons, Head of Nursing, Alcohol Specialist Nurse Service, Portsmouth Hospitals NHS Trust reported on the information requested by the Panel on data regarding alcohol-related assaults in the Emergency Department at QAH and an analysis of the effectiveness of the security guard.

There were only 1-2 assaults per month and of these only a very small percentage were alcohol-related. Most alcohol related incidents took place at night. To date no incidents had necessitated calling the security guard. The Emergency Department were happy with the current arrangements and the effectiveness of the security guard.

In answer to a question from the panel, Alison stated that she received regular reports from the Emergency Department but had not yet seen any complaints regarding security issues in connection with alcohol related incidents.

Alison also stated that she had discussed with Alan Knobel, Substance Misuse Co-ordinator at Portsmouth City Council, the recommendation that all patients admitted to the Emergency Department over the previous week with alcohol related conditions be sent a letter after discharge informing them of the approximate cost of their treatment. Whilst they understood the panel's rationale in proposing that the cost of alcoholism should be pointed out to patients, they felt it would be difficult to work out how to do this and that the Panel's recommendation should not be adopted for the following reasons:

- There was a fine line in deciding who to write to.
- It could be inflammatory.
- It could deter patients from seeking necessary treatment at the Emergency Department.

**RESOLVED** that the responses from Hampshire Constabulary and Portsmouth Hospitals Trust regarding the Alcohol-Related Hospital Admissions report be noted and an update on Portsmouth Hospitals Trust's Alcohol Steering Group be brought to a future meeting.

**51 Joint Health Overview & Scrutiny Committee (Sustainability Plan) (AI 17)**

**RESOLVED** that the following members be nominated to the Hampshire, Portsmouth, Isle of Health Scrutiny Joint Committee:

- Councillor Peter Eddis
- Councillor David Horne
- Councillor Lee Mason

**Councillor Margaret Adair** be nominated as the Standing Deputy for all of the above members.

**52 The Closure of Ward G5 at Queen Alexandra Hospital (AI 17)**

**REOLVED** that the implementation of the Secretary of State for Health's recommendations regarding end of life care be brought to the next meeting.

**53 Dates of Future Meetings (AI 18)**

**RESOLVED** that The following meeting dates be agreed (to start at 11am):

- 21 July.
- 15 September.
- 3 November.
- 15 December.

The meeting concluded at 3:40pm.