

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 17 March 2011.

Present

Councillors Lynne Stagg (Chair)
Margaret Adair
Margaret Foster
Jacqui Hancock
Robin Sparshatt
Patricia Stallard

Also in Attendance

Simon Bryant, Acting Associate Director of Public Health
Barry Dickinson, Joint Commissioning Manager (Substance Misuse)
Debbie Clarke, Associate Director for Adult Clinical Services, Solent Healthcare.

From 2.30pm:

Jo York, Associate Director Systems Management Urgent Care, NHS Portsmouth
Jason Hope, Senior Project Manager, Portsmouth City Council
Dr Sue Poulton, Consultant Geriatrician
Dr Ann Dowd, Consultant Geriatrician

The following papers were tabled at the meeting:

1. The minutes from the Health Overview & Scrutiny Panel meeting held on 3 March 2011.
2. The draft terms of reference for the Joint Health Overview & Scrutiny Committee (Hampshire, Isle of Wight and Portsmouth).
3. Report on re-providing rehabilitation services in Portsmouth.
4. Report on Single Point of Access by Solent Healthcare.
5. The responses to the scrutiny review of alcohol-related hospital admissions from the probation service and South Central Ambulance Service.

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

Councillors Keith Evans and Dorothy Denston sent their apologies for absence and Councillor Peter Edgar sent his apologies as he was due to arrive late.

25 Declarations of Interest (AI 2).

Councillor Lynne Stagg declared a personal but non-prejudicial interest as the wife of her fellow Ward Councillor is applying for the position of Macmillan Library Outreach Officer which is discussed on agenda item 10.

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

No deputations had been received.

- 27 Minutes of the Meeting Held on 3 March 2011 (AI 4).**
RESOLVED that the minutes of the Health Overview & Scrutiny Panel held on 3 March be agreed as a correct record subject to the addition of Councillor Patricia Stallard's apologies for absence.

- 28 Update From the Previous Meeting (AI 5).**
The Chair gave the following update to the Panel:

The following reports will be considered at the first meeting of the municipal year:

1. Fluoridation report.
2. Details of NHS Portsmouth's estates and facilities plans.
3. 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
4. Details of Portsmouth Hospitals Trust's finances.
5. The number of seats and sofas installed at QAH.

A visit to the Carers' Centre will also be arranged in the next municipal year.

Paediatric Cardiac Services.

At its informal meeting on 7 March, the Cabinet considered the recommendation from HOSP 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. The Cabinet decided it was not appropriate to consider this and returned the item to the HOSP.

As this is a matter that will affect several areas, the Joint Health Overview & Scrutiny Committee (Southampton, Hampshire, Isle of Wight and Portsmouth) will scrutinise this issue and submit its views to the consultation.

RESOLVED that the national change in the provision of paediatric cardiac services be considered a substantial variation.

Joint Health Overview & Scrutiny Committee (Hampshire, Isle of Wight and Portsmouth).

The draft terms of reference for this JHOSC that will be considering the Sustainability Plan were considered by the Panel. The Panel was asked to pass their comments to the three Councillors who have been nominated to this committee on an interim basis. These nominations will be agreed by Council on 22 March and then the 2011 appointments agreed at the Council meeting on 17 May.

RESOLVED that the draft terms of reference for the Joint Health Overview & Scrutiny Committee that will be examining the Sustainability Plan be noted.

- 29 Joint Strategic Needs Assessment (AI 6)**
Simon Bryant, Acting Associate Director of Public Health presented his report on the health inequalities in Portsmouth. In response to questions from the Panel, the following points were clarified:

The figures had been broken down into gender but not ethnicity, age groups, life styles etc.

Robust national and local data sources were used for this report. Every GP practice updates a central database with details of their patients. This is examined and a comparison made of different areas of the city.

The Panel was pleased to note that there is a lot of work being carried out to encourage people to make healthy lifestyle choices e.g. smoking cessation. However it commented that it is important to consider the person in a holistic manner. For instance worklessness can be a factor in depression, stress, poor nutrition, smoking and alcohol abuse. In order for this to happen, all services need to work well together.

Mr Bryant explained that the transferring of public health responsibilities to the Council will mean that joined up working can happen more easily.

The programme of health trainers launched a few years ago to signpost people to the appropriate service was not successful as it could have been. Health Trainers work in the community and encourage people to make steps towards a healthier lifestyle. Their levels of competency are being raised so that they can help more people directly with personal behaviour change.

A member of the Panel commented that the report outlined some good proposals, but it was important to ensure that meaningful data was used so that an up-to-date picture was obtained.

Mr Bryant suggested that the Panel consider reviewing issues of male life expectancy and the health inequalities related to this issue. This area has many strands to it including accessing of information and services.

The Chair commented that one of the facts that arose during the review into alcohol-related hospital admissions was the link between alcohol consumption and diseases including cancer.

The Panel suggested that in-store cookery demonstrations would be popular and informative. Mr Bryant explained that a series of one-off cookery demonstrations had been given in the city and although these were well attended it had not been possible to evaluate the impact they had had in changing people's cooking habits.

In response to feedback that consumers want to buy frozen products for convenience, the Easy Freezy campaign was launched. At the supermarkets people are shown how to make small steps towards a healthier diet e.g. by choosing lower fat options. Two supermarkets have been involved in this campaign. Asda has agreed to share their till rolls so that the impact of this campaign on people's shopping habits can be analysed.

Work is being carried out to improve the standards of school meals. The numbers of pupils who have school meals will be sent to the Panel.

RESOLVED that:

- 1. The report on health inequalities be noted.**
- 2. The review of male life expectancy be added to the work programme for consideration at the first meeting of the next municipal year.**

30 Dual Diagnosis (AI 7)

Barry Dickinson, Joint Commissioning Manager (Substance Misuse) presented his report on dual diagnosis (mental health and substance misuse). In the subsequent discussion, the following points were raised:

Work is being carried out to monitor patients who have Dual diagnosis issues, to try to identify what leads to effective outcomes and guide future treatment/policy based on that more detailed analysis.

It is important that more training be given to GPs so that they can take a holistic approach to identifying and treating dual diagnosis issues as early as possible on in the process. There are often many complex issues involved.

The Chair explained the circumstances of a friend's husband whose care was not coordinated and the diagnosis took 3 years. The case file did not follow the patient.

The enhanced gateway model has taken on board some of these issues.

A counselling service was piloted successfully and expanded.

Members of the Panel expressed concern about the numbers of patient papers that did not follow the patient or were lost in the system.

The Alcohol Intervention Team carried out a lot of work to bring information into GP surgeries and to encourage GPs to learn more about this issue.

Some mental health services will now take on patients with alcohol misuse issues who have not stopped drinking.

The transitional service for under 25s is being launched next month, this service will have closer links with Child and Adolescent Mental Health Services, so should provide a more integrated service for individuals with dual diagnoses

Women tend to access at a later stage of dependency than men.

RESOLVED that the report on dual diagnosis be noted and an update be given to the Panel in six months time.

31 Solent Health Care (AI 8).

Debbie Clarke, Associate Director for Adult Clinical Services, Solent Healthcare and David Clements, Project Manager for Single Point of Access presented a report on the Single Point of Access. In the subsequent discussion, the following points were raised:

The Common Assessment Framework will contain the care plan and service users' details, which will be accessed by the ambulance service and the Emergency Department. This will mean that the most appropriate service will be given to the patient.

There will be 1-10 numbers, which all start with 0300. Through all of the numbers, all services will be accessible.

All services will be using the SPA by December 2011.

The nurse triage system starts on 1 April 2011.

The SPA will join up with the GP out of hours service.

Transforming our community services so that they are more responsive to phone calls and there is improved follow through.

The work carried out by Solent Healthcare on the SPA will make it easier to link into the 111 non-emergency service when it is rolled out nationally.

Currently, this service is for people with chronic conditions or the elderly but eventually the SPA will cover all the cohort groups in the area that Solent Healthcare is contracted to provide.

Maintaining patient confidentiality is essential and is being looked at through the national IT system.

The Scrutiny Support Officer informed the Panel that Solent Healthcare had requested that the Panel write to the Strategic Health Authority to express support for Solent Healthcare's application for NHS Trust and Foundation Trust status. She explained that the Panel would be endorsing its application and not its specific service plans.

RESOLVED that

- 1. The update on Single Point of Access from Solent Healthcare be noted.**
- 2. The Panel write to the Strategic Health Authority to express support for its application for NHS Trust and Foundation Trust status.**

32 Scrutiny Review of Alcohol Related Hospital Admissions (AI 9).

The Panel considered the responses that it had received from the police service and South Central Ambulance Service.

RESOLVED that with regard to the scrutiny review of alcohol-related hospital admissions:

- 1. Its disappointment that the Cabinet decided not to implement recommendation 7 regarding the prohibition of alcohol consumption**

- by staff and members during the working day and being under the influence of alcohol at work be noted.
2. The alcohol-related assaults in the Emergency Department at QAH data and an analysis of the effectiveness of the security guard be brought to the next meeting.
 3. Portsmouth Hospitals Trust be asked to respond to the second part of recommendation 20.
 4. Hampshire Police be asked to respond to the second part of recommendation 15 and for clarification on its response to recommendation 26.
 5. The probation service be asked for details of the outcomes of the review of Alcohol Treatment Requirements (ATRs) and for assurance that the Specified Activity Requirements would not replace them.
 6. South Central Ambulance Service be asked for clarification of its response to recommendation 21.

Councillor Patricia Stallard left the meeting.

33 Macmillan Cancer Support Project Portsmouth Library Service (AI 10).

The Panel considered the report on the Macmillan Cancer Support Project by the Library Service and agreed that it was pleased with the project.

Details of whether appointments were required would be sent to the Panel.

RESOLVED that the report on the Macmillan Cancer Support Project by Portsmouth Library Service be noted.

34 D1 Decommissioning (AI 11).

Jo York, Associate Director Systems Management Urgent Care, NHS Portsmouth presented her report on re-providing rehabilitation services in Portsmouth which outlines the consultation carried out and the benefits to patients.

She explained that the Consultant Geriatricians directly affected by the redesign still have some concerns and the commissioners have agreed to work on resolving these concerns over the coming months

A meeting was held the previous week with Jo York, Dr Ann Dowd, Dr Sue Poulton, Debbie Clarke and Dr Ian Gove from Southampton. It was recognised that Portsmouth Hospitals Trust had been involved in the discussions concerning the HaSP model from the start of the process. However the doctors felt that over the last six months they had not been engaged as much as they should have been. NHS Portsmouth has acknowledged this and apologised to them.

The plans need the support from the Consultant Geriatricians and the specialist medical team. They still have concerns for the (*small cohort of*) patients in D1 who have very complex needs and under the proposals will remain in acute ward for a longer period. However if the ambulatory care element of the proposal is successful, other (the majority of) patients may (will) have shorter stays. The commissioners resolved to (continue to) work with the Portsmouth Hospitals Trust and partners NHS Hampshire to resolve some of these issues (in a broader sense).

Dr Ann Dowd explained that much of the report focuses on the broad model which they support. They are excited at the opportunities it presents. However, they have on-going concerns regarding the bedded models. The meeting last week was very useful and they have agreed to work together to resolve their differences. It is important to examine the skill sets, environment and the staff model for the cohort of patients accessing a bedded model and to consider how the success would be measured.

Some patients do not require specialist rehabilitation and can be discharged into the community. Those with more complex needs must be transferred to rehabilitation as soon as possible in order to achieve the best outcomes.

Dr Sue Poulton explained that there would be a very different turnaround if D1 ward was decommissioned. Therefore there are still concerns to be resolved. On the St Mary's Healthcare Campus, patients would have to be transferred outside to the diagnostic facilities, which are in the Independent Specialist Treatment Centre.

Fareham and Gosport have a community hospital with specialist rehabilitation beds, step up and step down beds. Petersfield also have a community hospital. Each of these sites has a greater medical presence easier access to diagnostics than me be available at St Mary's Healthcare Campus. Havant and Waterlooville also have a community hospital.

The Chair observed that the Panel wanted all patients to have the level of service that they require.

RESOLVED that:

- 1. The changes in the rehabilitation services be noted.**
- 2. A progress report on the project be brought to the next Panel meeting.**
- 3. The proposal to try to resolve concerns between NHS Portsmouth and the consultants regarding the changes be noted**

35 Dates of Future Meetings (AI 12).

These will be arranged in the next municipal year.

Councillor Robin Sparshatt informed the Panel that he is not standing for re-election in May, so this will be his last Health Overview & Scrutiny Panel meeting. The Panel thanked him for all his work on this panel and wished him well in his retirement.

The meeting closed at 15:30.