

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 21 July 2011 at 11am.

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

Co-opted Members
Peter Edgar
Gwen Blackett

Also in Attendance
Claire Pond, Head of Engagement and Experience, NHS Portsmouth
Mark Roland, Respiratory Consultant, Portsmouth Hospitals Trust.
Chris Ash, General Manager, Medicine for Older People, Rehabilitation and Stroke, Portsmouth Hospitals Trust.
Allison Stratford, Associate Director of Communication and Engagement, Portsmouth Hospitals NHS Trust
Jo Shearman, Senior Programme Manager, NHS Portsmouth.
Nigel Baldwin, Accommodation & Enabling Manager, Portsmouth City Council.

54 Welcome, Membership and Apologies for Absence (AI 1).
Councillors Colin Chamberlain and Keith Evans sent their apologies.

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

56 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.

57 Minutes from the Previous Meetings Held on 17 March and 9 June 2011 (AI 4).

RESOLVED that the minutes from the meetings held on 17 March and 9 June 2011 be agreed as correct records.

58 Update From the Previous Meeting (AI 5)
(i) Vascular Services.
The Scrutiny Support Officer informed the Panel that once the Strategic

Health Authority has drafted its options for the reconfiguration of vascular services, these would be considered by the individual Health Overview & Scrutiny Panels. If they are considered substantial then each panel will delegate authority for a joint committee to scrutinise this matter on its behalf.

Councillor Edgar informed the Panel that he had recently visited the renal units at Queen Alexandra Hospital and understands the key role that vascular surgery plays in their work.

Councillor Blackett observed that whilst waiting for the Strategic Health Authority to formulate options for this review, groups could still be encouraged to submit their views.

The Chair informed the panel that a report on the dementia strategy including information for families and GPs would be submitted to the September meeting.

59 Fluoridation of Water Supplies (AI 6).

Ms B Meldrum gave a verbal deputation to the panel in which she expressed her concern about the alleged toxicity of fluoride.

The Chair read out Dr Paul Edmondson-Jones, Director of Public Health and Primary Care's report on fluoridation which is attached to these minutes as appendix A.

The panel expressed concern that the Strategic Health Authority decided to go ahead with its plans despite the public's opposition.

RESOLVED that the following statement, request and questions be sent to the Director of Public Health and Well Being and the responses brought to the following meeting:

- 1. The threat of fluoridation to the Portsmouth Water Company area be regarded with concern and therefore the removal of this threat until 2013 be welcomed.**
- 2. Progress updates and details of any channels by which the panel can feed into the decision-making process be brought to a future meeting.**
- 3. Has oral health in Birmingham improved since the introduction of fluoridated water supplies?**
- 4. What percentage of children visit the dentist on a regular basis in Portsmouth?**
- 5. What dental educational initiatives have been carried out in the area?**
- 6. What can be learnt from initiatives in other areas?**
- 7. Can you provide evidence of the positive impact on oral health that fluoridation has had in a city where this has been recently introduced?**
- 8. What impact did fluoridation have on the health of residents in Birmingham?**

60 St Mary's NHS Treatment Centre (AI 7).

In response to questions on the report that had been sent out previously, Claire Pond, Head of Engagement and Experience, NHS Portsmouth clarified the following points:

St Mary's Health Campus does not have an emergency department.

Additional statistics on walk-in contacts at St Mary's NHS Treatment Centre from May 2010- May 2011 are as follows:

Area	Number of Patients
Gosport	343
Fareham	1,959

The Treatment Centre continues to dispense medicines to patients, subject to stock availability. This stock is largely determined by the care pathways for which the Treatment Centre is commissioned. A list of the range of medicines provided is attached as appendix A of the report.

Councillor Mason commented that the data could be distorted by students giving their home address rather than their term time address.

The Chair read out Councillor Dorothy Denston's statement on this issue: I am aware that residents from Havant borough and East Hampshire are often advised to use this facility and their postcodes are PO7 and PO8. I am told is very efficient and much quicker service.

Councillor Blackett advised that more could be done to promote the use of this centre to Havant residents. Mrs Pond responded that the promotional campaign is ongoing and every opportunity is taken to raise awareness of the centre.

The Choose Well campaign literature has been made available in Bangladesh and Chinese. It is available in other languages and alternative formats on request. Engagement will soon take place with the Polish community to assess their needs.

RESOLVED that the following information be brought to the next meeting:

- 1. Patient numbers compared with target/contracted numbers.**
- 2. Details of the literature given to GP surgeries regarding the treatment centre.**

The panel agreed to change the order of the agenda.

61 Portsmouth Hospitals NHS Trust's Alcohol National Support Team (NST) Action Plan (AI 9).

RESOLVED that Portsmouth Hospitals NHS Trust's Alcohol National Support Team Action Plan be noted.

62 Releasing Time to Care (AI 10).

The Chair reminded the panel that the Portsmouth Local Involvement Network (LINK) had commented that clinical support at Queen Alexandra Hospital is very good but sometimes other needs unconnected with medical needs are not dealt with very well.

RESOLVED that a breakdown of the targets in the releasing time to care report be brought to a future meeting.

63 The Health Overview & Scrutiny Panel's Work Programme (AI 11).

(i) Personal Health Budgets.

The Scrutiny Support Officer informed the panel that there had been a significant amount of change since the report on Personal Health Budgets was completed in March.

(ii) Male Life Expectancy.

The Chair explained that male life expectancy in Portsmouth was one of the lowest in the country.

Councillor Horne observed that the rate varies significantly between different wards in the city.

The panel discussed whether there were high levels of asbestos-related deaths in Portsmouth.

Mark Rowland, Respiratory Consultant, Portsmouth Hospitals Trust clarified the following issues regarding asbestos exposure:

Exposure to asbestos can lead to a number of illnesses including asbestosis.

Portsmouth has the sixth highest number of asbestos-related deaths in the country. However, it does not have a significant affect on the mortality rate.

There are 300 new cases of lung cancer in men every year. Asbestos contributes significantly to these cases but it is difficult to prove the link. The majority of patients have worked in the dockyard, Royal Navy and the Merchant Navy.

Plural plaques take approximately 20 years to develop and mesothelioma 42 years.

The risk of developing lung cancer for someone who has been

exposed to asbestos is 5 times higher, for a smoker this rises 10-fold and for someone with both factors it is 30-50 times higher.

(iii) Hip Fractures.

The Chair commented on a recent press release from Portsmouth Hospitals Trust regarding its higher than national average score for hip operations. He asked members whether they wanted to investigate the reasons for the Trust having one of the largest number of hip fracture patients.

Allison Stratford, Associate Director of Communication and Engagement, Portsmouth Hospitals NHS Trust explained that this was due to Queen Alexandra Hospital's very large catchment area (600,000 people) of whom 100,000 are aged 65 years old or over. The aging demography means that the hospital has a higher incidence of hip fractures and this is expected to continue to rise every year. Prompt treatment is very important to save lives as this is a serious condition.

RESOLVED that:

1. **A progress report on the implementation of personal health budgets in Portsmouth be brought to the next meeting.**
2. **Details of how male life expectancy in Portsmouth compares to other cities including Bolton, Plymouth, Rosyth, Cardiff and Exeter be brought to a future meeting.**
3. **Details of hip fracture operations carried out at Queen Alexandra Hospital be brought to a future meeting.**

64 National Review of Paediatric Cardiac Services (AI 12).

The panel considered the update on the review of paediatric cardiac services that was sent out with the agenda.

RESOLVED that the update on the safe and sustainable review of children's congenital heart services in England and Wales be noted.

65 Plans for the Resident Wardens/ Managers at Portsmouth Town Court and Friendship House (AI 13).

In response to questions from the panel, Nigel Baldwin, Accommodation & Enabling Manager, Portsmouth City Council clarified the following points:

The performance of targeted intensive housing support will be monitored as part of the Support People Outcome Framework by the Supporting People Team.

The Supporting People Manager will monitor the service provided at Portsmouth Town Court, Friendship House and Sydenham Court.

The decision on the future of the resident managers at Friendship House will not be taken until 3 October.

Emergency lifelines are in place for residents and Guinness Hermitage Housing Association provides floating support.

The main driver for removing resident managers is to achieve efficiencies.

In a Capita online survey that was carried out in June regarding intensive housing support for older people, 43% of respondents said that they were likely to reduce this type of service (i.e. employing a resident warden).

The national budget for supporting people has been reduced by 11.5% i.e. £0.8bn.

The panel expressed concern about the potential impact of the withdrawal of this vital service.

RESOLVED that:

- 1. The plans for the removal of resident managers at some residential homes be brought to a future meeting.**
- 2. The Cabinet Member for Housing be asked to take note of those housing associations that have withdrawn residential wardens and consider whether to work with them in future.**

Councillors Foster and Hancock left the meeting.

66 Dates of Future Meetings (AI 14).

RESOLVED that the following amended dates and times be agreed:

13 September at 9.30.

3 November at 9.30.

15 December at 9.30.

67 End of Life Care for Older People at Queen Alexandra Hospital (AI 8).

Councillor Michael Andrewes gave a verbal deputation to the meeting in which he expressed his concerns for patients and their families' dignity at the end of life and also the implementation of the Independent Reconfiguration Panel's recommendations by Portsmouth Hospitals Trust.

Mark Roland, Respiratory Consultant, Portsmouth Hospitals Trust raised the following points:

He has been the clinical lead for end of life care since January 2007 and he also has extensive experience as clinical lead in the South Central Region.

The measures used to evaluate the effectiveness of the changes to the model has shown that privacy and dignity at the end of life have been maintained, while access to appropriate clinical care has improved since the closure of G5 ward.

Even if it were considered to be the best option, the PHT does not have the resources to reopen G5 ward.

There are 2,000 deaths annually throughout the hospital which equates to six per day.

It requires a constant effort to maintain and improve the high standards for end of life care. The support of the Health Overview & Scrutiny Panel would be very useful.

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

Having the facility to provide more time for end of life care is essential for its success.

Elderly care wards can occasionally feel busy due to the high level of patient dependency. The end of life care team provides support to ward nurses for practical and complex issues. It has proved to have had a significant impact on the level of care.

The end of life care team provides support to ward nurses for practical and complex issues. It has proved to have had a significant impact on the level of care.

There is some confusion regarding the terminology of specialist palliative care and general end of life care.

The hospital employs one Specialist Palliative Care Consultant, 3.6 whole time equivalent (WTE) and 3.6 WTE end of life care nurses. Their roles are complementary.

Although the End of Life Steering Group monitors the numbers of complaints regarding end of life care, Mr Roland also reads each letter to identify lessons that could be learnt. On average there are one or two per month and this figure is steadily improving.

The End of Life survey completed by bereaved relatives is managed by the Patient Advice and Liaison Service. A member of the Clinical Service centre meets with families who were not satisfied with the care that their loved one received.

Chris Ash, General Manager, Medicine for Older People, Rehabilitation and Stroke, Portsmouth Hospitals Trust explained that meeting with relatives was very important to improve the service and to promote

best practice.

The panel was invited to give their views on the composition of the Reference Group, which will support the process of finalising the Trust's End of Life Strategy – a document due to go before the Trust Board in November. It will also monitor the use of resources (physical and human) dedicated to providing end of life care in the hospital.

The Care Quality Indicators (CQUIN) which are the quality standards set by commissioners in the Trust's contract, targeted 25% of all deaths in 2010/11 being dealt with using the Liverpool Care Pathway. This year's target is 50% and the results from the first quarter show that the hospital has sustained its performance of 40%.

The Liverpool Care Pathway will be launched mid January 2012. When used well it can improve the quality of care. More work needs to be done to educate and train staff to use it effectively.

Queen Alexandra Hospital has among the highest proportion of single rooms in the country: 240 of which 46 are in Medicine for Older People wards. The only factor that would be prioritised over patient choice at the end of life for use of a side room would be significant infection control considerations. The demand for and provision of single rooms is monitored.

Allison Stratford, Associate Director of Communication and Engagement, Portsmouth Hospitals NHS Trust explained that a significant amount of work had been carried out to communicate the changes. A database is being compiled of all community groups.

The Substantial Framework assessment form agreed by the Joint Health Overview & Scrutiny Committee (Southampton, Hampshire, Isle of Wight and Portsmouth) is used and is comprehensive.

It is important that each issue be considered on an individual basis for public engagement implications and effective communications.

Councillor Andrewes asked through the Chair that the presentation given at this meeting be converted into a report. However, it was agreed that this would create unnecessary work.

The vast majority of feedback on end of life care is positive. 60% of people die in an acute hospital but most would probably prefer to die at home. Therefore it is important to promote choice.

Jo Shearman, Commissioning Manager NHS Portsmouth explained that the GP Clinical Commissioning Group was involved in developing the strategy. It is also important that the views of the public and patients are heard.

RESOLVED that the implementation of the Independent Reconfiguration Panel's recommendations regarding end of life care by Portsmouth Hospitals Trust be closely monitored by the Panel.

The meeting concluded at 1.40pm.