

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF A MEETING of the Health Overview & Scrutiny Panel held in the Guildhall, Portsmouth on Tuesday 13 September 2011 at 9.30 am.

Present

Councillor Peter Eddis (Chair)
Councillors Margaret Adair
Margaret Foster
Jacqui Hancock
David Horne (Vice-Chair)

Co-opted Members:

Councillors Peter Edgar
Gwen Blackett
Dorothy Denston

Observer: Jane Muir, Portsmouth Local Involvement Network (LINK)

Also Present:

NHS Portsmouth.

Campbell Todd, Senior Development Manager
David Barker, Associate Director - Communications and Engagement
Matthew Smith Associate Director of Public Health

Portsmouth Hospitals NHS Trust

Graham Sutton, Associate Medical Director
Peter Mellor, Company Secretary
Gill Watson, Head of Midwifery
Caroline Mitchell, Consultant Clinical Scientist Infection Prevention and Control

Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Primary Care Trust.

Sarah Tiller, Interim Director of Communications and Engagement
Dr Stuart Ward, acting Medical Director

NHS Hampshire.

Sarah Elliott Director of Commissioning – out of hospital services.

Clinical Commissioning Group.

Dr Tim Wilkinson, GP

Portsmouth City Council.

Rob Watt, Head of Adult Social Care

NHS South Central Strategic Health Authority.

Simon Cook, Associate Director of Programme - Acute Care

NHS Southampton City
Dr Jeyanthi John, Consultant in Dental Public Health

Cardio Vascular Network.
Beverley Meeson,

Portsmouth City Council
Jane Di Dino & Joanne Wildsmith, Customer, Community & Democratic Services

68 Welcome, Membership and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Keith Evans and Lee Mason.

The chair reported that there had been a request from the LINK for a reciprocal arrangement of attendance at meetings of the LINK and this panel. The chair hoped that cross-representation would foster an increased knowledge and awareness of the groups. Jane Muir from LINK was welcomed to the meeting.

RESOLVED that:

- 1. a member of the Portsmouth Local Involvement Network (LINK) be invited to participate at Health and Overview & Scrutiny Panel meetings**
- 2. a member of the panel attend LINK meetings**
- 3. the joint informal meetings of the HOSP and LINK cease.**

69 Declarations of Members' Interests (AI 2)

There were no declarations.

70 Deputations from the Public under Standing Order No 24 (AI 3)

The chair wished to take deputations with the respective items and this was agreed.

71 Minutes of Previous Meeting held on 21 July 2011 (AI 4)

RESOLVED that the minutes of the meeting held on 21 July 2011 be agreed as a correct record.

72 Fluoridation (AI 5)

The chair referred to the correspondence received from the Director of Public Health & Primary Care which had been circulated to the panel and published on the website. He reiterated that it would not be until after the health service review was complete (after 2014) that there would be any possibility of bringing forward proposals relating to this for Portsmouth and so this would not be dealt with again by the panel unless it became a current issue for the Portsmouth area.

A request from Councillor Caroline Scott, who could not be present, was read out by the chair asking if he or the panel were aware of a condition called Staggers which kills cows that ingest fluoridated water; the panel members and Dr John were not aware of this condition.

Deputations were made by Maria Cole and Barbara Meldrum both stating their concerns regarding fluoridation when there were alternative methods to improve children's teeth. They were also concerned by the effects fluoride could have on medical conditions affecting over and under active thyroids stating that fluoride was a poison. Barbara Meldrum had circulated a DVD to members entitled 'Professional perspectives on water fluoridation'.

It was agreed that copies of these deputations be circulated to members of the panel.

The Consultant in Dental Health, answered members' questions which included a request for a response to concerns regarding the toxicity of fluoride. She referred to the schemes that had been in existence for 50 years mainly in the West Midlands area and the European Commission report on health and environment risks, which had looked at toxicology findings and concluded that there was no association with negative health outcomes, no association of bone fracture and no clear linked bone cancer and did not suggest an effect on the thyroid. Dr John explained that there was a naturally occurring level of fluoride that was already in the water. She reiterated that this was not a consideration for Portsmouth at this point and the health authority was focusing on education in the immediate future.

The panel was aware of public concern regarding fluoridation and the Consultant in Dental Health stressed that if this does become an option for Portsmouth it would need to go through the commissioning group where there would be medical experts and a decision would be based on this evidence. She was supporting a range of healthy initiatives. Panel members raised concerns regarding the expense of dental check-ups that had led to some adults not going regularly or taking their family, reduced advertising of toothpaste and the need for parents to look after their children's teeth in the early years to ensure that health professionals were able to examine their teeth in the formative years.

The consultant reported that 40 city nurseries were involved in the Saving Smiles scheme and the Portsmouth Dental Academy has a screening programme for children's teeth but the problem with uptake was due to the need for parental consent, which was not always forthcoming.

RESOLVED that:

- 1. the responses from the Consultant in Dental Public Health on fluoridation be noted.**
- 2. the NHS be asked to consider allocating the funding that may have been spent on fluoridation on dental health education and dental screening of school pupils.**
- 3. Portsmouth City Council do all it can, through the schools to encourage parents to give consent for their children to attend dental screening.**
- 4. the Director for Public Health and Primary Care bring a report in 12 months time on the effectiveness of dental health campaigns in schools, the update of dental screening of 5 year olds and their attendance at dental surgeries.**

73 Stroke, Major Trauma and Vascular Services (AI 6)

The chair read out a letter from the Chair of the Council of Governors at Portsmouth Hospitals Trust (which would be published on the website) seeking support from the panel in its request that the Primary Care Trusts to engage in consultation on the reconfiguration of local vascular services. A letter from NHS South Central had also been received by the panel regarding engagement by the Primary Care Trust (PCT) clusters from 22 August to 30 September which may be followed by formal consultation with the Health Overview & Scrutiny Panels. Members of the panel were clear that this should be subject to a formal consultation exercise and Sarah Tiller, Title from the PCT Southampton, Hampshire, Isle of Wight and Portsmouth reiterated that there had been a letter from their Chief Executive Debbie Fleming and they were giving an undertaking that there would be public consultation on this issue which had attracted local concern during the discussion phase.

The panel had further papers tabled from NHS South Central. NHS Hampshire's Director of Communication and Engagement explained that the aims of the national review was reflected in the local review to provide best standards and to address the differences in the outcomes of vascular surgery with death rates in England at 8% compared to Scandinavia's 3%. Stroke, major trauma and vascular services were all being reviewed at the same time as there are similarities. **Major trauma** services were for the most severely injured patients and those with multiple injuries and the proposal was for a major site to be in Southampton with Portsmouth continuing to have a trauma unit where patients could be transferred after the initial care. For **stroke** care there were no major changes as there was a highly specialist unit at Queen Alexandra Hospital (QA) already.

The three options in the **vascular** engagement document as set out in the summary paper were:

- (1) Southampton General Hospital to provide emergency and elective complex inpatient vascular surgery for the populations of Portsmouth, Southampton, Winchester and the Isle of Wight.
- (2) Queen Alexandra Hospital in Portsmouth to provide emergency and elective complex inpatient vascular surgery for the current population and for the population of Chichester looking towards a joint service.
- (3) Some elective complex vascular surgery is retained in Portsmouth which will need to be agreed between the QA and Southampton General Hospitals.

Members were concerned that there would be a reduction in vascular surgery at QA and what effects there would be on excellent cancer, stroke, renal, diabetes and heart services. Dr Ward responded that this would go out to consultation. The aim is to ensure that residents across the area received the best outcomes and to retain as much local expertise as possible. There needed to be high specialisms. For stroke services there was no intention to make changes. For heart problems, recent changes at QA had already led to improvements. Dr Ward stressed that they were focusing on the outcomes and procedures rather than the financial implications. There was no intention to reduce the number of surgeons but there may be changes in their locations to give patients the right treatment in the right place at the right time. It was recognised there were artificial health authority boundaries between Surrey and Sussex and they would be exploring ways of working more closely with them. As this matter affected the whole region, it would be considered by the Hampshire Health Overview & Scrutiny Committee (HOSC) at the end of the month and was likely to go to a joint HOSC at the time of public consultation.

The Manager of the Cardio-vascular Network reported that the new proposals would go through the external expert review with representatives from national professional bodies. Dr Ward explained this was about treatment being appropriate and as this would lead to faster discharges so there could be savings made. Most savings were likely to be gained through quality and better outcomes via the best care for the patient. He believed that there would need to be full vascular service to support the major trauma unit and brain surgeons at Southampton. Local hospitals would be challenged to provide more and more consultants to be available every day of the week. The formal consultation on vascular services would make clear the knock-on effects on other services such as major trauma.

RESOLVED that:

- 1. The proposed changes for services for stroke care and major trauma services be noted.**
- 2. The proposed changes for vascular services be considered a substantial variation of services and therefore authority for a review be delegated to the appropriate Joint Health Overview & Scrutiny Committee.**

(Councillor Peter Edgar left at 11.25 am)

74 Nurturing Maternity Service Development (AI 7)

The Head of Midwifery at Portsmouth Hospital Trust clarified the following issues in response to questions on her report on the Nurturing Maternity Service Development:

1. Timeframe for the changes – Nurture is a two year programme which was presented to the Joint HOSC in March. It is expected to be implemented by April 2013. Workstream 1 regarding choice of place of birth will be implemented by January 2012. Recruitment of the maternity support officers was already taking place. The aim is to encourage the use of birth centres and increase birth in the community by 10%.
2. Monitoring the effectiveness of the changes – Each workstream has its own targets and priority is to give one to one care for women in labour and to reduce incidences where pregnant women have been denied their choice of place of birth. The aim is for 30% of births to be at midwife-led units or at home. There would be a reduction in the length of stay for those who are well and they would be given improved support at home with the promotion of breastfeeding and good parenting. It also aims to increase the normal birth rate and reduce the rate of caesarean section which has been high in the Portsmouth area. There would also be increased use of children's centres which helped reach vulnerable families. The use of interpreters was explained and the work undertaken with vulnerable groups which included mothers with substance misuse, lack of family support, teenage pregnancies and those families known to Social Services with care plans or those previously unknown to the health service.

3. Choice of place of birth - this would be more formally monitored in the future. The aim is to maintain individual choice. There is a good level of midwives in Portsmouth compared to the Hampshire average and a target to provide one midwife to 30 women. There was an increase in the number of well trained support workers which freed up midwives for focused care. When asked about financial advantage of the changes it was reported there would be economy of scale with midwives at birthing centres being more locally based to ensure access to the right care in the right places.

RESOLVED that the progress on the nurturing maternity programme be noted.

75 Diabetic Retinopathy (AI 8)

The Associate Director of Public Health and the Senior Development Manager , NHS Portsmouth clarified the following issues in response to questions:

The introduction of a mobile screening service in GP surgeries, health centres and community centres across Portsmouth and Hampshire was being implemented. It was noted that the contract with Care UK had been entered into for three years.

The national screening body had strict requirements regarding the room standards for screening purposes.

RESOLVED that NHS Portsmouth be asked to consider the use of local opticians/ optometrists for the provision of diabetic retinopathy for the next tendering opportunity.

(Councillors Margaret Adair, Jacqui Hancock and Margaret Foster left the meeting at 11.50am)

76 Future frequency of update items/quarterly letters

The chair suggested that to ensure more manageable agendas and to give adequate time for discussion of items, the update letters be submitted every four months and that these be staggered.

RESOLVED that the progress reports from the organisations that currently produce quarterly letters be considered at four monthly intervals.

77 Solent NHS Trust's Quarterly Letter (AI 9)

The executive officers of the Solent NHS Trust sent their apologies for not being able to attend. Copies of their answers to questions that had already been submitted were tabled and are set out below:

Timescale of the estates transfer - The SHIP cluster has approved the transfer, which now has to go to the SHA and then to the DH for approval, which will take upwards of two months. It is not anticipated, therefore that the transfer will happen before 1st April 2012, and these plans could be discussed in more detail at a one to one meeting.

Future use of the Single Point of Access which is primarily for professionals - This has already been extended out to include those patients that are already being case managed and we can discuss at the one to one meeting, the plans to link this to the proposal around the 111 service.

Future of FairOak - Response from the Solent Head of Service: Specialist commissioning have accepted Solent NHS's notice and after 31st March 2012, Solent NHS Trust will no longer be providing Low Secure Services. The decision on its future is now with specialist commissioning; as yet Solent does not know what their intentions are but there should be some clarity over the coming weeks.

RESOLVED that the quarterly letter from Solent NHS Trust be noted.

78 Portsmouth Hospital Trust's Quarterly Letter (AI 10)

The Company Secretary, Portsmouth Hospitals Trust and the Consultant for Clinical Scientific Infection Prevention and Control, clarified the following issues in response to questions regarding the quarterly letter:

The importance of visitors washing their hands when entering hospitals is essential and a new publicity campaign has recently been launched on the wards to encourage this. Visitors are also asked not to sit on the beds in order to help contain infections. Two chairs are normally provided by the beds.

RESOLVED that the quarterly letter from Portsmouth Hospital Trust be noted.

79 NHS Portsmouth's Quarterly Letter (AI 11)

The Associate Director - Communications and Engagement clarified the following issues in response to questions on the quarterly letter:

Between August 2010 and July 2011 389 inpatients and 1,008 outpatients received treatment for pain. The review was looking at moving the initial point of referral from hospital into the community pain services. The conditions that were covered included back, neck, facial injuries and post-surgery. Work would be undertaken with the specialist support services and GPs regarding referrals to the community provider in the first instance.

The preferred drug Avastin for age-related macular degeneration is cheaper and is also seen to be of similar quality and effectiveness to Lucentis. Mr Barker estimated that given annual treatment figures at QA Hospital and the number of injections required by each patient in a course of treatment there were probably between 200 and 300 Portsmouth patients receiving these injections in the area each year. He would endeavour to obtain more exact details on the numbers of patients in Portsmouth and from the wider HOSP area.

Regarding qualified providers, there is a national requirement to publicly engage on proposals to extend choice of provider within some community and mental health services. This would be publicised via the Portsmouth LINK and also Portsmouth City Council's residents' Flagship magazine. The government expected the information provided by the commissioners to be comprehensive to ensure that patients can make informed choices.

RESOLVED that the quarterly letter from NHS Portsmouth be noted.

80 South Central Ambulance Service's Quarterly Letter (AI 12)

The South Central Ambulance Service's quarterly letter was not available for this meeting but would be submitted to the November meeting.

RESOLVED that the quarterly letter from South Central Ambulance Services be brought to the next meeting.

81 Adult Social Care's Quarterly Letter (AI 13)

The Head of Adult Social Care at Portsmouth City Council clarified the following issues in response to questions from the panel:

The outturn figures in the quarterly letter refer to the situation as at March 2010.

Local accounts will be required from 2012/13.

There is an upward trend in the uptake of personal health budgets.

There is an increase in the number of carers receiving service (these include services such as moving & handling training, relationship guidance, sitting service, respite as well as a lot of support and advice including benefits type information).

The bringing together of the Portsmouth Rehabilitation and Reablement team, into the Independent Living Service, which have similar tasks, has led to streamlined management through Solent NHS Trust.

The numbers of dementia patients requiring nursing care are currently low and therefore Harry Sotnick Nursing Home has vacancies. However, it was anticipated that there would be an increase in numbers in the future. If this did not happen consideration could be given to converting part of the home to a residential facility.

HCA is an acronym for the Homes & Communities Agency and CQC refers to the Care Quality Commission.

RESOLVED that the quarterly letter from Adult Social Care be noted.

(Councillors Gwen Blackett and Dorothy Denson left the meeting at 12.30pm.)

82 End of Life Care (AI 14)

This would continue to be monitored by the panel but further to clarification being sought on the status of the document, this may not need to be placed on the agenda next time.

RESOLVED that the panel members be informed of the status of Portsmouth Hospital Trust's End of Life care strategy for adults.

83 Healthwatch (AI 15)

RESOLVED that a volunteer be sought to represent the panel at Healthwatch Development meetings.

84 Dates of Future Meetings (AI 16)

These were noted as:

3 November
15 December

The meeting closed at 12.35 pm.

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Chair

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14 September 2011
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