HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 3 November 2011 at 09:30am.

Present

Councillors Peter Eddis (Chair)
Margaret Adair
Margaret Foster
David Horne (Vice Chair)
Lee Mason

Co-opted Members

Gwen Blackett
Dorothy Denston
Peter Edgar (from 11:15am)
Keith Evans

Also in Attendance

Jane Muir, Portsmouth LINk.
Neil Cook, Area Manager, Portsmouth and South East, South Central Ambulance Service NHS Trust.
Mark Ainsworth, Area Director, South Central Ambulance Service NHS Trust
Gemma Rainger, Senior Programme Manager, Portsmouth City Council and NHS Portsmouth.
Barry Dickinson, Senior Programme Manager, Integrated Commissioning Unit, Portsmouth City Council and NHS Portsmouth.
Dr Paul Edmondson-Jones, Director of Public Health.
Sarah Rapkin, Public & Patient Engagement Manager, Solent NHS Trust.
Stewart Agland, Local Democracy Manager, Portsmouth City Council.
Jane Di Dino, Local Democracy Officer, Portsmouth City Council.

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

Councillor Jacqui Hancock sent her apologies for absence and Councillor Edgar for arriving late.

The Chair asked members to switch their mobiles and other electronic devices off during the meeting.

86 Declarations of Interest (AI 2).

Councillor Edgar declared the following non-prejudicial interests:

1. He is a member of Portsmouth Hospitals' Trust's Council of Governors.
2. He was a member of the SHIP PCT Cluster's Developing Safe and Sustainable Acute Services: Expert panel on vascular surgery.

Councillor Lee Mason declared a non-prejudicial interest in that he works at the students union at the University of Portsmouth.

87 Minutes from the Previous Meeting Held on 13 September 2011 (AI 3).

RESOLVED that the minutes from the meeting held on 13 September 2011 be agreed as a correct record.

88 Update From the Previous Meeting (AI 4)

The Chair gave the following updates:

- A volunteer is sought to attend the LINk meeting on 24 November and the Healthwatch Development meetings.
- An update report on Nurturing Maternity Service Development is due to come back to the February 2012 meeting.
- Members asked to be informed of the status of the Portsmouth Hospitals' Trust' s End of Life Care strategy for adults.

RESOLVED that:

1. **Councillor Foster attend the LINk meeting on 24 November.**
2. **An annual update on the end of life care strategy be brought to the panel.**

89 Update from South Central Ambulance Service (AI 5).

In response to questions from the panel, Neil Cook, Head of Operations, East Hampshire and Mark Ainsworth, Area Director, South Central Ambulance Service NHS Trust clarified the following issues:

<u>The use of private ambulances.</u>

Private ambulances are used by ambulance services across the country. Two years ago, the Department of Health provided significant funding to the trust for the Call Connect Process and new staff were recruited. Private ambulances (including crew, vehicle and equipment) have been employed from agencies to ensure standards are maintained whilst these new staff are trained and the recruitment levels are achieved. (Paramedics now take three years to train) By the end of this financial year, the numbers of private ambulances employed will be very small and generally, utilised during short periods of peak demand.

The private companies are assessed every six months to ensure that they provide the same high level of service as that of the trust. The staff are all registered professionals. The trust's control room determines the workload and locality in which they workl on a daily basis, this also determines where staff on duty take their breaks. The agency staff are treated similarly to that of the trust although locations may vary.

It is not significantly more expensive to use private companies because the trust does not have any overheads for them however, for longer term sustainability it is the trusts intention to recruit staff to the required levels and utilise Private organisations less.

Demand for ambulances is increasing and we are working not only on recruitment but also in developing alternative care pathways for our patients to reduce the need for the traditional ambulance and focus on the right skill for the right patient.

Patient Transport Services.
The trust does not provide patient transport services in this area. These are commissioned from other providers by the Primary Care Trust and Portsmouth Hospitals Trust. When the contract is retendered, the trust will submit a bid.

Air Ambulance Service.
This service is budgeted for separately; the charity provides the funding and the trust provides the staff.

Staff are very keen to work for the air ambulance service but there is a risk that become deskilled as they are only dealing with trauma patients. Therefore, the crews are rotated between ambulance and helicopter work.

South Central Ambulance Service is featured on the TV programme Real Rescue.

Ambulance Stations and Standby Points.
The trust gives regular updates to the panel on the estates strategy and in particular its plans for the station in Eastern Road. The use of the station has changed significantly and the service has outgrown the facility which should be expected as it has been in existence over 50 years ago, so the trust is looking to relocate in order to supply the appropriate resources for the city. The current station also has its difficulties with being on a main contributory route in to the city which can become blocked occasionally. The new facility may be located nearer the motorway and complimented by several standby points situated throughout the city and in the Havant, Fareham, Gosport and Waterlooville areas to ensure the continued rapid response to all calls.

The suitability of the standby points are assessed regularly by Staff, Managers and health and safety representatives, based on location and facilities.

Since the introduction of standby points, the response times have improved by an average of one minute which allows ambulance resources to be mobile and generally closer to their patients than from the static position of ambulance stations employed several years ago.

The closure of the station in Portsea ambulance station, four years ago which housed one shift ambulance and one day ambulance, did not adversely affect performance.

A graph showing the performance in 2008-9 in the PO areas was circulated.

Calls

All emergency calls are routed to the operation centre in Otterbourne. If a call is not answered, it is re-routed to Berkshire and then to Biscester, Oxfordshire, if not answered after two minutes. 85% of all calls are answered in the area that they originated. The trust was one of the slowest to answer calls but this is improving now.

The trust is one of the best in the country for response times.

When a person hangs up before the call is answered the call is classed as abandoned. It is not recorded whether that person calls again.

The locations of all the ambulances at all times is shown on the on-screen area map at the call centre in order to ensure the fastest response time to the appropriate calls on occasion ambulances are mobilised before the call is answered as the telephone numbers are cross referenced to the location.

Considerable work has been carried out over the whole health economy on care pathways to ensure that patients received the right treatment at the right location.

Traffic calming measures.

Local Authorities always consult with the ambulance service when considering introducing traffic calming measures. The trust recommends speed cushions because the ambulances can straddle them and these cause less discomfort for their patients than road humps. The need for traffic calming measures in order to reduce speeding and save lives is understood.

Cross Area Working.

The trust has very good working relationships with the ambulance services in other areas.

For contractual element of health care – there is a need to understand who is responsible for the funding/ contracts and which departments are affected to bring a resource together.

As more regional specialist centres are developed, ambulances spend longer out of their own areas and so there is a need to organise additional resources and subsequently funding to cover them.

It was agreed that graphs showing the trust's performance for PO6-8 will be circulated to the panel.

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RESOLVED that the update from South Central Ambulance Service be noted.

90 Personal Health Budgets (AI 6).

In response to questions from the panel, Gemma Rainger, Senior Programme Manager, Portsmouth City Council/ NHS Portsmouth clarified the following issues:

The introduction of PHBs is an evolutionary concept and the costings have not yet been carried out. Concerns have been expressed regarding possible increased spending because of the increased choice of treatments.

The patient will decide how the money is spent with guidance by a health care professional. The expected outcomes will be agreed at the initial appointment with the client and then the mechanism for achieving them will be drawn up. As the client is involved in designing their care plan, they are more likely to follow it.

It will be very complicated to make the money flow correctly.

By 2014 every NHS will be obliged to ensure that their clients are given the option of a PHB for their continuing health care needs. The Department of Health have a clear definition for those clients who are eligible and meet the continuing healthcare framework.

Concerns have been raised that the implementation of personal health budgets is a way for resources to be spread more thinly and that the introduction of PHBs could be a step towards the privatisation of the NHS; however there is no evidence of this.

The Department of Health is considering running a pilot in which the Clinical Commissioning Group will hold the budget for their population this demonstrates that there are plans to involve GP's within the personal health budget programme.

In some areas clients in receipt of high cost care have been obliged to show receipts for purchases.

The care plan will be reviewed to see if outcomes have been met; where this is not the case the plan would be changed.

The personalisation of adult social care is being introduced by the Government separately from PHBs. However, in Portsmouth the services are working together for example social care professionals sat on the PHB steering group looking at business processes.

It is not clear yet as to the affect PHBs would have on any income-based benefits that the client is receiving.

RESOLVED that an annual update on personal health budgets be

brought to the panel.

91 Dementia Strategy (AI 7).

In response to questions from the panel, Gemma Rainger, Senior Programme Manager, Portsmouth City Council/ NHS Portsmouth clarified the following issues:

This a long term strategy and there is a lot of work to be carried out.

A lot of work has been achieved already with a good level of engagement between Health and Social Care, third sector organisations and council departments.

Memory Cafés will be set up to empower individuals with dementia by providing a safe, normal area where they can go to access information and benefit from support from others in the same situation. The location of these cafés will depend on the outcome of the tendering process. Age Concern has offered the council the use of Bradbury Centre, Kingston.

The national evaluation of all the models has been delayed to December.

Information is to be made available in accessible places and this includes community centres and healthy living centres.

Receiving a diagnosis does not make an individual eligible for continuing health care under the continuing health care framework criteria unless their mobility or health is seriously affected.

RESOLVED A six-monthly update on the dementia strategy be brought to the panel.

92 Male Life Expectancy (AI 8).

In response to questions from the panel, Dr Paul Edmondson-Jones, Director of Public Health clarified the following points:

Residents in rural areas tend to have a longer life expectancy.

Portsmouth has a high level of asbestosis in the city (25 x national level) but the number of individuals affected is very small.

4-5 years ago the male life expectancy in Portsmouth was one year below the national average. Now, this level of discrepancy remains.

The scarf plot graph in the report that was circulated with the agenda shows that 7% of the difference of in life expectancy is due to infant mortality which although across the city is very good; in the most deprived areas it is poor. For males 41% of the difference in life expectancy is due to strokes and heart attacks.

The lower life expectancy in the city is mainly due to circulatory diseases and

cancers which are caused by lifestyle choices: smoking; consumption of alcohol; poor nutrition; obesity; lack of exercise and for men in particular late presentation at GP surgeries. A lot of work has been carried out to encourage men to contact their GPs sooner and so improve early diagnosis rates. Women tend to have regular contact with their GPs.

The rising number of deaths due to liver disease is caused by alcohol consumption. Portsmouth has the worst rate of alcohol-related hospital admissions in the South East of whom 55% are males between the ages of 35 and 65. The Save Dave campaign targeted families and friends asking them to look out for signs of alcohol abuse by the men to whom they are close.

Annual health checks will be introduced in the next five years for those over 40 or 45. There is a concern that those who most need it, are the least likely to take up the offer.

A lot of work is being carried out to encourage employers to host work place based health checks.

The panel expressed concern about the increasing trend by young people of drinking spirit and energy drinks mixes in large quantities over a short period of time.

(Councillor Edgar joined the meeting).

HIDS oversees the work that is carried out in schools to raise awareness of the dangers of alcohol misuse.

Councillor Mason said that the students union at the university carries out many health campaigns.

Councillor Edgar informed the panel that he had met with the Hampshire Youth Council recently and they had said that many young people go out with the intention of getting drunk. The youth council is holding a conference with Hampshire County Council shortly and he will feedback their views to the panel.

RESOLVED that a report on male life expectancy in the city be brought to the meeting in February 2012.

93 Review of Drug and Alcohol Detoxification Pathways (AI 9).

In response to questions from the panel, Barry Dickinson, Senior Programme Manager, Integrated Commissioning Unit, Portsmouth City Council and NHS Portsmouth clarified the following points:

Consultation has been carried out with members of various groups and service users.

Long term outcomes are very similar for residential and community

detoxification/ rehabilitation services.

There is no means by which people could be compelled to complete a course of rehabilitation after detoxification. In order to achieve a good outcome, it is important that the client engages with the programme.

Random tests for drugs are carried out at Baytrees.

Most clients have the choice of whether to undergo a community or a residential detoxification course. Work is underway with providers to improve what is available in the community.

The Health Improvement & Development Service oversees work carried out in schools regarding alcohol and drug awareness.

Sarah Rapkin, Public & Patient Engagement Manager, Solent NHS Trust requested that as the provider for Baytrees she be invited to a future meeting.

The panel agreed that it would be useful to have an update from both the Council and Solent NHS Trust to include:

- An overview of the treatment pathways available particularly showing how the services work together.
- How the collection of follow-up data regarding ex-clients 6 months after treatment at Baytrees is coming along and what it tells us about its outcomes.
- How improvements could be made in the long term to improve outcomes

RESOLVED that a report on the review of drug and alcohol detoxification pathways be brought to the meeting in February 2012.

94 **Review of Stroke, Major Trauma and Vascular Services (AI 10).**

The Chair explained that an update on the views of Portsmouth City Council, all the Health Overview & Scrutiny Panels in the region and the LINk was attached to the agenda.

The Chair reminded the panel that the letter from the SHIP PCT Cluster published on 1 November and the engagement report from the SHIP PCT Cluster published on 2 November had been sent to members.

Councillor Edgar informed the panel that he felt the article in The News published on 2 November regarding the SHIP PCT Cluster's Developing Safe and Sustainable Acute Services: Expert panel on vascular surgery was misleading.

He also expressed concerns that the Chief Executive of the SHIP PCT Cluster stated in her letter that although there was a lack of involvement from St Richard's Hospital clinicians and management, she could still conclude that 'the proposal could not be delivered and as such was aspirational.'

Terry Carter, LINk Vice Chair explained that the LINk has the same concerns

about this statement and would write to Ms Fleming shortly.

Councillor Edgar explained that Gosport Borough Council is very interested in local health issues and would start scrutinising this issue shortly.

The Chair asked the co-opted members to consider taking up the issue in their own councils.

The panel was also asked to note that information provided by Portsmouth Hospitals Trust shows that joint working between Queen Alexandra Hospital and St Richards Hospital result in a catchment area that is significantly above the recommended minimum by the national vascular society.

The panel was reminded that this issue would be considered at the December meeting when the consultation period would have started.

RESOLVED that Councillor Lee Mason make a deputation to the West Sussex Health Overview & Scrutiny Panel meeting on 24 November regarding the review of vascular surgery.

95 Review of Alcohol-Related Hospital Admissions (AI 11).

RESOLVED that the panel will consider the implementation of the recommendations from the review of alcohol-related hospital admissions at its February meeting.

96 The Health Overview & Scrutiny Panel's Work Programme (AI 13).

The Chair asked members if they have any issues that they feel the panel could investigate.

Councillor Mason said that it is important that the reviews only be undertaken if there is significant interest by the public and it was clear that scrutiny could have a positive outcome.

The Chair informed the panel that a member of the public had contacted him to raise concern about the sale of products which could produce legal highs. This issue had also been raised by the local pub watch. He had asked her to put her concerns in writing.

The Chair read out the following notification from NHS Portsmouth that the panel had received previously:

This is to formally notify the HOSP of a decision made by the Southampton, Hampshire, Isle of Wight and Portsmouth Priorities Committee in October 2011. The decision is evidence based. It relates to hip and knee replacement surgery.

As from 1st November 2011, all patients across Portsmouth and South East Hampshire who undergo total hip replacement surgery will not be routinely followed up at the hospital. Those having total knee replacement will be

routinely followed up at eight weeks post surgery. The necessity for the eight-week follow up for knee surgery will be reviewed in March 2012. All patients will have attended Joint School pre-operatively and will be discharged with appropriate physiotherapy advice. Patients presenting with significant issues or complications can be referred back to the orthopaedic department."

RESOLVED that:

1. **The cessation of routine follow-up treatment at the hospital for patients who have had full hip replacements be noted.**
2. **An update on the routine follow up on knee replacement be brought to the meeting in March 2012.**

97 Dates and Times of Future Meetings (AI 13).

RESOLVED that the panel meet on the following dates in 2012:

2 February
22 March
31 May
28 June
26 July
27 September
25 October
29 November

The meeting closed at 12:40.