HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Civic Offices on Thursday 22 March 2012 at 9:30am.

Present

Councillors Peter Eddis (Chair)
Margaret Adair
Margaret Foster
David Horne
Lee Mason (arrived 10.30am)

Co-opted Members

Councillors Gwen Blackett, Havant Borough Council
Peter Edgar, Gosport Borough Council
Keith Evans, Fareham Borough Council

Also in Attendance

Jane Muir, Portsmouth Local Involvement Network

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts (SHIP PCTs) Cluster
Sara Tiller, Director of Communications
Nick Birtley, Equality and Diversity Manager
Claire Pond, Engagement Manager

Portsmouth Hospitals NHS Trust (PHT).
Allison Stratford, Associate Director of Communications and Engagement

Solent NHS Trust.
Dave Meehan, Chief Operating Officer
Andrea Hewitt. Head of Marketing Communications
Dawn Roberts, Head of Substance Misuse
Karen Morris, Clinical Manager, Baytrees, Solent NHS Trust
Maggie Vilkas, Service Manager Older Persons Mental Health (OPMH) Service

South Central Ambulance Service NHS Foundation Trust
Mark Ainsworth, Operational Director
Neil Cook, Head of Operations

Portsmouth City Council.
Dr Paul Edmondson-Jones, Director of Public Health
Barry Dickinson, Joint Commissioning Manager (Substance Misuse)
Alan Knobel, Substance Misuse Coordinator
Gemma Rainger, Senior Programme Manager
Jackie Charlesworth, Senior Programme Manager
Stewart Agland, Local Democracy Manager
Karen Martin, Local Democracy Officer

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

Councillors Colin Chamberlain and Jacqui Hancock had sent their apologies. Joanna Kerr, Head of Public Health Intelligence, Portsmouth City Council had sent her apologies.

Councillor Eddis asked members to switch their mobiles and other electronic devices off during the meeting.

11. Declarations of Interest (AI 2)

Councillor Edgar declared the following non-prejudicial interests:

1. He is a member of Portsmouth Hospitals NHS 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.
3. He is Health Spokesperson and Member of the Health & Wellbeing Board at Gosport Borough Council.

He made it clear that as he has not been mandated by any of these organisations to espouse their views, his membership did not constitute a prejudicial interest.

12. Minutes from the Previous Meeting Held on 2 February 2012 (AI 3)

Minute number 2012/4 – Review of Vascular Surgery
Councillor Peter Eddis sought clarification on the meaning of the sentence at the bottom of page 2 "... standards as set out by the Vascular Society are in a borderline position." Sarah Tiller, Director of Communications, Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts (SHIP PCTs) Cluster confirmed that this wording is correct as the Portsmouth Trust only just meets the guidelines in some cases.

Page 3, paragraph 3 last line, replace "being" with "be".

Page 5, paragraph 8. Councillor Peter Eddis read this paragraph to the panel stating that he wished to do so as he felt that it was a very significant point and that he wished to reinforce it. The panel agreed it was significant.

Page 7, paragraph 1, delete "were invited".

Minute number 2012/8 – Solent NHS Trust's Update
Page 9, paragraph 6. Councillor Peter Eddis reported that information had been forwarded to the Neighbourhood Forums in the city.

RESOLVED that the minutes from the meeting held on 2 February 2012 be agreed and signed by the Chair as a correct record subject to the amendment of the typographical errors identified.

13. Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts (SHIP PCTs) (Portsmouth) Cluster Update (AI 4)

Sarah Tiller introduced the update and answered questions from the panel.

Children's oral health

Councillor Peter Eddis introduced this item stating that HOSP had written to the Secretary of State for Health through Mike Hancock CBE MP and that a response had been received and circulated to members of the panel. He added that notwithstanding the advice about the need for positive consent, he had concerns that children's oral health was being affected as a result.

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

- 43% of reception year classes were involved in the oral health promotion programme and that as some schools are self-funding, the actual percentage involved may be higher.
- There was an active programme to encourage participation including letters to schools, follow-up phone calls, face-to-face meetings and invitations to an event to promote the programme.
- Reluctance to participate was due to a number of factors including conflicting priorities and a lack of understanding of the benefits of fluoride toothpaste and varnish.
- Evidence shows that supervised brushing and the use of fluoride toothpaste improves oral health in children.

Sarah Tiller asked the panel to support the work of the Academy.

The panel asked Ms Tiller to suggest to the Academy that it seeks to send a dentist and dental nurse in to schools to check children's teeth on a regular basis with the opportunity for any treatment needed to also be given during the school day.

The panel also expressed its wish that a letter outlining this suggestion be sent to the Secretary of State for Health on its behalf, through Mike Hancock CBE MP. The panel agreed that this letter should be copied to all MPs in the South East Hampshire region.

Further information in attached to these minutes in ***Appendix A.***

Annual diabetes checks

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

- The National Clinical Audit Support Programme's report will be published soon although the exact date is not known and that an action plan will follow.
- The community diabetes service will be similar to others offered in the region including in Gosport.

Members sought clarification and more information on:

- What a community diabetes service comprises.
- The graph attached to the update, specifically with regard to 'all care processes'.
- The term 'annual checks' as members are aware that many diabetes patients receive some checks every 6 months.
- The background to the overall results which put Portsmouth as 106/152 authorities.

This information is attached to these minutes in ***Appendix A.***

Fracture Liaison Service

In response to questions from the panel, Sarah Tiller confirmed that the establishment of this service is under discussion and that, if it goes ahead, it will target all those aged 50+ who present with a fracture.

Further information in attached to these minutes in ***Appendix A.***

End of Life care

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

- The engagement process is on-going, that the results are fed back into the steering group and there is no end point to this process.
- The need to be more active regarding meeting the needs of patients and their families had been recognised and this was why the process was on-going.
- The information came from a range of sources and was not a form-filling exercise.
- The process enabled the preferences and concerns of individuals to be noted so that they had more choices when a critical point in their care was reached.

In response to a question from Jane Muir, Portsmouth Local Involvement Network, it was confirmed that the process was designed to give patients and families choice and flexibility about their preferences and to ensure that individuals are not put in a position of having to battle for what they wanted at what was a very difficult time. A key aim of the work was that the process was seamless and as free of bureaucracy as possible.

Further information in attached to these minutes in ***Appendix A.***

Minor oral surgery

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

- Some dentists have been referring patients for treatment as they do not feel that they have the surgical skills necessary.
- Rather than referring patients to hospital, dentists should refer to another dentist.

- There had been interest from dentists to take on the additional work.

Members sought more information on the protocols which will be used to ensure that dentists who take on this work will have the requisite skills as they noted the phrase “any willing provider” with some concern.

This information is attached to these minutes in ***Appendix A.***

Pain pathways

In response to questions from the panel, the following issues were clarified:
- 144 patients are currently being treated or are on waiting lists for treatment.
- GPs will refer patients to community pain services or the pain clinic in the future.
- There are 105 spaces on the online trial and the service will be offered to all chronic pain patients.
- The decommissioning plan is likely to be implemented within 6 months.

Members sought confirmation that the pain clinic will be retained for patients with a clinically evidenced need and that other pain work will be carried out through community pain services. *This is given in the information from SHIP Cluster (Portsmouth) attached to these minutes as* ***Appendix A****.*

RESOLVED that the SHIP Cluster (Portsmouth) Update be noted and that with regard to Children’s oral health, a further letter be sent to Andrew Lansley, Secretary of State for Health, through Mike Hancock CBE MP and copied to other members of parliament in the region.

14. Equalities Delivery System (AI 5)

Nick Birtley, Equality and Diversity Manager introduced the report and answered questions from the panel about the methodology of the Everyone Counts survey and how it had led to the development of the Equality Delivery System for Portsmouth:
- 712 people responded to the survey and that while a larger sample would have been preferred, it was robust.
- Only findings of statistical significance for the community had been included.
- The survey had been conducted using Survey Monkey and had included profile questions. This had allowed the team to see which groups were under represented so that follow-up activity in the community could be undertaken to ensure that there was representative participation from all groups with a good spread through the general population.
- Some of the questions had been taken from a national survey so that comparisons could be made.
- The quality of information was therefore good and was an example of good practice.

RESOLVED that progress on the Equalities Delivery System be noted that an update reviewing this policy's effectiveness be brought back to the meeting in six months.

The chair altered the order of business as Barry Dickinson, Joint Commissioning Manager (Substance Misuse) was not present.

15. South Central Ambulance Service NHS Foundation Trust's (SCAS) Update (AI 7)

Mark Ainsworth, Operational Director and Neil Cook, Area Manager, South East Hampshire presented the update and answered questions from the panel:

Ambulance turnaround times at Queen Alexandra Hospital (QAH)

- The table on the last page of the update showed that there was a high number of arrivals at QAH when compared to other hospitals.
- This was due in part to a high number of people presenting with respiratory problems and associated illnesses that have shown an increase during this winter period despite the relatively warm weather.
- Time was lost when ambulance crews failed to handover patients within 15 minutes and a considerable amount of work was being done with QAH to address the issue. Some of the resolutions are now being shared across the SCAS area.
- The use of additional staff at peak times and the deployment of private/ agency staff had helped but that capacity within the department – trolleys and staff to handover was crucial.
- There were good processes in place regarding GP triage and many patients had care plans which crews could access in order to provide an improved and appropriate response.
- Private/ agency staff are fully qualified clinicians, with many trained by the NHS and other organisations. While they do not all have the qualifications of a paramedic, they did have recourse to medical staff if necessary.
- Ambulances could, and do, use disabled bays if necessary in an emergency as this is termed as an exemption under the Road Traffic Act
- They were not able to provide information with regard to self referrals or people who could have used the GPs Out of Hours service. This could be source from QAH.

Councillor Peter Eddis asked that further information on the use of private/ agency staff in Accident & Emergency at QAH be brought to a future meeting as part of the next Portsmouth Hospitals NHS Trust update.

Councillor Peter Edgar referred to a day he had recently spent with the ambulance service and offered his congratulations to SCAS for all the work the crews and staff at the control centre did.

Standby locations of ambulances

- Approximately 46 points are used to provide a mobile service.
- Standby locations are under review as there is a need for more serviced locations so that crews can restock, change uniforms or have time for reflection following an incident or have a short refreshment break.
- Standby locations in Portsmouth:
  - Hilsea Lido
  - Fratton (B&Q)
  - Rudmore roundabout
  - Avenue du Caen
  - Drayton surgery (night use)
  - Eastern Road
- Fareham standby locations:
  - West Street
  - Wickham Road
  - Western Way
- Gosport standby locations:
  - Fort Brockhurst
  - Brune Park
  - Lee-on-Solent car park
- Havant standby locations:
  - Aston Road (Waterlooville and Horndean)
  - Junctions 2 & 3 on the A3
  - A27 junction at Hayling
  - Civic Offices in Havant
- There had not been an ambulance station on Hayling Island for many years and that SCAS is considering improved standby locations to service the Island and Havant, possibly near the bridge.
- Currently off duty staff provide a staff response if necessary in emergency situations along with the community responder team

New ambulance station location

- Several locations were being considered for a new 'fit for purpose' ambulance station.
- Locations at North Harbour were currently favoured as these would have good access to QAH and to the main arterial roads in and out of the city.
- SCAS is a mobile operation and uses the hub and spoke system of delivery. To compliment this, the methods of work were being changed (from 7 May 2012) so that a team structure is delivered with teams, including management and support staff, working the same patterned duty rosters.

RESOLVED that South Central Ambulance Service NHS Foundation Trust's Update be noted.

16. Re-modelling of community substance misuse services for Portsmouth, including de-commissioning existing services and re-commissioning in line with the new model (AI 6)

Barry Dickinson, Joint Commissioning Manager (Substance Misuse) introduced the report and provided the following points of clarification following questions from the panel and Jane Muir:

- The Integrated Commissioning Board which had been due to receive a presentation on this matter had deferred its meeting (scheduled for 13 March 2012). The Clinical Commissioning Group (CCG) had however considered it at its meeting on 21 March 2012.
- The three substance misuse provider contracts which were due to end in June 2012 would be extended to April 2013 and the waivers to achieve this had been applied for.
- The recovery brokers (23 in number) referred to in the report would be volunteers, had been extensively trained and would be part of the case management process and would aim to help people toward interventions. They would not be involved in detox and would not therefore need medical experience.
- Baytrees would remain an option for clients if the provider is able to keep the unit open and if individuals are within the assessed banding.
- It has traditionally been hard to get middle class drinkers to come forward for treatment but the Alcohol Specialist Nurse service and direct access to Counselling had helped.
- Part of the rationale for the proposed re-modelling of the service was to address the high levels of unmet need (eg. 95% people with a hazardous level of drinking) and to expand detox provision.
- There would be a considerable amount of work to do over the next year and that re-aligning the existing contracts was part of the process.

Dawn Roberts, Head of Substance Misuse, Solent NHS Trust confirmed that:

- Hampshire County Council had an integrated service comprising 7 hubs plus numerous satellites and included outreach, needle exchange and other services.
- The IT system works across Solent's services in Portsmouth and Hampshire.
- The population was transient and the service was designed to travel with the individual so that support was continuous.
- There was a need to focus on recovery
- It was not possible to consider this model (as presented in the report) without also considering the future of Baytrees.
- Bournemouth had adopted this model without success due to fragmented accountability which was a problem.
- Solent NHS Trust did not believe the proposed model to be fair or equitable.

Dave Meehan, Chief Operating Officer, Solent HTS Trust, provided the following information:

- There were concerns about the fragmentation of services as the model under consideration had not been considered by Hampshire.
- Baytrees offered an important service to Hampshire clients but that its future was threatened under this model.

Karen Morris, Clinical Manager, Baytrees, Solent NHS Trust stated that:

- Baytrees offers a range of services, not just 2 week detox programmes.
- The services offered were flexible and not just based on medical interventions.

Alan Knobel, Substance Misuse Co-ordinator, Portsmouth City Council stated that there was a need to increase treatment capacity and the new model aimed to achieve this.

Jane Muir referring to personal experiences, reiterated the desperate situation many people find themselves in and the huge unmet need in the city. She said that 80% of drug users have access to treatment but that just 17% of drinkers who drink at harmful levels have access, that just 5% of those who drink at hazardous levels have access to treatment and that this was unacceptable.

Councillor Peter Eddis stated that there was a need for further debate on this issue and that he was therefore minded to ask all the parties concerned to bring a further report to the panel for consideration.

RESOLVED that a joint report from all parties involved in the remodelling of community substance misuse services for Portsmouth, including de-commissioning existing services and re-commissioning of services, be brought to a future meeting.

17. Transfer of responsibility for Public Health to the Local Authority (AI 8)

Dr Paul Edmondson-Jones, Director of Public Health, introduced the report attached to the agenda and provided the following points of clarification to the panel:

- The Transition Plan had been submitted in draft form to the Strategic Health Authority on 27 January 2012 and had been submitted formally on 16 March. A response should be received by the end of March and informal feedback to date had been positive.
- The de facto transfer of leadership to the Local Authority would probably take place in September however accountability would remain with the NHS until 31 March 2013.
- There was no intention to formally integrate services (such as planning, housing and cultural services) with the public health function. It was however intended that public health would work alongside many services that the council provides with the aim of embedding health into these services.
- Partnership and joint working with other authorities has been well developed over the past 10 years. A good example was with regard to dental health where Dr Jeyanthi John provides expertise across the area. This kind of high level expertise could not be justified or afforded by one Authority alone.
- The local Resilience Forum covers the Hampshire and Isle of Wight area, has been in place for 10 years. Dr Ruth Milton, Director of Public Health,

NHS Hampshire and Hampshire County Council represents the 4 Directors of Public Health on this. David Williams. Chief Executive, Portsmouth City Council is also a member.

- A Commissioning Support Organisation (CSO) is due to be formed later this year with work on it already started. It will evolve out of the current SHIP PCT Cluster when that PCT Cluster ceases to exist in 31 March 2013. SHIP is working with the CCG to progress it. The CSO will provide the support to individual CCGs on areas of shared work and responsibility.
- The baseline allocation of funding for Portsmouth is £14.9m, representing £68 per capita (Southampton £50, Isle of Wight £33 and Hampshire £21 per capita). This is not linked to need but represents a reflection of historical spend and has been designed to ensure that the new functions and responsibilities can be carried out without risk to the council. A move towards a needs-based allocation is however expected in the future.
- Dr Ruth Milton was responsible for public health in Hampshire and funding would be allocated to the county (as the first tier authority) with second tier authorities such as East Hampshire being involved in the delivery of public health.
- There are a number of options to consider with reference to opportunities for smaller authorities to merge and work together. With regard to Portsmouth, opportunities for joint working will continue to be explored.

RESOLVED that the report on the transfer of responsibility for Public Health to the Local Authority be noted.

18. Male Life Expectancy (AI 9)

Dr Paul Edmondson-Jones introduced the report and answered questions from the panel:

- Referring to the map (Appendix A attached to the report), the boundaries refer to Middle Super Output Area (MSOA) which are a statistical grouping of approx. 7000 individuals and which indicate levels of deprivation.
- The evaluation report relating to ‘Ann Smokers’ parties will be available by the end of April 2012.
- The research into the reasons for poor uptake of childhood vaccinations and the health equity review is likely to be complete by September 2012.
- There are no plans to look at relationships between respiratory disease and poor air quality as the relationship between these has been established. The focus will be on improving air quality.
- The working party will review each suicide (approx. 11 per year in Portsmouth) with a view to learning lessons and making recommendations about more effective strategies to achieve suicide prevention. Consideration will be given to whether it is appropriate to cover ‘open verdicts’ by Coroners as some of these may in fact be suicides.

- There are plans to review the work streams to address the concerns health professionals have in relation to the decline in rates between initiation and continuing to breastfeed.

RESOLVED that the report be noted.

19. Fitness for Surgery (AI 10)

Dr Paul Edmondson-Jones introduced the report and answered questions from the panel.

Increasing fitness for surgery

- 34 patients have been successfully referred for smoking cessation so far. This is not good enough and there seem to be a number of reasons for the small number of referrals, including
  - GPs refer patients but sometimes neither the GP not the patients inform the service that referral is to increase fitness for surgery
  - GPs refer for opinion rather than surgery and do not want to delay the opinion by referring for smoking cessation treatment first
  - Concern among GPs that they will 'lose patients in the system' if they are referred for cessation treatment before surgery.
- Work will be undertaken to evaluate these reasons in more detail over the next few months by undertaking work with three practices in the city.
- A report to HOSP in 6 months to update members would be appropriate.

Streamline secondary care system

- This is currently being led by the Department of Health (DH) supported by public health. In future it will be run in the hospital as part of its mainstream business and supported by the DH.

Dr Edmondson-Jones answered questions from the panel and Jane Muir on the Alcohol specialist nurse service:

Alcohol specialist nurse service

- For context, the catchment for QAH is approximately 600,000 in total, with 200,000 people coming from Portsmouth (ie. 33%). However, with regard to alcohol, the split is 50%:50% between Portsmouth and Hampshire.
- This demonstrates the level of alcohol abuse in Portsmouth and the expansion of the Alcohol specialist nurse service over the past year.
- The need is still more than the level of service the 4 nurses can provide, but until last year there was no service at all.
- The Guildhall Walk service provides a place where the homeless and vulnerably housed can access medical care and register with a GP. In Portsmouth 20% of the homeless are registered with a GP, nationally this figure is 4% and it does lead to problems accessing services such as the Alcohol specialist nurse service which requires GP registration.

RESOLVED that the report be noted.

20. Adult Social Care update (AI 11)

Rob Watt, the Head of Adult Social Care had been called to another meeting and was not able to present his update report.

The panel asked that the following points arising from the update be clarified.

- Will the deadline of 1 April 2012 for the integration of rehabilitation services with Solent NHS Trust be met? What is the timescale for the development of the 'virtual ward' model likely to be?
- Outline Planning Permission has now been received for the Caroline Lodge and Alexandra Lodge sites. What are the plans for these two sites and how many people will be affected?

This information is attached to these minutes in ***Appendix B.***

RESOLVED that the Adult Social Care update be noted.

21. The Dementia Strategy (AI 12)

Gemma Rainger, Senior Programme Manager presented the report and provided information following members' questions:

- The tender process for a Portsmouth dementia community alliance is at the pre-qualification stage at present and it is expected that the contract would start in early May 2012.
- It is expected that 1.2 full time equivalent advisors will be allocated and that a memory cafe event will take place at least once per fortnight.
- Examples of the new schemes referred to in the report could include:
  - Dementia champions
  - Forget-me-not scheme in hospitals
  - National Dementia Week
  - Dementia Day – which aims to overcome the stigma of dementia and which will be held at Gunwharf Quays this year in order to raise awareness among younger people
  - Audits to review the treatment pathway including the use of anti-psychotic drugs

RESOLVED that the Dementia Strategy report be welcomed.

22. Exbury Ward (AI 13)

Jackie Charlesworth, Senior Programme Manager introduced the report attached to the agenda and she, and Maggie Vilkas, Service Manager, OPMH Solent, provided the following points of clarification in response to members' questions:

- At this point in time patients and families are not aware of the proposals to re-provide the care currently provided on Exbury Ward. The consultation process will start week commencing 26 March 2012.

- There is a consultation plan as families and patients will undoubtedly be concerned about plans to re-provide care and close Exbury and Commissioners and the health team will be very sensitive to this.
- There are currently 9 patients on the ward which has 15 beds.
- Families will be provided with opportunities to meet individually and/or in a group with health staff, managers and commissioners to talk through the issues and the reasons for the proposed changes.
- Patients have undergone a clinical assessment.
- Families and patients will be provided with access to specialist external independent advocacy to ensure that people are able to express their views and be involved in the whole reprovision process.
- Families and patients will be asked how they want to be involved and the team will endeavour to meet their requests. This could be by one-to-one meetings, written information, being involved in decisions about the most appropriate place for people to live, visits to different wards/nursing homes etc.
- Families and patients will be assured that if someone moves into nursing home provision the full cost of their care will be met by the NHS and they will not be assessed for a contribution towards their care.
- Families and/or patients will be able to discuss the issues/concerns with their advocates and for those without capacity to make decisions they will have access to an Independent Mental Health Advocate.
- There is a desire for the patients to move as a group. There is no intention to split them up as they have been together for a long time.
- The saving produced by the closing of the ward will help fund some of the initiatives outlined in the Dementia Strategy (minute number 2012/ 21above).

RESOLVED that the report on Exbury Ward be noted, that HOSP members be notified about the results of the consultation process and that a further update be presented at the HOSP meeting three months following closure of the ward.

23. The Vascular Services Review (AI 14)

The Chair, Councillor Peter Eddis, stated that there was nothing new to add except that the Hampshire Health Overview and Scrutiny Committee (HOSC) would be meeting on 27 March 2012 and that the Vascular Review was on the agenda.

Councillor Peter Edgar, a member of the Hampshire HOSC agreed that he would present the panels' view that the three centre option was preferred.

Councillor Peter Eddis asked Local Democracy Manager to check the constitution of the HOSC as it was the panels' belief that the chair of the Portsmouth HOSP had, in the past, had a seat on the Committee.

RESOLVED that the information provided by the chair on the Vascular Services Review be noted. The panel provided its full support to Councillor Peter Edgar to support the three-centre option at the Hampshire Health Overview and Scrutiny Committee meeting on 27 March 2012.

24. Portsmouth Clinical Commissioning Group's stakeholder meeting will be held on Thursday 12 April at St James' Hospital from 2pm-4pm.

Councillor Peter Eddis reminded members of the panel that they had been invited to attend this meeting. Representatives from Portsmouth Hospitals NHS Trust, Solent NHS Trust, Care UK, Portsmouth City Council, the Third sector, other voluntary agencies, the CCGs own practice managers and commissioning lead GPs and the HOSP had all been invited to attend and hear its current priorities.

The meeting concluded at 12.30pm.

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Councillor Peter Eddis
Chair, Health Overview and Scrutiny Panel

APPENDIX A

Minute number 2012/ 13 - Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts (SHIP PCTs) (Portsmouth) Cluster Update

Questions forwarded from members prior to the meeting.

Children's Oral Health

Q Oral health promotion – A list of primary schools which has agreed to participate so far was provided in the update. What proportion of schools and children does this represent and what is being done to encourage more to join in? What results does the Academy expect to achieve with this oral health promotion programme?

A. There are currently 43% of Reception Year classes in primary schools involved in the PCT funded supervised tooth-brushing programme in Portsmouth. We do not have any data on the number of children participating. Some primary schools may also be self-funding, so the actual figure may be slightly higher.

All schools were initially contacted by letter to invite them to participate in the programme. Schools were followed up by phone calls to the Head/ Reception Year Teacher and the offer of face-to-face meetings. Schools were also invited to a workshop outlining how the programme works and the benefits. The Dental Academy continues to be proactive in contacting all schools to increase participation. There is, however, reluctance from some schools to participate due to other priorities, or a lack of understanding of the safety of fluoride toothpaste and fluoride varnish, despite clear communication on this from the Dental Academy. We would welcome HOSP councillors support in encouraging other schools to sign-up to this programme with the Dental Academy.

Supervised tooth-brushing twice daily with toothpaste containing the right level of fluoride and fluoride varnish are two of the most effective, evidence base interventions, that can be provided to children in order to reduce dental caries - as outlined in Delivering Better Oral Health (Department of Health, 2009).

Major dental conditions of caries and periodontal disease can be reduced by regular brushing. Fluoride in toothpaste serves to prevent, control and arrest caries. Physical removal of plaque reduces the inflammatory response of the gingivae and its sequelae.

There is high quality evidence of the caries-preventative effect of fluoride varnish in both permanent and primary dentition. A number of systematic reviews concluded that twice yearly application of fluoride varnish produces a mean caries incremental reduction of 33% in primary dentition and 46% in permanent.

Annual Diabetes Checks

Q When will the National Clinical Audit Support Programme's report be published?

A. We are awaiting notification from the national programme. At present we are advised that this "will be published shortly". (www.ic.nhs.uk/diabetesaudits)

Q When will the SHIP have produced an action plan in response to this report?

A. As soon as the results are known they will be discussed at local level and an action plan developed with stakeholders.

Q. How will the new tender for the provision of a community diabetes service enhance annual health checks? Is this the first of its kind?

A. It will provide education and support to primary care to ensure that diabetes care is optimised and that the annual health checks carried out follow best practice. Fareham and Gosport and South East Hampshire already have the same service model in place.

Q. The report refers to annual checks, but many diabetes patients receive check-ups twice each year – please clarify.

A. The standard is annual check-ups. Some practices may choose to proactively plan more frequent checks; some will leave it to the patient to decide if and when they want to return in the interim.

Q. Portsmouth at 106/152 is near the bottom of the list – can you explain why? (It has been noted that this seems to be a Hampshire-wide issue with neighbouring authorities also performing at a similar level).

A. The community diabetes service is now being commissioned across the local health economy to improve the performance of diabetes care, and this will be monitored accordingly.

Q. What does a community diabetes service comprise?

A. The community service will comprise diabetes nurse specialists and consultants working in the community to provide training and education to primary care and community teams to ensure optimal diabetes management. They will also provide DESMOND education currently provided by Portsmouth Hospitals NHS Trust. DESMOND (Diabetes Education and Self Management for Ongoing and Newly diagnosed) is funded by the PCTs. It is a whole day's education for patients who have been newly diagnosed with type 2 diabetes within the past year. DESMOND is also offered as an educational day for other health care professionals who are

welcome to observe diabetes nurse specialists as they work with newly diagnosed patients.

Fracture liaison service

Q. When is it expected that the fracture liaison service will be established?

A. The original aim was to have this service in place by October 2012. However, Clinical Commissioning Group leads are currently considering whether they want to implement the fracture liaison service. Portsmouth Clinical Commissioning Group is not supportive of the model and without its support it is unlikely the service will be commissioned for Portsmouth and South East Hampshire.

Q. How many people are likely to benefit from this service?

A. All those people in the local health economy aged 50 and over who present with a fracture in circumstances that lead doctors and nurses to suspect their bones may be fragile. The service would achieve this by assessing patients who have had their first broken bone and where an assessment shows it is needed, providing treatment at that point to reduce the chance of them breaking a bone again. If the service is not commissioned alternative solutions will be sought such as optimising primary care management.

End of Life Care

Q. When will the outcomes from the engagement process be known?

A. The engagement process is ongoing and is running concurrently with the implementation of the local End of Life Strategy to ensure that the views and ideas of patients and the public shape the implementation of that strategy

Q. What are the likely tangible improvements to services for people nearing the end of their life?

A. Good services are already in place. What will change is that health care professionals will be proactively identifying people approaching end of life. Currently an acute medical incident will trigger the planning process. Health care professionals will have discussions with individuals and their carers about preferences for end of life care and place of death. This information can be shared (if consent is gained) with other health professionals. Evidence shows that where these actions are in place people are more likely to experience a dignified, peaceful and natural death and are less likely to be admitted to hospital unnecessarily.

Minor Oral Surgery

Q. Why have general dental practitioners been referring this work if they are in a position to undertake this level of minor surgery?

A. General Dental Practitioners have been referring work to Portsmouth Hospitals NHS Trust for a number of reasons. These include the fact that in some instances they feel they do not have the skills to undertake the minor extraction work they are contracted to do themselves. In these cases these patients should be referred to another dentist in the practice rather than directly to Portsmouth Hospitals NHS Trust, and they should be receiving additional training to bring their skills up to the level required to undertake minor oral surgery within their practice.

Q. Will general dental practitioners be willing to take on this extra work?

A. We are currently out to tender. It is too early to tell what the response will be. However, we have had significant interest to date.

Q. Who decides whether a dentist has the skills or not?

A. All General Dental Practitioners have a legal obligation to decide if they have the correct competencies to undertake a certain level of work, especially around minor oral surgery. There are different levels of training for General Dental Practitioners to undertake. Some minor oral surgery may not be a specialist interest.

Q. Does s/he receive payment for the work even if s/he does not have the skills?

A. No they do not. General Dental Practitioners are paid for the treatments they undertake. If they do not do a minor oral surgical procedure they are not paid for it.

Q. Is this about dentists receiving the same payment whether or not they undertake the work? What are the protocols/checks for appropriate skills?

A. Payment will only be made to those dentists who carry out the procedure. As with all health professionals, dentists are required to be registered and appear on a performers' list.

Pain Pathways

Q. How many patients are currently being treated/are on waiting lists for treatment?

A. The waiting list at the end of January 2012 for Portsmouth City was 144. Of these a number will be repeat procedures.

Q. How will patients be signposted to community pain services in the future?

A. GPs will refer directly to the service. Those patients discharged from Portsmouth Hospitals NHS Trust who require community pain services will be referred directly to the service.

Q. How many patients are likely to take part in the on-line trial, for what kind of conditions will this be offered and how will the effectiveness of the on-line management programme be monitored?

A. 105 spaces are available as part of the pilot that is being trialled by a number of practices across Portsmouth, Fareham and Gosport and South East Hampshire as well as within Portsmouth Hospitals NHS Trust.

There are a defined set of Key Performance Indicators designed to measure quality, patient experience and effectiveness of the programme that will be monitored by all parties involved in the trial.

This service will be offered to any chronic pain patients.

The current community pain service is currently under-utilised and there is sufficient capacity to manage patients who are currently on the waiting list for Portsmouth Hospitals NHS Trust.

Q. When is the decommissioning plan likely to be implemented?

A. The decommissioning plan will be implemented within the next six months. A number of services will be re-commissioned within Portsmouth Hospitals NHS Trust to ensure patients are still able to access clinically evidence services when required.

Q. Is the pain service being decommissioned from Portsmouth Hospitals NHS Trust?

A. All pain services relating to cancer will remain at Portsmouth Hospitals NHS Trust. There are a number of procedures that are considered to be low priority and lack a good clinical evidence base (National Institute of Clinical Excellence and Hampshire and Isle of Wight Priorities committee supported). These procedures will no longer be commissioned on a routine basis. However, consideration can be given under the Individual Funding Review application procedure if one of these procedures is thought to be clinically appropriate. There is a large gap in provision of psychological therapy services for patients with chronic pain in the south eastern, Fareham and Gosport areas and no provision of such service by Portsmouth Hospitals NHT Trust. Evidence shows that a psychological therapy approach can significantly reduce the need for interventional procedures. Whilst this may initially be perceived as a large service change, it will ensure that patients have better access to services closer to home and an increased range of services.

APPENDIX B

Minute number 2012/ 20 – Adult Social Care Update

Rob Watt, Head of Adult Social Care has provided the following responses to the questions posed by the panel:

- **Will the deadline of 1 April 2012 for the integration of rehabilitation services with Solent NHS Trust be met? What is the timescale for the development of the 'virtual ward' model likely to be?**

  Unfortunately, this date was incorrect it should have read " ... timescale for achieving this as 1 April 2013". Work has already progressed to identify 'linked' professionals across health and social care services within the proposed new integrated health and social care model. These health and social care professionals have already identified ways in which they can work differently together that will improve the experience of individuals in receipt of services. The next step towards integration is a formal pilot of the first virtual health and social care cluster working alongside GPs which is planned to be in place with effect from June 2012

- **Outline Planning Permission has now been received for the Caroline Lodge and Alexandra Lodge sites. What are the plans for these two sites and how many people will be affected?**

  Detailed Planning Permission has now been received for the Caroline Lodge and Alexandra Lodge sites. The plans for the two sites are now:

  Alexandra site - 80 one and two bed flats. Also included is a 20 bed re-ablement facility within the Alexandra building.

  Caroline site - 43 flats