

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Civic Offices on Thursday 31 May 2012 at 9:30am.

Present

Councillors Peter Eddis (Chair)
Margaret Adair
Margaret Foster (Vice Chair)
Mike Park
David Horne

Co-opted Members

Councillors Gwen Blackett, Havant Borough Council
Dorothy Denston, East Hants District Council
Mike Read, Winchester City Council

Also in Attendance

Jane Muir, Portsmouth Local Involvement Network

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trusts (SHIP PCTs) Cluster

Claire Pond, Engagement Manager

Portsmouth Hospitals NHS Trust (PHT)

Allison Stratford, Associate Director of Communications and Engagement

Gill Walton, Director of Midwifery

Solent NHS Trust

Sarah Austin, Director of Strategy

Jackie Chalwin, Service Manager

Karen Morris, Clinical Manager, Baytrees

Andrea Hewitt, Head of Marketing Communications

South Central Ambulance Service NHS Foundation Trust

Mark Ainsworth, Operational Director

Neil Cook, Area Manager South East Hampshire

Hampshire & Isle of Wight Pharmaceutical Committee

Sarah Billington, Chief Officer

Portsmouth City Council.

Dr Paul Edmondson-Jones, Director of Public Health

Rachael Dalby, Head of Health Improvement & Development Service (HIDS) and Community Safety

Barry Dickinson, Joint Commissioning Manager (Substance Misuse)

Alan Knobel, Substance Misuse Coordinator

Karen Martin, Local Democracy Officer

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

The Chair asked members to switch their mobiles and other electronic devices off during the meeting. Apologies have been received from:

Councillor Keith Evans, Fareham Borough Council
Councillor Peter Edgar, Gosport Borough Council
Councillor Jacqui Hancock, Portsmouth City Council

26. Declarations of Interest (AI 2)

Councillors David Horne and Mike Park declared non-prejudicial interests in that they are both Members of the Health and Wellbeing Board for Portsmouth City Council.

27. Briefing for Health Overview & Scrutiny Panel on Re-Modelling of Substance Misuse Services 2012/13 (AI 9)

Councillor Peter Eddis suggested that this item be deferred to the HOSP meeting in June as he understood that Solent NHS Trust, Baytrees Detox Unit and Portsmouth LINK may like the opportunity to comment on the remodelling of this service. Councillor Eddis further suggested that these responses should be in the form of written reports which should be circulated with the agenda for the meeting.

RESOLVED: That the item be deferred to the next HOSP meeting to provide stakeholders, including Solent NHS Trust, Baytrees Detox Unit and Portsmouth LINK, with the opportunity to submit a written statement on the proposed Re-Modeling of Substance Misuse Services 2012/13. This response should be in the form of a written report/s which should be circulated with the agenda for the meeting.

28. Minutes from the Meeting Held on 22 March 2012 (AI 3)

The minutes from the meeting held on 22 March 2012 are attached to this agenda.

The Chair stated that Councillor Dorothy Dentson had been omitted from the list of attendees of the last meeting and asked the Local Democracy Officer to amend the minutes to reflect her presence at the meeting on 22 March 2012.

RESOLVED that subject to the amendment above, the minutes of the meeting held on 22 March 2012 be agreed and signed by the Chair as a correct record.

Minute 13/2012 - Children's Oral Health

The Chair, Councillor Peter Eddis, confirmed that a further letter has been sent to Andrew Lansley, Secretary of State for Health, though Mike Hancock CBE MP, and copied to other members of parliament in the region.

The Chair invited Dr Edmondson-Jones, Director of Public Health to provide information on the Tooth Bus and the trial of a mobile dental unit in Swansea. Dr Edmondson-Jones confirmed the Tooth Bus has been commissioned by the SHIP PCT¹ to run for a year, travelling across Hampshire, Berkshire, Oxfordshire and the Isle of Wight. The service aims to provide oral health education and advice to the community. For more information visit www.toothbus.co.uk.

The second initiative is a mobile dental bus visiting the Swansea area to help children who do not regularly visit a dentist. For more information visit www.bakerstreetdental.com/news/tag/mobile-dental-bus/

The panel asked Dr Edmondson-Jones to provide a further update to the HOSP on children's oral health at the September meeting and to include information on the results of the Swansea trial in this update.

The Chair informed the panel that he had agreed to take the following matter under urgent business as he deemed it is necessary to determine this issue before the next scheduled meeting of the Health Overview & Scrutiny Panel.

29. South Central Ambulance Service (SCAS) NHS Trust – proposed deployment plans

The Chair read out a statement from Councillor Peter Edgar who was not able to attend the meeting. In this statement Councillor Edgar expressed concern about the lack of a full consultation exercise which would fully explain to the public why the proposed closures of the ambulance stations at Fareham, Gosport and Havant would provide a better and more cost effective service. In the statement, he highlighted the outstanding service being provided by dedicated staff and his concern that crews will not be able to take advantage of useful networking opportunities at shift change over times when they need to go to the new central HQ. He also expressed concerns about the need to have locations out on the road for crews to rest, wash and have a drink and asked how, with the hub and spoke system, it is possible to sustain existing services when ambulances are forced to drive considerable distances to cover outlying areas. He asked that a full consultation be carried out before the changes are implemented.

Mark Ainsworth, Operational Director, South Central Ambulance Service NHS Trust and Neil Cook, Area Manager, South East Hampshire, South Central Ambulance Service NHS Trust presented the report (Proposed Deployment Documents – Supplementary Stakeholder information) which had been circulated to members before the meeting and answered members' questions.

Mark Ainsworth informed the panel that:

- SCAS had written to councillors and stakeholders to inform them of the changes to the arrangements for the delivery of the service and confirmed

¹ The SHIP PCT Cluster is made up of Southampton City PCT, Hampshire PCT, Isle of Wight PCT, Portsmouth City PCT. The cluster was officially formed on 6 June 2011 to oversee the transition period from PCTs to Clinical Commissioning Groups (CCGs) in the commissioning of local health services

- that the level of service would not be affected
- This was an 18 month project to provide strategic facilitated standby locations for staff at priority standby points
 - There were savings to be made and that these would be reinvested into patient care
 - The buildings were not fit for purpose, that the garages at the outlying ambulance stations were out of date and that they would need to be replaced if the current stations were retained
 - The service was not changing and there was no legal requirement for public consultation but that SCAS wanted to ensure that any concerns are addressed
 - The service had invested in a software package which was able to measure potential response times for any specific location and that using this model, response times in Gosport could be improved by 5% in the future.

Neil Cook confirmed that:

- Changes to rosters and the introduction of overlapping shifts on 1 May 2012 had already proven effective with staff benefiting from continuity and team working and that this would help enhance operational delivery
- Gosport and Fareham would be covered by 6-8 standby points
- When a crew was committed a replacement team would be despatched to cover the area
- Crews would take meal breaks at the nearest serviced location saving travel time
- With regard to Hayling Island, local staff responders helped cover the island already and that consideration was being given to having a standby point further south than the current location which was at the motorway junction
- Similar consideration would be given to Hill Head and Lee-on-the-Solent which were also isolated
- The station at Petersfield was being retained and rapid response vehicles would be stationed in Alton and Gosport
- With regard to Southsea, a standby point at the Lifeguards station was being trialled as the previous location at the Seafront Manager's office was subject to logistical difficulties at night
- Service delivery would be more efficient following the changes and that it was intended that it would also help reduce pressure on Queen Alexandra Hospital (QAH).

Members agreed that the changes outlined in the deployment document were operational and that there was not change to the service being delivered by SCAS.

RESOLVED: That the information provided be noted, that further information be provided as part of the SCAS quarterly update when necessary and that a further report be made to HOSP in 6 months.

The Chair reverted to the order of business set out on the Agenda.

30. **Alcohol-Related Hospital Admissions (AI 4)**

Rachael Dalby, Head of the Health Improvement & Development Service (HIDS) and Community Safety and Alan Knobel, Substance Misuse Co-ordinator introduced the report and answered questions from the panel. Dr Paul Edmondson Jones was also present for this item.

Rachael Dalby informed the panel that:

- Good progress had been made over the past year although some aspects were more difficult to address
- Although the implementation of the recommendations arising from conclusion 4 rested with officers (page 2 of the appendix attached to the report), the Chief Executive had been listed as lead officer as this was a whole council matter.

Alan Knobel, confirmed that:

- Binge drinking tended to affect deprived children to a greater extent than others and that concentrations of licensed premises also had an impact.
- The coalition government had removed the statutory duty on schools to provide PHSE and alcohol education
- Heads of Service had autonomy over the content of their business plans and that the inclusion of an alcohol strategy was not mandatory.

The panel expressed a desire for the Cabinet Member for Community Safety in his role as Alcohol Champion to attend a future meeting of the HOSP in order that Councillor Aiden Gray could provide an update on initiatives underway and to allow the panel to outline its priorities to him.

In response to a question from Jane Muir, Portsmouth LINK, Alan Knobel confirmed that the profile of alcohol misuse had risen significantly in the past few years and confirmed that the Safer Portsmouth Partnership had allocated additional funding to address alcohol misuse in the city.

The panel expressed concern that the Cabinet had not endorsed conclusion 7 (page 3 of the appendix) in relation to a PCC staff alcohol policy and undertook to follow this up including by addressing the question to the Cabinet Member for Community Safety at the September meeting.

The chair asked the officers present to supply written responses to the questions provided by the panel before the meeting. These are attached in Appendix A to these minutes.

RESOLVED: The Panel noted the progress made to date, invited the Cabinet Member for Community Safety to the September meeting in his role as Alcohol Champion and asked that a further progress report be brought back to HOSP in 12 months.

The Chair altered the order of business as Sarah Austin, Director of Strategy, Solent NHS Trust, had to leave the meeting for another appointment.

31. Response to Solent NHS Trust's formal consultation on their application to become an NHS Foundation Trust (AI 8)

Sarah Austin, Director of Strategy, Solent NHS Trust introduced the report. She and Andrea Hewitt, Head of Marketing Communications, Solent NHS Trust answered questions on the letter and consultation document.

Sarah Austin informed the panel that:

- The proposed objectives for Solent NHS Trust were different to those of other trusts in the country due to the model of the care offered, the urban community served, the unusual focus it has on health inequalities and its relationship with the Local Authority
- Solent also believes that services are better if delivered in a fully integrated manner
- Solent's plans are to improve services to patients. These plans are not dependant on becoming a Foundation Trust as they exist in any case.

The panel was supportive of the ambition to have minors involved but was concerned about the safeguarding implications of minors attending meetings. Sarah Austin confirmed that all safeguarding measures would apply and that minors would be involved as members rather than as governors. She added that Youth Councils and Parliaments had proven to be very successful and that many of the services provided by Solent were applicable to the 14+ years age group. She also confirmed that Solent currently had 3400 public members and that it was intended that the governing board would be as representative of the community it served as possible.

There was some discussion about the confusion the word 'constituency' in the consultation document could cause. Ms Austin confirmed that the use of this word had been determined by the Department of Health, but accepted that a qualification of its meaning would be useful.

Sarah Austin informed the panel that Solent was engaging with members of the public and interested groups through a mixture of standalone events as well as a presence at events organised by others.

RESOLVED: That the HOSP supported the application for Solent NHS Trust to become an NHS Foundation Trust.

The Chair reverted to the order of business set out on the Agenda.

32. Maternity Update (AI 5)

Gill Walton, Director of Midwifery Portsmouth Hospitals NHS Trust introduced the report attached to the agenda.

Information relating to questions submitted by the panel in advance of the meeting is attached to these minutes as Appendix B.

In addition, Ms Watson informed the panel that:

- The service had been subject to rapid change and that the evaluation at the end of the first year indicated very positive trends including a

reduction in the number of caesarean sections, an increase in the number of normal births and a 50% increase in the number of sick babies they had been able to admit to the neo natal unit

- A full evaluation would take place at the end of year 2 (in 12 months)
- Some midwives had found it hard to adjust to focusing on ante natal and labour care while trained maternity support workers concentrated on post natal care
- A new Post Natal Pathway had recently been put into place and that this would also be evaluated
- Maternity services in Gosport and Petersfield offered a very similar range of services.

RESOLVED: That the report be noted and that a further update be provided in 12 months.

33. Community Pharmacies (AI 6)

Sarah Billington, Chief Officer, Hampshire & IOW Pharmaceutical Committee presented her report and answered questions. Dr Paul Edmondson-Jones was also present for this item.

Sarah Billington informed the panel that:

- 68,000 people in the SHIP area go into a community pharmacy each day (8,000 in Portsmouth) and that a number of locally enhanced services are commissioned through these outlets
- The Healthy Living Pharmacy scheme which was initiated in Portsmouth under the auspices of the Director of Public Health was now subject to a national Pathfinder scheme.
- Portsmouth benefits from a number of commissioned services including alcohol misuse, smoking cessation and drug misuse support
- Pharmacies are able to provide instant advice and direct referrals to an intervention scheme if needed
- It was hoped that the Healthy Living Pharmacy scheme would be launched in Hampshire within the next 12 months
- There were other services which could be commissioned through pharmacies, such as a re-enablement and medicine review service which is in place on the Isle of Wight.

Members of the panel were very interested in the potential of the re-enablement service in terms of the support it offered patients, its potential to reduce readmissions to hospital and the opportunity for savings to be made.

Dr Paul Edmondson-Jones confirmed that his service worked closely with Hampshire & IOW Pharmaceutical Committee. He added that the Pathfinder programme referred to was due to make an initial evaluation of progress to date in July 2012. Dr Edmondson-Jones also informed the panel that he had been appointed to lead a national task group on rolling out Healthy Living Pharmacies and that this was in the process of being set up at present.

RESOLVED: That the report be noted and a report be brought to the panel on an annual basis.

34. Spinnaker Ward, St Mary's Community Health Campus update (AI 7)
Jackie Chalwin, Service Manager, Solent NHS Trust, answered questions on the report including the following in her responses:

- The unit is currently used as a 'step down' facility for people making the transition from hospital back home
- It replaces the Rembrandt unit
- Patients are assessed before decisions about their rehabilitation from hospital to home are made and that they may go directly home or via Victory ward which offers social care support or re-enablement beds in the community
- Patients referred to Spinnaker Ward usually require some form of medical intervention
- 80 patients have been referred to the unit to date (since 25 January 2012) and they have spent an average of 17-18 days on the ward (21 days is targeted)
- There was no capacity at present to take patients from outside Portsmouth
- It was not expected that the need for the number of beds required would increase
- There was an ambition to work with GPs in the future with regard to offering a 'step up' service (from home to hospital).

RESOLVED: That the report be noted.

35. Vascular Services (AI 10)

The Chair provided a verbal update regarding the invitation from SHIP Primary Care Trust (PCT) to an informal meeting of all the HOSPs in the SHIP area on 11 June 2012 to discuss the data reviewed and monitoring.

RESOLVED: That the Chair Councillor Peter Eddis and Councillor Peter Edgar represent the panel at the meeting on 11 June 2012.

The meeting concluded at 12 noon.

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Councillor Peter Eddis
Chair, Health Overview & Scrutiny Panel

APPENDIX A

Minute No 30.2012 - Alcohol-Related Hospital Admissions

Answers to questions provided by members prior to the meeting.

HOSP Meeting 31 May 2012

Responses to questions raised relating to the report on Alcohol-related hospital admissions.

Report conclusion 4

- i) *Why has there been no progress with the Council's service plans and policies?*

This was an ambitious recommendation which was adopted by the Council's Cabinet. We are working with services to support them in developing meaningful ways of including alcohol issues in service delivery. This ensures that activity becomes mainstreamed rather than compliance with an initiative that people have difficulty understanding. We have made significant progress in working with Housing and Social Care.

- ii) *Are there plans to make training in the identification and advice for those dealing with clients with alcohol issues routine?*

Although not routine we have trained 235 people across 4 services (Social Care, Housing, Children's services and Community Safety). In particular we have been able to deliver targeted training across Adult Social Care ensuring services with the highest impact are trained first.

Report conclusion 5

- i) *What is being done to target schools which do not cover alcohol awareness or provide PHSE lessons?*

A substance misuse champion (link) has been established in each of the city's Secondary schools as well as representation at Primary level, a specialist school nurse for alcohol has also been put in place picking up referrals through both the QA and the Police. The Health Improvement and Development service support and deliver lessons, as well as offering one to one support, to young people around this agenda. A new service has been set up to support young carers of substance misusing parents, including alcohol misuse.

Report conclusions 6, 7, 8, 9 – no questions

Report conclusion 10

- i) *What level of resourcing would Trading Standards need to support the development of an Off Watch scheme?*

Trading Standards estimate they would require £25,000, predominantly officer time, to develop the scheme. This would be a one off cost as the scheme would be self running once established.

Report conclusion 11

- i) *Will the HIDS school survey continue to be conducted in schools?*
Yes, the survey will be run annually.

Report conclusion 12

- i) *Which partnerships did and did not include alcohol in their delivery plans?*
The Safer Portsmouth Partnership, Children's Trust Board and Health & Social Wellbeing Boards all cover alcohol to some degree in their plans. Despite our best efforts, we have been unable to influence the agendas and delivery plans of groups such as the Cultural Consortium.

Report conclusion 13

- i) *What additional level of CCTV would be beneficial in Guildhall Walk, at what cost?*

An additional camera has been installed in the Guildhall Walk to support activity to reduce alcohol fuelled violence and anti-social behaviour. The cost of this was met by community safety budgets (£17,146). This approach was discussed and agreed with police and control room operators and as a result the view of Guildhall Walk has been improved

- ii) *What is the likelihood that a 'Late Night Levy' will be charged to cover the costs of additional CCTV?*

The guidance on the Late night Levy is yet to be published. It does appear as though the late night levy may not raise a significant amount of money for the local authority. The rate at which the levy is likely to be set, along with possible exemptions, would limited the amount raised. The suggested top rated premises would pay £4,440 p.a. with the lowest rated premises paying £299 p.a. A minimum of 70% of the funds raised will go to the police.

A number of premises may alter their licenses to stop selling alcohol at 12 midnight to avoid the levy.

It is not clear if the levy is applied citywide or whether the local authority would have discretion, i.e. not to charge community pubs.

Premises in an area like Guildhall Walk may opt out of funding projects like the taxi marshals if the levy was applied (they currently pay £1248 pa each), this would then need to be funded from the levy.

Report conclusion 14 – no questions

Report conclusion 15

- i) *Is the late night levy referred to here the same one which could help contribute funds towards CCTV provision (in Conclusion 13 above)?*
Yes it is, see the answer to question 13 above

Report conclusion 16 – no questions – will be discussed under Agenda Item 9 – Re-modeling of substance misuse services 2012/13

Report conclusion 17 – no questions

APPENDIX B
Minute No 32/2012 – Maternity Update

Answers to questions provided by members prior to the meeting.

- i) What are 'Virtual Children's Centres' and where are they based?

They are based in the maternity centres (PMC for Portsmouth). The multipurpose room has information and play equipment that is available in children's centres so that Mum and Dads who have their antenatal and postnatal care in the maternity centres can have a taster of Children's Centres and be encouraged to attend their local centres. We have also agreed registration with Children's Centres at the maternity centres.

- ii) Can you give more information on what ways you plan to engage with users (following completion of the theatre workstream) and what this is likely to involve?

This has just started-the group membership will include the MSLC chair, friends of the Blake, Grange, PMC etc, NCT, Breastfeeding network etc. They will be brainstorming user engagement at all levels eg-strategic service development, focus groups, surveys etc

- ii) What are the benefits of being able to accept more in-utero transfers?

More high risk babies can access our Neo Natal Unit, which has very good outcomes

- iii) Section 5 of report – how many respondents were there to the survey on info on choice of place of birth and how was it undertaken?

This is a continuous survey for mothers, this is one of many questions. The respondent numbers are low. However it gives us a snapshot of opinion. We are now doing a 6 week phone call for all women so we will have better quality information.

Number of respondents to the woman's survey PHT

Jan-Mar 10	54
Apr-Jun 10	27
Jul-Sep 10	38
Oct-Dec 10	46
Jan-Mar 11	59
Apr-Jun 11	31
Jul-Sep 11	21
Oct-Dec 11	28
Jan-Mar 12	18

- iv) Why do you believe that there is such a significant decrease in the number of Caesarean section rates?

One to one care in labour, more women delivering in midwifery led environments, vaginal birth after caesarean sections increased and a new multidisciplinary meeting twice daily meeting that examines clinical decision making .