HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 28 June 2012 at 9:30am.

Present

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

Co-opted Members

Councillors Gwen Blackett, Havant Borough Council
Peter Edgar, Gosport Borough Council
Keith Evans, Fareham Borough Council
Mike Read, Winchester City Council

Also in Attendance

Jane Muir, Portsmouth Local Involvement Network

Solent NHS Trust.
Graham Bowen, Head of Podiatry.
Matthew King, Podiatrist
Dawn Roberts, Head of Substance Misuse Services.
Judy Hillier, Director of Nursing.
Lucy Sharp, Integrated Services Manager.
Dawn Roberts, Head of Substance Misuse Services
Debbie Clarke, Associate Director, Adult Services

Portsmouth Hospitals NHS Trust (PHT)
Alison Dorey, General Manager
Isobel Gaylard, Acting Head of Nursing for Emergency Department/ Medical Assessment Unit (MAU)
Jane Williams, Chief of Service for Medicine for Older People, Rehabilitation and Stroke.
Allison Stratford, Associate Director of Communications and Engagement

Portsmouth City Council.
Dr Paul Edmondson-Jones, Director of Public Health
Angela Dryer, Assistant Head of Social Care.
Marie Edwards, Adult Social Care.
Barry Dickinson, Joint Commissioning Manager (Substance Misuse)

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

Apologies were received from:

Councillor Dorothy Denston, East Hants District Council
Councillor Jacqui Hancock, Portsmouth City Council
Councillor Margaret Foster, Portsmouth City Council

37. 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.

38. Minutes From the Meeting Held on 31 May 2012 (AI 3).

RESOLVED that the minutes of the meeting held on 31 May 2012 be agreed as a correct record.

39. Podiatry Booking Service (AI 4).

In response to questions from the panel that had been put to him prior to the meeting, Graham Bowen, Head of Podiatry and Matthew King, Podiatrist, Solent NHS Trust clarified the following points:

- The manual transfer of patients' details to the new system is progressing well, with 6,000 remaining on the old system.
- There are 8,000 Portsmouth clients.
- The central booking line is currently open Monday to Friday 9 to 4pm. From 16 July it will open from 8 to 5pm.
- Patients raised concern about accessing the booking centre.
- Signage in the six Portsmouth health centres will be improved and a free direct line telephone will be installed.
- The new system is made to be as cost-effective and productive as possible.
- It is not possible to determine how this year's demand compares to previous years.
- During the first two weeks since the opening of the call centre, an average of 350 calls a day were received. The waiting times were closely monitored. This has reduced to between 250 and 300. Quicker referrals for new patients.
- 60% of bookings will be made load will be booked in advance by clinicians online.

<u>In response to questions raised at the meeting, the following points were clarified:</u>

- The Portsmouth and Southampton Solent teams were merged.
- An average of 22,000 treatments a year are provided for Portsmouth residents.
- Bookings can be made up to six weeks in advance.
- Between 800 and 1,000 new referrals are made every month.
- The call centre will provide a better service for patients as the booking team can find an alternative location if the patient's usual centre is not available.
- Every referral is triaged. High priority patients are seen within 48 hours. The National Institute for Health and Clinical Excellence's target for high priority patients to be seen is 24hrs for 7 day/ week services. As this service is open 5 day/ week this target does not apply.
- The Access Project is working to produce one standard referral form.
- The Podiatry Service is only commissioned to provide a service for 5% of patients with podiatry health needs i.e. those with a risk of losing their feet. Those who do not qualify for NHS care can access a private service

at a competitive rate.

- Portsmouth has the highest amputation rate in the country. It is ten times worse than the rates in Europe. Prevention strategies are being reviewed.
- 3.2 whole time equivalent health centre receptions (6 individuals) will be relocated.
- The service is very keen to introduce novel ways to be more productive without losing clinical staff.
- It was not deemed cost-effective to send letters to all service users informing them of the call centre.
- The service's clients all age range but predominantly a certain age group.
- 90% of work is carried out in health centres.
- A rolling training programme is provided to train hospital staff to deal with podiatry issues.
- The launch of the central booking centre was delayed by six weeks.
- Four agency staff were employed to back fill for staff at the call centre.

The direct line telephones will be in place once the receptionists are moved.

RESOLVED that the report on the podiatry service be noted and that an update be brought to a future meeting.

40. Re-Modelling of Substance Misuse Services 2012/13 (AI 5).

Dr Paul Edmondson-Jones, Director of Public Health and Drug & Alcohol Lead for the Portsmouth Safer Partnership, Dawn Roberts, Head of Substance Misuse Services, Solent NHS Trust and Barry Dickinson, Joint Commissioning Manager (Substance Misuse), Portsmouth City Council answered questions from the panel.

Ms Roberts explained that:

- Her concerns were regarding the removal of funding for Baytrees not the remodeling of services.
- 50% of Baytree's funding comes from Portsmouth City Council. If this was reduced, Solent NHS Trust would need to remarket the facility in order for it to remain open.
- Hampshire and West Sussex Councils also place clients at Baytrees.
- A significant number of people need a specialist detoxification treatment but this is not included in the new model.
- Hampshire County Council is remodeling its service but the proposed model includes specialist detoxification units.

Mr. Dickinson explained that:

- A relatively small number of clients need the level of service that is provided at Baytrees. If it is still available, the council would place clients there. If it is not available, facilities elsewhere (East Sussex, London and North Hampshire) would be used.
- A procurement process would be used to select providers. ANA would be used for appropriate clients if it was successful in its tender.
- Appropriately trained clinicians would assess service users to see what treatment band would be the most appropriate.
- Clients undergoing a detoxification programme in the community would be supported by a recovery broker and a care worker. The former are

volunteers who have undergone 18 months training. If the Recovery Brokers suffer a relapse they would be supported to overcome this and would only continue in their role to the extent that it is safe and effective for all concerned.

- Southampton City Council uses facilities in West and North Hants.
- After the remodeling, Portsmouth would place fewer clients at Baytrees.
- It is expected that the new model will meet unmet demand and the clients would be supported by a dedicated person all along the pathway.
- The consultation identified many examples of excellent practice. However, more consistency is required.
- The council's Health Improvement & Development Service works with primary and secondary schools on drug and alcohol misuse awareness.

Dr Paul-Edmondson-Jones explained that:

- Once the new model is agreed, all partners will work together to make it work.
- Solent has not said that they did not think the new model would work.
- He is confident that the model proposed is the right way forward for Portsmouth.
- No-one has criticised the facilities provided at Baytrees.
- If necessary another equivalent service in could be used.

RESOLVED that The re-modelling of substance misuse services 2012/13 be noted and an update be brought to the Panel 12 months time.

41. **Exbury Ward (AI 6).**

The Chair read out a written deputation from Councillor Wemyss who sought clarity as to whether the decision to close the ward had already been taken.

In response to questions from the panel, Jackie Charlesworth, Senior Programme Manager, PCC, Maggie Vilkas, Service Manager, Portsmouth City Council and Dr Carol Trotter clarified the following points:

- The report brought to the HOSP meeting in March stated that there was an intention to close the ward, which is standard practice at that stage as services are planned up to a year in advance.
- Consultation is currently being carried out with patients and relatives.
- The final decision will be taken by the Clinical Commissioning Group in August.
- The contract has been agreed for block beds at Harry Sotnick House to be purchased by the Integrated Commissioning Unit from Social Services. These will be very important to secure provision for clients in the future: Exbury patients if this is determined to be suitable or other clients. In the short term, the ward will be used for a step-down reablement service for a maximum of six weeks.
- The Care Quality Commission inspects existing facilities, so would not be involved in these types of decisions.

Judy Hillier, Director of Nursing, Solent NHS Trust explained that the ownership for all Primary Care Trust estates will be transferred to Solent NHS Trust in April 2013. There are no plans for the building if Exbury Ward is closed.

Andy McDowell, Portsmouth Local Involvement Network suggested that the panel consider putting an item on its agenda regarding how consultations are carried out by the NHS.

The written responses to questions from the panel which were asked prior to the meeting are attached as appendix A.

RESOLVED that the plans for Exbury Ward be noted.

42 Discharge Procedures at Queen Alexandra Hospital (AI 7).

In response to questions from the panel, Angela Dryer, Assistant Head of Social Care, Portsmouth City Council, Alison Dorey, General Manager, Isobel Gaylard, Acting Head of Nursing for Emergency Department/ Medical Assessment Unit, Jane Williams, Chief of Service for Medicine for Older People, Rehabilitation and Stroke, Allison Stratford, Associate Director of Communications and Engagement and Marie Edwards, Adult Social CareTeam Leader clarified the following points:

- All the partners involved in the discharge of patients work well together and a lot of work is being carried out to improve the process. However, when the hospital experiences a crisis, best practice can sometimes lapse
- Unprecedented numbers of patients are attending Queen Alexandra Hospital. Recently over 300 patients have been seen every day at the Emergency Department, approximately 75 of whom will need medical admission; 260-270 would normally be expected at this time of year.
- Gosport Minor Injuries Unit has seen a similar increased trend of attendances.
- A series of audits are being carried out to understand reasons for such high and maintained demand. Initial findings show that only a very small proportion of attendances are inappropriate.
- The acuity of patients' conditions on presentation at the hospital has increased.
- There are also very high numbers of referrals from NHS partners
- Increasing numbers of older people are attending the hospital. The demographic shows that the older population in Portsmouth and the surrounding area is already 20 years ahead of the national picture.
- Measures are in place to improve the care pathways for older people including:
    - The Older Persons Partnership Project has clear objectives.
    - The community team is based at the Emergency Department to assist elderly patients – preventing unnecessary hospital admissions.
    - A Consultant Geriatrician is on duty in the MAU 12 hours a day.
    - Bed reallocation will occur to ensure frail, older people are cared for within the appropriate specialism. This will occur by the Autumn.
- The Integrated Discharge Bureau which was established last year has proved very effective especially when dealing with patients with complex discharge needs.
- There are three teams involved in preparing the medically fit lists which inevitably leads to duplication of effort. It is difficult to retrieve information from the different organisations' IT systems, as they do not 'talk' to each

other. However, a lot of work is underway to make them more accessible whilst safeguarding patients' confidential information.
- Improvements in treatment mean that hospital stays are reducing.
- The whole health economy needs to work together.
- The Gosport Minor Injuries Unit is open from 7:30am to 9:45pm with four nurse practitioners on duty. The possible recruitment of a triage nurse is currently being discussed.
- The use of private ambulances for non-emergency patient transport is being phased out. When they are used a registered nurse receives and manages the patients.
- Community Services are linking up with the ambulance service regarding anticipatory care plans for patients.

Judy Hillier, Director of Nursing and Debbie Clarke, Associate Director, Adult Services clarified the following points:
- Solent NHS Trust manages the Out of Hours GP Service. In October 2012, a GP-led provider will take over the running of this service.
- Solent NHS Trust also manages virtual wards with 100 beds in the community for patients with low level, chronic conditions. Community Matrons have access to the hospital's systems to monitor patients' condition.
- Generally, during the day GPs encourage people to come to the surgery but will make house calls too when appropriate.
- Delayed discharges are reported to the Strategic Health Authority and the Department of Health. In the last two years, none were due to Adult Social Care and the numbers due to the health service are decreasing.

The Chair suggested that telephone numbers and locations of local facilities be included on the Choose Well campaign posters. Ms Stratford explained that the SHIP commissioners will be launching a new campaign shortly.

Angela Dryer, Assistant Head of Social Care, Portsmouth City Council's responses to questions raised by the panel prior to the meeting are attached as Appendix B.

RESOLVED that:
1. **The report on discharge procedures at Queen Alexandra Hospital be noted**
2. **The results of the audit on admissions to the Emergency Department be brought to a future meeting.**

43. **Remodelling of Community Mental Health Services in Portsmouth (AI 8).**

In response to questions put forward by the panel prior to the meeting, Lucy Sharp, Integrated Services Manager and Judy Hillier, Director of Nursing, Solent NHS Trust clarified the following points:

- Two clinicians will work one day a week at Cosham Health Centre from August. It will serve residents from the PO6-7 areas.
- The report that was circulated with the agenda was written before June. The Operational Policy will be agreed today.
- A series of public engagement events are planned and are usually well

attended by service users, carers, staff, third sector agencies, HR and the public.

RESOLVED that the report on the remodelling of community mental health services in Portsmouth be noted.

44. Portsmouth Hospitals' NHS Trust's Update (AI 9).

In response to questions from the panel, Allison Stratford, Associate Director of Communications and Engagement clarified the following points:

- The panel was reminded that a significant amount of data which would be of interest to the panel is published in the performance report every month for the PHT public board meetings.
- The trust has performed well with regard to national and local targets over the last financial year and the first quarter of this year.
- The trust's accounts broke even last year. These are currently on target, but there is a small deficit which is due to demand and had been planned for.
- Patients are at the centre of all that the trust does and this is reflected in the fact that plaudits far outweigh the complaints.
- Unlike several hospitals in the region, Queen Alexandra Hospital did not have to close any wards due to infection. This was thanks to the work of the Infection Prevention & Control Team which amongst other control measures, introduced a bed cleansing of beds regime whereby every time a patient is discharged, their bed is taken to be steam-cleaned and a swab is taken before and afterwards to measure the cleanliness.
- There were 67 cases of c-difficile last year; the maximum target was 78. This year the target has been lowered to 67.
- The trust is on target for cases of MRSA.
- The journey to Foundation Trust status is progressing well and the application should be submitted to Monitor in the Spring.

Mealtimes and traffic management were briefly discussed and the panel was invited to visit the hospital to discuss these issues or to observe the deep-cleansing.

RESOLVED that:

1. **The Portsmouth Hospitals NHS Trust's Update be noted.**
2. **Portsmouth Hospitals NHS Trust be commended for its programme of bed deep-cleansing.**

The meeting concluded at 12 noon.

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Chair.

APPENDIX A

Jackie Charlesworth, Senior Programme Manager and Maggie Vilkas, Service Manger, Portsmouth City Council's responses to questions raised by the panel prior to the meeting on Agenda Item 6: Exbury Ward.

Provide some information about SEAP, how it works etc

SEAP (Support, Empower, Advocate, Promote) is an independent advocacy service which provides issue-based or casework advocacy and related services. They are commissioned to provide Advocacy, IMHA (Independent Mental Health Advocacy), IMCA (independent mental capacity advocacy), and Appropriate Adult services in Portsmouth.

The service is concerned with ensuring that people are enabled to express their views, wishes and feelings either directly or through a competent and independent voice. Advocates work to ensure the rights of vulnerable people are safeguarded and their voices are heard and genuinely considered as part of the decision making process.

SEAP have been commissioned to provide a specific advocacy service to those patients resident on Exbury Ward to ensure they have access to independent and confidential support to enable them to air their views and opinions, and that of their families.

SEAP have had a regular presence on the Ward, introduced themselves to families and patients, and leaflets have been made available. Information about the service has been given verbally at meetings, and two representatives of the service attended the first open families meeting on 24th May.

There is open access to the service. People can contact the service direct, be referred by Ward staff, meet representatives on the Ward, telephone or write.

As this is a confidential and independent service we do not receive detailed information from SEAP about the work they are doing, however they have advised that engagement on this issue has been slow and advocates have attended the ward and met with clients, families and attended group meetings to ascertain the issues. They are working carefully with clients/families and have 3 referrals from the Ward.

Q2: What were the outcomes of the meeting on 20th June

Following the meeting on the 24th May one family member decided they would like their loved one to move to a nursing home as soon as possible if the assessment showed that this was an option.

All families attended the meeting on the 20th, and had a one hour pre-meet before professionals joined the meeting. All acknowledged they had received a copy of the notes from the previous meeting and no new comments or issues had been raised prior to the present meeting.

Family members asked for additional information/clarification about a range of issues including: the process that was being undertaken; timescales; how decisions would be made and by whom; clinical assessments; how health care would be provided in the future; the quality of care in the private sector; how current staff would support the transfer of patients; where people might be placed; reasons for the proposed closure; funding for patients; NHS continuing care.

It was clear that there had been a change of opinion in the room. One relative said they were confident that everything had been done that could be done and they were happy for the proposal to go ahead. This was supported by another relative. A third relative then said that the meeting had clarified any outstanding points they had. Others kept their own counsel.

All families said they did not wish to meet again as a group, at least until after the CCG Executive meeting in August, and all wished to move forward on an individual basis to discuss their relative's assessment and options for the future.

One relative expressed their thanks for all the care and support given to their family member, and this was endorsed by all the families.

Appointments are being made with individual families and the clinical team to discuss the patient assessments, and these will take place within the next month.

Q3: What are the implications, financial and otherwise, if Exbury does not close?

There will be a number of implications for commissioners, NHS Solent, and patients/families if the service does not close and these are outlined below.

NHS Solent

- No new patients have been admitted for a number of years as the OPMH service does not have provision for long-stay. Exbury Ward is a relic of the old model of caring for people with dementia, whereby people lived large parts of their lives in the NHS
- The closure of the service needs to be managed in a planned way – the current incremental closure is not sustainable
- As patient numbers decrease the service becomes less viable
- There are staffing issues within Exbury and the wider OPMH service which are creating risks. Staff are already leaving Exbury and the OPMH service is holding vacancies in other parts of the service for staff who may be displaced by the current proposal.
- Adverse impact on ability to deliver care in line with local and national dementia strategy
- Will be difficult to remodel services to meet predicted increase in incidence of dementia
- In the current financial climate services need to be as cost effective as possible in order for them to continue to be commissioned

Patients and families

- Ward would remain open for now, but solutions would need to be found to the pressures outlined for the service and commissioners. This would be likely to lead to the closure of the ward in the future as patient numbers decrease
- Staff are beginning to leaving the service, so there is already an impact on continuity of care and familiarity of staff which is highly regarded by families and patients. It is likely this will increase over time
- There would need to be Ward moves within the NHS for some patients in order that assessed needs could be met. As a patient's dementia progresses their needs change and the need for an NHS beds decreases. This could mean a transfer to nursing home provision which would entail a continuing care assessment. There could be financial implications for patients and families if a person did not meet health funding criteria as they would be receiving social care and be financially assessed
- For people who have already progressed to the point where they don't meet the criteria for an NHS service there would need to be a continuing care assessment which could have the financial implications outlined above

Commissioners

- It will be difficult to meet national and local dementia strategy requirements, and continue with the remodelling of the OPMH service and dementia pathway
- In contract terms the service is underperforming and is not cost effective. The service which is being commissioned is for 14 beds, and only 9 are currently being used. There are no new patients for these beds
- Overall, the wider mental health service provided by Solent NHS is deemed to be higher cost than comparator areas. Therefore, savings need to be made within commissioned services

Q4: What are the outcomes of the staff consultation process?

Staff from services were involved in the OPMH review and these were included in the development of the options, including the proposal to close Exbury Ward and reprovide the care in appropriate alternative settings.

Staff on Exbury Ward are aware of the proposal and initial discussions have taken place with the service managers. However, staff cannot be formally consulted over reprovision until the outcome of individual patient assessments is known, together with the destination of patients. When this happens staff will be put formally 'at risk' and normal HR procedures will be put into effect. Also, the question as to whether or not TUPE applies will be determined.

APPENDIX B.

Angela Dryer, Assistant Head of Social Care, Portsmouth City Council's responses to questions raised by the panel prior to the meeting regarding Agenda Item 7: Discharge Procedures at Queen Alexandra Hospitals.

1. **What does WTE stand for?**
   Whole time equivalents.

2. **At the last HOSP meeting, we recall that Jackie Chalwin said that there was a waiting list of 4-5 people for Spinnaker Ward (not minuted). This report indicates that 22 people were waiting for Spinnaker/ rehab/ re-ablement care. Could you clarify please?**
   This would be a mixture of Spinnaker/D1/reablement beds in the community/Victory beds. I can only assume that Jackie Chalwin's figures are weekly where these are over a month? We have on average 2-4 people per week waiting for Spinnaker.

3. **What, on average, is the length of the delay between being assessed as medically fit and discharge?**
   This could range from a couple of hours from a medically fit status to 3 days for the most complex. Often when someone is deemed medically fit by the consultant they often are still waiting for physio/OT input. Also delays can be re: equipment or waiting for family to decide on care. This is evidenced by the weekly DTOC report where the patients deemed medically fit are broken down into categories if you look at last week's DTOC dated 14th June you will see 10 non reportable delays and 11 reportable all under health not ASC or Joint!

4. I**n the PHT update (re: discharges), there is reference to streamlining the paperwork for discharges. What does the current system include (i.e. how many forms etc are needed)?**
   We have reduced the paperwork a lot since working with Portsmouth Rehab and Re-enablement Team (PRRT). The paperwork can range from a simple Home From Hospital (HFH)/ PRRT referral form which is 3 pages to a full 6 page FACE assessment; Also we do the mental capacity assessment which is free text: approx 400 words. We also have to complete the referral form for Longdean/ Victory which is 5 pages. Decision Support Tool paper work which means another Social Work (SW) assessment to complete the SW section of the form, this said we believe we can reduce paperwork further however this is very much dependent on other units such as Longdean requiring referral forms/trusted assessors forms & Continuing Health Care re: DST paperwork.

5. **When will the management group (LA and Health) finish the review of discharge processes?**
   This is an ongoing piece of work and quick wins identified at various points are being identified.

6. **In section 3.8 the table gives a breakdown of the numbers on the medically fit list in May (308), but the figures only add up to 290. Why is this?**
   The remainder would be a mixture of Out of Area clients, waiting for nursing homes to asses, social worker assessing that day, family delays, referral received

but no ASC needs, conflicting information, waiting for health spot purchase agreements /without prejudice agreements.

7. What can you suggest to improve the process?

- Not completing the PTL list every day as this takes up valuable SW/ATM time.
- PHT not sending additional lists/escalations of patients that we already are working on so wastes our time looking them up due to the duplication.
- Not sending escalated patients with no info such as D.O.B e.g. on themes list.
- PHT taking responsibility for their own actions at ward level as I believe they are creating their own delays.
- Allow ASC to get on with doing the doing instead of chasing lists. DTOC proves we do not have any delays in two years come August