

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Thursday 25 October 2012 at 9:30am.

Present

Portsmouth members

Councillors Peter Eddis (chair)
Margaret Adair
David Horne (vice chair)
Mike Park
Phil Smith

Co-opted members

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

Also in attendance

Councillors Aiden Gray
Lynne Stagg

Portsmouth Local Involvement Network

Jane Muir

SHIP PCT Cluster

Mel McKeown, Associate Director Communications and Engagement
Richard Curtis, Development Manager, Portsmouth and South East Hampshire
Clinical Commissioning Groups

Portsmouth Hospitals NHS Trust (PHT)

Allison Stratford, Associate Director of Communications and Engagement
Dr Partha Kar, Clinical Director, Diabetes & Endocrinology
Glen Hewlett, Director of Development Estates

Solent NHS Trust

Samantha Gibson, Head of Marketing & Communications
Lauren Riddle, Marketing Communications Manager

First Bus Hampshire & Dorset

Matt Kitchin, General Manager
David Attrill, Network Planner

Stagecoach

Mark Turner, Commercial Director

Portsmouth City Council

Rachael Dalby, Head of Health Improvement & Development Service (HIDS) and
Community Safety
Alan Knobel, Substance Misuse Co-ordinator

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

Councillors Margaret Foster, Jacqui Hancock, Dorothy Dentson (East Hants District Council) and Keith Evans (Fareham Borough Council) had submitted their apologies for the meeting. Councillor Phil Smith was present as standing deputy for Councillor Foster.

Dr Jim Hogan, Chief Clinical Officer, Portsmouth Clinical Commissioning Group had also sent his apologies.

63. Disclosable Pecuniary Interests (AI 2)

None.

64. Minutes from the Meeting Held on 27 September 2012 (AI 3)

RESOLVED that the minutes of the meeting held on 27 September 2012 be agreed as a correct record.

65. Diabetes care and prevention work (AI 4)

Dr Partha Kar, Clinical Director, Diabetes & Endocrinology presented the following information to the panel and answered questions from members:

- The amputation data (until 2010) and launched at Diabetes UK APC 2012 had shown Portsmouth city to be a poor performer for long term outcomes. The data for Hampshire was satisfactory.
- In 2010 the situation was that:
 - There was no community diabetes team in Portsmouth and, therefore, little education to ensure that primary carers sent patients in to be reviewed.
 - There was 1 clinic per week at Queen Alexandra Hospital (QAH) with podiatrists and diabetologists present as well as access to vascular surgeons or orthopedics.
 - All ulcers were referred to podiatrists who then referred to specialists or the Multidisciplinary Diabetes team (MDT)
- Using the data revealed amputation data, the commissioners have enabled the following changes to be made so that in 2012:
 - A community diabetes team is now in place in Portsmouth. This is based on the Super Six model which was in operation in South East Hampshire. Two senior nurses have been recruited to fulfill this role.
 - In addition, every GP surgery in the area receives two visits from a consultant every year and they are actively encouraged to check patients' feet at every visit.
 - From mid-November there will be three clinics per week – helping to solve the problem of capacity.
 - The pathway has been changed so that all ulcers are sent to the MDT who decides to refer patients on to other specialists as deemed necessary. The system is compliant with all NICE guidelines.

- In addition, an education package backed by local commissioners, and concentrating on providing 6-8 educational days on foot care through 80 local surgeries, is due to start shortly.
- Consideration is also being given to the option of a Band 5 podiatrist whose sole job would be to provide foot education in all local surgeries.
- A major cause of Type 2 diabetes amputations is smoking with other lifestyle factors such as poor diet and lack of exercise also playing a role. Ulcers are caused when arteries fur-up and these lifestyle factors are a major contributor to this.
- In Portsmouth the population catchment area is 650,000 and 30,000 people have been diagnosed with diabetes. The World Health Organisation predicts ever increasing numbers of people with diabetes.
- Approximately 90% of those with diabetes have Type 2 diabetes which develops when the body does not produce enough insulin to maintain a normal blood glucose level, or when the body is unable to effectively use the insulin that is being produced. Type 2 is preventable and is caused by lifestyle choices. Type 1 diabetes (10% of cases) develops when the body's immune system attacks and destroys the cells that produce insulin. As a result the body is unable to produce insulin and this leads to increased blood glucose levels, which in turn can cause serious damage to all organ systems in the body. Type 1 cannot be prevented.

Dr Kar stated that he was working with the QAH communications team and the media about patient education and that he would be happy to contribute material to local magazines to further help publicise the dangers of diabetes and risks of lower limb amputations. It was agreed that colleagues in public health should be asked to consider including information on this matter in their communications and health promotion materials such as public health pages in Portsmouth's Flagship magazine.

Dr Kar stated that data was still being collected and that the results of the new style service should start being seen in 2013/2014.

Dr Kar circulated details of a diabetes conference to be held in Portsmouth on 30 November. A copy of the programme is attached to these minutes as **Appendix A**.

Councillor Peter Edgar congratulated Dr Kar on all the excellent work being done at QAH under his leadership and for way in which he had responded to the amputation audit which was so positive.

ACTIONS:

- Members of the panel agreed to lobby cabinet members for health and education in their local authorities with regard to public health education and publicity in relation to Type 2 diabetes and lower limb amputations.

RESOLVED

- **That the information provided be noted.**
- **That public health colleagues consider promoting the benefits of a healthy lifestyle and exercise on reducing the risk of Type 2 diabetes and lower limb amputations.**
- **That an update be brought to a HOSP meeting in 12 months.**

66. Solent NHS Trust update (AI 5)

(TAKE IN UPDATE ON OUT OF HOURS SERVICES WHICH WAS PROVIDED IN ADVANCE OF THE MEETING)

In addition to the update on the Out of Hours service provided in advance of the meeting, Lauren Riddle, Marketing Communications Manager provided the following information and answered questions from the panel:

- The Solent NHS Trust Foundation trust journey is on plan and has passed the strategic health authority stage and it is now with the Department of Health. Solent is on track for a referral to Monitor in late November, which could see it authorised as a Foundation Trust in the spring of next year.
- Solent has successfully handed over the GP Out Of Hours (OOH) service to Care UK and were delighted to report that the service provided by Solent was meeting all quality measures right up until the day of handover.
- Care UK (the new OOH provider) would be working to publicise the contact telephone numbers until the new 111 service came into service.
- Solent has recently been notified that it has an extension to substance misuse services across Hampshire for a further year (from April 2013). This means it can continue on its path to make the service even more focused on recovery from addiction.
- Solent has received notification of a disinvestment in chlamydia screening for Hampshire from next year which will reduce the amount of screening that is done, focusing on groups with a higher likelihood of positive results. Solent is looking to clarify which other areas might be disinvested next year, especially as commissioners move from health care to local authorities.
- Solent is working with both University Hospital Southampton and Portsmouth Hospitals Trust to reduce non-elective admissions and step up the number of patients managed in their own homes.

Richard Curtis, Development Manager, Portsmouth and South East Hampshire Clinical Commissioning Groups provided additional information about the delay to the launch of the 111 service. He stated that this was a national initiative and that the government had taken the decision to delay the launch as there were issues relating to licensing which had yet to be resolved. He added that it was expected that the 111 service would see a 'soft' launch from 6 November while further testing took place.

ACTIONS:

- Solent NHS Trust to provide an update to HOSP members on Romsey Dental Health service as soon as the information is available (late October/ early November 2012)
- Solent NHS Trust to provide further information to the HOSP about the disinvestment in chlamydia screening and the move of some services to local authority control.
- Solent NHS Trust to provide further information to the HOSP about non-elective admissions presenting at QAH.

Post meeting note: Solent NHS Trust has provided information in response to the actions above. This is given in **Appendix B** attached to these minutes.

RESOLVED: That the information provided be noted.

67. Bus service provision and access to medical services (AI 6)

Councillor Peter Eddis introduced the item by stating that the panel was only concerned about bus services that provided access to medical services and that although a number of the changes proposed to First bus services were helpful there were some concerns which needed airing.

Matt Kitchin, General Manager and David Attrill, Network Planner were present from First Bus Hampshire & Dorset. Mark Turner, Commercial Director, Stagecoach and Glen Hewlett, Director of Development Estates QAH were also present for this item.

Mrs Josephine Osbourne, a resident of Southsea spoke of her concerns that:

- There would be no direct bus service from Southsea shopping centre to QAH in the future
- There would be no buses to St Mary's Hospital from Southsea shopping centre
- There is only one bus which takes passengers to St James's Hospital (the no. 13), that this does not go into the hospital and that service starts at the Hard.

She added that there was considerable concern about the lack of new timetables and that this was causing anxiety among the bus travelling public.

Baffins ward Councillor Lynne Stagg made a deputation stating that she had been contacted by constituents concerned that there would be no direct bus service to QAH from Baffins, that they would have to change at Cosham and that there was no transfer ticket available.

Councilor Peter Eddis then read out written deputations from Councillors Darren Sanders, Luke Stubbs and Hugh Mason. He also read out a deputation from Melissa Seeley a staff nurse at QAH. These are attached to these minutes as **Appendix C**.

Matt Kitchen on behalf of First Bus provided the following information:

- Although bus companies are free to operate services which they consider to be commercially viable they are required to give 8 weeks notice of their intentions to the Traffic Commissioner (part of the Government Department for Transport).
- In the past the company has waited until the Traffic Commissioner had accepted the proposed changes before publicising them to members of the public.
- On this occasion, because the changes were so widespread, the decision had been taken to announce the changes as soon as the Traffic Commissioner had been informed of the proposal in order to give the public the maximum amount of notice.
- Unfortunately the timetables and other printed materials could not be produced at the same time although the information about new services was available on the website.
- The new timetables would be available by the 27 October and would be in First shops and agents by the beginning of November.
- It was also intended to produce route specific timetable and make these available on buses.
- In addition a six figure marketing campaign was being undertaken to publicise the changes to members of the public.
- Public consultation was being undertaken through meetings some of which would take place at weekends.
- The whole service had been reviewed and a 'stack bus' system similar to those run in Europe was being introduced. This involved a number of buses arriving and departing a 'hub' at the same time so that passengers can easily access a number of destinations.
- The 'hub' servicing QAH at Cosham could not be moved to the hospital as it needed to be on a main road.
- All bus companies have reviewed services in the light of 20% increase in fuel tax which came in to effect earlier in the year and that it was inevitable that some marginal services would be lost. However, some have also been reinstated or the frequency of services have been increased.
- In Portsmouth there will be no reduction of the number of buses on the road although there will be some reductions in Gosport and Fareham.
- A Portsmouth day ticket would usually mean that passengers who needed to change bus at one of the hubs would not need a transfer ticket or need to pay twice to get to or from their destination.

Glen Hewlett, stated on behalf of QAH that:

- There were 6500 members of staff at the site and many used public transport to access the hospital as staff parking was severely restricted.
- Many members of staff were concerned about changes to bus services especially those at the beginning and end of the day, Sundays and those which now required a change of bus at Cosham.
- QAH encouraged staff to purchase discounted bus season tickets and made it easy for them to do so at the hospital. However a number of members of staff now faced having to take a taxi at the beginning or end of a shift and were not happy about this.

- QAH provides staff parking both on/off site and uses park and ride buses to ease traffic on the hospital site. Public transport is positively promoted by the Trust as a green travel option. If buses changed then more staff would use their cars, therefore increasing the environmental impact and pressure on parking facilities.
- A petition from 73 staff concerned about the changes had been handed to him the evening before the meeting.

Mr Kitchen responded that First had already reacted to concerns about the Sunday service to QAH and had added an extra bus to the timetable. He added that he would ensure that the new timetables, which included this new information, were made available to QAH staff as soon as possible.

Mark Turner from Stagecoach stated that:

- Stagecoach had reevaluated its services in response to the 20% hike in taxes on fuel and that services at the margins were vulnerable as companies faced serious cost pressures.
- The only change to Stagecoach services affected the no 23 Sunday service which had been increased.
- There were no plans to extend the no 23 service into QAH as has been proposed as this would result in longer journey times and the probable loss of a bus off the route. The proposal would however be kept under review.
- Transport for South Hampshire (TfSH) was co-ordinating the development of a smart ticket which could be used across different operators and different modes of transport in the region.
- It was likely that this would be available in about 2 years but there were many technological and legal issues to be resolved.
- Stagecoach already issues smart tickets and increased use of these would be encouraged in the coming months.

Councillor Peter Edgar stated that although the need for a roundabout for buses at QAH had been discussed in the past, he believed the time for this had now passed due to the increased access to the hospital for Hampshire residents. He cited the example of the Bus Rapid Transit (BRT) bus way between Gosport and Fareham and the fast bus service from the Hard to the hospital.

ACTIONS:

- First Bus Hampshire & Dorset to liaise with the Director of Development Estates at QAH with regard to bus service provision, particularly for staff so that they can be kept informed.
- First Bus Hampshire & Dorset to consider the option of passengers being able to use a return ticket on services where a change was required at a hub (such as Cosham) on one leg of the journey only.

RESOLVED: That the information provided be noted and that bus companies continue to review access to Queen Alexandra Hospital so that the needs of patients, visitors and staff are taken into consideration when they design bus services.

68. Any qualified provider (AQP) (AI 7)

(TAKE IN REPORT CIRCULATED WITH THE AGENDA)

Richard Curtis presented the report stating that implementation of AQP, which had been nationally mandated, was well underway and was scheduled to commence from November 2012.

He added that the three local community services where a choice of provider will be offered are:

- Adult Hearing Services
- Musculoskeletal Services for Back and Neck Pain
- Continence Services for Adults and Children

Mr Curtis also stated that:

- The intention of AQP was to provide patients with additional choice although referrals will still take place via the GP.
- No existing services would be stopped although Solent NHS Trust and Southern Health NHS Foundation Trust may lose some service users in the future.
- The new providers would publicise their services to GPs and patients and would also appear on a list of approved providers available to GPs
- It was expected that a range of new providers would appear on the list, including pharmacies.
- No impact on services at QAH was expected as the services where AQP was offered were community based.

RESOLVED: That the information provided be noted.

69. Admission and discharge statistics (AI 8)

(TAKE IN INFORMATION ON DELAYED TRANSFERS OF CARE
AT PORTSMOUTH HOSPITALS NHS TRUST)

Mel McKeown, Associate Director Communications and Engagement. and Richard Curtis were present for this item. A document on Delayed Transfers of Care at Portsmouth Hospitals NHS Trust was tabled at the meeting and is attached to these minutes as **Appendix D**.

Richard Curtis stated that the information indicated a huge improvement in delayed transfers and that this was a very complex area where complicated issues often needed to be resolved before patients could be moved on. These issues included funding negotiations and complex family relationships and family involvement or lack of involvement in care.

Councillor Mike Read suggested that with an aging population access to nursing and residential care needed to be considered.

It was agreed that the data provided needed to be considered further as it was still not clear whether Hampshire residents were subject to more delays than Portsmouth residents or not. It was agreed that further information be sought from the Unscheduled Care Team at QAH.

RESOLVED: That the information provided be noted and that the Unscheduled Care Team be invited to attend a future meeting of the HOSP in order to present its plans to continue to improve Delayed Transfers of Care (DTC) performance.

70. Alcohol-related hospital admissions (AI 9)

(TAKE IN THE UPDATE ON THE RECOMMENDATIONS ARISING FROM THE REVIEW INTO ALCOHOL-RELATED HOSPITAL ADMISSIONS REPORT CIRCULATED WITH THE AGENDA)

Councillor Aiden Gray introduced this item by stating that he was grateful to Councillor Lynne Stagg, his predecessor who had achieved a tremendous amount and had been heavily involved in the production of the Alcohol-related hospital admissions report. He went on to answer questions and to outline some of the issues he felt were of particular concern and fell within his remit as Cabinet Member for Community Safety in Portsmouth. He stated that:

- Young people involved in binge drinking in the city needed to be aware that restorative justice would be sought. To this end he had recently written to the Chancellor of the University of Portsmouth about an incident involving members of its rugby club and that he was awaiting a response.
- Purple Flag status was being considered and work across the city was taking place following the initial assessment.
- Funding cuts to the Probation Trust would have an impact on services and this was of concern.
- Regular meetings with the Chief Constable were taking place so that there was an open line of communication between them with the aim of helping to ensure that police resources were deployed to best effect.
- Rehabilitation of prisoners was important and it was necessary to break the cycle of prison and reoffending.
- The impact of alcohol on hidden offences such as domestic violence was not to be underestimated.
- Parental responsibility was important as parents and children need to understand the issues and implications of alcohol and drug abuse.
- Work with licensees was crucial and encouraging them to participate in schemes such as Club Watch, contributing towards the costs of taxi marshalls and investing in identity scanners etc was a way forward.
- Concentrating licensed premises in an area meant that working together with them is easier through a combined strategic approach.
- Opportunities for people to pre-load before going out in the evening need to be worked on through licensing and planning although much of this needs to be driven at a national level.

- The substance mis-use team in Portsmouth is recognised nationally for the excellence of its work.

Alan Knobel, referring to the update on the implementation of the recommendations, provided the following information:

- Alcohol champions in schools had helped reduce alcohol and drug abuse by young people and this was borne out by the results of the annual schools survey.
- The National Indicator for alcohol-related hospital admissions was a complex mix of data and showed that incidents of liver disease and alcohol poisoning were not increasing, although the number of people with alcohol related conditions (such as hypertension) were on the increase.
- Assaults were down in number and the police report that fewer people are drinking in public.
- For the first time ever, by the end of 2012, there will be more people in treatment for alcohol abuse (detox) than for drug abuse – rising from 6% of those with alcohol problems to 16-17%. This will be the highest rate of treatment in the South East.
- People who have long term alcohol problems have often been drinking to excess for 10-20 years or more and that the results of work being done now may not be seen for many years. There are no quick fixes.
- The government is to start consulting on a minimum price per unit of alcohol this autumn and this will be a very significant step in helping to control pre-loading and binge drinking.

Rachael Dalby, Head of HIDS and Community Safety, added that information such as alcohol related violence and understanding the context of alcohol related admissions to hospital were important. She reinforced the importance of minimum pricing as a way of controlling alcohol abuse.

Councillor David Horne stated that it was disappointing that 17 of the original recommendations had not seen any action. He added that he was particularly disappointed about those relating to:

- The appointment of an alcohol champion within PCC
- The introduction of a zero tolerance alcohol policy at PCC

Councillor Aiden Gray agreed that he believed that PCC should lead from the front and that he would like to take a further report to Cabinet about a policy prohibiting consumption of alcohol in working hours.

Councillor Mike Park agreed that pages 8-18 of the update report listed a number of recommendations which had either not be implemented or had only been implemented in part.

Alan Knobel responded that not all the actions were the responsibility of the council and that it was dependent on other partners for their implementation. He added that a number of services are being remodeled and this could also have an impact.

Councillor Peter Edgar said that he believed that early intervention was the

only way to achieve real progress in the area and that changing the culture of drinking among young people was essential.

In response to a comment from Councillor Peter Eddis about unnoticed drinking among older people, Alan Knobel stated that screening at hospital and through pharmacies was helping with this. Jane Muir suggested that screening through Falls Clinics could also help.

Members agreed that it was important to keep this topic under review and that the panel should aim to lobby their Members of Parliament about national licensing and planning issues and minimum alcohol pricing. It was also agreed that seeking further information from the Cabinet Member for Health & Social Care in Portsmouth about issues such as unnoticed drinking among older people could be useful.

ACTIONS:

- Councillor Aiden Gray to seek a meeting with the Chancellor of the University to discuss alcohol abuse issues. Councillor Peter Eddis, chair of HOSP to attend the meeting.
- A letter be drafted for members of the panel to send to local Members of Parliament about the importance of alcohol issues, including minimum pricing, to be tackled at a national level.
- Councillor Leo Madden, Cabinet Member for Health and Social Care to be invited to a future meeting of the HOSP.

RESOLVED that the information provided be noted and that an update be brought back to the HOSP in 12 months.

The meeting concluded at 12.45pm.

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Councillor Peter Eddis
Chair, Health Overview & Scrutiny Panel