

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Thursday 31 January 2013 at 9:30am.

Present

Portsmouth members

Councillors Peter Eddis (chair)
Margaret Adair
Jacqui Hancock
David Horne (vice chair)
Mike Park
Phil Smith (standing deputy for Councillor Margaret Foster)

Co-opted members

Councillor Mike Read

Also in attendance

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust (SHIP PCT) Cluster

Sarah Elliott, Director of Nursing
Jo York, Associate Director Strategy and System Management
Clare Pond, Engagement Manager

South Central Ambulance Service.

Neil Cook, Area Manager Portsmouth and South East Hampshire.

Southern Health NHS Foundation Trust

Gethin Hughes, Integrated Services Director, South East Hampshire
Pam Sorensen, Head of Engagement

Solent NHS Trust

Lauren Riddle, Marketing Communications Manager
Elton Dziki, Public Relations Manager

1. Welcome and Apologies for Absence (AI 1)

Councillors Keith Evans, Margaret Foster, Gwen Blackett and Dorothy Denston had submitted their apologies for the meeting.

Councillor Phil Smith was present as standing deputy for Councillor Margaret Foster.

Dr Jim Hogan from the Portsmouth Clinical Commissioning Group (CCG) and Sarah Austin, Director of Strategy, Solent NHS Trust had also offered their apologies for non attendance.

2. Members' Interests (AI 2)

None.

3. Minutes from the Meeting held on 29 November 2012 (AI 3)

RESOLVED that the minutes of the meeting held on 29 November 2012 be confirmed as a correct record and be signed by the chair.

Information updates on items from previous meetings (AI 4)

4. Personal health budgets (minute number 2011/ 90) (AI 4a)

Councillor Peter Eddis introduced the item stating that at the HOSP meeting on 3 November 2011, it was resolved that an annual update on personal health budgets be brought to the panel. He added that it seemed sensible to incorporate updates on this item within the regular reports provided by the Head of Adult Social Care rather than have separate updates. Members of the panel agreed.

REVOLVED that the Head of Adult Social Care provides an update on personal health budgets as part of his quarterly update to the panel when necessary.

5. Dementia strategy (minute numbers 2011/ 91 and 2012/ 21) (AI 4b)

Councillor Peter Eddis introduced this item, stating that at the HOSP meeting on 3 November 2011, it was resolved that a six-monthly update on the dementia strategy be brought to the panel. An update was provided to the panel at its meeting on 22 March 2012. A further update was due to be given at the meeting on 29 November 2012 but there was nothing new to report at that time and it had been recommended that the dementia team report back when there were matters of significance to report. Councillor Eddis stated however that he felt the onus to report should not rest with the team and that the panel should ask for a further update in July 2013.

Members stated that there were massive challenges in dementia care and that there were a significant numbers of initiatives in this area including the involvement of voluntary organisations. It was also noted that dementia care was one of the four strands of work in the Health and Wellbeing Board strategy. Members were therefore minded to seek an update report from the dementia team in six months.

RESOLVED that a further report be brought to the panel at a future meeting.

ACTION:

- **The dementia team to provide an update report on the delivery of the Dementia Strategy at the HOSP meeting in July 2013.**

6. **Exbury ward closure (minute numbers 2012/ 22 and 2012/ 41) (AI 4c)**
Councillor Peter Eddis introduced the item by saying that at the HOSP meeting on 22 March 2012, the panel 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. He added that at the meeting on 28 June 2012, the panel received and noted further information on the consultation process.

The final report to HOSP in respect of the re-provision of care for former patients of Exbury Ward was due to be submitted to HOSP at this meeting but it will be brought to the meeting scheduled for 14 March 2013. This will allow time for an internal review to take place between Portsmouth Clinical Commissioning Group (CCG) and Solent NHS Trust following the recent deaths of two residents. The review meeting took place on 9 January 2013 and the outcomes will be made available to HOSP members in the final report.

RESOLVED that the update be noted and that the final report be provided to HOSP in March 2013.

7. **End of Life Care (minute number 2012/61) (AI 4d)**
Councillor Peter Eddis introduced the update report which was circulated with the agenda. He added that at its meeting on 27 September 2012, the panel had received a report and update on the Liverpool Care Pathway (LCP) from Dr Mark Rowland. Following that meeting the LCP received national publicity about the appropriate use of the pathway and the panel asked Portsmouth Hospital NHS Trust for a further update.

Members commented that the update was very useful, that the briefing on end of life care they had attended by Dr Ian Cairns was impressive, had been encouraging and had provided reassurance on the local situation. Members agreed that although there may be concerns elsewhere, it did not seem to be a problem in Portsmouth.

RESOLVED that the update be noted.

8. **South Central Ambulance Service (SCAS) update (AI 5)**
Neil Cook, Area Manager Portsmouth and South East Hampshire introduced the report circulated with the agenda and provided the following additional information in response to questions:
- The increase in demand seen in recent months reflected a national trend and that, although it was difficult to pin down the reasons for the increase, it was felt that the demand was in response to genuine need.
 - Despite the increase in demand, the service was managing to maintain response times.
 - The Primary Care Trust commissions the service on behalf of the Strategic Health Authority to deliver emergency services in South East Hampshire and Portsmouth. Patient transport is subject to a separate contract.

- SCAS was in discussions with the Fire & Rescue Authority across Hampshire regarding the potential to share facilities and that specific negotiations were taking place with regard to locations in Gosport and Fareham.
- The trial whereby ambulances and response motorcycles use the facilities at Southsea Lifeguard Station was going well and that over the past 90 days ambulances had been called from the site on 11 occasions. The arrangement was informal at present although the benefits of relationship building and sharing of clinical expertise had already been seen.
- Work to identify new standby locations was on-going, members of the panel would be informed as they are identified, and any transition following the closure of ambulance stations (such as proposed in Gosport) would be gentle with local communities and HOSP panel members being kept informed throughout the process.
- The tenders for the new South East Hampshire Resource Centre were being analysed, it was hoped that the contractor would be announced soon and that work would start in February. It was hoped that the Resource Centre would be operational by the Autumn at which point the existing site (Eastern Road, Portsmouth) would be disposed of.

Neil Cook acknowledged that ambulances occasionally parked in the D-Day Museum car park, that the vehicle was never left when this was the case and that it would be moved if others needed the space used.

Members stated that the use of the Southsea Lifeguard Station was to be welcomed as an example of partnership working between emergency service operators which was making the community safer.

RESOLVED that the update be noted.

9. Southern Health NHS Foundation Trust update (AI 6)

Gethin Hughes, Integrated Services Director, South East Hampshire and Pam Sorensen, Head of Engagement introduced the report which was circulated with the agenda and provided additional information as follows:

- Southern Health provides a range of community based health services, specialist services (such as muscular skeletal) as well as a range of adult social care, mental health and learning disability services.
- The Trust has been providing Telehealth care for 2 years and currently supplies units to approximately 30 service users, particularly those with heart or respiratory problems:
 - that these patients are in a stable medical condition but need to be monitored and intervention provided if necessary;
 - that clinicians decide which users would benefit from units;
 - that take up and engagement among service users has been positive and use has been high;
 - there are massive applications for the use of technology in supporting patient's needs and in promoting independence;
 - the use of telehealth units can help prevent emergency admissions to hospital as health issues can be identified before they reach critical levels.

- It was confirmed that Southern Health would not be providing special and occasional dental services from 31 March 2013 and that the contract, which was awarded to Solent NHS Trust, would run for 3 years.
- Work in the area of adult mental health was on-going and there was a particular need to break down barriers and the stigma attached to it. Services were being redesigned with a view to admission avoidance and the need to provide carers with the support they need.
- The Right Place Right Time community assessment lounge trial at Queen Alexandra Hospital (QAH) had been running from December 2012 and would end in March 2013. The lounge provided clinical assessment for people admitted to the emergency department with complex needs but who did not need to be admitted to hospital for acute care. The lounge is staffed by clinicians from Southern, Solent and QAH and aims to arrange a package of care for patients in a timely manner. The staff were currently seeing 5-8 patients per day on average (but as many as 12 had been seen in one day) and it was hoped that the trial would become a permanent joint arrangement as it was preventing un-necessary admissions to hospital.

Members suggested that Southern Health be invited to provide evidence to the Housing and Social Care Scrutiny Panel which is currently conducting a review into Advancing the Use of Technology in Adult Social Care (Telecare and Telehealth).

The panel was interested in the potential results of the Right Place Right Time community assessment lounge and were minded to ask the three partner organisations (Southern Health, Solent NHS Trust and Portsmouth Hospitals Trust) to provide a joint update on the results of the trial at a future meeting of the HOSP.

RESOLVED that the update be noted and that future updates be provided to the panel on a regular basis.

ACTIONS:

- **Southern Health to be invited to provide evidence, including user feedback and utilisation data, to the Housing and Social Care Scrutiny Panel which is currently conducting a review into Advancing the Use of Technology in Adult Social Care (Telecare and Telehealth).**
- **Southern Health, in conjunction with Solent NHS Trust and Portsmouth Hospitals Trust, to provide an update on the results of the Right Place Right Time community assessment lounge trial at the HOSP meeting in June 2013.**

10. Solent NHS Trust update (AI 7)

Lauren Riddle, Marketing Communications Manager and Elton Dzikiti, Public Relations Manager introduced the report attached to the agenda and provided the following additional information:

- In accordance with the specification tender from SHIP, it was confirmed that although the number of Special and Occasional Care Dental Service

clinics will be reduced from 25 to 18 from 1 April 2013, it was not expected that the level of service would be reduced. Members of staff and service users will be informed of the changes in the coming weeks.

- Referring to the item on the Right Place Right Time community assessment lounge, it was confirmed that patients under 65 years old would also be assessed if appropriate and needed. It was also confirmed that Solent felt that the trial was very successful, the three partner organisations were working well together and that it was hoped that it would become a permanent facility as it helped prevent un-necessary admissions to hospital.
- There was an active and on-going programme to recruit members to the Trust in its bid to become a Foundation Trust and that young people (aged 14-20) and men aged 20-30 had been identified as being under-represented and therefore subject to targeted engagement and communication campaigns. The Trust currently has 9500 members and is seeking to reach its target of 10500 in the next few months.
- Since January 2012, Solent has been providing sexual health clinics and services in the South East Hampshire area. Information was provided to the panel about a Valentine's Day campaign to convey key messages about testing and treatment to support the Chlamydia Screening Programme. Members were invited to attend one of the screening events on 14 February at the Students Union, University of Portsmouth or Liquid night club.

RESOLVED that the update be noted.

ACTIONS:

- **A list of Special and Occasional Care Dental Service clinics (including those due to be closed from 1 April 2013) will be provided to HOSP members as soon as it is available.**
- **Solent NHS Trust is due to provide its next update at the HOSP meeting in June. This to include:**
 - **An update on the Special and Occasional Care Dental Service following the award of the new contract and the closure of 7 clinics.**
 - **A breakdown of members by geographical area (including Portsmouth wards if possible), age bands and other socio-economic groupings.**
- **Solent was invited to contact the County Youth Conference which holds workshops once a term as part of the Chlamydia campaign.**

11. SHIP PCT Cluster quality handover (AI 8)

Sarah Elliott, Director of Nursing was present to introduce the report attached to the agenda and to provide further information:

- The handover to the new structure and organisation will take effect from 1 April 2013 with many of the same people transferring to the new organisation, some with new responsibilities.
- The new CCG's will not have large structures and will have more roles for clinicians (part-time) supported by administrative staff.

- HOSP will have an important role in continuing to hold local commissioners and providers to account. Patient involvement and engagement will be key although it was recognised that the local Healthwatch in Portsmouth, which would have a role on the Quality Surveillance Group, was unlikely to be fully operational by 1 April 2013.
- Choose and Book will continue.
- 111 went 'live' on 25 January 2013 and from 11 February 2013 will receive publicity encouraging members of the public to call the number when they need non-emergency assistance.

Members agreed that the new structure of NHS provision was very confusing and asked if the SHIP could provide a schematic as part of its Transition update report which is scheduled for the March 2013 meeting.

RESOLVED that the update be noted.

ACTION:

- **'Who does what' schematic to be included in the SHIP Transition update report, March 2013.**

12. Hospital admissions and discharges (see minute number 2012/69) (AI 9)

Jo York, Associate Director Strategy and System Management introduced the report circulated with the agenda and provided the following additional information:

- The PHT meets the delayed discharge standard of 3.5%. However, there are approx. 60-80 patients at any time, who are medically stable or discharge ready, but are delayed in hospital while arrangements for post-hospital care are made. These needs can be complex and the Urgent Care Board comprises a multi-disciplinary team to make these arrangements.
- Capacity in care homes is not generally a problem and care homes are much better at undertaking same day assessments and same day discharges. In addition, when step down or re-ablement places are required many care homes accept assessments from hospital staff.
- A significant amount of work was and is being done to integrate services. In Portsmouth the city benefits from a history of integrated commissioning. There are different issues in Hampshire where there is a real commitment to focus on integration and the creation of integrated teams.
- Hospital is not the best place for assessments for the funding of care packages to take place. The Portsmouth CCG has delegated this to the local authority and this has enabled a significant reduction in the number of delays for Portsmouth patients and it is hoped to replicate this for Hampshire patients in the future.

Members noted that a shorter stay in hospital may not save money overall as follow-up care also needs to be funded. It was agreed that as 60% of admissions to QAH are Hampshire residents, it was therefore appropriate to share the information provided to the HOSP on this subject with members of the Hampshire Health Overview & Scrutiny Committee (HOSC).

RESOLVED that the update be noted.

ACTIONS:

- **Democratic services to forward copies of relevant minutes and reports on this subject to the Hampshire Health Overview & Scrutiny Committee for information.**
- **A further update on Hospital admissions and discharges and initiatives by the Unscheduled Care Board to make improvements to delayed discharges to be provided to the HOSP in July 2013.**

13. Safer Portsmouth Partnership workshop on the Government's consultation on Alcohol Strategy, 1 February 2013

Councillor Peter Eddis introduced this item. After a brief discussion about the some of the main areas of policy (see below), it was agreed that members of the panel should make their own representations in response to the consultation process:

- A Minimum unit price for Alcohol
- A ban on multi-buy promotions in the off-trade
- Reviewing the mandatory licensing conditions
- Health as a licensing objective for cumulative impact policies
- Freeing up responsible businesses

RESOLVED that panel members attend the workshop if possible and provide their own response to the consultation.

14. Proposed dates of meetings 2013/14

RESOLVED that the following dates for the 2013/14 municipal year be agreed with all meetings to start at 9.30am:

**Thursday 13 June 2013
Thursday 11 July 2013
Thursday 12 September 2013
Thursday 17 October 2013 (if needed)
Thursday 28 November 2013
Thursday 16 January 2014
Thursday 13 February 2014 (if needed)
Thursday 20 March 2014**

The next meeting of the HOSP will take place at 1.00pm on Thursday 14 March 2013. PLEASE NOTE THE CHANGED TIME.

The meeting concluded at 12.00 noon.

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Councillor Peter Eddis
Chair, Health Overview & Scrutiny Panel