

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in Conference Room A, the Civic Offices on Thursday 14 March 2013 at 1.00pm.

### **Present**

#### Portsmouth members

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

#### Co-opted members

Councillors Gwen Blackett  
Peter Edgar

### **Also in attendance**

#### Portsmouth Hospitals NHS Trust

Allison Stratford, Associate Director of Communications and Engagement

#### Public Health Portsmouth

Dr Andrew Mortimore, Director of Public Health  
Matthew Gummerson, Principal Strategy Advisor

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

David Barker, Associate Director of Communications and Engagement

#### Portsmouth City Council

Alan Knobel, Alcohol Mis-use Co-ordinator  
Stephen Taylor, Community Engagement Officer  
Karen Martin, Local Democracy Officer

### **15. Welcome and Apologies for Absence (AI 1)**

Councillors Jacqui Hancock, Margaret Foster and Dorothy Denston had submitted their apologies for the meeting.

Dr Jim Hogan from the Portsmouth Clinical Commissioning Group (CCG) had also offered his apologies for non-attendance.

### **16. Members' Interests (AI 2)**

None.

**17. Minutes from the Meeting held on 31 January 2013 (AI 3)**

**RESOLVED that the minutes of the meeting held on 31 January 2013 be confirmed as a correct record and be signed by the chair.**

**18. Information update - Exbury ward closure (minute numbers 2012/ 22, 2012/ 41 and 2013/ 06) (AI 4)**

Councillor Peter Eddis introduced the item by saying the final report on the closure of the ward will be considered by the CCG Board in April and that this would follow the completion of the internal review by the Portsmouth Clinical Commissioning Group (CCG) and Solent NHS Trust. This item will therefore be considered by the HOSP panel at its meeting in June.

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

**19. Portsmouth Hospitals' NHS Trust update (AI 5)**

(TAKE IN PORTSMOUTH HOSPITALS' NHS TRUST UPDATE  
CIRCULATED WITH THE AGENDA)

Allison Stratford, Associate Director of Communications and Engagement provided the following additional information:

- The hospital had an un-announced CQC inspection during the week of 4 March 2013. Although an official report had not yet been received, the verbal feedback indicated that there were no major issues at the hospital.
- The hospital had received funding for a Fibroscan machine which will enable non-invasive liver tests to be carried out at the hospital.
- A&E had been very busy over the winter months and that it was hoped that pressures on the department would ease with the onset of Spring. The Assessment Lounge trial was working well and would be assessed at the end of the trial period when a decision about its future would be made.
- The hospital takes on a number of nurses from Bournemouth and Southampton Universities each year. The HOSP had received information from the Director of Nursing on modern nursing in the past and that it may be appropriate for an informal meeting with specialist nursing teams to be set up.
- It was hard to say when the Trust will achieve Foundation status as all applications have been put on hold by the government at present following the completion of the Francis Review. The hospital had been achieving all its targets and would continue to work towards Foundation status so that it is in a position to proceed when able to do so.
- With regard to dementia, the hospital was continuing its work in this area aimed to raise awareness for early diagnosis.

In response to a question from the panel about former NHS staff being asked to sign 'gagging orders', Ms Stratford informed the panel that the hospital embraced good engagement with its staff and was implementing the third

tranche of a programme called 'Listening into Action'.

Ms Stratford also confirmed that the hospital had received the update on vascular services (letter from Debbie Fleming, Area Director (Wessex) NHS Commissioning Board and SHIP PCT Cluster Chief Executive, dated 11 March 2013) and that it was under consideration.

**RESOLVED that the update be noted.**

**ACTIONS:**

- **An informal visit to the Ministry of Defence Hospital Unit (MDHU) to be arranged for members of the panel.**
- **An informal visit to A&E to be arranged for members of the panel.**
- **An informal visit to the Alcohol Nurse Service at Queen Alexandra Hospital to be considered.**
- **Portsmouth Hospitals NHS Trust to confirm that it does not require ex-members of staff to sign 'gagging orders'.**

**20. Public Health in Portsmouth and Portsmouth's Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy (AI 6)**

(TAKE IN PUBLIC HEALTH REPORTS CIRCULATED WITH THE AGENDA)

Dr Mortimore and Matthew Gummerson presented the reports and provided the following additional information in response to questions from the panel:

- Public health campaigns are delivered on a geographical basis. The funding for patients (and therefore NHS service delivery) is dependent on where individuals are registered with a GP and may, therefore, be in a different area to where they live.
- Public health campaigns to help stop smoking in young people aim to de-normalise smoking. This is not a quick fix and it is recognised that it will take a generation to have an impact but it is important as, on average, young smokers will reduce their life expectancy by 10 years as a result of smoking. This work, along with campaigns on drug and alcohol misuse, is a key priority for the next 10 years and a holistic approach is needed.
- Regarding the chart on page 8 of the report, it was confirmed that although a lot of work had been done in this area, and things were improving, our comparator areas were also working hard and making progress.
- The issues faced in Portsmouth and Southampton are very similar although there were some regional differences. It was important to work together to avoid duplication and learn from each other. It was also confirmed that legislation was flexible and that some areas (such as Kent County) were devolving Health and Wellbeing Board decision-making to CCG areas to ensure that local needs are met.
- The public health budget (£15.7m) will transfer across to the local authority with the responsibility for public health in Portsmouth has been based on 2010/11 levels of expenditure, uplifted for inflation. As Portsmouth had a higher than average level of expenditure it benefited at this stage in the process. However the budget will remain at this level in

future years as other areas catch-up.

- The split between mandatory and non-mandatory services is approximately 1/3<sup>rd</sup>/ 2/3<sup>rd</sup>. Mandatory services have to be delivered at a prescribed level while the level of delivery for non-mandatory services is discretionary (although services still have to be provided).
- Public health budgets are ring-fenced at present.

**RESOLVED that the update be noted.**

The chair changed the order of business as Alan Knobel, Alcohol Misuse Co-ordinator had to leave the meeting.

**21. Addressing alcohol misuse amongst older people and students (AI 8)**

(TAKE IN REPORT CIRCULATED WITH THE AGENDA)

Alan Knobel, Alcohol Misuse Co-ordinator presented his report and provided the following information in response to questions from panel members:

- There are screening tools which can be used to detect alcohol abuse (in older people) but there are a range of health conditions which arise as a result of over consumption and GPs tend to use these as an indicator of abuse. The number of referrals from GPs and pharmacists over the past few years has increased following training.
- Portsmouth has seen a drop in alcohol related hospital admissions (down by 11%) over the past 6 months, even among 'frequent flyers' (ie. people who present at hospital on a regular basis).
- The proposal to increase the minimum price for a unit of alcohol (which is currently subject to government consultation) may help in the long term as it acts as a preventative measure but it is unlikely to stop alcoholics from drinking.
- All evidence indicates that availability and price have the greatest impact on reducing alcohol abuse.

**RESOLVED that the information provided be noted.**

**ACTIONS:**

- **Adult Social Care to provide an update on progress made in relation to advice and referrals in its next regular update to HOSP.**

**22. SHIP PCT Cluster update (AI 7)**

(TAKE IN UPDATE CIRCULATED WITH THE AGENDA)

David Barker, Associate Director of Communications and Engagement presented the SHIP update stating that it was the last one before the changes to the NHS take effect. He added that the schematic (attached as an appendix to the report) aimed to provide an overview of NHS services under the new system and that a localised version would be provided to HOSP members.

Mr Barker provided the following information in response to questions:

- The new 111 service was being promoted and that care was being taken so as not to cause confusion with the Choose Well campaign. The recent advertisement for NHS Direct instead of 111 in Flagship had been mis-timed and will be corrected in a future issue of the magazine.
- Members expressed concern that the local 111 service (unlike others nationally) did not enable operators to make GP appointments for callers. Mr Barker undertook to establish why this was the case and to provide a response to HOSP.
- Signage for St Mary's Treatment Centre now has opening times and the sign for vehicular access is the on the schedule to be updated.

**RESOLVED that the final update from SHIP be noted.**

**ACTIONS:**

- **'Who does what' locally schematic to be provided to HOSP.**
- **Information about why the Portsmouth 111 service does not allow operators to make GP appointments for callers is to be investigated and a response provided to HOSP.**

**23. Healthwatch (AI 9)**

Stephen Taylor, Community Engagement Officer, provided the following information on the launch of Healthwatch in Portsmouth:

- Healthwatch is the new consumer watchdog for health and social care services in Portsmouth and, from 1 April 2013, replaces the Local Involvement Network (LINK).
- It will also have advocacy, entry and inspection and signposting roles.
- The council has been working with the University of Portsmouth and Learning Links over the past year to prepare for Healthwatch and to deliver 4 research and engagement projects.
- The tender process to appoint an organisation to deliver Healthwatch in Portsmouth has been completed, a provider has been identified and final contract negotiations are underway.

Members expressed a desire that clear roles for the HOSP, Healthwatch and the Health & Wellbeing Board be determined and asked that a report on this be brought to the panel by the Autumn of 2013.

**RESOLVED that the verbal update on the role, remit and plans for the first few months of Healthwatch be noted.**

**ACTION:**

- **A document outlined roles for the HOSP, Healthwatch and the Health & Wellbeing Board be presented to the panel by Autumn 2013.**

**24. Proposal for themed meetings in 2013/14 (AI 10)**

In response to a request from the Chair, Karen Martin, Local Democracy Officer, suggested that in future, members might wish to consider having 'themed' meetings in order to provide an opportunity to investigate health priorities in the city. She added that this was an outline proposal and that if the panel was receptive, officers would consider it in more detail and provide further information and a protocol on how it would work in practice.

Members stated that the HOSP needed to ensure that it was able to question and scrutinise health and social care providers and that it wished to enhance its role to hold such providers to account. Members indicated that some regular update reports did not lend themselves to this type of scrutiny.

**RESOLVED that the proposal for themed meetings be given further consideration.**

The meeting concluded at 3.45pm.

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Councillor Peter Eddis  
Chair, Health Overview & Scrutiny Panel