HEALTH OVERVIEW AND SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview and Scrutiny Panel held in the Guildhall, Portsmouth on Tuesday 11 September 2007 at 3pm.

Present

Councillors David Stephen Butler (Chairman)
Lee Mason (Vice-Chairman)
Margaret Foster
Jacqui Hancock
David Horne
April Windebank

Co-opted Members

Councillors Gwen Blackett
Dorothy Denston
Keith Evans
Peter Edgar

Also in Attendance

Irene Jackson, Chair, Maternity Services Liaison Committee.
Maggie McIsaac, Director of Strategy and Partnerships, Portsmouth Hospitals NHS Trust.
Peter Mellor, Company Secretary, Portsmouth Hospitals NHS Trust.
Donna Ockenden, Head of Midwifery, Portsmouth Hospitals NHS Trust.
Judy Slessar, Regional Officer, Royal College of Midwives.
Anne Jackson-Baker, author of the report on birth centres for the Hospitals’ Trust.

48 Apologies for Absence (AI 1).
Councillor Vicky Weston sent her apologies.

49 Declarations of Interest (AI 2).
Councillor Peter Edgar - Shareholder in a taxi company.

50 Minutes of Meeting held on 18 July 2007 (AI 3).
RESOLVED that the minutes of the meeting held on 18 July 2007 were confirmed as a correct record.

51 Development of a Service Model for a Stand Alone Birth Centre on Portsea Island (AI 4).
The Scrutiny Support Manager reminded the Panel that on 5 July it had heard from Portsmouth City PCT about their proposals for a stand-alone midwife-led birth centre on Portsea Island. It is anticipated that this will be in place after the main obstetric unit is relocated to the new Queen Alexandra Hospital in 2009. At that meeting, the Panel requested that Portsmouth Hospitals NHS Trust be invited to attend a future meeting to give their views on the proposals.
A warm welcome was extended by the Panel to Irene Jackson, Chair, Maternity Services Liaison Committee, Maggie McIsaac, Director of Strategy and Partnerships, Portsmouth Hospitals NHS Trust, Donna Ockenden, Head of Midwifery, Portsmouth Hospitals NHS Trust and Judy Slessar Regional Officer, Royal College of Midwives.

In response to questions, the Panel heard that:

- To qualify as a midwife, you must complete either a 3-year degree course in midwifery or a 3-year nursing degree followed by a 1-year conversion course. All midwives are registered with the Midwifery Council and are fully accountable for the actions of any health care assistants working under their supervision.

- Support workers, maternity care assistants and health care assistants have similar titles and responsibilities. Work is currently underway nationally to clarify their roles and to provide some consistency. In Portsmouth, the maternity care assistants have very clear roles and can carry out duties without supervision, if these have been planned by a midwife. The midwife remains responsible even if he or she is not in the unit.

- Option 1 service model proposed by Portsmouth City PCT with the unit staffed 24/7 by midwives appears marginally more expensive than option 2, which is staffed by maternity care assistants and has midwives on call for births. The Panel was asked to note that the PCT is the service provider, not the commissioner.

- Feedback on Hampshire PCT’s consultation on maternity services in South East Hampshire is still being collated and will continue until 31 October. The report will be presented to the Hampshire PCT board on 22 November.

- The Portsmouth Hospitals NHS Trust works in partnership with the Portsmouth City PCT. The recommendations in the Models of Care for Maternity Birthing Centres report have been noted by Portsmouth Hospitals NHS Trust and it is now keen to start working with the PCT to agree how the birthing unit could be set up.

- Out of the 60 trusts that responded to the survey carried out for the report on birth centres, only two run birthing centres led by Maternity Care Assistants and no audit information is available yet. Therefore this type of birthing centre is as yet un-tested.

- Portsmouth Hospitals’ Trust confirmed that it could provide a unit, which is staffed 24/7 by midwives.

- The report entitled Models of Care for Birthing Centres also shows that birth rates are falling in the region.
• Portsmouth and its district have one of the highest rates of ‘outside of hospital’ care nationally (approximately 23%). Birth Rate Plus, the workload assessment system set up in 1986 which scrutinises all aspects of midwifery care, examined the PHT recently and commended its high level of normality in the maternity units i.e. healthy mothers and babies.

• The area could therefore be suitable for more outside hospital births. However, as approximately 1,000 women from Hampshire currently choose to go outside of the region to give birth coupled with the fact that the PHT is consulting with current service users and not necessarily future ones, it is very hard to predict future service demand. It follows therefore that there is no guarantee that any service will stay as planned.

• Judy Slessar Regional Officer, Royal College of Midwives explained to the Panel that which ever model of birthing unit is chosen will need commitment as it could up to take three years before any decision can be made regarding its viability.

• Innes Richens, Associate Director Vulnerable People, Portsmouth City Teaching PCT explained that as the commissioner the PCT is not able to give details about how the service would be provided. He confirmed that the final decision about the service model for the stand-alone unit has not yet been made by the PCT Board.

• Ms Ockenden acknowledged that there had been staffing problems in the past due to a high level of maternity leave and sickness among midwives. However, this has now been resolved and recruitment and retention of midwives is now very good.

• Ms Slessar confirmed that generally midwives would prefer birthing units run by midwives 24/7. This is the college’s view that support assistants should remain in a purely supportive role.

• The co-located unit is subject to consultation as it is very important that Portsmouth residents have choice.

• Ms Slessar also expressed concern regarding the geography of the co-located unit as at the moment as access is gained through the post-natal ward.

• Maggie McIsaac, Director of Strategy and Partnerships, Portsmouth Hospitals NHS Trust explained that the Hospitals Trust has been involved with the planning work with West Sussex PCT and St Richard’s, Chichester regarding possible reconfigurations to acute services. She acknowledged that if the hospital at Chichester were to be downgraded, this would have an effect on Portsmouth services and planning for this option was being undertaken.

• The Hospitals Trust has being holding consultation meetings for its midwives since July at various locations throughout the district.
Ms Jackson-Baker explained that she was pleased that the Hospitals Trust offers more choices to mothers in its region than many others Trusts. She explained that many areas do not give the option of home births nor birth centres. In her opinion, based on over 40 years experience as a midwife, mothers should be given a choice of where they want to give birth and given the time to make that decision. She told the Panel that she had confidence that the Trust and the PCT would negotiate properly and that the right decision would be made. She reminded the Panel that as stated in her report, option 1 (with a birthing unit, staffed by midwives 24/7) would be her preferred option.

Innes Richens asked the Panel to note that in a maternity-assistant led unit, a midwife would still be responsible for the unit and would be on-call at all times.

Ms Slessar said that although midwives would prefer a birthing unit run 24/7 by midwives, she felt that with proper protocols and procedures, the maternity assistant led unit would be able to offer an adequate service.

The Gosport peninsular has seen a large increase in the birth rate this year, from 250 in 2006 to 308 so far this year.

The Chairman thanked all the attendees for their extremely useful contributions and advised the Panel that he would be seeking clarification from Portsmouth City PCT about their decision making process.

52 Portsmouth Hospitals NHS Trust Updates (AI 5).

The Support Manager reminded the Panel that it receives regular updates on the progress made by the Trust in its recent application for Foundation Trust Status and the progress of the Smoke free Hospitals Initiative since its launch in December 2006.

Application for Foundation Trust Status.

Peter Mellor, Company Secretary, Portsmouth Hospitals NHS Trust explained that the directors of Monitor deferred its decision about the Trust’s application for foundation status and had written explaining its reasons and setting out the additional evidence it requires in order to make its decision. Mr Mellor asked the Panel to note that it is not unusual for this decision to be deferred.

Mr Mellor assured the Panel that he feels confident that the Trust will manage the repayment plan to PFI over the next 31 years and he explained that there are contingency plans in place to cover possible eventualities. He pointed out that the Trust is not allowed to base plans on something that has not been formally announced e.g. proposals for new housing in the area. A Council of Governors has been set up and it had held its Inaugural meeting 10 days ago.
Mr Mellor reassured the Panel that contrary to the article in The News, which was published on 3 September, page 5 entitled ‘Jobs Will Go To Fund New Super Hospital’ there are no plans to make staff redundant. Over the next few years, the Trust expects to have fewer employees due to natural wastage when staff leave and are not replaced. However, there will be some recruitment to ensure adequate staffing levels in all departments. A reduction in running costs is also expected, as two of the three hospitals will be closed.

The progress of the Smokefree Hospitals Initiative since its launch in December 2006.

Mr Mellor explained that the Trust strives to be sensitive to the needs of smokers, but must obey the law, which prohibits smoking in public buildings. The Trust extends this to all Queen Alexandra’s grounds, including the car parks. The rules were introduced in stages and have generally been well accepted.

The Panel informed Mr Mellor that several members have received complaints from residents who live close to the hospital about discarded cigarette butts littering the roads near the two hospital exits. Mr Mellor gave a personal commitment that cigarette bins would be installed at both points.

The Chairman thanked Mr Mellor for his helpful updates.

53 Proposals received from the NHS to vary or develop local health services (AI 6).

The Scrutiny Support Manager presented her report entitled Proposals Received from the NHS to Vary or Develop Local Health Services, a copy of which is attached to the Minute Book as Appendix A.

The Panel’s attention was drawn to the consultation document on Maternity Services in South East Hampshire that had been received from Hampshire PCT. The Scrutiny Support Manager reminded the Panel that scrutiny of these proposals is being led by the Hampshire Health Overview and Scrutiny Committee. Members reiterated their support for a co-located unit should that go ahead.

The Scrutiny Support Manager advised members that quarterly updates on developments in services had been received from the Portsmouth City Teaching PCT, the Portsmouth Hospitals NHS Trust and the South Central Ambulance Service NHS Trust were tabled at the meeting. Briefly, the reports appraised the Panel of the following:

The Portsmouth City PCT updated the Panel on the Community Mental Health Services Improvement Plan and informed members that building work is underway on the second new dental surgery in the city. The contract has been agreed for the 3rd new surgery to open in early September. The PCT does not currently have any patients on its waiting list to see an NHS dentist. In addition, the review to identify commissioning priorities for older people’s services is now complete. A steering group has been formed to oversee this and the work and it is due to be completed by December 2007. Finally, the PCT indicated that increasing numbers of patients are being seen and treated at the St Mary’s Treatment Centre.
The South Central Ambulance Trust updated the Panel on its service development and informed members that staff from the old Southampton Ambulance Station have been moved into temporary accommodation. Additionally, a network of over 600 Community Responders who can provide first aid has been set up. The Panel was also informed that the Hampshire Division has experienced significant increases in workload over the past few months with record numbers. This has resulted in performance pressures over the whole service. However there are comprehensive plans to deal with issues in both the short and long term, which will see the Trust move back towards achieving the standards.

Portsmouth Hospitals NHS Trust was pleased to report that in August, there were no bacteraemia outbreaks across any of the three sites. The Panel also heard that the inaugural meeting of the Council of Governors was held on Thursday 30 August 2007 and work is continuing to develop the clinical partnership with Chichester. Additionally, the Trust is continuing to talk with West Sussex PCT during the Fit for Future public consultation. Finally, it reported that the new build for the hospital is on course to be completed by July 2009.

RESOLVED that:
1. The Panel give authority to the Chairman to write to both Hampshire PCT and Hampshire Health Overview and Scrutiny to express support for the continued provision of the co-located unit.
2. Regular updates on the progress of the referral and the scrutiny process in respect of the proposals to reconfigure acute services in West Sussex be reported both to this Panel and to all the Panel's key local stakeholders, such as MPs and the Patient and Public Involvement Forums.
3. Updates on the work undertaken by the South Central and South East Networks and on the development of community hospitals continue to be reported regularly to this Panel.
4. The PCT be asked to ensure that consultation with patients at Dr Randalls and partners GP practice be carried out should the business case for a relocation of premises be approved and the outcomes reported back to the Panel in due course.
5. The Chairman and Vice chairman ensure that the proposals for a new service delivery model for the ambulance service continue to be closely monitored and referred back to this Panel where appropriate.
6. The Chairman and Vice chairman closely monitor how the proposed changes to the configuration of call centres within the South Central region develop.
7. The Panel continue to receive reports on the development of LINks locally.
8. The outcomes of the Government’s review of NHS services be reported to the Panel in due course.
9. The issue of car parking at St Mary’s and Queen Alexandra Hospitals be included in the Panel’s work programme for 2007 - 8.
54 Date of Next Meeting

- Wednesday 24 October, 3pm, Executive Meeting Room, Guildhall, Portsmouth.

- Friday 26 October 3pm for session on commissioning.

  The meeting ended at 4.40pm.