

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 2 February 2016 at 9.30 am at The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor John Ferrett (Chair)
Councillor Phil Smith
Councillor Jennie Brent
Councillor Alicia Denny
Councillor Gemma New
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough Council
Councillor Peter Edgar, Gosport Borough Council
Councillor David Keast, Hampshire County Council

Also in Attendance

Hampshire and Isle of Wight Pharmaceutical Committee
Paul Bennett, Chief Officer

Portsmouth City Council
Natasha Koerner, Integrated Personal Commissioning Programme Manager

Portsmouth Clinical Commissioning Group
Innes Richens, Chief Operating Officer

South Central Ambulance Service
Rob Kemp, Area Manager

Southern Health NHS Foundation Trust
Dr Chris Gordon, Director of Performance, Quality and Safety and Chief Operating Officer
Dr Lesley Stevens, Medical Director

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Cllr Mike Read.

2. Declarations of Members' Interests (AI 2)

Councillors Peter Edgar, Jennie Brent and Gwen Blackett each declared a personal interest as they are on the council of governors at Portsmouth Hospitals' NHS Trust.

3. Minutes of the Previous Meetings (AI 3)

3 November 2015 Minutes

RESOLVED that the minutes of the meeting held on 3 November 2015 be confirmed as a correct record subject to the following amendment:

Page 3, minute number 4 paragraph 1 should read 'The Panel raised concerns that NHS England have not considered the impact of patients in Chichester and those all along the coast to Brighton if the vascular services are centralised in Southampton and asked that this be looked *at* and included in their next paper'.

Matters arising from 3 November 2015 Minutes

Minute number 4 - The Panel noted that the vascular services update would now be coming to the 15 March meeting.

Minute number 6 - Cllr Keast advised that he had attended a meeting with Peter Mellor, Director of Corporate Affairs and Business Development at PHT, and the commissioning officer at Hampshire County Council regarding the issue of Hampshire County Council being slow at providing care packages. The situation has improved considerably however this was an ongoing issue and was being monitored.

24 November 2015 Minutes

RESOLVED that the minutes of the meeting held on 24 November 2015 be confirmed as a correct record subject to the following amendments:

Page 1, minute number 1 - Cllr Stagg had submitted her apologies for absence.

Page 2, minute number 4, bullet point 4 should read 'Apart from the Somerstown Centre, the other most likely location for *the* new practice would be the John Pounds Centre'.

Page 4, minute number 4, should read 'Most GPs speak more than one language and *the* language line can be used if required'.

4. Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015 (AI 4)

Dr Chris Gordon, Director of Performance, Quality and Safety and Chief Operating Officer and Dr Lesley Stevens, Medical Director presented the report. Dr Gordon advised that the Mazars report had found that serious incident investigations were too slow. Southern Health acknowledges the recommendations in the report and the vast majority of them have been taken on board. As a result a number of measures have been put in place and there is a comprehensive action plan in place.

In response to questions from the panel, the following matters were clarified:

- The Corporate Panel was introduced 14 months ago to improve quality.

- Southern Health changed way that deaths are reported two months ago. When a death occurs they consider what could've been done to prevent it and what could be done to prevent it happening again. They will also decide whether an investigation needs to be carried out.
- Previously, a third of investigations were not completed to an adequate standard. The new process is that a decision will now be made within 48 hours of a death being registered, as to whether an investigation is required.
- Many of the deaths were in the community where the amount of contact with Southern Health is very small.
- There were a total of 10,000 deaths over four years of patients in contact with Southern Health. 91 of those who died were inpatients under the care of Southern Health. For all of these patients those cases that warranted investigation were investigated and families were involved in the process. 143 patients under their care died as a consequence of either suicide or probable suicide. The remaining patients who died were older patients in mental health units and the deaths were expected.
- The issue was therefore how they improve the system so that those cases that need investigating are done so to identify failings. Southern Health is working with commissioners and clinical staff to actively develop a system for taking the lead for investigating deaths in the community. Systems for mortality are well developed for acute hospitals so need to ensure the hospitals systems can be transferred across to the community setting. This needs to be led by the commissioners.
- There is national guidance in place and this is clear about in-patient deaths. It states that the average time for reporting serious incidents is 60 days. Southern Health is currently at 59 days which is much improved.
- The Action Plan will be resource intensive and Southern Health will be diverting additional financial resources into this to ensure it is embedded properly.
- Southern Health has a close working relationship with Hampshire Constabulary and one of the pieces of work is to look at suicide prevention. There are a number of different mechanisms for flagging up potential patients at risk of suicide with the police including identifying those patients frequently making demands on services. It is therefore vital to ensure that services are joined up to work in a consistent way.

Innes Richens, Chief Operating Officer of Portsmouth Clinical Commissioning Group was invited to give some information about the numbers of patients in the Portsmouth area. He advised that Portsmouth CCG was not a significant commissioner of services from Southern Health NHS Foundation trust; West Hampshire Clinical Commissioning Group has been co-ordinating the cross-CCG response to the report and has actively included Portsmouth CCG.

Innes advised there are four Portsmouth residents in Forest Lodge, two of these are funded by Portsmouth CCG. Of these, one is joint funded by the CCG and Portsmouth City Council and one is wholly Portsmouth City Council funded. These are reviewed annually and are reviewed on a weekly basis by

the Portsmouth Learning Disability Service community teams. Portsmouth CCG also commissions an eating disorders service from Southern Health and there are approximately 110 first outpatient appointments for Portsmouth residents each year. Portsmouth CCG also commission community services for people registered with GP's in Portsmouth who live in Hampshire.

The panel thanked Southern Health for their professional approach to dealing with this matter.

RESOLVED that the report and the comprehensive action plan from the independent review of deaths of people with a learning disability or mental health problem in contact with Southern Health Foundation Trust between April 2011 and March 2015 be noted

5. Hampshire and Isle of Wight Pharmaceutical Committee - update. (AI 5)

Paul Bennett, Chief Officer, Hampshire & Isle of Wight LPC introduced the report. In response to questions from the panel, the following matters were clarified:

- Competition between pharmacies is healthy and helps towards driving improvement and innovation. It is also important that pharmacies collaborate and co-operate to ensure patients have good access to services.
- The Local Pharmaceutical Committee is one of the consulted parties for applications for new pharmacies wishing to open in the area. They will consider how consistent the application is with regulations and make comments accordingly. Ultimately, NHS England has responsibility for the final decision.
- There is a really important place for the self-care agenda and helping patients take better care of themselves is part of the strategy. An example is the 'know your numbers' blood pressure testing campaign which community pharmacies are helping to administer.
- With regards to training of pharmacy staff, pharmacists have to complete a minimum of five years study (including completion of a pre-registration year) leading to award of a Master of Pharmacy Degree and registration with the General Pharmaceutical Council (GPhC). Pharmacists are supported by trained and GPhC registered technicians. Other team members working the pharmacy (typically on the medicines counter) will have, or be working towards, a recognised qualification.
- The control of entry regulations were introduced to ensure pharmacies cannot open wherever they like. The last government introduced amendments to the regulations with four specific measures which meant that pharmacies did not have to go through the same assessment process. This created a significant increase in the number of community pharmacies. The main exemption related to 100 hour pharmacies. These exemptions have since been removed so that new pharmacies cannot now automatically open next to an existing pharmacy and unmet need would have to be demonstrated.
- The Pharmacy First Scheme (minor Ailments Scheme) commissioned by the CCG encourages patients to visit their pharmacy for minor

illnesses or ailments. Service user figures are available for this. The LPC is also in the process of discussions with NHS England and the CCG on an urgent repeat medicine service to support patients who run out of their medication, typically at a weekend and who then have to rely on out of hours services or the ED. This can have serious implications for patients so this new service should help to ease pressure on both hospitals and GP's.

RESOLVED that the report be noted.

6. South Central Ambulance Service - update (AI 6)

Rob Kemp, Area Manager introduced the report. In response to questions the following matters were clarified:

- There have been two recruitment drives since SCAS last reported to HOSP. They have also recruited staff from further afield including Australia and Poland. For these staff they ensure that they complete an approved course to be able to register with the HCPC.
- SCAS have introduced initiatives to develop and retain staff including increased responsibilities for band 6 paramedics and offering a certificate in Paramedic Practice. Staff are very dedicated and work incredibly hard and it is important to recognise this.
- SCAS are not invited specifically to comment on CQC inspections of care homes however they have a member of staff who works with community teams to spot patterns in care homes e.g. if they are constantly being called out for issues that a care home should be able to deal with.
- Conveyance rates have increased. Paramedics must ensure that correct decisions are made with patients and that they are safely referred however there are patients who call the ambulance service as they know they will receive a friendly helpful service and like the interaction they receive so it's about finding a balance.
- There are a number of mechanisms in place for providing psychological support to staff. Trauma Risk Management (TRiM) Practitioners are trained as first line spotters to review exposure to trauma and staff can refer themselves to TRiM support and occupational health. Colleagues are also very good at supporting others when they have been exposed to a traumatic incident.
- SCAS are maintaining response times for Portsmouth very well but there are some areas which are more difficult to reach including the south of Southsea. With regards to Hayling Island, paramedics are stationed a standby point at the bottom of Havant which serves Hayling Island.
- Paramedic courses at Portsmouth University are well subscribed and a lot of students train in this area. The course has provision for 60 students a year and the recent take-up has been about 20 a year, with 10 of these recruited for the area.

RESOLVED that the report be noted.

7. Integrated Personal Commissioning - an introduction (AI 7)

Natasha Koerner, IPC Programme Manager introduced the report. In response to questions the following matters were clarified:

- IPC is a national demonstrator site, trialling approaches to integrating health and social care at delivery and giving individuals more choice and control. This includes greater involvement in care and support planning for the individual, focusing on what matters to them, finding ways to allow them to exercise their right to an integrated budget and ensuring there are a variety of services and products available for them to purchase.
- IPC is not about saving money but looking at ways to improve experiences for health and/or social care customers and make these more efficient.
- Through IPC Portsmouth will have a better understanding of the total cost required to meet a person's needs, including primary care, prescriptions, social care, community health, etc.
- There are no local case studies available yet as year one has focused on coming up with the systems and processes required, however a trial using local residents is underway and will generate case studies, and these will be reported back to the HOSP.

RESOLVED that the report be noted.

The formal meeting ended at 11:50am

Councillor John Ferrett
Chair