

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 29 June 2017 at 9.30 am at the Conference Room A, Second Floor, Civic Offices

Present

Councillor Leo Madden (Chair)
Councillor Alicia Denny
Councillor Gemma New
Councillor Lynne Stagg
Councillor Elaine Tickell, East Hampshire District Council
Councillor Philip Raffaelli, Gosport Borough Council

1. Welcome and Apologies for Absence (AI 1)

The new HOSP Chair Councillor Madden welcomed everyone to the meeting, particularly the new members of the panel.

Apologies for absence had been received from Councillors Read, Wemyss, Hughes, Ford and Blackett.

2. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the previous meeting were confirmed as a correct record.

4. Sustainability and Transformation Plan (AI 4)

Mark Smith, Hampshire and IoW STP Programme Director introduced his report and explained that the STP has responded to lessons learned nationally and reflected this in its contents. He explained that as a result of the 5 year Forward View the number of delivery programmes had been increased to 11 (7 core programmes and 4 enabling programmes). He considered that the key change is around emergency care following the national push on this. Mark considered that the draft urgent and emergency care programme is perhaps the most important programme within the STP. This included effective patient flow and discharges and also included services such as 111 and extended GP practices which will all take pressure away from hospitals.

The second change was the children and maternity programme has been added to the STP. This included working on the early years agenda and this was still at an early stage.

Mark then summarised the remaining core programmes within the STP. The governance of the STP was explained using the diagram with the report papers. The far right of the diagram showed the local delivery systems (LDS) in place and Mark explained that they are working with each of the LDS to create their bespoke plans and decide how they will all work together. This will result in a local change plan for LDS for Portsmouth and South East Hants. The top of the diagram describes how the STP is governed. Project Managers meet monthly to review progress. The Executive Delivery Group consists of chief executives of the 22 organisations around the patch. The joint Health and Wellbeing committee will consist of all the chairs of the Health and Wellbeing Boards in the area. This has not yet met and the first meeting is likely to be in July. The Clinical Executive Group will act as an advisory group for the Executive Delivery Group.

In response to questions the following matters were clarified:

- The purpose of the STP is to ensure that services are joined up. There is a separate mental health programme; however mental health also runs through the other programmes as well including the Solent Acute Alliance programme. Mark said that mental health was not currently joined up and this is a priority of the STP. He said he would check whether there is member involvement on the Mental Health Acute Alliance group.
- The STP had not been re-issued to include the updated delivery programmes as the case for change remains the same. However Mark said he would take this back to colleagues to discuss whether to update the STP document and re-publish.

The panel were concerned about the lack of detail in the update provided and felt that there was no sense of progress being made. Members were also concerned that the joint Health and Wellbeing Committee had not yet met. Mark Smith said that this was a fair comment. Reporting was being made to the board and a summary of this now needs to go to the joint committee. The data is still very raw and work to make this more sophisticated is required. The board are starting to specify the key changes that need to take place in activity/finance however a more in depth performance report is required. In response to a follow up question Mark said that he there was not yet a 100% robust delivery plan in place. Each local system is starting to specify precise local interventions and some are struggling financially to close the gap.

RESOLVED that the update be noted and that an update will come back to a future meeting.

5. South Central Ambulance Service Update (AI 5)

The report was introduced by Tracy Redman (Head of Operations South East). Her role covers Fareham and Gosport CCG, South East Hants and Portsmouth CCGs and activity is broadly consistent amongst the three. In Portsmouth SCAS only convey 50% to hospital. All others are dealt with by either a telephone assessment, alternative pathways or by the paramedic

staff. The key focus is making sure the patient gets the right treatment whilst supporting the system as a whole. Performance data for Red patients is on target and there are less of these as they are the most serious cases. Green 30 means that need to be dealt within 30 minutes based on a telephone triage. SCAS do struggle to meet these targets at times. There is a new scheme in place which is looking to address long waits.

With regard to hospital handover delays there is a significant spike in the winter. This impacts on the service that they can deliver and also impacts on staff welfare.

In response to questions the following matters were clarified:

- The 300 lost hours this month was for Queen Alexandra Hospital alone. Although this is still unacceptable, this has reduced significantly since January when it was 1200 lost hours. It is a challenge to ensure consistency and SCAS are looking at why certain days are worse than others. Monday is always a busy day.
- When a 999 call is received whichever unit is available at the time will be sent - it is not always a paramedic first. SCAS will always try to get someone to the patient as soon as possible to assess.
- The Red 8 minute responses times are meeting targets.

RESOLVED that the update report be noted.

6. Crisis Resolution Home Treatment Team update (AI 6)

Southern Health

Charlotte Hope, Urgent Care Team Manager and Mark Nichols introduced their report. Charlotte explained that care navigators take administrative roles away from nurses for example bed finding, which frees up nurses for their other duties. Their team currently has 60 patients. The pilot study ran from Parkway in Havant and extended to Fareham to create 9 individual therapy sessions. The results and feedback from this was excellent and it was shown to prevent hospital admissions. There are no additional resources to extend the pilot and currently no confirmation whether this can be extended. Charlotte said that ideally they would want to look at resources in Fareham and Gosport, Havant and Waterlooville.

In response to questions the following matters were clarified:

- There is currently only one band 6 member of staff on shift each night who is the contact point for the whole of the South East. They would like to extend the availability of staff further to provide a better service.
- Christmas is either a very good or very bad time in terms of referral numbers. They will not try to stop patients being referred at this time and will provide visits on Christmas day. The level of referrals does vary though, for example when it is sunny weather there are less referrals or when there has been a national tragedy there tend to be more referrals as it can affect the emotional wellbeing of people.

- The number of referrals at night varies; Mark advised he has had nightshifts and only received 2 calls and other nights where there has been over 50 calls. Demand is increasing though and additional night cover is required.
- There were 103 referrals in May and 105 referrals in June. Many of these patients have difficulties coping with family breakdowns, redundancy etc. so it is about how the team can support them to cope with these changes.
- With regard to the pilot study Charlotte explained that the results of the study had been referred back to the local leadership meeting and they are waiting to hear about next steps.
- The service does spot purchase some beds from St James but also have their own beds.
- There is no suggestion that the team will be cut and Charlotte said that she was hoping it would be expanded due to demand.
- Morale of staff varies and improved massively after Christmas. It is a stressful job taking referral calls daily. There have been some unrealistic expectations and not enough staff. Charlotte said a morale survey is completed each month and employee of the month certificates issued to try and improve morale.

The panel considered that it was important to pursue whether the pilot study could be extended due to its positive results and it helping people stay out of hospital. Charlotte advised that a formal report had been produced and offered to send this to the panel which they accepted.

ACTION: - formal report on achieving CQUIN data from the pilot study to be sent to the panel.

Solent NHS Trust

James Dawson, Clinical Manager and Home Treatment Team introduced his report. He explained that he had been in post for the last 8 months. He explained that his staff work 9.22 hours over a 4 day week and have three days off due to working in a stressful environment. The service employs 10 band 6 mental health practitioners as well as one discharge liaison nurse, support time recovery workers. There is also 1 clinical psychologist and 1 cognitive behavioural therapist. There are two members of staff working every night shift. James said that similar to Southern the amount of referrals at night is unpredictable.

In response to questions the following matters were clarified:

- When asked about his thoughts on the STP, James said that he felt the themes within it were disconnected and he was struggling to understand the direction. James felt though that a lot of the discussions were taking place at a higher level so he would not be privy to many discussions.
- The team used to deliver day therapy and this was reasonably effective.
- With regard to the exclusion criteria and the CRHTT not accepting direct referrals, James explained that people are advised to seek an urgent GP appointment however they cannot be forced to make this. If

it is clear that a patient is acutely unwell, lacks insight and they are presenting with high risk there is an option for certain referrers (GP's) to request a 1983 MHA request which the CRHT can receive and process irrespective of the patients lack of insight. For known mental health patients who make contact with the service out of hours the CRHT will contact their care team in hours to alert them to the fact the patient may require additional support.

- Over the last couple of years a pilot study has been run at the university surgery to consider the rates of referral. Many students have no support structures in the city so can struggle with their emotional wellbeing. As long as they are registered with a Portsmouth GP they have a right to treatment.
- With regard to the all age service project James explained that he was unaware what the additional training costs would be to up-skill adult mental health staff within the CRHT to acquire the necessary skills and competencies to work with an older age group of patients e.g. dementia clients.
- If a Section 136 suite is full there is the ability for the patient to go into a neighbouring suite. There are nurses attached to a Section 136 Suite. Very often patients do not need to go into a Section 136 suite if they are consenting to care and assessment from mental health services. In this scenario emergency 999 services are aware they can contact the Portsmouth CRHT directly under Crisis Concordat (2014) principles and the CRHT will offer crisis assessment at Orchards if resources allow. This is happening in the city as the CRHT are adherent to the concordat where ever possible. This facility is the only way members of the public can directly receive a crisis assessment in Portsmouth from the CRHT without the need to see their GP first.

RESOLVED that the updates from both Southern Health and Solent NHS Trust on the Crisis Resolution teams be noted

7. Portsmouth Healthwatch Update (AI 7)

Siobhain McCurrach, Project Manager introduced the report. She explained that she has been in post since April. She advised that the Healthwatch Annual report was due to be published tomorrow and would be circulated to the panel members via email.

In response to questions the following matters were clarified:

- The public are very interested in the STP however it is such a huge topic to cover so it can be bewildering to people. Healthwatch are focusing on what the health service will look like locally rather than the STP as a whole. Also involved in discussions with appropriate people to look at what going to get involved with.
- The patient discharge survey will be conducted in July and will be telephone based. This will focus on patients who have used the urgent care pathway.
- The enter and view engagement work will include both good and bad care homes.

- With regard to mental health services being one of their priorities for this year, she advised that this would cover a broad range of ages. Conversations with managers were yet to take place but Siobhain hoped that this would also include mental health of children.

RESOLVED that the update report be noted.

8. Adult Social Care Update (AI 8)

Due to unforeseen circumstances Angela Dryer the Deputy Director of Adult Services was unable to attend to present the report today. The panel requested that Angela bring the report to their meeting in September.

9. Learning Disability Transformation Programme update (AI 9)

The report was presented by Mark Stables, Service Manager Integrated Learning Disability Service. He advised that John Attrill sent his apologies for today as he was currently in hospital after suffering a heart attack. The panel wished John a good recovery. Mark gave the panel two examples of how the patient day service had helped patients through organising activities for them which had helped them to become more independent. One carer had said to Mark recently that they had been very worried about the changes to the service however they could now see that this was the best thing and the day service is wonderful.

In response to questions the following matters were clarified:

- The new developments are saving money a stepped approach over several years. Working with providers to find best solution to do this. This year spend has reduced
- The PFI for Russets at Hilsea has 15-20 years left. The council pay a large amount of money for this. Options include using the building for adult services or try and get out of the contract to use the building for something more appropriate.
- With regard to apprenticeships for people with learning disabilities, Mark said that the chance of employment at the end is not discussed. People are chosen for apprenticeships that have a clear aspiration. It is about being realistic and focussed.
- The panel praised Mark for his approach to the transformation programme. Mark said that it was down to him having an amazing team and also good working relationships with his contacts in the finance and housing teams understanding the vision.

RESOLVED that the update be noted.

10. Portsmouth Clinical Commissioning Group update (AI 10)

The report was introduced by Tracy Sanders, Chief Strategic Officer and Nick Brooks, Communications Officer.

In response to questions the following matters were clarified:

- With regard to workforce, Tracy said that competition is an issue and smarter ways of retaining staff were needed. 860 people were recruited across Hampshire last month. 810 people were lost and 700 of these were the same people who moved positions.
- The Aligned Incentive Contract does spread the risk and is about giving hospital the certainty about income. The Aligned Incentive Contract will help overcome obstacles and is about paying people to deliver an outcome. It is early days however PHT and the CCG are fully focussed on this.
- With regard to the Queens Road surgery closure, as of yesterday 80% of patients had been re-registered at other GP practices. The capacity is there in other surgeries and patients have been supported through this process.

The Big Health Conversation

Nick Brooks summarised the engagement that had already taken place on the Big Health Conversation. The first phase had started in spring. Phase 2 will begin in July/August.

In response to questions the following matters were clarified:

- There were nearly 2,000 respondents across the patch however the response from Portsmouth was disappointing with 311 respondents. The figures in the report are just a sample and the free text section of the questionnaires is now being reviewed. At this stage Nick advised that there was an idea about the general directions and now needed to put in the detail.
- Survey respondents recognised that the NHS needed to change. Respondents were asked about seven day access to NHS services and there was no clear answer. The three main preferences were urgent care should be a priority for weekends (36.6%); all NHS services should be available every day (29.7%) however 22.4% believed that there were already enough NHS services available at the weekend.
- Phase 2 would have greater weighting on face to face discussions with the public.

The panel felt that the initial results from the engagement were encouraging and would welcome an update at a future meeting.

RESOLVED that the update be noted.

11. Southern Health Foundation Trust - Update (AI 11)

Mark Morgan, Director of Operations for Mental Health, Learning Disability and Social Care presented the report. He added that there had been an incident at Melbury Lodge in Winchester in 2015 where a patient had been able to climb onto the roof and had fell causing injuries that will affect him for the rest of his life. There had been other incidents where patients had managed to climb onto the roof. The CQC had prosecuted the Trust and the case was heard in court today where the Trust pleaded guilty. The judge

adjourned the case for sentence to October. It was likely that the Trust would be required to pay a fine.

Following the CQC inspection earlier in the year the warning notice had now been lifted and excellent progress was being made on the action plan. With regard to leadership of the Trust, he explained that interviews for the Chief Executive Office would take place on 18 July and the new chairman would be in post from Monday 3 July.

The panel were impressed with what they had read in this report and heard today, particularly with staff communication. The panel were also pleased to note that the trust had admitted that they were in the wrong regarding the incident at Winchester and taken full responsibility and done very well at rectifying the situation.

RESOLVED that the report be noted.

12. Dates of Future Meetings (AI 12)

The panel noted the dates of future meetings as follows:

Thursday 14 September 2017
Thursday 23 November 2017
Thursday 1 February 2018
Thursday 22 March 2018

All meetings will start at 1:30pm.

The formal meeting ended at 12.50 pm.

Councillor Leo Madden
Chair