HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 14 September 2017 at 1.30 pm in the The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Leo Madden (Chair)
Councillor Steve Wemyss
Councillor Yahiya Chowdhury
Councillor Alicia Denny
Councillor Lynne Stagg
Councillor Gwen Blackett, Havant Borough Council
Councillor Michael Ford JP, Fareham Borough Council
Councillor Mike Read, Winchester City Council
Councillor Philip Raffaelli, Gosport Borough Council

1. Welcome and Apologies for Absence (AI 1)

Apologies were received from Councillors Gareth Hughes, Gemma New and Elaine Tickell.

2. Declarations of Members' Interests (AI 2)

Councillor Steve Wemyss declared a non-pecuniary interest: he works for the NHS.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 29 June 2017 be agreed as a correct record.

4. Single Accountable Care System. (AI 4)

Paul Thomas, Integrated Discharge Service Lead, Portsmouth & South Hampshire and Rob Haigh, Executive Director, Portsmouth Hospitals' NHS Trust, Mandy Sambrook, Operations Director, Solent NHS Trust and Simon Nightingale, Commissioning Programme Manager, Portsmouth City Council introduced the report and explained that:

When the Integrated Discharge Service (IDS) started a year ago more than 4,000 bed days were being wasted. This has been reduced to 2,700.

Although the overall number of Medically Fit for Discharge Patients (MFFD) had not significantly reduced since June, the make-up of those patients had changed and their length of stay had reduced. The number in the Portsmouth system had reduced significantly. Today there are 57 MFFD patients from the Portsmouth area; 15 of whom have been waiting between 0 and 3 day for a complex discharge; 24 have been waiting for more than 3 days; fewer than 10 are waiting for residential solutions or domiciliary care and 8 will be waiting for physio or occupational therapy on the ward. There are significantly more MFFD patients from the rest of Hampshire. The numbers from there have not reduced as quickly. Recruitment of domiciliary care workers has been more of a challenge. An overall number of 108 MFFD patients would be optimal to enable flow through Queen Alexandra Hospital.

Shorter stays in hospital mean that patients require less care afterwards.

In response to questions, the following points were clarified:
On average, approximately 130 patients a day are discharged. On some days more patients are admitted than discharged.

The domiciliary care packages are reviewed regularly to ensure that people can do as much as possible themselves.

The focus is on alternatives to hospital care.

The Portsmouth team has significantly reduced the number of MFFDs by improving co-ordination to access to domiciliary care. Recruitment campaigns have been successful.

It is essential that patients are managed as efficiently and holistically as possible to ensure they receive responsive care that is appropriate for the individual. Many elderly patients do not require a long stay. Like children, they fall seriously ill very quickly but recover quickly also. The longer they stay in hospital, the worse the outcome for them. They often rely on daily activities, such as washing, cooking and shopping to keep fit. Longer stays also impact adversely on other patients who may have their elective surgery delayed.

Oher indicators for patients include length of stays, referrals to consultants and time to complete treatment.

The number of MFFD today would be higher if the co-ordinated approach was not in place.

Partners in the system meet weekly to review the progress made so far.

There is a limited number of Domiciliary Care Workers in Hampshire. Travel distances between visits are longer.

Some patients choose not to accept the option they are offered. It is important to manage patient expectations when they arrive. They may be offered a place at an interim place in a care home for a week or two free of charge. Portsmouth City Council care homes should be in a position to help soon.

The cost of care is greater at the start of a patient's stay. It is still significantly more expensive for a patient to stay in hospital than be at home with a significant care package.

Portsmouth City Council, Clinical Commissioning Groups and Hampshire County Council are committed to investing significant into resourcing domiciliary care more efficiently and effectively.

The focus must be on reducing the number of MFFD patients who have been waiting between 0 and 3 days to prevent them escalating.

Patients may prefer to be at home or a community hospital. It is important to work collaboratively innovatively together as a society.

A significant improvement will be noted in all areas by next summer.

South Central Ambulance Service is the only ambulance service to be rated as good by the Care Quality Commission. There are very few inappropriate conveyance to hospital.

Technical advances, better health and longevity mean that a broader range of treatments are available to a wider range of people and hospital stays are shorter.

This winter's flu is expected to be a virulent strain, so extra capacity is required at the hospital.

The panel noted that NHS and Social Care legislation allows 72 hours for plans to be made for discharging MFFD patients. It also noted that Hampshire County Council and Southampton University Hospitals deal with Delayed Transfers of Care (DToCs) rather than MFFDs.

RESOLVED that the report be noted and an update be brought to the March meeting.

5. Portsmouth Hospital's' NHS Trust - update. (AI 5)

Peter Mellor, Director of Corporate Affairs introduced the letter and in response to questions clarified the following points:

The trust regretted very much that it had needed the Care Quality Commission (CQC) to bring to its attention the problems which had been identified during their inspections.

An increasing number of patients with mental health issues are being admitted. There is one resident psychologist on duty during the day. The CQC had expressed concerns at the delay in accessing an expert in mental health issues to attend and an insufficient number of appropriately trained staff caring for the patient in the meantime.

The CQC also raised concern that not all staff had completed mandatory training. Most of the 7,000 staff are incredibly busy and some find it difficult to attend all of the necessary courses. Access to courses has been improved with more online training available.

PHT had been informed of the more serious findings on the day of the visits. Some of those issues have already been resolved. A Quality Improvement Programme will be discussed shortly with the Clinical Commissioning Group and NHSi. This will be published at the end of October.

The Emergency Department has been under severe pressure over the last two weeks; for no specific reason. This has resulted in some ambulances having had their handovers delayed and on one occasion an ambulance needed to be diverted to Southampton General Hospital. It compounds inefficiency if patients are placed in different wards or corridors – patients need to be in the right bed, within the right ward at the right time. The situation had improved slightly today.

There is a national shortage of staff in some specialities.

Since Brexit, some of the European nurses working in the trust had become very nervous about their future working in England. Some had already left to work in London to earn as much as possible over the next couple of years.

Staff morale is very good overall. They are mainly Portsmouth residents; stoic, loyal and resilient.

A number of nurses from the Philippines are due to arrive soon and at the end of the October newly qualified nurses will arrive. Portsmouth University had introduced a new three-year nursing degree earlier this year. Agency staff are often not as efficient as permanent staff as they need time to familiarise themselves with both the patients and the surroundings. The amount of clinical care that student nurses can perform is limited.

The new Chief Executive is creating a new executive management team.

The trust had been aware of many of the concerns identified by the CQC and was working to resolve them. Some of the failings identified had come as a shock.

The situation had not been helped by the lack of stability within the Trust board. The trust is on its third interim director of nursing and second chief operating officer in one year. A sustainable, consistent, high performing board with aclear direction is required. This is no excuse for the failings that had been identified.

The panel noted that it was waiting for a meeting with the new Chief Executive to be arranged.

RESOLVED that the report be noted and requested that an update on the Quality Improvement Programme be brought to the next meeting.

6. Big Health Conversation. (AI 6)

Nick Brooks, Senior Communications & Engagement Manager, Portsmouth, Fareham, Gosport and South Eastern Hampshire Clinical Commissioning Group introduced his report and in response to questions from the panel, clarified the following points:

The survey was self-selecting and not designed to be representative. There is a basic breakdown of the 300 respondees: mixed age; mostly white; 2/3 women and about one third were carers.

Hampshire residents are happier with the idea of specialist centres.

Many people are concerned with not getting quick access to their GPs.

There may be more involvement of the voluntary and community sectors.

Although there is more health information available than ever before, there is also confusion about how to access services.

People appear to understand the links between different parts of the NHS, and how investing in community-based care could have a positive impact on other services. People also value community-based care as a good thing in its own right, although there is concern about capacity.

RESOLVED that the report be noted.

7. Director of Public Health's Update. (AI 7)

Claire Currie, Public Health Consultant introduced the Director of Public Health's report and in response to questions from the panel clarified the following points:

Jason Horsley, the Director of Public Health has been in place since January. Claire has worked for Portsmouth City Council since April. Dominque Le Touze, Public Health Consultant works part time. Amy McCullough started in May and is a joint post with Southampton, she works part-time.

A map of all the community defibrillators is being drawn up and will be looked at to see whether they are located in high footfall areas and in accessible locations. This may lead to work if there are defibrillators which could be made more accessible such as locating them on the outside of a building rather than the inside.

If a defibrillator was funded by an organisation or community initiative it would not be moved.

A breathalyser scheme for nightclubs will be implemented in the next week or so and will run until December. Door staff will decide when to use the breathalysers. A pilot was carried out in Devon two years' ago and the door staff involved found that it reduced conflict because it depersonalises the situation when customers are refused entry. Fewer pre-loaded customers, means more money will be spent in nightclubs. A staff member who is a joint post between public health and community safety has built up a very good relationship with local businesses.

Drug related deaths are an issue in Portsmouth. It is an indicator where Portsmouth is rated red in the Public Health Outcomes Framework. It is rated the worst in the South East for drug related deaths with 7 deaths per 100,000 people. The average in England is 3.4.

An application has been submitted to the Public Health Transformation Fund to fund a project to encourage older, long term drug users to re-engage with treatment services. In other work a naloxone pen, like an epi-pen, will be made available which can be used in case of emergency which can save lives. This has been done in other parts of the country.

RESOLVED that:

- **The update be noted.**
- **Information on blue-lighting in public toilets to discourage drug abuse be sent to Councillor Raffaelli.**
- **The CQC report which contains the recommendations from the recent CQC inspection of services for looked after children and safeguarding be sent to the panel when published.**

8. Adult Social Care update (AI 8)

Angela Dryer, Deputy Director Adult Services introduced her report and in response to questions from the panel, clarified the following points:

The gap in the number of domiciliary care hours required has reduced from 550 ten days ago to 355 today. The update was given to demonstrate the variability in demand and supply within the market.

Hospitals or care homes that feel that an individual lacks the capacity to make a decision about accommodation or care and support are required to submit an application form to the Deprivation of Liberty team. A Best Interest Assessor and Section 12 Doctor will assess the situation and make a recommendation to a Senior Manager who authorises the decision. Relatives and /or a representative will be involved in the assessment. The decision may be appealed to the Court of Protection. A maximum penalty of up to £4,000/ week can be applied if it is decided that an individual has been illegally deprived of their liberty. To date, Portsmouth City Council has not been fined. Three years ago, the court determined that the correct procedure had not been followed but did not impose a fine.

At the hospital, much time has been wasted on inappropriate referrals to the hospital Social Work Team. This has been for a variety of reasons including hospital staff assuming that if a patient was old, they would automatically require social care. Some patients refuse offers of care made to them.

Communication and joint working as part of the Integrated Discharge Service is very effective and has significantly reduced delays in assessing people.

Portsmouth City Council owns Harry Sotnick Care Home and it is managed by Care UK. The Care Quality Commission identified areas that required improvement during its inspection in 2015/16. A follow-up inspection six months' later revealed that the situation had got worse. Concern was expressed regarding leadership and medicinal management. Care UK applied a self-imposed embargo on admitting people to the home until Spring 2018. A social worker is based in Harry Sotnick to support the home pre-empt any problems.

Given the current challenges in sourcing domiciliary care, an interim placement in a care home has proved successful in some cases as a short term measure. The 24 hour care at home pilot has now been mainstreamed and is providing good outcomes for individuals and some small savings as people are then having care at home rather than residential care.

The Learning & Development Team offers training to private providers at a minimum cost thanks to a grant it receives. The take up has been variable as small companies find it difficult to release staff and larger ones have their own training packages. One solution is to train one member of staff to train the rest of their team afterwards.

Adult Social Care has undergone two years of redesign through Systems Thinking. From receiving a customer request to providing a service hundreds of process steps were identified. Some of the processes have been redesigned and staff trained. The programme is continuing in other areas of the service

Assuming that every predicted saving is made and that there are no unforeseen pressures, the forecast for quarter 1 is £700,000 overspend. The risk margin varies. In the worst case scenario, the balance would be £1.5m deficit. The service is working hard to utilise the new Improved Better Care fund monies to transform social care and provide a sustainable way of working.

RESOLVED that the report be noted.

The meeting ended at 4:40pm.

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Councillor Leo Madden
Chair