

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 22 March 2018 at 1:30pm in the Civic Offices.

Present

Councillor Leo Madden (Chair)
Steve Wemyss
Alicia Denny
Lynne Stagg
Michael Ford
Philip Raffaelli

1. Welcome and Apologies for Absence (AI 1)

Apologies had been received from Councillors Chowdhury and Hughes.

2. Declarations of Members' Interests (AI 2)

Councillor Wemyss declared non personal, non-prejudicial interests: he works for the NHS and rents out his drive to nurses.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 1 February 2018 be agreed as a correct record.

4. Adult Social Care - update. (AI 4)

Andy Biddle, Acting Deputy Director Adult Social Care introduced the report and in response to questions, clarified the following points:

One of the causes of Delayed Transfers of Care (DTOCs) in 2017 has been insufficient availability of domiciliary care staff. Historically, care has not been an attractive career choice, often carers are paid the minimum wage. One of the potential solutions to availability is to create an in-house service that can also respond in a timely way.

There are 5 transition care home beds in Edinburgh House and currently 8 in private nursing homes.

No government funding will be given to Local Authorities for dealing with deprivation of liberty authorisations. In September 2017, four Local Authorities were unsuccessful when they took the government to court arguing that funding should be provided for this new burden.

There is a clear definition of what constitutes a DTOC. Medically Fit For Discharge (MFFDs) are not necessarily DTOCs.

He had not read Hampshire's Operating Model regarding DTOCs.

There had been a persistent issue in 2017 with numbers of people awaiting assessment from Hospital Social Work. In order to address this, more locum

staff have currently been recruited. Working as an Integrated Discharge Service is the right thing to do and on some wards, there is a ward-based social worker. Although it is not easy to recruit to Hospital Social Work roles, Hampshire County Council and Portsmouth City Councils' recruitment is improving.

There is a current pressure in adult social care whereby some care staff 'sleep-in rates' have been increased and there is a question over how pay will be backdated. This becomes an additional issue if staff are transferred under TUPE regulations to a different provider, as the potential liability for the back pay could transfer with them. This has an effect on tendering new contracts.

The council has standards of care for care home providers and works with providers to ensure that the care delivered is of an acceptable standard. A Turn-Around Team has been established and a Quality Team is in the process of being set up with the Clinical Commissioning Group to monitor progress in the homes where standards are not at expected levels and work with the providers to meet expected care standards.

The council is working to develop supported living environments and hopes to move away from traditional residential care for some people where this is appropriate and can meet their needs.

If providers are unable to meet needs and give back domiciliary care packages, the council looks for other providers. If this is not possible, the ultimate fall-back position can be a temporary residential placement to meet needs.

There continue to be significant challenges to Adult Social Care in Portsmouth which stretch the service and its budget. There are plans/strategies being drafted to provide services differently and to try to meet the financial challenges.

5. Portsmouth Hospitals' NHS Trust - update. (AI 5)

Chris Adcock, Director of Finance introduced the finance update and in response to questions, explained that:

PHT lost out on the Transformation Fund. It only received £1.7m for the first quarter.

The trust has changed its end of 2017/18 target from a surplus of £9.7 million to a deficit of £36.8 million.

The savings requirement for 2017/18 was more than £40 million.

He welcomed the government's announcement to increase nurses' pay. The potential benefits from this pay increase had not yet been calculated. Staffing costs have been increasing. The trust has extensive plans regarding recruitment and retention of nurses.

The delivery plan for savings in 2018/19 will be formalised for 2018/19.

The strategy which informs the financial plans is expected to be published in July.

The Chief of service for Critical Care, High Dependency Unit, Anaesthetics and Theatres appointment as Clinical Director of Finance will be key to ensuring that the finance plans are as connected to the day to day work as possible.

Cost Improvement Days have been introduced where staff are invited to give their suggestions.

The panel was disappointed that it had not been informed as soon as the trust knew that it would not be able to meet its end of year financial target.

Action

The trust agreed that it would inform the panel of any changes to its financial trajectory sooner in future.

Chris Adcock then introduced the DTOC update and in response to questions, explained that the DTOC figures for the first week of February were: PHT had 53 patients; 33 of whom came under the responsibility of Hampshire County Council and 20 Portsmouth City Council. For the week ending on 9 March, there were 59 patients for HCC and 15 for PCC.

The panel noted that these figures did not tally with those that had been given previously.

Christ Adcock could not explain the difference in the figures but assured the panel that the figures published with the agenda were correct.

Action.

It was agreed that in future the DTOC figures would be given in terms of numbers of patients not percentages.

There were no questions about the Carillion report.

RESOLVED that

- 1. The finance, DTOCs and Carillion updates be noted.**
- 2. There was insufficient information on the proposed spinal service change to make a decision and requested that the report be brought to the next meeting.**

6. Solent NHS Trust - update. (AI 6)

Sarah Austin, Chief Operating Officer introduced the report and in response to questions, explained that:

The focus on getting patients home should start as soon as possible, not just at the end of their stay. The mantra 'Why not home? Why not today?' should be at the forefront of their nurses' minds. Some Solent nurses are located in

the A&E department in order to develop a good relationship with patients and their families as early as possible in their journey through the hospital.

The target is to have no more than 108 Hampshire and Portsmouth medically fit for discharge (MFFD) patients held up in a bed at QA Hospital. For Portsmouth patients, the target they work to is 49. The challenges include delays at A&E, the flow through the hospital and the capacity outside to pull people home.

The number of MFFD is currently 190; 64 of these are Portsmouth patients. It is important to consider the amount of time a patient has been waiting to leave the hospital. Of these 64 MFFD, 20 have been waiting over 7 days; 10-15 between 3 and 7 days and the rest of the patients have been waiting up to 3 days. Some patients are old and frail and it would not be appropriate to rush their transfer.

A smaller number of MFFD are DTOCs.

She is very proud of how the Portsmouth system is working together to improve discharge services for patients.

Patients no longer have to wait so long for care packages.

Reasons for delays include:

- Patients waiting for the discharge to be processed by a social worker. This can vary between 2 and 15 patients.
- Patients waiting for a 'discharge to assess bed'. Some additional beds have been bought recently. It often takes time for a suitable bed to be located and then for families to be content.
- Transferring patients to care homes. Finding the right care home can take a lot of time.

She is determined to reduce the number of MFFD patients to improve their chance of independent living at home.

Action

The MFFD and DTOC figures from the A&E Delivery Board Report will be sent to the panel in future.

In response to questions about the estates paper, she and Christopher Box, Associate Director of Estates and Facilities Management explained that:

Early engagement with service users and their families is the key to a successful transfer.

They thought that the plans for Oakdene had been brought to a previous HOSP meeting.

The empty buildings on the St James' Hospital site would need considerable investment to repurpose them for another use.

The Orchards is for acute mental health patients and includes an intensive psychiatric care unit. There is a proposal to collocate mental health crisis services with physical health services at QA.

Proposals for capital investment are awaiting confirmation.

The funds for the travel plans at St Mary's is now available.

The discussions with Portsmouth Football Club are due to conclude shortly over parking options for staff working at St Marys.

There are strict eligibility for staff parking permits on the St Marys site. Staff parking has worked well over the previous six months. Additional spaces are required for staff who only stay on site for 20 minutes. Staff are informed that they are expected to park courteously.

An onsite multi storey car is not an option because it would be against the council's planning policy and national planning policy. The cost of building and running it would not be covered by the projected income.

They have applied for both a loan and a grant from the Department of Health for the phase 2 development of St Marys. If a grant is received, the loan would be paid off immediately. The loan would be 0.5% of their turnover (£280m).

The panel noted that it had enquired whether the Oakdene building could be used for discharge transition beds and had been told that more domiciliary care is required, rather than additional beds. Members also noted that ambulance response times had been requested for Gosport and Fareham.

The trust has received a very good staff survey result. The trust was top of the category for similar trusts.

It is recognised that staffing pressures continue, and staff often work above and beyond their contracted hours.

Action

Ambulance response times for this area would be requested from South Central Ambulance Services on the panel's behalf.

RESOLVED that the updates on the estates, P&SE Hants Integrated Care and the staff survey be noted.

7. Hampshire and Isle of Wight Sustainability and Transformation Plan. (AI 7)

Richard Samuel, Senior Responsible Officer for the Hampshire and Isle of Wight Sustainability and Transformation Partnership introduced the report and in response to questions, explained that:

Following engagement with the Local Authority members and officers it was agreed that the Health & Wellbeing Boards would be the Health & Wellbeing Alliance to advise the STP rather than be a sub-committee.

The statutory organisations within the Partnership have plans to address an anticipated financial gap of £577m by 2021.

The partnership comprises 24 statutory organisations; all historically had separate aims, misaligned positions and were competing for funding. There was competition between them regarding expenditure. It was a very complex situation. In the first year of operations, the Portsmouth & South East Hampshire network in particular established a clear sense of purpose, structure and delivery. He identified that we need to build on the existing arrangements to allow for more effective decision making as systems.

The partnership recognised that it needs to improve benefits realisation but this takes time. It is focused on quality improvements in terms of ED performance, reducing costs etc.

The partnership does not have direct governance authority over trust delivery. Health & Wellbeing Boards have legislative responsibility functions.

The partnership and individual organisations have been working with NHS England and NHS Improvement to identify the process by which incentive funding is allocated.

The points of delivery had been identified with the programme of implementation and outcomes; these correspond with what was set out in the original plan published in October 2016.

The progress made against core strategic aims, e.g. Southern Health (Mental Health, Learning Disability and Community Services), sustainability of clinical services on the Isle of Wight, transforming Care Services across North and Mid Hampshire, is monitored monthly. The aim of the partnership is clear: it is to deliver benefits. The key milestones have been achieved. It is recognised that to deliver the scale of transformation required, enhanced delivery and governance arrangements are required. Statutory organisations need to be more integrated and more accountable.

He sat on the Vascular Steering Board for three years with the Chief Executive Officers and Clinical Leads from across Hampshire & Isle of Wight. A significant amount of work was carried out negotiating between partners.

Partners within the STP determine the nature of eating disorder services that are required across the whole footprint; the CCGs decide on the locations based on their knowledge of the area and working with providers and local communities.

The Mental Health Alliance and Children's Partnership Board set out the priorities for the respective services.

The panel noted that the STP plans that were published in October 2016 had the same governance structure as set out in the latest plans.

Members said it was aware that PHT, F&G CCG and SEH CCG (by virtue of visibility via the HOSP or other medical committees or Boards) were significantly over their Control Totals and that their understanding from the media is that many other Trusts within Hampshire and the IoW are also in severe financial straits. They therefore found that gross “overspending” position hard to reconcile with the claim that the STP is delivering the substantial financial savings.

Queries were raised about the governance structures for the STP. This included the establishment of a Joint Health and Wellbeing Committee to “govern and oversee the change”. Richard Samuels suggested that this was at the behest of the Local Authorities but that he would welcome greater political leadership, perhaps through the Health & Wellbeing Alliance operating as a joint committee across the four local authorities..

The panel noted that as indicated in the PowerPoint handout that “the Partnership is not a statutory body/constituted in law” and that the local organisations to date, the STP had not felt the need to “establish governance structures that formally delegate responsibilities or powers to the Partnership.”

The panel discussed the establishment of the a Joint Health and Wellbeing Committee across Hampshire and Isle of Wight and recognised that in the absence of formal delegation of responsibilities or powers to the Partnership, it was understandable that (political) Local Authorities had not yet established such a joint committee.

Richard Samuel noted the development of the afore mentioned Health and Wellbeing Alliance and offered to provide further background information describing the proposal for the Health and Wellbeing Board Alliance.

Actions.

The following information was requested:

1. Confirmation that the deliverables which were detailed in the STP Delivery Plan Final Draft 21 October 2016, and then added to by the Core Programme Update in June 2017, were still captured by the Sustainability and Transformation Partnership plans. The KPIs and other measures of success for the various deliverables would be included.
2. Evidence of the claimed savings to date and the projected/ planned future savings these would be related to the original savings detailed in the STP i.e. closing the £577m gap by 2020/21 (using £60m of the STP fund) to deliver a break even position by then.
3. Confirmation that the STP will undertake further work in that period to deliver a “surplus financial position” thereafter.
4. Details of the current governance.

5. Materials to demonstrate its role in the delivery of the Wessex Vascuar
Surgery Network

RESOLVED that the report be noted.

The formal meeting ended at 4:30pm.

Councillor Leo Madden
Chair