

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 14 June 2018 at 1.30 pm at the Conference Room A - Civic Offices

Present

Councillor Leo Madden (Chair)
Councillor Jennie Brent
Councillor Hugh Mason
Councillor Steve Wemyss
Councillor Philip Raffaelli, Gosport Borough Council
Councillor Gary Hughes, Hampshire County Council
Councillor Mike Read, Winchester City Council
Councillor Rosy Raines, Havant Borough Council
Councillor Sarah Pankhurst, Fareham Borough Council
(Standing Deputy)

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Smyth, New, Ford, and Tickell. Councillor Pankhurst was present as a deputy for Councillor Ford for Fareham Borough Council.

2. Declarations of Members' Interests (AI 2)

Councillor Wemyss declared a personal, non-prejudicial interest as he works for the NHS Commissioning Support Unit. He advised that he would leave the room during the discussion of the proposed moved of the elective spinal service unit report.

Councillor Raines declared a personal, non-prejudicial interest as she is a practice nurse at a GP surgery and a community responder.

Councillor Pankhurst declared a personal, non-prejudicial interest as she works for the NHS 111 service.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 22 March 2018 be agreed as a correct record.

4. Update on oral health improvement (AI 4)

Claire Currie, Consultant in Public Health at Portsmouth City Council and Jeyanthi John, Consultant in Dental Public Health, Public Health England South East (Wessex) introduced the report. Ms Currie added two updates to the report (1) that the school survey will be closing next week. (2) that work

on the oral health animation was progressing and a focus group was held last week to help design the animation, which was a big success.

In response to questions the following matters were clarified:

- NHS England are undertaking projects to identify needs and work out the best models of care particularly for young children and homeless. The University of Portsmouth Dental Academy also did some outreach work last year providing a bus for the homeless to receive oral health checks.
- NHS England commission all dental services and are investing funding to develop further models for hard to reach groups such as homeless and young children from deprived backgrounds, as well as dental care for care homes. Money goes to practitioners to set up these models and they will evaluate which model works best.
- The figure for the 'sugar tax' generated through the soft drinks industry allocated to schools is in the tens of thousands for each school and spending is reportable through the School Condition Allocation funding for Local Authority maintained schools.
- The council is extremely fortunate to have the University of Portsmouth Dental Academy in the city which brings in trainee dentists from Kings College London to the city. This provides valuable training for them and dental services for residents in the city. The Dental Academy offer oral health improvement programmes to primary schools including application of fluoride varnish and delivering supervised tooth brushing. This is a great asset to the dental health of the city.

RESOLVED that the update report be noted.

5. Public Health Update. (AI 5)

The report was introduced by Dr Jason Horsley, Director of Public Health. He explained that the actions in the business plan for last year had largely been achieved. It had been recognised that the Wellbeing Service could be more efficient and a lot of work had taken place to redesign the service with new services now being delivered. Dr Horsley added that the Public Health grant is due to end in one year and as yet there was no information about what would happen after that, but it was hoped that the Department for Health would publish a response soon. With regard to the paper on breast screening, Dr Horsley said this was the responsibility of NHS England and Public Health England were leading on the management of the incident that came to light in May 2018. Dr Horsley said he was confident that NHS England and PH England would be doing all in their power to rectify this.

In response to questions the following matters were clarified:

- With regard to the recent tragic deaths at the Mutiny Festival the public health team are working with the police and licensing across the whole of Hampshire to put interventions in place to ensure that there are no further incidents. As Director of Public Health he objects to any

licensing applications if he thinks they would be harmful under one of the licensing objectives, including the protection of children from harm. There is no human health consideration in the licensing objectives in England although this is included in Scotland. He said that there is evidence that if a harder line on licencing is taken, people are less likely to come to harm. Councils that have a cumulative impact policy in place were more likely to see a reduction in this area in both anti-social behaviour and the number of admissions to hospital.

- Protective measures could be put in place such as drug testing on-site and amnesty bins to discard drugs. Drug and Alcohol team workers are on site to keep an eye out for people in trouble. They also ensure there is adequate provision of water.
- With regard to going into schools to educate them on the risks of drugs, Dr Horsley advised that Public Health has funded a post for PHSE lessons in schools in Portsmouth and the idea is to help schools to design the curriculum. Dr Horsley said that Public Health could discuss with the University whether they hold information sessions for students on the risks of drugs.
- Alcohol and drug "successful completions" are reducing relative to previous years; this is partly because the service first targeted those who were easiest to resolve. There is also a challenge around drug successful completions. Previously there was a harm reduction approach then a change in policy decided best to get drug users off of treatment.
- There was a minor outbreak of syphilis in the Portsmouth, Southampton, Fareham and Gosport region. This mirrors the national experience of an increase in cases of gonorrhoea and syphilis. As a result public health have put more screening and treatment in place. There are probably a number of factors that have contributed to increasing rates of these diseases, including a reduction in condom use in men who have sex with men, and changes in technology with people increasingly meeting partners through dating applications. Public Health are spending a lot on screening and targeting those people who are likely to have infections.

ACTION - it was agreed that Dr Horsley would send the panel his suggestions on what should be added into the council's licensing policy to improve the safety of the public at future events.

RESOLVED that the update report be noted.

7. Portsmouth Looked After Children & Safeguarding - Progress against actions of the CQC Action Plan (AI 7)

The report was introduced by Tina Scarborough, Deputy Director Quality and Safeguarding, NHS Portsmouth Clinical Commissioning Group. Mike Taylor from the Society of St James was present to answer questions. Portsmouth

Hospitals Trust and Solent NHS Trust sent apologies but have been fully engaged in the action plan

Ms Scarborough said that progress against the action plan had been made across the board. One of the challenges had been Looked After Children as the number has increased month on month. A number of measures had been put in place to mitigate the impact of that increase.

In response to questions the following matters were clarified:

- The health service supports Looked after Children up to the age of 18 when they then access other health services. It is difficult to know how many fail to access adult health services once they are 18 and over if they have capacity as they can chose not to engage.
- There is a very structured hand over for when a looked after child approaches 18. If they are known to the Child and Adolescent Mental Health Service (CAMHS) there is a clear transition programme. When they reach 16 the planning for handover starts. Often children in care do know their medical history or their family medical history so the LAC Health Team will ensure they have as much information as possible available to them on leaving care.

RESOLVED that the report be noted and that an update on progress be considered at the panel's meeting in March 2019.

6. Hampshire & Isle of Wight Sustainability and Transformation Partnership (AI 6)

The report was introduced by Michelle Spandley, Chief Finance officer for the STP and Portsmouth CCG and Richard Samuel, Senior Responsible Officer for the STP.

The Chair invited Mr Jerry Brown to make his deputation, which he also circulated to the panel members. The Chair thanked Mr Brown for his deputation.

In response to questions the following matters were clarified:

- The STP received £48 million and were expecting £51 million of STF in 2017/18. As a system they received virtually everything they were expecting on the STF.
- The £577 million is what they would need to do live with their allocation by year 5 of the plan.
- To deliver break even for Hampshire and Isle of Wight the NHS set control totals for organisations. The control totals can vary each year. The University Hospital Southampton saw their control total reduce by £15m and PHT's increased so it is not an exact process. The £577m is to achieve a break even target.

- Non-recurring transformation monies were allocated to the NHS in order to unlock transformation. The STP made the assumption that they would draw down transformation money. As it transpired the use of monies was not allocated on capitation basis or not allocated against systems with priorities. The positive news since their last update to the panel was that they had feared they would lose the non-recurring STF payments but they received all but £3million.
- The £440m recurring saving is an add on for each year which works out roughly at £145m each year. In years 1 and 2 it was relatively easy to find savings but in years 3 and 4 it becomes harder to find savings.
- Efficiency savings are included in the savings figure. As an amalgamation they have to find those savings and need to do it as a whole as resources are getting tighter.
- It is getting harder each year to find savings and it will be a stretch to reach the £222 million this year. It is a £2.4 billion enterprise with 24 organisations. The role is to ensure the effect on individual organisations including avoiding cost shunting.
- The STP received £50m of capital funding in wave 3 and they are in the process of wave 4 of the capital bid process. The estates strategy will include future projects as well as the wave 4 schemes. They are also looking at a new capital regime. The team are trying to bring all information to one place to ensure understand current and future needs.
- With regard to changes to workforces there are three key areas: (1) a single staff passport where anyone employed in a NHS organisation can move and take their staff induction and training with them - this is already in place (2) A staff bank so any NHS staff can join any bank in any other NHS organisation reducing the need to sign up to agencies this is creating savings; (3) Locum brokerage so they can go out to market to secure staff to ensure they know what rates they are paying and broker with Hampshire and IoW. They are also working with domiciliary partners to create a domiciliary and residential care bank. The passport will be a benefit and running an international recruitment hub for Hampshire and the Isle of Wight. These will all complement work already taking place.
- Winter this year was the hardest experienced and saw locum expenditure rise.
- The funding for theatres at QA were allocated in wave 3 and PHT will finalise the business case to get the funding in place.
- The STP has 24 organisations. Within those finances are the NHS organisations. It is a sum of the savings that each organisation needs to provide to achieve.
- The year on year figure is in the 5 year plan and savings are built into that.

- The Hampshire Alliance met in July last year. The Health and Wellbeing Board Alliance was signed off and agreed that this be strengthened and it was agreed to move toward a more structured government arrangement.

ACTION - the following additional information was requested by the panel:

- The STP Programme Plan including KPIs, and delivery dates and savings and progress to date together with risks.
- A table to enable the panel to track this back to the original STP commitments.

RESOLVED that the updated be noted.

10. Healthwatch Portsmouth Update (AI 10)

The report was introduced by Siobhain McCurrach, Healthwatch Portsmouth Project Manager. She explained that in April a new work programme was created which will be ratified at the AGM at the end of June.

In response to a question about the government consultation on the Mental Health Act, she advised that Healthwatch had been promoting that and encouraging people to provide feedback.

It was agreed that when Healthwatch bring their report in June 2019 that this include both what has been achieved over the year and what is planned for the year ahead.

RESOLVED that the updated be noted.

9. Portsmouth Clinical Commissioning Group - update. (AI 9)

The report was introduced by Jo York, Head of Better Care and Nick Brooks, Senior Communications and Engagement Manager.

In response to a question about the Gosport Independent Panel publishing its report on the historic concerns at Gosport War Memorial Hospital, Mr Brooks explained that the report is owned by the panel and the CCG would not see the report until 20 June when it is published. The CCG will then work out the implications of this. Mr Brooks said he thought that the families of the patients included in the report would have the opportunity to see the elements relating to them but could not be sure as the CCG are not directly involved with the report.

RESOLVED that the updated report be noted.

8. Proposed move of the Elective Spinal Service from Portsmouth Hospitals' NHS Trust. (AI 8)

(Councillor Wemyss left the meeting due to his earlier declared interest)

(Councillors Mike Read and Jennie Brent left the meeting at the start of this item)

The report was introduced by Paul Bytheway, Chief Operating Officer PHT, Alex Berry, Director of Transformation at the Hampshire CCG Partnership and Una Brady, General Manager of the musculoskeletal service.

Mr Bytheway explained that the organisation previously wanted to develop the elective spinal service. A number of recruitment drives to recruit specialist staff were held to get additional specialist staff but despite numerous attempts this failed. It was thought that the reason was there is a specialist service in Southampton.

It is proposed patients go to an organisation that can deliver an infrastructure as a single handed consultant is not sustainable long term.

The number of patients receiving elective work is about 204 from across the catchment area for the Trust. Approximately 176 of these are from Portsmouth, Fareham and Gosport and South Eastern Hampshire. The numbers are not significant and they already do a lot of spinal work with University Hospital Southampton.

In response to questions the following matters were clarified:

- Numbers of patients accessing the service have stayed broadly the same over the last few years. They have looked at future demand and worked with public health colleagues and they are not expecting a significant growth in the number of service users. They will keep a watching brief on this. They do have referrals up to London which will continue to give patients choice.
- The initial meeting with a number of groups was held on 12 June. Their main worry was travel to Southampton particularly for patients with back pain and the logistics for transfer of referrals. Patients did understand though the rationale for the proposals.
- The work of The Big Conversation carried out by the CCG highlighted that people are prepared to travel where it means they will have best access to quality of care. There were 1900 responses to this consultation and 75% overall accepted the principle of travelling further.
- PHT have tried to get a consultant but struggled as it is not a regional centre and the numbers of patients are small.
- Lessons learned from the vascular services consultation a few years ago, that was deemed to be a substantial variation, were that transport to Southampton was a concern. With this case broad agreement has been reached between the commissioners, PHT and UHS for rationale to do it.

- The patients who will transfer to Southampton are not complex, it is the simpler surgery patients and therefore the pathways are much easier. Emergency patients automatically go to Southampton as they have a specialist triage centre for spines. If a patient is deemed to need a surgical intervention they will get an outpatient appointment at Southampton. If deemed to be non-surgical they will have an appointment in Portsmouth. The back care service will continue at Queen Alexandra Hospital as will the local triage service.
- The patients using the service are not particular elderly.
- The proposal was also due to be considered at the Hampshire HASC meeting shortly.
- The plan is to have access to local triage service at QA Hospital.

The panel noted there was a difference of opinion as to whether Healthwatch had been consulted as per the report. Siobhain McCurrach who was present for an earlier item said that Healthwatch had not been consulted but were told by PHT that this was coming. Healthwatch had not been involved in any of the processes. Mr Bytheway said they would go back and speak to Healthwatch.

Members discussed how substantive this proposal was. It was noted that the proposal was also to be considered by the Hampshire HASC next month. It was felt that it was a substantial change but not a substantial variation requiring a full consultation exercise as outlined in the report.

Members felt it was encouraging that all sides were in agreement that this proposal was the most sensible option in the circumstances. The panel agreed that patients need reassurance that the commissioners and PHT have thought about all potential options and have answers to their concerns.

Members felt there needed to be a lower level conversation to seek to socialise and explain to patients that the rationale behind the proposal is based on improving outcomes and allowing access and this is the only option geographically. They should also explain that they cannot maintain the service in its current form at QA. Members also felt it was important to make clear to patients what services would remain in Portsmouth and that this proposal was in the interest of patients.

Ms Berry thanked members for these suggestions and said that the commissioners would be continuing with the mobilisation plans whilst these discussions took place. The panel agreed that subject to agreement with the Hampshire HASC that the proposal was not a substantial variation and the CCG should ensure further engagement, based on the above.

RESOLVED that the report be noted and that the proposal does not constitute a substantial variation in service, subject to the Hampshire HASC also agreeing that this was not a substantial change in service.

Further engagement with service users however must take place as detailed above.

The formal meeting ended at 4.10 pm.

Councillor Leo Madden
Chair