

HEALTH OVERVIEW & SCRUTINY PANEL

Minutes of the meeting of the Health Overview & Scrutiny Panel held on Thursday, 22 November 2018 at 1.30 pm at the Civic Offices, Portsmouth

Present

Councillors Jennie Brent (in the Chair)

George Fielding
Marge Harvey
Leo Madden
Philip Raffaelli
Rosy Raines
Mike Read
Steve Wemyss

1. Welcome and Apologies for Absence

The Chair welcomed Members to the meeting. She thanked Cllr Gary Hughes for his work on behalf of the Panel and welcomed Cllr Marge Harvey to the meeting.

Apologies were received from Cllrs Elaine Tickell and Michael Ford JP.

2. Declarations of Members' Interests

Cllr Steve Wemyss declared a non-pecuniary interest as he works for the Central and South West Commissioning Support Unit.

3. Minutes of the Previous Meeting

The Panel noted the minutes of the previous meeting.

The Chair reported that, as a matter arising from the minutes, the South Central Ambulance Service (SCAS) information on response times had been sent to the panel on 13 November. The Ambulance Response Programme Board had completed a Spring Review into the effectiveness of the new ambulance model and identified that the performance measures were accurately reflecting the correct response method to patients. During the review a consensus could not be reached on what the CAT 1 Transport target should be and this would continue to be reviewed in order to develop a robust target in the future. SCAS will continue to measure the CAT 1 Transport at 18 minutes as it felt that this was an appropriate target and was one of the time measures being considered by the ARP Board.

RESOLVED: that the minutes of the meeting held on 13 September 2018 be agreed as a correct record.

4. Director of Public Health

The Panel received a report from Dr Jason Horsley, Joint Director of Public Health for Southampton and Portsmouth City Councils. He said that the update was designed to cover the key areas of public health such as childhood obesity. He had included a presentation on sexual transmitted infections but, as this was a nationally focused document, he was aware that it did not address the contraception aspects of the Sexual Health Service.

In response to questions, the following matters were clarified:

- The final report on the Drug and Alcohol Service had yet to be received, and would be presented the following week. The vanguard process had been used as there was one overarching aim for the process, and the data that had been collected was useful at a national rather than a local level.
- Re-presentation data on service users was not reported as it was a national reporting scheme, but could be provided for the Panel if required. The drug and alcohol programme had been very successful, and the providers took a holistic approach, recognising that the clients were the most important part of the service. This meant that the reported figures were not as high as they could be, but that engaging clients provided the best way of enhancing their lives.
- The problem of dealing with childhood obesity was managing it after it was embedded, and the service was dealing with children who were already obese. The aim was to put resources into prevention of the condition, rather than reducing the prevalence of obesity. Portsmouth and South East Hampshire were intending to access funding from the Sustainable Transport Fund in order to improve sustainable transport options. Other councils had also added supplementary planning documentation around the provision of fast food outlets and the health impact that these have on children.
- In reply to a question, the Director confirmed that the budget was being spent every year, and as there had been a neutral settlement there would have to be cuts in service. It would not be possible to provide a pay rise. There were other pressures on Children's Services, such as housing, that had to be dealt within Public Health.
- The priorities for the service, operating with a smaller work force, was to get into the workstreams of other services in order to ensure there was an impact on how others operated their services. An example of this was that a member of staff was going to be embedded in both the Planning and Transportation services for a day a week to help address issues around fast food outlets and sustainable transport.

RESOLVED: That the report be noted.

5. Portsmouth Clinical Commissioning Group

The Chair recommended that, as there were no representatives from the Clinical Commissioning Group to present the report, it be deferred to the next meeting.

Concern was expressed by Members of the Panel that CCG representatives were not available to present the report.

RESOLVED: That the report be deferred to the meeting to be held on 31 January 2019

6. Hampshire & IoW system reform proposal

The Panel noted a report. Richard Samuel, Senior Responsible Officer for the STP presented the report. A great deal of work had been undertaken in the summer in anticipation of the launch of the NHS Long Term Plan on 3 December. During the ensuing discussion the following points were raised:

- All organisations were being asked to endorse the plan and highlight areas that they were considered about, areas for clarification and where more work was needed. At this juncture however, the panel was not being asked to ratify the documents.
- In reply to a question, he went on to say that within the summary of recommendations laid out on page 109 of the report, the task and finish groups had completed their work and had set out the role and functions of care systems across Hampshire and the Isle of Wight and had been led by local authorities and this work was being fed into how the care system would feed into the integrated care partnerships. The draft Terms of Reference for the Strategic Commissioning Board would be considered by all statutory commissioning organisations. Draft Memorandums of Understanding had been drafted for each integrated care partnership (ICP), and a meeting would be held on the 5 December to discuss how these would allow the ICPs to work together.
- It was anticipated that there would be more ability to flex control totals within ICPs and that the NHS Long Term Plan would set out further flexibilities in order to unlock flexibility and deployment of resources.
- The regulatory system had been formally brought together in a single structure over NHS England and NHS Improvement, in order to ensure that the problems associated with financial issues between the provider and commissioning sectors were overcome, and that system affordability was now paramount.
- As a result, in Portsmouth and the South East Hants, a £4m risk fund had been generated that had allowed for investment in out of hospital services prior to winter. It was hoped that the ten year plan would reinforce this.

- It was important that, once the tools were in place to achieve the aspirations, a coherent business plan should be in place in order to deal with the £577m STP funding gap by 2020. A structured financial plan would help to provide confidence. It was noted that a transitional 2019-2020 one year plan was being generated, concurrently with a three to five sustainability plan, the latter by the summer of 2019.

RESOLVED: That the report be noted.

7. Portsmouth Hospitals' NHS Trust

The panel noted a report from Portsmouth Hospitals' NHS Trust.

The Delivery Director reported that plans for winter 2018 were well in hand and the intention was to reduce bed occupancy on the Queen Alexandra (QA) Hospital site. The plan was a whole system one which would reduce the number of patients waiting on site by providing 12 additional beds, discharging patients into a temporary location and creating more medical and fewer surgical beds. There would be a change in case mix with more outpatients and fewer inpatients. He expected that there would be pressured days, but he reassured the Panel that the hospital was better prepared than it had been for the previous winter. There was more capacity in the community and the trust had received a great deal of support from its system partners. The length of stay for patients was also being reduced by discharging patients earlier.

In the ensuing discussion, the following points were made:

- The selling of the cottage hospital had not made the situation at QA worse as patients needed to be at home and not in hospital. There had not been sufficient capacity in the cottage hospital and discharged patients were fully supported at home.
- Despite the national shortage of nurses, QA had recruited 66 new nurses at bands 3-5.
- The Home First Programme had been instigated in the last week. This was a programme designed to support patients at home, and would provide for a 100 more care hours a week in the community.
- The number of EU staff was considered as part of the risk register, but that the trust had not been asked to address this issue yet. 7% of the staff across the Isle of Wight and Hampshire were EU nationals.

RESOLVED: That the report be noted.

8. Southern Health

The Panel noted a report from Southern Health presented by the Interim Director for Mental Health and Learning Disabilities. The following issues were highlighted:

- Greater integration of both mental and physical services brought opportunities for the benefit of patients. Patients with severe mental health problems tended to have a shorter life expectancy as a result of physical health problems that were properly managed. People with long term physical health conditions were also more likely to experience mental health problems. Examples of more joined up care included the trust's diabetes service which provided direct care to the medium secure mental health unit.
- The trust was consulting on plans to create a new organisational structure which would further enable the joined up way of working. Services would be planned and managed based on local populations in order to ensure that the mental, physical and learning disability health needs were met for patients in each area. It was expected that the structure would be launched in the New Year.
- In reply to a query, the Interim Director said that whilst the autism diagnostic service lay within Learning Disability services, autism support was treated within a separate service.
- The Care Quality Commission (CQC) had published their report into the trust. Whilst the overall rating remained as 'requires improvement', the CQC found many signs of progress across the organisation. The inspection took place in June/July 2018. The trust's community services received a rating of 'good' overall and the inpatient services for people with a learning disability were rated as 'outstanding' overall.
- That the carer's support service was a needs led service in Solent, and supported people regardless of their age. It was a person centred

9. Dates of Future Meetings.

It was noted that the next meeting would be held on 31 January 2019.

The meeting concluded at 3.12 pm.

Councillor Jennie Brent
Chair