HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 31 January 2019 at 1.30 pm in The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor Jennie Brent (Chair)
Councillor James Fleming
Councillor George Fielding
Councillor Leo Madden
Councillor Steve Wemyss
Councillor Philip Raffaelli, Gosport Borough Council

1. Welcome and Apologies for Absence

Apologies were received from Councillors Marge Harvey and Mike Read.

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.

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

4. Public Health Update on Performance in the Substance Misuse Services

The Panel received a report from Dr Jason Horsley. He said that it had been submitted at the request of the Panel, and that the challenge around representations meant that the data was not that clear.

Adrian Noble, Health Development Manager presented the report and highlighted the following areas:

- That substance misuse treatment covered a wide range of provision which included harm reduction initiatives such as needle exchange to reduce the spread of blood borne viruses and the prescribing of substitute medication such as methadone which was used for a period of time to achieve abstinence.

- There were a number of detoxification provisions which included residential rehabilitation, peer-led services, such as PUSHing Change, which provided advocates and mentors who were in stable recovery.

- There had been a reduction in clients over the last few years and during 2018 the Society of St. James (SSJ) had worked in partnership with the Council to undertake a systems thinking intervention looking at the Recovery Hub in order to expand capacity without additional funding. This found aspects of service delivery which could be changed or even stopped if it provided no direct benefit to the client's needs. An example was the assessment process which was now offered five days per week on a drop in basis. There had been a marked improvement in the percentage of clients successfully completing for all categories, apart from opiate users.

- That the data was chaotic because there was a low number of representations. Data from Southampton was similar, and showed representations rates that were unstable.

In the ensuing discussion, the following points were made:

- That the contract with SSJ ran for three years, with the option of an additional two years that he was minded to utilise. There would be no uplift in the contract value, and additional costs would have to be factored in by SSJ.

- That the service was in competition with well organised criminal gangs and it was important to be able to act swiftly to support service users.

- That subutex, the drug used to treat opiate addiction, had increased in price by 500%, and that as the provider was absorbing this cost, it was likely that there would be a reduction in service.

- That the data was not allowed to be made public as there were national constraints through the National Drug Treatment Monitoring System (NDTMS) data was checked by the Office of National Statistics, and then returned to the Council within a year. The Council relied on the up to date service data that it had in order to provide forecasts.

- That the use of methadone varied for the user concerned. Long term chaotic users who required stability were provided the drug for longer. It also reduced the possibility of crime and death

- A Member suggested that the vanguard thinking process would be a useful way to address the interplay between the CCG and the Mental Health, Substance Misuse and Housing Services in order to allow for savings to be made.

- A Member was impressed by the way that the SSJ had improved, and welcomed the idea of the implementation of system integration with other partners in the field of mental health and addiction in order to ensure that those with these problems did not slip through the net on either side.

- Dr Horsley pointed out that psychiatric issues would be subject to the CCG's next five year plan. The system was currently in flux, and the CCG were being asked to make reductions in opportunity costs. A discussion was in hand with the CCG's COO concerning this.

The Chair thanked Dr Horsley and Mr Noble for their report.

5. Portsmouth Clinical Commissioning Group

The Panel noted an updated report from Innes Richens, Chief Operating Officer, Portsmouth CCG and Dr Elizabeth Fellows, Chair of the Board of the CCG. He highlighted that:

- the planning work to prepare for winter as a health and care system, involving all CCGs, provider Trusts and local authorities in the Portsmouth and south east Hampshire area, began earlier than in previous years and enabled a comprehensive plan with clear actions to be taken by all system partners. As a result, there were signs of improvement on last year during November, December and the early part of January.

- In the short term it was intended to reduce the number of medically fit for discharge (MFFD) patients waiting from the weekly baseline position of 49 per week, down to a target of 30 per week. This would be achieved through increasing capacity in the community but with a longer term view to transform services through work to further integrate health and social care. The Portsmouth plan involved:

    - Increasing domiciliary care capacity.
    - Working with the Reablement Team and Community Units to deliver more capacity.
    - Increasing capacity to enable processes around continuing health care to be completed within the community.

- The Council was playing an active role in helping to develop the winter plan and the total investment to deliver the Portsmouth-specific improvements was around £1.25m, split equally between the CCG and the Council.

- The CCG was working with city partners to prepare to pilot a long-term conditions ‘hub’ in Portsmouth in the spring which would initially involve two practices – Portsdown and East Shore – and was intended to provide support to defined groups of people who lived with diabetes and respiratory illness.

- The full report into the findings from Phase 2 of the Big Health Conversation engagement programme would be produced shortly.

- The Portsmouth, Fareham & Gosport and South Eastern Hampshire CCGs had agreed with Southern Health NHS Foundation Trust and Solent NHS Trust a fundamental change to the way mental health crisis services would be delivered across the Portsmouth & South East Hampshire locality. The new service would combine the Southern and Solent crisis teams into a single service model that improves responsiveness and consistency for adults.

In the ensuing discussion, the following points were raised:

- That the QA Hospital had received over a thousand more patients over the winter period than had been expected. The COO said that it was not clear why this had happened, but it was a reflection on the efficacy of the preplanning that the system had coped.

- That the IT services that were being put in place were compatible with the Gosport system.

- It was felt that as the changes to the mental health crisis services had been flagged up by the CCG as being fundamental, that it was quite possible that they fell under Section 244 of the NHS Act 2006, which placed a statutory duty on relevant NHS bodies to consult Local Authorities on any proposals for significant development or substantial variation in health services. At the time of the last meeting, no consultation with HOSP had been undertaken. It was made clear that whilst HOSP had not been consulted the changes, intended to be operational by the summer 2019, had been discussed with Healthwatch Portsmouth. It was agreed that the item would be brought forward to the next meeting.

6. Healthwatch Portsmouth

The Panel received a presentation from Siobhain McCurrach, Strategic Lead, Healthwatch Portsmouth on the last six month of activities of Healthwatch.

She highlighted the following areas that:

- There had been five new Board Members who had been recruited to the Board over the last few months.

- There had been a third walk through the QA and recommendations would be made to the hospital for improvements from the patient's perspective.

- Additional appointment slots had been made available at Lake Road Surgery.

- There was a rolling caseload of over forty advocacy cases supported by a senior advocate from residents who wanted to make a complaint about NHS services which were resulting in service improvements.

- They were working with other local Healthwatch Boards in order to set up linkages.

- A challenge had been made to the Southern Health Foundation NHS Trust as they had not included Healthwatch at a strategic level final review following feedback on the mental health crisis service plans.

In reply to a question concerning the views of the community, she said that whilst there did seem to be a preponderance of negative news from the community, Healthwatch did also receive positive feedback concerning local NHS provision, and that all responses were fed into a database in order to

allow it to extract information on a local postcode basis. She was not confident about the range of people who were being reached, and whilst tweets that had been sent out about CPR for infants school children had been retweeted six thousand times, Healthwatch would also go into GP surgeries to discuss issues with patients and staff.

The Chair thanked her for her presentation.

7. CQC update

The Panel noted the report from the CQC. In the absence of anyone from the CQC to present it, it was agreed that the report should be carried over to the next meeting. It was requested that the ratings for Portsmouth NHS Trust be bought up to date before the next meeting.

R$ESOLVED that the report be carried over to the meeting to be held on the 14 March.

8. DATE OF NEXT MEETING

The meeting ended at 3.10pm

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Councillor Jennie Brent
Chair