

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 14 March 2019 at 1.30pm at the Executive Meeting Room, third floor, the Guildhall

Present

Councillor Jennie Brent (Chair)
Gemma New
Leo Madden
Rosy Raines

11. Welcome and Apologies for Absence (AI 2)

Apologies were received from Councillors Terry Cartwright, George Fielding, Marge Harvey, Philip Raffaelli, Mike Read and Steve Wemyss.

12. Declarations of Members' Interests (AI 3)

No interests were declared.

13. Minutes of the Previous Meeting (AI 1)

RESOLVED that the minutes of the previous meeting were correct subject to the following corrections:

**Councillor James Fleming did not attend the meeting.
Councillors Gemma New and Rosy Raines had sent their apologies.**

Matters Arising.

The panel was disappointed that a representative from the Care Quality Commission had not been able to attend two consecutive HOSP meetings.

14. Local Dental Committee update (AI 4)

Keith Percival, Honorary Secretary and Philip Gowers, Chair of the Hampshire & Isle of Wight Local Dental Committee presented their report and the University of Portsmouth Dental Academy Community Outreach Health Promotion Report and in response to questions, clarified the following points:

They had attended a meeting the previous day with NHS England to raise their concerns regarding the future commissioning of intermediate oral surgery contracts and avoidance of the standard NHS contract template because of the lack of benefits normally expected with the Schedule of Financial Entitlements - superannuation.

In terms of job satisfaction and professionalism, the working conditions are usually better for dentists in the private sector. However, there is no pension. In 2006 the new NHS contract was launched and accepted by dentists because of the good NHS pension and the promise of improved information governance and IT systems.

Recruitment of dentists particularly consultant orthodontists is currently a problem. Also, approximately 1,000 of the 7,000 European dentists in

England have left because they are now offered better conditions at home and because of concerns about Brexit.

Staff at 80% of dental practices are reportedly stressed and there are high levels of burn out. Support schemes like the LDC's Practitioner Advice and Support Scheme (PASS) are available and funded by the Local Dental Committee.

There are 110 Local Dental Committees in the UK (96 in England and Wales).

The total number of children enrolled in the Portsmouth Dental Academy Brush Up programme had fallen from 992 in 2012/13 to 622 in 2017/18.

Only 70% of children in Portsmouth are registered with a dentist. The national average is lower at around 68%.

Health Education England does not generally directly commission activity that links schools and dental health education. One of its main roles is to address the training needs that have been identified by the Local Dental Network (LDN) but its budget has been cut by approximately 30% and this has reduced some of its training programme activity.

Public Health England is responsible for scrutinising children's dental health. Dental decay is caused by high levels of sugar intake, its frequency and lack of fluoridation. Brushing does not prevent decay but does remove plaque and most toothpastes contain Fluoride which is beneficial.

In the past, the panel had requested that the Local Dental Committee update be aligned and presented with the Dental Public Health updates. This did not happen because Dental Public Health tends to present alongside Public Health.

The panel was pleased with the performance of the Portsmouth Dental Academy, particularly its outreach work. However, members had concerns about the level of Portsmouth children registered with a dentist.

RESOLVED that the report be noted.

15. Southern Health NHS Foundation Trust Organisational Restructure (AI 5)

The panel was disappointed that a representative from Southern Health did not attend to explain the rationale behind the changes.

RESOLVED that the following questions be sent to Southern Health:

- 1. Why have 5 directorates been agreed rather than 6?**
- 2. What impact will the reorganisation have on our residents?**
- 3. Is the structure under constant review?**

16. Hampshire & IoW Partnership Clinical Commissioning Group (AI 6)

Sara Tiller, Managing Director for NHS Fareham & Gosport & South Eastern Hampshire CCGs presented her report and in response to questions, explained that

A business case had been submitted to NHS England recommending that the Emsworth Victoria Cottage Hospital be refurbished and become the new home for the GPs from Emsworth Surgery. Discussions will continue regarding the location and details of the designs.

The results of a structural survey have shown that the building's condition is better than expected. This means that refurbishing the building for a GP surgery and some community space is a viable option.

There is a strong cohort of GPs in Emsworth. However, recruitment is an issue in Gosport. There have been a number of GPs retiring over the last two years. A number of innovative and well regarded service developments have been carried out.

There had been problems regarding telephone access and availability of routine appointments which resulted in many patients moving between surgeries. In order to give the GP practices time to stabilise, the decision was taken to suspend moves over winter. During this time, new patients can still register and some patients can move if there is a breakdown in the relationship with their practice.

The Fareham & Gosport & South Eastern Hampshire CCG has a statutory responsibility to report regularly to the Hampshire Health & Adult Social Care Scrutiny Panel but is very happy to present updates to the Portsmouth Health Overview and Scrutiny Panel.

The British Red Cross (BRC) ran three mobility equipment centres in the area: Fareham; Lee on Solent and in the Gosport War Memorial Hospital. Although this is not a commissioned service, it is supported by the CCG. When the CCG received notice of the BRC's intention to withdraw drop in centres across the whole area, it stated that there was a need for the service but did not stipulate where it should be based.

The BRC subsequently closed the centres in Lee on Solent and in the Gosport War Memorial Hospital.

Councillor Raffaelli and the local MP's office had been in contact with the CCG expressing concerns over the closures particularly because the customer numbers for these two centres were higher than for the one in Fareham. The CCG will continue discussions with them.

A pop up mobility service may be the solution for addressing the need in Gosport.

RESOLVED that this update be noted.

17. Response to the Gosport Independent Panel Report into the War Memorial Hospital (AI 7)

Sara Tiller presented the report.

RESOLVED that the report be noted.

18. Hampshire NHS Mental Health Trusts Service Redesign: Mental Health Crisis Provision and Oakdene Mental Health Rehabilitation Services (AI 8)

Suzannah Rosenberg, Director of Quality & Commissioning introduced the report and highlighted the following points:

For the Crisis Service

It is the Solent NHS and Southern Mental Health teams not Hampshire.

A great deal of engagement had been carried out with service users and carers regarding access to mental health services e.g. focus groups, live Facebook pages and workshops.

The proposed changes had been welcomed by service users and carers.

Bringing Southern Health and Solent crisis services together will bring challenges particularly as the trusts are of different sizes and offer slightly different services.

In response to questions, she clarified the following points:

The panel expressed concern about current access to crisis services for service users or their carers.

Current mental health service users should now be able to ring the crisis team and receive a response 24/7. If this has not happened, the trust needs to be informed so that the service can be improved.

People who are not already a mental health service user can also call the crisis team and receive support.

It is only possible for health professionals to talk to a carer about a mental health service user if that client has given permission.

For the Oakdene Rehabilitation Services

There will be a phased closure of the Oakdene Ward. The current cohort of patients is not long stay. Once the alternative options for them have been put in place, the ward can be closed but is likely to be re-opened for the provision of other mental health services.

RESOLVED that the reports be noted and that updates be provided to the panel in Autumn 2020.

The meeting ended at 2:45pm.