

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 21 November 2019 at 1.30pm in the Guildhall.

Present

Councillor Chris Attwell (Chair)
Graham Heaney
Leo Madden
Hugh Mason
Vivian Achwal
Arthur Agate
David Keast
Philip Raffaelli

42. Welcome and Apologies for Absence (AI 1)

Introductions were made. The Chair welcomed Councillor Keast back on the panel and asked that his thanks to Councillor Harvey for her service on the panel be recorded.

Apologies had been received from Councillors Trevor Cartwright and Rosy Raines.

43. Declarations of Members' Interests (AI 2)

No interests were declared.

44. Minutes of the Previous Meeting on 12 September 2019 (AI 3)

RESOLVED that the minutes of the meeting held on 12 September be agreed as a correct record.

45. Portsmouth Hospitals' NHS Trust update (AI 4)

Lois Howell, Director of Governance and Dr Mark Roland, Deputy Medical Director asked the panel to note that the Mental Health Matron was now in place and that the GP redirection pilot started on 4 November had been very successful and would continue. In response to questions from members, they clarified the following points:

Mental Health Support

Staff look at a number of indicators including behaviour, symptoms, missed medication etc. when determining how best to comfort, treat and restrain patients who are experiencing a mental health crisis. The mental health team prioritises patients based on clinical need. Core 24 service standard is a mandated national standard for service providers.

1.13 of the report should read % patients seen by the Mental Health Liaison Team within one hour in ED.

PHT is not a mental health service provider per say. There is a safe room in the ED. The police often accompany patients attending ED with mental health

issues and will attend if needed at the request of staff. It is not their role to accompany the police in the community.

The measures being taken are PHT's answer to the problems as they currently present.

Bed Occupancy.

The aim is to reduce occupancy down to 92% which equates to just more than 1,000 beds. This is the optimal rate to ensure consistent flow in the hospital. The current figures is 97%. Cardiac and renal day units are sometimes counted in these figures. The use of these beds can interfere with the primary use of the beds.

To achieve this a multi-pronged approach is required and funding in the community is significant. Portsmouth City Council, Hampshire County Council, Solent NHS Trust and Southern Health are working together with PHT.

An extra 36 bed capacity was created in the previous two months. In 2018 it was increased by 12 beds. The trust is looking into what it can do in the next six months.

The Winter of 2017/18 was the worst in terms of bed occupancy. During the Winter of 2018/19, bed occupancy was at 93%. It was considerably better than it had ever been. Very few elective surgeries had to be cancelled and there were shorter recovery times.

Today there are 208 patients waiting to leave the hospital who are medically fit for discharge. It is fundamental for patient flow around the hospital. In 2017/ 2018 there was a 12% increase in attendances.

October was very challenging in terms of ambulance handovers. This was due to a number of factors particularly the hospital being crowded. At the start of October there was a 65 bed shortfall of beds available compared to demand.

There should be no ambulance holds at all. An ambulance waiting for 60 minutes is a line that should not be crossed, but it is regularly. Apologised to everyone.

They cannot imagine that they would reach a point where no improvements are required. They are always looking at what can be done next to improve the experience for patients.

This week a refreshed approach was undertaken in the ED: patients who have waited for almost 60 minutes are identified and staff try to identify what immediate action could be taken to see them.

A daily meeting is held to look at the number of MFFDs and consider the reasons for the delays which include waiting for rehabilitation, re-enablement, support at home, new care home placements, equipment, financial decisions,

fast track placements and Continuing Health Care. Approximately 2% have a hospital-attributed component to the delay.

CQC inspection

The Care Quality Commission carried out its core inspection of 5 services in October and a further inspection on 13 and 14 November. The data requested is currently being collated. The report is due to be published in February.

ED Layout.

This a significant project which is due to be completed in 2022/ 2023. The shape has not yet been agreed. He is aware that pathways underpin everything and will not interfere with the emergency care being provided. The new ED will be able to accommodate 300-400 attendees per day.

Section 2.3 of the report should read: an ambulatory majors area, introduced in August has reduced waiting times by an average of 20 minutes [...]

Recruitment

There are 254 international nurses. They are on permanent contracts and are given support to apply for visas and renewals and with their English. Most have three year visas. They were from India and Philippines predominantly this year.

There has been no history of renewal issues. Nurses form overseas work on band 4 until they are registered and have passed their exams here.

The trust continues to recruit from Portugal. The trust has a good reciprocal arrangement with Spain and Portugal. Adverts are placed on various websites and applicants from all over the world are accepted.

A number of European nurses have left because of uncertainty about their position in the future.

The panel congratulated the trust for its recruitment of nurses.

Actions

- Further details of the trust's recruitment and retention position will be sent to the panel the same day.
- The trust's next update will include information on all posts.

RESOLVED that the report be noted.

46. Adult Social Care update (AI 5)

In response to questions from the panel, Simon Nightingale, Head of Business Management and Partnerships, Adult Services clarified the following points:

The Governance Board had met once so far and will probably meet quarterly. Liaison with Hampshire County Council social care team is not within its remit.

The discreet project arrangements referred to in section 3.1 of the report are specific, standalone projects.

Solent Health NHS Trust is working with Health & Care branded programme of work. They are looking for commonalities in services e.g. PRT more rapid response.

A significant part of the blueprint priorities is empowering people by making more information available so that they can make informed decisions.

People are referred to the most appropriate location for their needs. Often the carers centre is the first point of call.

He is not aware of any resistance by providers to the proposed new model for the Domiciliary Care Market. The roll-in is due to start in January, depending on the response from the market.

There are a number of additional care schemes in Portsmouth. Fewer people with dementia go into care homes; more intensive support packages are provided.

The running of Harry Sotnick House a 92-bed nursing home, will be handed over to Portsmouth City Council in April next year. Meetings are being held regularly to prepare for this. The predicted demand for that type of support is likely to be reduced, therefore other options for the beds are being explored e.g. Discharge to Assess and respite. As far as he is aware, there is no intention to change the purpose of this accommodation; just add to the services offered.

An Adult Social Care and Housing working group is looking at options for Hilsea Lodge and the wider estate.

A third of the beds in Jubilee House are used for residents and a third of beds are for Continuing Health Care assessments.

A Care Home Improvement team including nurses and GPs visited nursing homes in order to improve the staff's confidence in dealing with residents' complex health issues.

The causes of DTOCs are multifactorial and include the increase in frailty of patients, complex home lives, awaiting further assessments and there is also new demand. This morning 17-20 new patients were added to the DTOC list.

There are a number of plans in place based in the community to address the high number of DTOCs. Approximately 50 Portsmouth residents are on the list and of these 20 come under ASC remit.

The average length of stay at the hospital is 4-5 days. This does not give the ASC team long to identify needs and carry out the appropriate assessments. Sometimes they are not notified at the start of someone's stay, which puts additional pressure on the team.

He did not know whether the grant for ASC would be ring-fenced.

RESOLVED that the report be noted.

47. Podiatry Hub update (AI 6)

Robyna King, Board Development Manager, Fiona Garth, Communications Manager, David Lloyd, Chief Operating Officer, Debbie O'Brien, Senior Operations Lead for Podiatry and Katie Arthur, Head of Operations, Primary Care Services from Solent Health Care clarified the following points in response to questions from the panel:

Podiatry assessments were provided at the Paulsgrove unit and a full service at the Turner centre. These services have moved to St Mary's Campus.

The communications and engagement process has commenced further events will continue after purdah has finished. The plan had been circulated with the agenda papers. The aim is to understand the potential impact and implications on patients if the services currently provided at Cosham, Eastney and Lake Road were transferred to the St Mary's site. A decision will be taken once the results of the engagement have been analysed.

There is the opportunity deliver greatly enhanced services at St Mary's and to rent more parking spaces on the Portsmouth Football Club site. Two additional spaces for disabled people have been created. Porters will be on site and can offer help with wheelchairs if required.

There has been some very positive feedback from the events held so far and many issues were raised regarding transport routes by bus. More information is being sought regarding fast routes.

The Cosham event was well attended and data was captured about where attendees live. There were between 15 and 20 people. The trust was very grateful to the 15-20 people who attended; they appreciate the time they took to attend.

Letters have been sent to patients and they can respond by email or telephone. Invitations to further events will be sent.

A tour of St Mary's was offered to the panel.

Details of costs and savings for the possible transfers were not available at this meeting.

Actions.

The results and conclusions of the engagement process to the HOSP meeting in March. A breakdown of the costs and savings for the relocations will be included in this update.

RESOLVED that the report be noted.

48. Dates of future meetings (AI 7)

RESOVLED that the meeting on 30 January be noted and the March meeting be brought forward to 12 March.

The meeting ended at 3:20pm.

Councillor Chris Attwell
Chair