HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 13 June 2019 at 1.30pm in the Guildhall.

Present

Councillor Hugh Mason (Chair)
Marge Harvey
Leo Madden
Philip Raffaelli
Rosy Raines
Mike Read

19. Welcome and Apologies for Absence (AI 2)

Apologies were received from Councillors Chris Attwell, Trevor Cartwright, Graham Heaney and Gemma New. In the absence of the Chair and Vice-Chair a nomination was sought for a Chair. Councillor Madden proposed that Councillor Mason be the Chair; the proposal was seconded by Councillor Wemyss. Councillor Mason was duly appointed Chair.

20. Declarations of Members' Interests (AI 3)

No interests were declared.

21. Minutes of the Previous Meeting (AI 1)

RESOLVED that the minutes of the meeting held on 14 March 2019 agreed as a correct record.

Deputation

Jerry Brown, a member of the public, made a deputation on agenda item 10 (Sustainability Transformation Partnership), asking for more detailed reporting to show what extent the ten major deliverables had been met.

22. Portsmouth Hospitals' NHS Trust update - CQC report on Emergency Department (AI 4)

Lois Howell, Director of Governance & Risk, presented the report and in response to questions clarified the following points:

Although it was disappointing to see that some areas still require improvement there is a different approach and the culture in the Emergency Department (ED) is changing. Staff are encouraged to put themselves in patients' shoes and to take time out to see the experience, focusing on dignity and privacy, particularly at busy times. Staff were surveyed to find out what the barriers were to delivering care to the standard to which they had been trained.

The physical layout of the ED is poor and confusing but thanks to investment the trust is looking to develop it in the next couple of years. It is intended that residents can access necessary services in the locations they need and not come to the ED as a default. Therefore, the ED will have a different range of patients. There will be new qualifications, including physician associates, a

bigger staff complement and changes to health and social care pathways across the system. There will also be a revised approach to providing services for people with acute mental health problems.

With regard to concerns about leadership the trust needs to help partners solve problems and vice versa. Many improvements are within the trust's control. Leadership had changed significantly since 2016. Most directors had changed and staff feel able to approach the senior management team. However, leadership in the ED is another issue. A skills audit and individual training programmes have taken place. Leaders need to take a less operational view of the ED and step back.

A patient collaborative (a panel of patients, service users, carers and families who have expressed a wish to participate) will come from a wide range of people. The trust adopted a "sprint approach" to address issues incrementally with a change management model of plan - do - act - check to attempt to resolve issues. Staff or volunteers will be used to guide patients around the physical layout of the ED. Measures to prevent delays in ambulances handover are also in development. The panel requested a copy of the Urgent Care Recovery Plan that had been reported to the Trust Board.

The panel was concerned that the proposed psychiatric support might not have sufficient staff to be effective as these patients may need more security, attention and medication. Members were informed that it is more a pathway and holistic service than a physical location and will have specialists with the right knowledge and skills. Discussions are being held with NHS Solent NHS Trust and Southern Health.

Staffing will be checked on a shift by shift basis and, if necessary, shifts will be supplemented with other staff to mitigate risks, for example, having more support workers to replace a nurse. However, the recruitment strategy is only as good as the numbers who are appointed and there is a shortage of specialist staff. Creative approaches to recruitment are being taken, for example, creating an extended Nurse Associate role.

The staff passport had been very helpful.

The "sprint analysis" can ensure an environment that is "fit for purpose" by checking items such as curtains and screens are in place. Work will take place within the next three months so it is difficult to say how far it is working as the trust has not identified all the actions it has to do. Consistent use of safety measures can be measured by the safety checklist to show patients are safe, comfortable, warm and have enough to eat and drink. Compliance is 90 to 95% since the checklist was introduced in February 2019.

It is unsure whether all staff have specialist training in autism and learning disabilities but they all undertake safeguarding training on meeting the needs of vulnerable people.

RESOLVED that the report be noted and that updates be provided for the next meeting on:

1. **Report on psychiatric provision in the ED, specifically addressing the number of staff in the ED and ambulance staff trained in mental health and autism awareness, number of specialists and details of the patient pathway in place for patients presenting with mental health issues and autism and any improvements made or that will be made in the immediate future.**
2. **An update on how well the Urgent Care Recovery Plan is working.**
3. **Progress on the quality improvement "sprints."**
4. **How many staff the staff passport has helped.**

23. Public Health update (AI 5)

Dr Jason Horsley presented the Public Health update and Dr Adam Holland presented the Portsmouth Events Safety Advisory Group report on drug related harm at festivals. In response to questions they explained that:

There is uncertainty around funding and functions mandated by government as there has been no update.

With regard to violent crime it was noted the Glasgow experience, which started in 2009, did not deliver results overnight. Bigger social drivers have to be considered such as the social discourse around victims and perpetrators of violence; the latter are now viewed as young people with no significant life opportunities who potentially have a brighter future and a second chance. The connection between school exclusion rates and violence needs examining. Much needs to be done with youth work in Hampshire and the Isle of Wight; neglecting youth work has a significant price. Data sharing about vulnerable people can help, for example, data can be used to make a case for additional funding and there is joint working with police to do this.

Drug and alcohol services focus on the most serious users. The service cannot be extended until there is more funding; however, some funding has been secured for work with children affected by parental alcohol use.

Sexual health services are increasingly stretched and the rate of sexually transmitted diseases is increasing. It is hoped to maintain service levels but this cannot be guaranteed without funding. On the whole, commissioned services are working well and there are others Public Health would like to provide.

There is currently no joint working specifically regarding homelessness between the public health team and Hampshire County Council but there are teams within Portsmouth City Council who work jointly and there have been dramatic improvements in the last two years. The two cities of Portsmouth and Southampton have a very different homeless situation compared to the rest of Hampshire. Coastal cities have higher rates of homelessness. Public Health England has worked across Hampshire.

Portsmouth Events Safety Advisory Group

It was disappointing that drug testing (checking the contents of drugs brought to events by festival goers) could not take place at a recent festival due to the Home Office refusing permission but hopefully this is a temporary setback. Dr Holland spoke to The Loop (the charity who test drugs) and the National Police Chief Council has reported in favour of drug testing at festivals and are in discussions with the Home Office. The report has not been publicly released yet. Dr Holland clarified figures in the survey on page 10 of his report.

It is not possible to conclude whether or not drug checking could encourage drug taking – there is no evidence to suggest this is the case though. It is difficult to assess effectiveness of the policy as national trends in the circulation and types of drugs will change risk from year to year. Researchers would need a comparator between festivals. There would need to be two festivals, one with and one without checking, where drugs are being taken the same way, and so this level of evidence is unlikely to ever be achieved. However, the initiative needs to also be seen as a small part of the solution to a larger problem.

Despite the best efforts of abstinence education people take drugs; a recent survey showed 73% ecstasy users knew there were risks. If people provide drugs for testing at festivals they only need to give a small amount. It is important to engage with drug users and the initiative is an opportunity to do this.

The panel agreed the report was a good piece of work.

RESOLVED that the update be noted and that the following information be brought to the next meeting:

1. **Public health indicators and long-term outcomes so the panel can see how they are being met.**
2. **List of all the locations of the community defibrillators.**
3. **The Police Chief Constable's report on drug-related harm at festivals to be sent to the panel as soon as it is published.**

24. Sustainability Transformation Programme update (AI 10)

The Chair agreed to bring forward agenda item 10. Richard Samuel, Senior Responsible Officer, and Sue Harriman, CEO Solent NHS, presented the report and in response to questions, explained that

The panel was grateful for the financial statement presented at the last meeting. However, they felt there was very little detail about how the aims can be tracked against KPIs as there is not enough data to give a view.

Richard Samuel apologised if there had been a misunderstanding about the depth and format of information that the panel wanted. He could bring a detailed synopsis of progress made on how the ten workstreams of the programme are being achieved. Plans and savings are indicated on receipt of £90 million of revenue to transform services and £192 million as capital generated over five years. The STP has secured £125 million capital over the

last two cycles of capital allocation. Around £190 million in cost reduction has been achieved over the last year, subject to audit. There is an anticipated cost reduction of £217 million with the caveat that the NHS long-term plan requires the STP to draw up a delivery plan by October or November 2019. The Panel also wanted to know how the £577 million savings could still be delivered between 2016 and now and for the next five years.

RESOLVED that the update be noted and that the following information be brought to the meeting on 21 November:
Detailed synopsis showing:

1. **The progress made with regard to the savings and the 10 workstreams.**
2. **Plans and anticipated savings predicted on receipt of the £90m.**
3. **The progress made from 2016 until the present day clearly shown against the performance indicators.**
4. **Details of how the £577m will be spent.**

25. Southern Health NHS Foundation Trust update (AI 6)

Nicky Adamson-Young (Divisional Director of Operations) presented the report (Dr Robin Harlow sent his apologies) and in response to questions explained that:

The diagram of the new structure and leadership teams contained personal information and was therefore was removed from the report. An amended version will be sent to the panel. Once the next level of the structure is finalised and roles have been filled a more detailed version will be sent, specifically showing the Portsmouth and South East Division structure. Specific KPIs will not be decided until the recruitment phase is completed. When the new structure is in place Southern Health will decide targets specific to each division and then report back to the Panel together with progress towards them.

The Core 24 framework is used for the mental health liaison services at QA Hospital to ensure the right level of expertise in the workforce.

Patients are involved at board level as they are employed as "experts by experience." A huge amount is being invested in quality improvement work based on the Northumberland Tyne & Wear improvement model. There is work with existing user representatives and there are also patient representatives at locality level.

The panel was interested in the ratio of referrals into mental health services from social care and housing that do not meet the relevant threshold for services.

There are 65 mental health beds outside the area and there is a currently a very detailed piece of work being undertaken to be signed off at board level to bring them back. It is recognised having beds outside the area is not suitable for patients nor their families. It is a challenging national issue.

RESOLVED that the report be noted and updates be provided to the panel including:

1. **Diagram of new structure and leadership teams.**
2. **Ratio of referrals to mental health services, including from social services and housing associations, that do not meet the relevant threshold for the service.**

26. Portsmouth Clinical Commissioning Group update (AI 7)

Innes Richens, Chief of Health & Care Portsmouth, introduced the report and in response to questions explained

Since the start of the centrally located 24/7 Primary Care Service in July 2019 there has been a 1% decrease in ED attendance, an encouraging sign that people can access the help they need elsewhere.

The number of care homes in the Care Home Team (provides integrated support) has increased from two to six. There is a 72% reduction in hospital admissions and the scheme is being rolled out to other homes. A high number of care home residents had often been admitted to hospital as the homes did not have expertise on the premises. The initiative helps residents stay in what is effectively their home. However, adding a new home to the scheme entails more staff, which is a limiting factor.

The physiotherapy triage service aims to put patients in touch with a physiotherapist directly the same day; so far the scheme has saved 3,000 GP appointments.

The Wellbeing House is being rebranded as Positive Minds and will help people with low level mental health needs and emotional distress. A location is being sought. It was noted mental health specialists do not always have access to mental health specialists in the community.

27. Adult Social Care update (AI 8)

Innes Richens, Chief of Health & Care Portsmouth, and Simon Nightingale, Head of Business Management & Partnerships, introduced the report on behalf of Andy Biddle (Deputy Director, Adult Social Care) and in response to questions clarified that:

The Adult Social Care (ASC) new record system, SystmOne, had started on 18 March and initial GPs' feedback had been positive as they could now see ASC involvement in patients' records (provided patients have given consent). Information from hospital records is not included but discussions are being held on how this could be done, particularly for ED records. The aim is to reduce the number of referrals between organisations. Information, particularly social care information, has to be treated carefully. However, very few people have objected to their information being shared.

With regard to the recently established ASC Strategy Board, portfolio holders and lay members hold the Chief of Health & Care to account. More details on how the board's priorities are going to be met can be provided, including more information on support for autism.

The wording in the first bullet point in paragraph 4.1.2 of the report could be changed to show that people are at the heart of the care and support offer rather than technology.

With regard to systems thinking, outcome measures are being developed to see if it is still delivering. There are currently three interventions: the sensory service; domiciliary care and integrated locality intervention. The new delivery model for domiciliary care aims to put people at the centre of care.

The panel congratulated ASC on the efficient way residents had been moved from Edinburgh House.

The number of applications for DoLS (Deprivation of Liberty Safeguards) authorisations had continued to rise due to court judgements and increased awareness in the NHS of DoLS and patients' rights. The Care Act imposed a duty on local authorities to carry out DoLS. The proposed Liberty Protection Safeguards give power back to other providers such as the NHS rather than the local authority. However, the greater the number of organisations involved the more there is a risk to consistency of application.

RESOLVED that the update be noted and that the following information be provided at the November meeting:

1. **Composition of the ASC Strategy Board.**
2. **Details as to how the ASC Board will meet their priorities and to how they have been met since 2015.**

Cllr Marge Harvey left the meeting at 15:40.

28. South Central Ambulance Service update (AI 9)

Tracy Redman, Head of Operations South East introduced the report and in response to questions clarified that:

The new rosters were intended to go live in September when there is a full complement of staff in place. The next stage will consider how to deploy ambulances and response cars.

Delays in making public data based on postcodes had been due to staff capacity issues.

Performance against targets may change if ambulance locations change; the majority of ambulances currently come out of in Cosham. There are standby points, for instance, at road sides, provided there are enough crews to put there.

It was acknowledged that responding to high priority calls means other calls may have to wait longer; queues at hospitals also cause delays in response times.

This Winter's figures are better than the previous year's. The service did a lot of pre-winter work which may have helped. As for the Spring figures being worse than Winter it may be because Winter came late.

All frontline operational staff receive mental health training but by the nature of the job they are not specialists. However, they need to be clear about capacity.

The panel agreed that the ambulance service would be first on the agenda the next time they attended.

RESOLVED that the update be noted and that the report to the January meeting include the reasons for the rise of lost hours due to hospital handover delays.

29. Care Quality Commission update (AI 11)

The panel was very disappointed to note that this was the third meeting the CQC had been unable to attend or send an update.

RESOLVED that a letter be written to the CQC expressing the panel's disappointment and requesting that a representative attend the next meeting to present an update.

The meeting ended at 3:50pm.

Signed

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Councillor
Chair