

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held in the Guildhall on Thursday 17 October 2013 at 9:30am.

Present

Portsmouth members

Councillors Peter Eddis (chair)
Margaret Adair
Margaret Foster
David Horne (vice chair)
Mike Park

Co-opted members

Councillors Gwen Blackett

Also in attendance

Healthwatch Portsmouth

Steve Taylor, Manager

NHS England (Wessex)

Julia Bagshaw, Head of Primary Care

Portsmouth Clinical Commissioning Group.

Dr Jim Hogan, Clinical Lead and Chief Clinical Officer
Innes Richens, Chief Operating Officer.

Portsmouth City Council

Claire Budden, Senior Programme Manager
Dr Jeyanthi John, Consultant in Dental Public Health
Lee Loveless, Advance Health Improvement Practitioner
Matt Smith, Associate Director of Public Health & Primary Care.

Portsmouth Hospitals' NHS Trust.

Isabelle Gaylard, Head of Nursing for Emergency Medicine
Maria Purse, Managing Director for Emergency Medicine
Allison Stratford, Associate Director of Communications and Engagement

Solent NHS Trust

Sarah Austin Director of Strategy
Andrea Hewitt, Head of Marketing Communications
Susan Hogg, Clinical Lead, Portsmouth Rehabilitation and Reablement Team

Southern Health NHS Trust

Fay Presleton, Area Manager, Fareham & Gosport

38. Welcome and Apologies for Absence (AI 1)

Councillors Peter Edgar. Jacqui Hancock, David Keast and Mike Read sent their apologies.

39. Members' Interests (AI 2)

No interests were declared.

40. Minutes of the Previous Meeting(AI 3)

RESOLVED that the minutes of the meeting held on 13 June 2013 be confirmed as a correct record and be signed by the chair.

41. Update on Public Health Progress Following the Transfer of Responsibility and Health Information (AI 4).

Matt Smith, Associate Director of Public Health & Primary Care presented his report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The focus of the services is the recovery model.
- A key pillar of the Safer Portsmouth Partnership (PSP) is the reduction of crime and reoffending.
- He is chair of the Joint Commissioning Group which is part of the PSP. This looks at broader partnership issues.
- Work is being carried out to identify how information sharing could be improved.
- Substance misuse, smoking, obesity and alcohol misuse are currently commissioned separately. The Public Health team is looking at bringing these together in a more holistic approach.
- There is a strong focus on early years, the Personal, Social and Health Education agenda and the Healthy Schools Programme.
- The public message is being reviewed to ensure that the public understand how to access services and find information.
- A full range of healthy lifestyle services is provided.
- The Public Health team provides advice and support to the NHS regarding shaping services and to ensure that emergency plans are in place.
- Public Health services are linked to the outcome frameworks and demonstrate value for money.
- Although a significant amount of funding is invested in substance misuse, it is well recognised that alcohol misuse is a bigger problem.
- As part of the Making Every Contact Count initiative, the broader workforce is trained and takes responsibility for brief interventions.

Councillor Eddis suggested that more consideration be given to getting the message across particularly as public health is now the local authority's responsibility it is more accountable.

ACTION

Members be provided with the following:

- Copies of the Public Health Outcome Framework.
- The link to the Healthy Pompey website.

RESOLVED that the public health progress update following the transfer of responsibility and health information be noted.

42. Portsmouth Hospitals' NHS Trust's Update (AI 5).

Allison Stratford, Associate Director of Communications and Engagement and Maria Purse, Managing Director for Emergency Medicine, presented their report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- More than 4,000 patients were involved in clinical trials last year.
- The average length of stay in hospital due to improvements in treatment has reduced.
- The NHS is a brand that covers many organisations.
- Transfers of care can sometimes be delayed despite many organisations working together to ensure that the patient is in the appropriate place when they leave the hospital.
- Hampshire County Council and Portsmouth City Council commission different services for their patients. This can cause challenges for hospital staff as they have to ascertain the geography of the patient to determine the services that have been commissioned for that patient.
- There will be an increase in demand for community and social services over the winter months.
- The hospital provides a significant amount of health education and promotes health campaigns such as Stopober which encourages people to stop smoking.
- Nicotine patches are provided to patients to discourage them from going outside the building to smoke. E-cigarettes are not encouraged or provided on prescription.
- A smoking shelter is available away from the entrance for the public.
- Staff are not permitted to smoke in the hospital grounds.

ACTION

- In future the update letter is to include more details about the challenges the hospital faces.

RESOLVED that Portsmouth Hospitals' NHS Trust's update be noted.

43. The Right Place, Right Time Community Lounge (AI 6).

Susan Hogg, Clinical Lead, Portsmouth Rehabilitation and Reablement, Solent NHS Trust, Fay Presleton, Area Manager, Fareham & Gosport Southern Health NHS Foundation Trust and Isabelle Gaylard, Head of Nursing for Emergency Medicine and Maria Purse, Managing Director for Emergency Medicine, Portsmouth NHS Hospitals' Trust presented their report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The lounge runs from 9am to 9pm, seven days a week.
- One third of patients are Portsmouth residents.
- The costs of the first six months' (December 2012 - May 2013) are provided in the report. A more in-depth review has commenced.
- Preventing readmissions leads to many hidden savings to the hospital.
- Faster turnarounds reduce the risk of patients becoming trapped in the acute system.
- Patients are assessed by a doctor at the Emergency Department.

- The staff in the lounge work closely with staff in the Emergency Department to understand when it is safe to arrange for patients to be transferred back home or to the appropriate community placement.
- Staff levels are sufficient to meet the current demand. However, these are continually reviewed.

Sarah Austin Director of Strategy, Solent NHS Trust asked the panel to note that there is collaboration between the commissioners and providers in Portsmouth and the rest of Hampshire.

Councillor Eddis noted that this lounge provides a good service.

RESOLVED that the report on the Right Place, Right Time Community Lounge be noted.

44. Solent Health NHS Trust's Update (AI 7).

Sarah Austin, Director of Strategy presented her report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- Solent provides NHS podiatry services. Foot problems are being detected sooner with the new service, and overall demand is increasing.
- The council commissions free nail clipping services which are provided at Solent's premises. It is unusual for a local authority to provide this service. The service, whilst considered of value by the local population is taking up the same space as priority NHS services.
- Discussion is taking place with Portsmouth City Council at the moment on the location of this service.
- The nail clipping service does not need to be provided in a clinical setting.

Dr Hogan asked the panel to note that at the health centre where he works, podiatry services are provided but not by GPs.

Councillor Horne noted that many of his constituents use the free nail clipping service at the Paulsgrove & Wymering Healthy Living Centre. It is essential that service users are not disadvantaged if the service is moved.

ACTION

- The panel to be informed of the outcome of the discussions between Solent NHS Trust and Portsmouth City Council.
- Councillor Gwen Blackett to look into podiatry service provision in Havant.

RESOLVED that Solent NHS Trust's update be noted.

45. Guildhall Walk Healthcare Centre (AI 8)

Julia Bagshaw, Head of Primary Care, NHS England (Wessex) presented her report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- NHS England (Wessex) commissions services at the Guildhall Walk Healthcare Centre (GWHC) for registered patients and the Clinical

- Commissioning Group commissions urgent and unscheduled services.
- Over 5,000 people are registered with this practice.
- Many students choose to register with the GP surgery that is close to the university.
- Hampshire provides similar services using a different model.
- It has a very good rate of assisting people to stop substance misuse.

Dr Jim Hogan, Clinical Lead & Chief Clinical Officer presented his report that had been circulated with the agenda and added the following points:

- A significant number of patients are registered with a practice but choose to visit the GHWHC. In effect this means that the commissioners are paying twice for the GP service. After three visits, patients are encouraged to register with the GHWHC.
- The aim of the centre was to focus on homeless people and people with substance misuse issues.
- The centre has proved to be very successful.

RESOLVED that the important role that the Guildhall Walk Healthcare Centre plays in catering for the needs of people who are not registered with a GP be noted.

46. Portsmouth Clinical Commissioning Group's Update (AI 9).

Dr Jim Hogan and Innes Richens, Chief Operating Officer presented their report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- Unscheduled care is a fractured system; all the services need to work together. The pilot front door service at the Emergency Department will start shortly and continue for 12-18 months.
- Currently a number of organisations provide patient transport services. Commissioning a single provider will improve coordination and reduce costs.
- Hampshire is the last county to adopt the summary care records system.
- The summary care record will move with the patient if they change practice.
- Patients are registered with a practice rather than with a particular GP. Dr Hogan informed the panel that at his practice, he manages a patient list and retains contact with them even if he cannot see them every time.
- It is often difficult to offer an appointment with the same doctor within the timescale requested.
- Improvements could be made to the way services work together.
- Longer term visions for the health service would be useful.
- Consideration must be given to how money is allocated to services. Some of the incentives are misaligned.
- Waiting times at the Emergency Department have improved over the last few weeks but remain a concern.
- Waiting times for cancer treatment are a concern.

ACTION

- A breakdown of patient transport around the city is to be sent to the panel.

- If possible, future letters to patients be amended to ensure it is clear that the summary care record would not contain a patient's full medical records.

RESOLVED that Portsmouth Clinical Commissioning Group's update be noted.

47. NHS England (Wessex)'s Update (AI 10).

Ms Bagshaw tabled her report at the meeting and informed the panel that it will be informed as soon as the proposed steps are clarified.

ACTION

The terms of reference of the Senate will be sent to the panel.

RESOLVED that NHS England (Wessex)'s Update be noted.

48. Healthwatch Portsmouth (AI 11).

Steve Taylor, Manager presented his report that had been circulated with the agenda and in response to questions from the panel, clarified that Healthwatch Portsmouth:

- Signposts and advises the public and service users as appropriate.
- Demands responses from NHS organisations and to enter and view premises to talk to service users.
- Informs the Health Overview & Scrutiny Panel will be informed of any significant trends that are detected.
- Continues to raise public awareness of Healthwatch Portsmouth's role by giving presentations, using voluntary group networks and advertising.
- Provides training for Community Research Volunteers who carry out projects and report the outcomes back to Healthwatch Portsmouth. One example of a current project is reviewing how the city differentiates between people who have partial hearing loss and those who are completely deaf.
- Holds bi-monthly formal meetings and monthly development sessions.

The Health Overview & Scrutiny Panel can refer issues to Healthwatch Portsmouth.

ACTION

The following information to be circulated to the panel:

- Healthwatch Portsmouth's terms of reference.
- A link to the report when published about how the city differentiates between people who have partial hearing loss and those who are completely deaf.
- Six-monthly updates.

RESOLVED that Healthwatch Portsmouth's update be noted.

49. 2011-2012 Five-Year Olds Dental Epidemiology Survey in Portsmouth (AI 13).

The Chair agreed that this item be heard next.

Dr Jeyanthi John, Consultant in Dental Public Health (Wessex) and Lee Loveless, Advance Health Improvement Practitioner presented their report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- At the start of school an opt in form is sent to parents for permission to examine children throughout their school life. For each examination an opt-out process is used.
- The chart on page 56 shows the margin for error.
- The main reason for non-participation is no response had been received from the parents/ carers.

RESOLVED that the Director of Public Health be asked to lobby Public Health England for a change to the guidance to allow schools to send consent forms for dental examinations to the parents of reception year pupils at the start of the school year rather than wait until the pupil is five years old.

Continuing Healthcare - Section 75 Agreements (AI 12).

Claire Budden, Senior Programme Manager presented her report that had been circulated with the agenda and in response to questions from the panel, clarified the following points:

- The buy-in from the Portsmouth Clinical Commissioning Group and Portsmouth City Council's Adult Social Care has been fantastic.
- Portsmouth City Council is the first local authority to do this and is sharing the best practice with others.

RESOLVED that the continuing healthcare - section 75 agreements be noted.

The meeting concluded at 12:15.

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Councillor Peter Eddis
Chair, Health Overview & Scrutiny Panel