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HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 30 January 2020 at 1.30 pm in the Executive Meeting Room, third floor, the Guildhall

Present

Councillor Chris Attwell (Chair)
Councillor Lee Mason
Councillor Graham Heaney
Councillor Leo Madden
Councillor Hugh Mason
Councillor Steve Wemyss
Councillor Arthur Agate, East Hampshire District Council
Councillor Philip Raffaelli, Gosport Borough Council

1. Welcome and apologies for absence (AI 1)

Apologies for absence were received from Councillors Trevor Cartwright, David Keast and Rosy Raines.

2. Declarations of Members' Interests (AI 2)

Councillor Steve Wemyss declared an interest as he works for the NHS and lives very near QA's Emergency Department.

3. Minutes of the Previous Meeting - 21 November 2019 (AI 3)

RESOLVED that the minutes of the meeting held on 21 November 2019 be agreed as a correct record subject to the following amendments:

Agenda item 45 - ED layout

The brackets from the end of the last sentence should be removed.

Agenda item 47 - Podiatry

In paragraph 4 the second sentence should read "Two additional parking spaces for disabled people have been created but not dedicated to people needing podiatry services."

4. South Central Ambulance Service update (AI 4)

Tracy Redman, Head of Operations South East, introduced the report and highlighted that there was increasing demand in Hampshire and there were still challenges around targets. SCAS are working to reduce the number of patients taken into the Emergency Department (ED) so that they can be

treated in more appropriate locations, which is more positive for them than being in hospital. There are significant challenges around hospital delays which then cause problems responding to patients in the community. There are good and bad days and SCAS are building on practice learnt on good days.

In response to questions Tracy Redman explained

The 15-minute national target is achievable when everything is flowing smoothly so it is not unreasonable.

The service is funded for its forecasted demand so delays cost SCAS more money and are a financial burden.

Concerns about ambulance crew members being under time pressures and having to justify why they are not meeting targets were acknowledged. The workforce is now transient and younger; the job is not seen as "a job for life" as when Tracy Redman joined. Some staff find opportunities in other sectors. SCAS are rotating paramedics so they have six months in SCAS and six in the community; then they return to SCAS with more diverse skills. There is pressure to reach the next patient but it is about more efficient ways of working. SCAS are working with individual staff for whom there are challenges with the way of working. SCAS are comfortable they are going in the right direction.

With regard to hospital delays there was much collective work done around Christmas and winter planning. The high number of lost hours in October was due to several factors such as system challenges, flow in the hospital and community issues.

The panel noted the new vehicles are paying dividends and thought the postcode details in the Demand / Performance table was helpful.

5. Sustainability Transformation Partnership update (AI 5)

Richard Samuel, Senior Responsible Officer, and Sarah Austin, Chief Operating Officer (NHS Solent), introduced the report and explained that the STP was still waiting for national processes associated with sign-off and delivery of the Long Term Plans; this is expected around mid to late March.

In response to questions Richard Samuel and Sarah Austin clarified

The £558 million in the table of cost reduction goals is three years of aggregated productivity and efficiency targets whereas the £577 million (quoted in the 2016 plan) was an assessment of the cost burden in a "do nothing" scenario. Since 2016 the STP has identified scalable efficiencies and implemented programmes such as more effective medicines management. The STP needs to take a different approach as growth increases.

Five to £10 million of the £90 million capital allocation has been received; the rest is awaiting completion and approval for business cases. For example, the

£10,200,000 for the Burrell Centre in Winchester has just been signed off and work will start in March or April 2020. There is seed funding for the new ED at QA but more time is needed for building work to start. Capital investment needs to see a cost reduction benefit. Work on the new ED is still on schedule to start in 2022/2023. Organisations, including primary care, are working together to ensure the right patients go to the ED. There is an additional £48 million for transformation work on the Isle of Wight, including an element for digital investment for better patient care on the mainland. £5 million seed funding has been obtained for North and Mid-Hampshire Acute Services with the potential to obtain a further £250 million in capital funding.

The national policy from 2020/21 will be to aggregate control totals across an Integrated Care System. Therefore, Hampshire and the Isle of Wight ICS will receive the financial settlement for the full system and will need to ensure the system works together to ensure financial balance each year.

The panel noted that 30 out of 36 key performance indicators (KPIs) were detailed in the report but not all detailed hard targets so it might be worth doing a "deep dive" on some topics. The panel noted the re-balancing of GP services with community care services and that some GPs are refusing to sign the new DES (Directed Enhanced Service) contracts as they are unhappy with the specificity of funding and the didactic tone. Sarah Austin acknowledged the frustration but noted not all GP practices are the same and relationships in this part of Hampshire are more constructive. Portsmouth will continue the Enhanced Care Home programme, which will be enhanced with digital enabling. However, national frameworks should not be allowed to constrain work.

There are no explicit markers set for the ratio of managerial to clinical staff. The aim nationally is to reduce costs.

With regard to giving more exact detail for the 2018/2019 programmes Dr Nick Broughton said as at today there are 14 inappropriate out of area mental health placements for Hampshire and the Isle of Wight (HIOW) patients. He is confident they will be eliminated in the next couple of years.

It is recognised that the life expectancy gap has worsened. The STP is working with Health & Wellbeing Boards and local authorities to reduce it. Local place based plans are needed to tackle inequalities. Collective priorities in HIOW include veterans, mothers who smoke, black and ethnic minority people, and cardiovascular conditions. Rigorous standards need to be set. The biggest areas of inequality are in mental health and learning disability, where people may not even be getting physical health checks. HIOW covers areas as diverse as Petersfield and Charles Dickens ward in Portsmouth.

Thanks to historical investment in longitudinal care records the STP can use de-identified data to plan more effectively. For example, knowing that the residents of Charles Dickens ward are more likely to be diagnosed with cancer in the ED than at GP surgeries or by screening, means late diagnosis and premature mortality can be reduced. Wider work with, for example, community support workers, environmental policies and licensing is needed.

"Fairness" not "sameness" is vital when it comes to targeting serious health inequalities.

The Integrated Care System Board (ICSB) will have elected, executive, clinical and non-executive members from organisations across HIOW. NHS England and NHS Improvement will delegate responsibility for oversight to the ICSB to hold organisations to account and implement remedial plans where necessary. NHS England and Improvement can tell organisations to improve or set sanctions, so the ICSB is not the ultimate authority.

The STP will continue to support the establishment of realistic baseline metrics for example within maternity. Operational planning guidance will set out expectations for the system. The 3.4% targets for productivity efficiency and ambition are a significant challenge. The government is planning an NHS bill to enable realisation of the Long Term Plan.

The national average for staff turnover is 9.1%. Reasons for higher staff turnover in the Hampshire and Isle of Wight area are the high cost of housing for key workers, the draw of the London market (if London adjusts their pay rates staff will follow) and higher than desirable movement between organisations. Some posts are nationally difficult to fill, for example, psychiatrists and frontline mental health staff; there are pinch points in HIOW. Solutions include a collaborative system-wide staff bank to reduce reliance on agency staff, ending "golden hellos" to strengthen stability, and developing apprenticeships and lifelong careers. Working together at scale across Hampshire and the Isle of Wight increases our work with universities and other organisations. HR Directors are now working together to support consistency around salaries. Primary Care Networks (PCN) are looking to recruit a wider variety of staff such as paramedics. It is vital that such recruitment is planned at scale across HIOW so that we are not trying to recruit from the same limited pool as this can often result in pay inflation and staff shortages in core services.

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

Dr Nick Broughton, Chief Executive, Southern Health NHS Foundation Trust, introduced the report and explained that since it had been written the CQC report of the inspection that took place in October and November 2018 had been received. The overall result was Good with Safe and Well-Led moving from Requires Improvement to Good. The only Requires Improvement domain is Effective. Older in-patient care and crisis services need to improve. Much work is still needed to improve the physical environment but this will happen.

In response to questions Dr Broughton clarified

The earlier CQC report in 2018 was not a surprise. Dr Broughton joined in 2017 and was aware of the scale of transformation needed. The CQC looks for insight and are concerned where organisations are complacent and unaware of the challenges they face. The current report is evidence of tangible improvements and shows staff are aware of the importance of

delivering outstanding care. Southern Health will focus on the actions it "must" take to comply with its legal obligations and then those it "should." The Southern Health Trust Board will closely monitor progress. Dr Broughton thought an Outstanding rating was feasible in two years' time. There are some overdue actions related to the physical environment in older people's wards and the Section 136 suites. Southern Health will continue the approach they have adopted as it has been successful. Momentum has to be maintained as the CQC will return in a year's time.

The panel congratulated Dr Broughton on his leadership and the CQC report. They proposed that a vote of thanks should be recorded. They also wished him well in his new post.

7. Southern Health NHS Foundation Trust - ECT service (AI 7)

Steven Manning, Senior Service Improvement Manager, explained that the proposed changes to the Electro-Convulsive Therapy (ECT) Service have paused while more engagement takes place with patients and commissioners to obtain feedback. Southern Health will write to the 187 former patients in Hampshire in the next few days. The panel thought it would be beneficial to send the Framework Assessment (key questions) to ensure all aspects are covered during the engagement exercise.

RESOLVED that the panel send the Framework Assessment (key questions) to the ECT Service.

8. Solent NHS update (AI 8)

Suzannah Rosenberg, Deputy Chief Operating Officer / Director of Transition, introduced the report, highlighting the reduced CAMHS waiting list and good feedback for the new Positive Minds service. In the next six months the CQC will conduct a Well-Led inspection and a "deep dive" in at least one service area of Solent NHS, which is yet to be determined.

In response to questions Suzannah Rosenberg clarified

There was a "soft" launch through posters in GP surgeries, business cards and social media for Positive Minds. The key partners want the service to develop incrementally. They will monitor it closely as it has been difficult to predict usage as there is likely to be unmet need in the city. There will be a formal launch of the new service in six months' time.

The Podiatry team had met the Portsmouth Pensioners and provided both them and Healthwatch with a tour. They have written three times to all 1,400 patients and offered nine engagement sessions. So far 160 patients have attended.

Solent NHS are submitting a tender for a Veterans' Mental Health High Intensity Service, to be commissioned by NHS England. Bids close on 21 February. NHS Solent's bid comprises a mental health alliance working with organisations such as the Society of St James, Veterans UK and Fighting

With Pride; the latter are helping design a buddy programme for those with lived experience. If the bid is unsuccessful the work will still continue in Portsmouth.

9. Solent NHS - Jubilee House update (AI 9)

Suzannah Rosenberg, Deputy Chief Operating Officer / Director of Transition, introduced the report. Jubilee House will relocate to St Mary's by extending Spinnaker Ward and moving some adult mental health clinical staff. There will be a new gym.

In response to questions Suzannah Rosenberg agreed to clarify whether there would be some beds with no natural light and will share the plans at the next meeting

The east wing of Jubilee House is being used by Southern Health and Portsmouth Hospitals Trust to accommodate Hampshire patients to support winter pressures. There are no obvious maintenance issues in either wing and new furniture has been bought for the west wing accommodating Portsmouth patients. Although accommodating Hampshire patients is planned to end on 31 March this could change as winter pressures can sometimes extend into the Easter period. There are no plans yet for the future of the Jubilee House site.

10. Dates of future meetings (AI 10)

The panel agreed dates of future meetings:

25 June, 17 September, 19 November, 21 January, 18 March - all Thursdays at 1.30 pm

Any other business

The panel expressed their disappointment that no-one from the CCG could attend today's meeting about the proposed merger of the Hanway Road surgery with the Portsdown practice.

The meeting concluded at 3.05 pm.

Councillor Chris Attwell
Chair