HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 9 July 2020 at 1.30 pm at the Virtual Remote Meeting - Remote

Present

Councillor Chris Attwell (Chair)
Councillor Lee Mason
Councillor Graham Heaney
Councillor Leo Madden
Councillor Steve Wemyss
Councillor Vivian Achwal, Winchester City Council
Councillor Arthur Agate, East Hampshire District Council
Councillor David Keast, Hampshire County Council
Councillor Philip Raffaelli, Gosport Borough Council
Councillor Rosy Raines, Havant Borough Council

23. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillor Trevor Cartwright.

24. Declarations of Members' Interests (AI 2)

Councillor Chris Attwell declared a personal and non-prejudicial interest as he had met the deputee (agenda item 6); in addition, the deputee lives in Councillor Attwell's ward. Councillors Lee Mason and Leo Madden both declared personal and non-prejudicial interests as they are patients at the Portsdown Group practice. Councillor Steve Wemyss declared a personal and non-prejudicial interest as he works for the NHS. The Local Democracy Officer declared a personal and non-prejudicial interest as she knows the deputee (agenda item 6).

25. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 12 March 2020 be agreed as a correct record.

Agenda item 22 (Portsmouth CCG update)
In response to a query from Councillor Madden the Chair said he had received email notification on 20 April of the decision over the future of the Hanway Group that was taken on 26 March 2020. Councillor Madden asked if the decision was available so the panel could see the rationale behind it.

26. Update from Portsmouth Hospitals Trust (AI 4)

Mark Cubbon, Chief Executive, introduced the report and update the panel on developments since it was written.

It has been a month since any Covid 19 related deaths at Queen Alexandra Hospital (QA) and there are currently just four patients with the virus. There is a much stronger testing regime (all patients, whether they are elective or emergency, are tested) and a lower prevalence of the virus in the community. For some weeks there have been near normal levels of emergency activity. QA is still working out how to do more planned and routine care whilst maintaining very stringent infection control and effective treatment. A new appointment booking service via the NHS 111 service is being trialled (it has been mentioned in local media) to ensure appropriate patients receive timely treatment with the right clinicians without needing to attend the Emergency Department (ED). If they attend, they will have an appointment and not have just turned up. The 111 service is run with the ambulance service but is connected closely with the Trust, primary care and GPs in SE Hampshire. The call centre has GPs, nurses, mental health staff, a midwife and a social worker so callers can be navigated to the most appropriate person or service without being passed around multiple services. The new model will show for the first time how appropriate patients can access urgent care services in the community and others access services directly within hospital rather than through the ED.

In response to questions, Mr Cubbon clarified

Patients who usually call 111 will be part of the programme, which involves clinical triage leading to the appropriate service for their condition, either in or outside hospital. The trial will be increased in the next couple of weeks with messaging to the local community encouraging better use of 111. It will allow some services both in and outside the hospital to be more accessible. There are currently about 20 to 30 patients per day in the ED with booked appointments. The ED is still open 24/7 so people can walk in and the new trial is not a replacement for GPs.

The Trust has stringently followed advice from Public Health England regarding PPE, which often changed in the light of emerging evidence about transmission and protection, and has been very prompt to adapt. The supply of PPE at first was a little tight day to day but never ran out; supply chains have been strengthened.

Some staff had Covid 19 symptoms or had to self-isolate because family member had symptoms. Asymptomatic people pose a transmission risk but an antibody test shows who has been exposed. All inpatients are now screened and the Trust is considering how they will test health workers more proactively and not just when they have symptoms.

Throughout the pandemic there has been a big focus on protecting time critical urgent and cancer care, which has remained at near normal levels. Clinicians carried out very individual assessments which considered the risks of patients being in hospital against continuing treatment. However, some diagnostic tests were slowed down because of transmission risks but normal levels are now being gradually resumed. Some chemotherapy treatments were modified after a risk assessment. A key challenge has been the reduction in the number of referrals into specialities from GPs, particularly for head and neck cancers, where there was a significant reduction in people self-presenting or going via their GP. The Trust is working closely with GPs and supports national health messaging urging people to seek help if they have symptoms. In June QA met all nine cancer treatment standards. Staff continually have to assess if it is always in a patient's best interest to continue treatment.

During Covid 19 people were asked to use other services for minor injuries, for example, the St Mary's Treatment Centre. In the early days of Covid 19 ED attendance numbers were slightly reduced as patients were worried about going to hospital but numbers rose after a couple of weeks. Levels have been normal for about six weeks; staff are managing to cope. The arrangements for minor injuries will continue as they are for the time being.

The Trust has learnt that services can be delivered in different ways, for example, telephone or video consultations instead of face-to-face. Some conditions still need a physical assessment but support for long-term conditions can often be provided remotely. Changes had to be made overnight but they are enhancements rather than fundamental shifts in access.

The fact that Portsmouth is not part of the merger of the Hampshire and Isle of Wight CCGs (due to take effect from 1 April 2021) should not be an issue for the Trust as its work is about continually improving day-to-day working relationships so as to have fewer hand-offs in patient care. The Trust has good relationships with other providers. As two-thirds of QA's patients are from South East Hampshire the Trust is passionate about working together.

At the start of the pandemic numbers of Covid 19 patients increased rapidly; the critical care unit had to expand up to 150% of its normal capacity. There were about 250 patients waiting for some form of ongoing care in the community who were also at risk of transmission. Collaborative working with NHS Solent, Southern Health and other local authorities helped discharge them into their own homes with support or care homes. The standard for safe discharge is now three hours. At first only patients with symptoms were tested as per national testing guidance but now all of them are; they have to be confirmed as negative before being discharged into care homes. At that time the level of transmission between patients and within care homes and also the level of staff overlap in moving between homes was unclear. QA recognises the difficulties and has used its expertise in infection control to help care homes. Some evidence guiding national policy became clearer, for example, PPE requirements changed during the first few months.

National policy on visitors is followed and remains strict though exceptions are made for people with mental health or learning difficulties as visitors and carers support and have a calming influence. For maternity only one birthing partner was allowed; now it is a partner plus someone else. Sensible conversations have been held with loved ones about visits to end of life patients. The policy is kept under constant review and it is expected gradual changes will be made soon.

For catching up on elective work QA has had to expand into recovery areas as well as using the St Mary's Treatment Centre and the Spire hospitals. Teams have been spread out to reduce transmission risk. Some elective work halted in patients' interests but there is a fine balance to ensure low risk patients are not left to become high risk. All patients on the waiting list have a full clinical review. PPE and social distancing measures reduce the amount of work clinicians can do, even if working at full pelt. The Trust is working with Public Health England to see if changes may be afoot. A further step-up in elective work is expected in September.

Many staff have had to cope with being redeployed to areas outside their usual expertise some have experienced higher numbers than usual of patient deaths. The Trust is recruiting psychological support and psychiatric nurses. Occupational health support is available to everyone and has been increased. All three military services work at QA and their experience of responding to trauma is being shared. The Trust is grateful for the support shown by the community, which has had an indescribable effect on staff morale.

One productivity gain is that there is less time-consuming travel around different sites so there is more clinical time to see patients. The capacity generated will be redeployed to Phase 2 (recovery) and into any second wave of Covid 19.

The Panel wishes to thank Mark Cubbon, the Chief Executive of the Portsmouth Hospital Trust, for his report and to place on record its thanks to all the Portsmouth NHS Hospital Trust staff for their excellent dedication and work during the current Coronavirus pandemic.

RESOLVED that the report be noted and that

- **The panel's thanks and appreciation of the work of all PHT staff be put on record**
- **An update be brought to the next meeting, particularly the "call first" project.**

27. Update from NHS Southern Health Foundation Trust (AI 5)

Nicky Adamson-Young, Director of Operations (Portsmouth & South East Hampshire) introduced the report. She gave apologies from Ron Shields, the new Chief Executive, who was unable to attend the meeting as he was otherwise detained. Mr Shields took up his post in May and has a wealth of experience across mental and physical health services. He was previously the

Chief Executive of Dorset Healthcare, who achieved an Outstanding CQC rating.

Southern Health is starting to revisit the work in the action plans mentioned in their previous update and governance structures have been maintained. Partnership working continues, for example, Southern Health is a key partner in the Woodcot Lodge step-down facility in Gosport which successfully admitted 23 patients, two of whom have been successfully discharged. Hampshire County Council are the partnership lead. Woodcot Lodge means Jubilee House is no longer used.

Southern Health has worked with the local authority to develop the Turner Centre into a mental health assessment unit as a response to Covid 19 so that the right patients are in the right place; these patients have only mental health needs, not physical. Lessons learnt about patient engagement from this initiative are being discussed across the partnership.

The area mental health beds model is very positive. The number of miles from patients' homes to beds has been halved. The length of stay has been reduced so that the median length is 12 days. The model has doubled the referral requirement in the last six months to this time last year. The focus now is on the recovery phase; some services are on still online whereas others are returning to face-to-face contact.

In response to questions Ms Adamson-Young clarified

Maintaining the progress on area mental health beds is a challenge with increasing demand as well as the effect of Covid 19 on mental health and wellbeing, which may impact on bed capacity. It is a wider issue across the strategic partnership and Southern Health is looking at demand capacity. The key is work being done in the community such as supporting frontline primary care conversations and work with community mental health teams and the voluntary sector. Some patients are seen in person, for example, those who are vulnerable and high risk. As part of the recovery phase face-to-face appointments are being reinstated with PPE and social distancing in place. Technology such as smartphones is being used, depending on the approach patients want, as it is recognised "remote" appointments are unsuitable for some patients. On the other hand, some patients prefer "remote" appointments as the response is more timely. Where services were halted it was more that business processes were stopped rather than seeing patients.

Risk management is a responsibility for all clinical and corporate staff, especially when it is currently under extra scrutiny, and includes training. National guidelines mean changes to risk management, for example, around infection control.

There has been significant progress with care homes during Covid 19. Southern Health have offered training and advice to staff based on a coaching style. Those homes which were receptive are positive about the support. There is a very detailed care home action plan. It is sometimes difficult for homes to accept support as they are private businesses; before they had to

comply with the CQC and legal requirements. There have been some difficult conversations but relationships have developed between Southern Health, local authorities and the homes themselves. Real learning has taken place to support homes but winter will be a challenge.

Some of the changes to service delivery can become productivity gains, for example, using virtual communications and remote working means reduced travel time and mileage costs. During Covid 19 meetings with wider leadership teams have been more timely and efficient. Then it is a question of investing savings in the right places.
The panel wishes to thank Nicky Adamson-Young for her report and to place on record its thanks to all NHS Southern Health Foundation Trust staff for their excellent dedication and work during the current Coronavirus pandemic.

RESOLVED that the report be noted and that

- **The panel's thanks and appreciation of the work of the NHS Southern Heath Foundation Trust be put on record**
- **A report be brought to a future meeting showing how halted services have resumed.**

28. Update from Public Health (AI 6)

Helen Atkinson, Interim Director of Public Health, read out a deputation from Mr Mike Dobson before introducing her report. Deputations are not minuted but can be viewed on the council's website at:

https://democracy.portsmouth.gov.uk/ieListDocuments.aspx?CId=151&MId=4453&Ver=4

Ms Atkinson joined Public Health in February as the Interim Director. She thanked the team for their hard work in maintaining services by delivering them differently, for example, our substance misuse clients received support by Zoom and telephone. However, health checks had to stop in line with national policy.

Sixty homeless people currently living in hotels have been successfully screened for TB and blood borne viruses (BBV) thanks to Portsmouth Hospital Trust (PHT) and Public Health (PH) staff. As smoking is not allowed in rooms work has been done to support residents to stop smoking via a vaping project. 72 residents have engaged with the service, 16 of whom have set a quit date. Usually stop smoking services are difficult for this group to access.

Ms Atkinson has recently taken over the role of chair of the Air Quality Board. The focus is to prioritise health outcomes in terms of air quality equally to environment outcomes. Dr Jonathan Lake of Sunnyside Practice, representing Pompey Street Space and other GPs, is also joining the Board from the next meeting.

The Portsmouth Covid 19 local outbreak plan (a government requirement) is on the council's website with a resident focused summary. Staff had about three weeks to draw up local outbreak plans. It is a partnership plan including QA, Solent NHS, the CCG, the police, port, schools and the council which sets out how we will mitigate coming out of lockdown against the risk of increased infection. Portsmouth is in the bottom tenth of local authorities for infection rates per 100,000. Ms Atkinson thanked residents for their compliance during a challenging time when many are facing extreme financial pressures.

In response to questions from members Ms Atkinson clarified

Any increase in opiate misuse is worrying. The Society of St James (SSJ) have worked hard over a difficult period to support their service users. The homeless population has high numbers of opiate misuers but while they are in the hotels SSJ are trying to provide services to reduce the impact of substance misuse while maintaining social distancing. Lack of contact with people misusing alcohol, which has probably increased during lockdown, is a concern though SSJ provides telephone support and contact numbers to encourage people to seek help and support.

Evidence is that vaping is less harmful than smoking and there is no evidence it produces secondhand smoke; the vapour produced contains nicotine not carcinogenics. This is Public Health England advice and vaping is part of our treatment offer. The impact of COVID-19 is worse when there is lung damage so this is another reason to stop smoking. It is well known that smokers are likely to have an increased risk of mental health issues so GPs and providers encourage people, including those with learning disabilities, to stop or to not start smoking. Although smoking used to be seen as a distraction it relieved the nicotine craving rather than stress. There are multiple national and local campaigns to stop smoking. Approaches from healthcare providers and brief intervention from specialists are very effective and there is a lot of training for NHS colleagues for this type of work. The NHS had a huge smoking culture but it is different now with smoke-free premises. Smoking is the leading cause of health inequalities and early death, sometimes by up to 20 years in some populations. Public Health would like to move to a no smoking society.

"Real time surveillance" with reference to suicide prevention means that all local authorities have to have a suicide prevention strategy. Public Health works with the Coroner reviews to consider lessons learnt from each suicide but does not routinely publish data and there are agreements with local media not to publish too much information so as not to glamorise suicide. Some suicides are of people not been known to mental health services. All are tragic.

The National Test and Trace Service has 25,000 call handlers for the routine and non-complex cases (level 3), supported by 3,000 health protection specialists. Tier 1 Local test and trace is done by the local health protection team and they expanded four times their usual capacity to cope with the work.

Up to three weeks ago Public Health was only receiving pillar 1 (acute hospital) testing data. The week before the Leicester lockdown a data sharing agreement was signed allowing access to pillar 2 (community) testing data daily and granular data (postcodes, age, sex) weekly. Public Health hope to obtain ethnicity data as BAME residents are more at risk from COVID- 19 complications. Going forward LA PH will have more local control of testing. Most of the over 65 and dementia care homes were tested by the 6 June deadline; going forward residents will be tested monthly and staff weekly. A couple of areas have been piloted for testing domiciliary care workers. Rough sleepers in hotels will be tested as part of a national pilot. There is more testing capability now and everyone can get a home test. There was criticism around the speed of testing but this has improved. The panel suggested that data sharing agreements should be available in advance to prevent delays.

With regard to changing habits and behaviour, at the start of lockdown there was an increase in walking and cycling but it is now back to pre-lockdown levels. Public Health want to get the NHS involved with the Air Quality Board and active travel programme. According to the Royal College of Physicians a tenth of journeys are connected with health, either working, visiting or accessing services. Digital innovation opportunities could replace some of these journeys. Public Health has to look at opportunities to change behaviour as it does not have control over the infrastructure. Currently COVID- 19 means that public transport is not a popular solution.

With regard to child obesity a high percentage of children, mainly children of keyworkers, are at school. All schools now have some children attending. One positive point is that more families have been seen exercising together during COVID-19. Dominique Le Touze, Public Health Consultant, updated the panel. Public Health was charged with producing an action plan to combat higher than average rates of child obesity. One action was a "super zone" pilot, a concept developed in London, in the Charles Dickens ward; the pilot aligns community work, local government policy and the voluntary sector to focus on drivers of obesity, for example, lack of access to healthy food. A big workstream was planned focusing on Arundel Court Primary School; it was paused in the week of lockdown but it is hoped to re-launch in September 2021.

Work around physical activity is much broader and Public Health works closely with transport and planning to make incidental travel (journeys to the shops and work) accessible to all. The Emergency Transport Plan aims to enable social distancing and more cycle lanes; part of the plan is to close streets around schools at pick-up and drop-off times to reduce accidents and improve air quality.

The Panel wishes to thank Helen Atkinson, Interim Director of Public Health, for her report and to place on record its thanks to all Public Health staff for their excellent dedication and work during the current Coronavirus pandemic.

RESOLVED that the update be noted and that:

- **The panel's thanks and appreciation of the work of all Public Health staff be put on record**

- **A report be brought to the next meeting giving updates on workstreams.**

Post-meeting note
Minutes of the Air Quality Board are not published because it is a Programme Board where technical details of delivery of the programme are discussed. Much of the content of the discussions are confidential, for example, latest updates from government or the financial situation, so as with other programme boards that exist across the organisation the minutes are not published. Formal updates are reported through Traffic & Transport and Environment & Climate Change Committees and then any items for formal decision are taken to Cabinet.

29. Update from Adult Social Care (AI 7)

Andy Biddle, Assistant Director of Adult Social Care, introduced the report. The move towards business as usual is staggered as Covid 19 will be around for some time. One positive aspect has been joint working across Portsmouth to successfully support residents and providers. Another positive initiative expedited by Covid 19 is the new social work duty response team, who take calls directly from the public and professionals. The team includes colleagues from the Multi Agency Safeguarding Hub and has been incredibly successful as queries can be resolved straightaway. The team is continually learning from the initiative.

There are regular fortnightly meetings with domiciliary, weekly meetings with residential care providers and catch-ups every two to three weeks with day care and supported living providers.

Adult Social Care (ASC) has been able to give providers a financial guarantee, funded by the government, to maintain financial stability. It is a minimum income guarantee based on figures three months prior to Covid 19. If they fall below this level ASC will top it up. Provider failure would be less of a shock in Portsmouth as most providers are small but it is still a real risk.

The new dementia Extra Care facility on the Edinburgh House site is still on track despite some cost issues needing to be resolved. The integrated localities pilot is moving forward virtually as most staff are not based in offices for the time being. A domiciliary and technical provider have been identified for the domiciliary care intervention and need to be brought together. The pilot needs testing in a wider market and the operating system needs to be able to support the work.

Future plans are predicated on what ASC can afford alongside meeting statutory duties but despite expected winter pressures and increased numbers, some of whom will have Covid 19 related needs, ASC is in a better situation than previously thanks to partnership working. More people are being cared for at home, even during Covid 19. The change from Deprivation

of Liberty Safeguards to Liberty Protection Safeguards will be significant as it changes the way people lacking capacity are treated.

ASC would like to maintain the step-down unit in Harry Sotnick House long-term so people can make decisions about their future while they are there rather than in hospital.

The panel wishes to thank Andy Biddle, Assistant Director of Adult Social Care, for his report and to place on record its thanks to all the Adult Social Care staff for their excellent dedication and work during the current Coronavirus pandemic.

RESOLVED that the report be noted and that the panel's thanks and appreciation of the work of all Adult Social Care staff be put on record

30. Update from NHS England on dental practices (AI 8)

The panel noted the update from NHS England on the procurement of dental services in Portsmouth.

RESOLVED that the report be noted and a further update be brought to a future meeting.

The formal meeting endedat 4.05 pm.

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Councillor Chris Attwell
Chair