

## **HEALTH OVERVIEW & SCRUTINY PANEL**

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 19 November 2020 at 1.30 pm at the Virtual Remote Meeting - Remote

### **Present**

Councillor David Fuller (Chair)  
Councillor Lee Mason  
Councillor Graham Heaney  
Councillor Leo Madden  
Councillor Steve Wemyss  
Councillor Tom Wood  
Councillor Arthur Agate, East Hampshire District Council  
Councillor Trevor Cartwright, Fareham Borough Council  
Councillor David Keast, Hampshire County Council  
Councillor Philip Raffaelli, Gosport Borough Council  
Councillor Rosy Raines, Havant Borough Council

### **Also in Attendance**

#### **29. Welcome and Apologies for Absence (AI 1)**

There were no apologies for absence.

Councillor Cartwright said he would need to leave the meeting at 3:30pm to attend another virtual meeting.

#### **30. Declarations of Members' Interests (AI 2)**

Councillor Steve Wemyss declared a personal and non-prejudicial interest as he works for the South Central and West Commissioning Support Unit.

Councillor David Fuller declared a personal and non-prejudicial interest as he runs a residential care home in Cosham.

#### **31. Minutes of the Previous Meeting (AI 3)**

**RESOLVED that the minutes of the meeting held on 17 September 2020 be agreed as a correct record.**

*Matters Arising*

Hanway Road merger - the minutes of the Primary Care Commissioning Committee where the decision was made were circulated to the panel on 29<sup>th</sup> October and a link to the public report was also sent. The link to the papers can be viewed on the Portsmouth CCG website.

### **32. Update from Adult Social Care (AI 4)**

Andy Biddle, Director of Adult Social Care (ASC), introduced the report.

In response to questions Mr Biddle explained that:

With regard to the delegation of PCCG functions to the Chief Executive of Portsmouth City Council these would not be clinical functions. The CCG is mainly a commissioning body so it would be ensuring that there is sufficient provision of services in Portsmouth. It would be the functioning of the CCG as a day to day organisation to ensure the needs are met, which is a fairly important theme as it is joining up the health and care offer at a local level.

Hospital discharge guidance was received from Government in March 2020 to prepare the NHS for an expected peak of infections due to COVID-19. Reflecting back he thought there was not a full realisation of risk and patients were discharged into care homes but were not tested as this was yet to be implemented. The guidance at the time was followed and any time there was an outbreak Public Health England were contacted to ensure that the correct procedures were followed.

Mr Biddle was not aware of any PCC care homes running out of Personal Protective Equipment (PPE). PPE was monitored on a twice weekly basis and all care providers across the city were in discussions around this.

He explained that ASC firstly organised a stock of PPE then trained staff with best guidance they had at the time. The guidance evolved four times over the course of the pandemic. They also called on the resources of colleagues at the CCG and whenever ASC were planning to do any training they asked them to certify it to ensure the correct procedures were being met. Whenever there were any COVID-19 positive infections, they would consider whether to close the wing down or do cohorting and cared for them in a different area. This led to the Gunwharf unit which became the isolation unit. This was a learning experience and staff adapted to each piece of new guidance. Thankfully at the moment the ASC team have not seen any COVID-19 related deaths for a considerable time.

Mr Biddle said he did not know the numbers of patients who were COVID-19 positive who were discharged into care homes; unless there was a test they could not tell if a patient was COVID-19 positive. Mr Biddle said he would provide the numbers of people who were discharged from hospital that were symptomatic.

Mr Biddle felt that ASC is in a better place for the second wave of the pandemic due to lessons learned from the first wave but this did depend on

numbers. ASC had made the decision to keep services stood up this time in terms of respite services for carers. The team are seeing a lot more positive infections and exposures in care environments than in the first wave.

With regard to the Liberty Protection Safeguards (LPS) that was intended to replace the Deprivation of Liberty Safeguards (DoLS), Mr Biddle said they would probably have sufficient staff. He would need to wait for the code of practice to be published, which will detail how to implement primary legislation. It was currently very difficult to judge and the situation would probably evolve, but extra staff would be needed to bring it in. With regard to DoLS approval numbers could be shared with the panel.

The NHS committed to pay for anyone coming out of hospital if they needed residential or domiciliary care. This was known as Scheme 1 funding and was open ended during the COVID-19 first wave. The Government announced that this would end on 30 September 2020. Scheme 2 funding commenced from 1 October 2020 which was for anyone coming out of hospital who with rehabilitation needs who would receive NHS funding for six weeks and then revert to Local Authority funding. The authority is engaged currently in assessment for those people currently in receipt of Scheme 1 as there is a requirement to move them onto social care funding by 31 March 2021.

It was Mr Biddle's understanding that there is a shortfall in the council of Providers Support by some millions which is reflected nationally. There were two grants of £1.6 billion nationally which PCC received a portion of but this was not specifically for ASC.

In terms of current testing for COVID-19 it is much more prolific than it was. There is whole care home testing every week for staff including agency staff and every month for residents. The ASC team are also able to access lab testing at Portsmouth Hospitals University Trust to get a test result back that day if needed. When Mr Biddle last reported to Gold Command 10% of resident tests took longer than 5 days for a result and 6% of staff tests took longer than 5 days for a result, which was a massive improvement.

The total number of people with learning disabilities that ASC are working with along with the numbers who are shielding as they are vulnerable would be shared with the panel after the meeting.

In terms of COVID-19 bereavement rates, Portsmouth has a relatively low rate of infection. Nationally 18.5k deaths are attributed to COVID-19 in care homes and PCC rates were relatively low comparatively. He advised he could get the figures from public health colleagues and share these with the panel.

The medically Fit For Discharge (MFFD) list is compiled between ASC, Solent NHS Trust and Portsmouth Hospital University Trust and if someone is on the list that they think is unwell partners would have a conversation internally. There would be a review of the patient's health and Mr Biddle was not aware of any cases recently where someone came out of hospital and partners did not think they were ready. There are sometimes pressures when there is not

somewhere for a patient to be discharged to but this does not often happen. The Gunwharf unit has 20 beds and was full as of this morning.

Staff absences did not have an impact on client care. The ASC team had overstaffed by using agency staff. In addition, as several services in the council closed down during the first wave of COVID-19, some staff were redeployed into ancillary roles.

The panel wishes to thank Andy Biddle, Director of Adult Social Care, for his report and to place on record it's 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 the following additional information be supplied to the panel:**

- **Numbers of people discharged from hospital into care homes that were symptomatic of COVID-19**
- **Numbers of people who are clinically vulnerable and shielding that are cared for by ASC.**
- **Numbers of people with a learning disability that ASC are supporting.**
- **DoLS number of approvals from the last year.**
- **Figures from Public Health on comparative death rates relating to COVID-19 in care homes.**

### **33. Update from NHS Southern Health Foundation Trust (AI 5)**

Ron Shields, Chief Executive Officer at Southern Health Foundation Trust introduced the report. He drew attention to the £3.5 million that had been awarded to invest in two wards at the Gosport War Memorial Hospital. The programme for completing the work was already underway with Poppy ward being completed first which would take 16 weeks followed by Rose ward. There is ongoing communication with families to make sure that they are supported. The intensive support team has been enhanced and the core of the team are now working in the communities to support the patients that otherwise might have gone to Poppy ward.

With regard to COVID-19, collectively there has been an enormous effort from all NHS organisations to sustain services as best as they are able to provide normal services and support staff. The challenge is to keep staff healthy in order to sustain services to maintain a good quality of care.

There are currently 25 patients across beds within Southern who are positive with COVID-19 and 46 in the Trust as a whole. The plan is to get up to a full 80 beds at the Woodcote Unit by 7 December and the challenge with that is to get the additional staff to man the unit and work is being done to provide more support in the community teams.

With regard to COVID-19 testing, this week Southern Health are moving closer to a position where they can test all NHS and care staff routinely twice weekly and the logistics of this are being worked on currently.

In response to questions the following points were clarified:

The intensive support team is a transient measure. In setting the team up staff have used a core of staff from Poppy ward. The aim is to support people so they do not have to go into hospital. Across the whole healthcare system we are seeing a significant investment into community and the expectation is that this should continue once Poppy ward is re-opened. The panel were very pleased to hear this.

Completion of risk assessments of staff varies slightly. When the report was written 100% of vulnerable staff had completed a risk assessment and 94% of all staff across the organisation had completed one. There has since been 9 or 10 staff join the organisation that are within vulnerable categories who are in the process of completing a risk assessment. This will continue to change as staff come and go and staff need to keep assessing and put in place the right protective arrangements with them.

Numbers of staff having to self-isolate due to COVID-19 fluctuates by the day and the 14 day quarantine period has been a challenge. As of 16 November 2020 there were 70 staff absent from work due to COVID-19 of whom 20 had tested positive with COVID-19.

With regard to immunisations for children, Mr Shields said the immunisation programme is going very well. There is more work to do with children with special needs where there were some challenges, but discussions were taking place and the picture was looking good. Mr Shields said he would provide figures to the panel before the next meeting.

Members thanked Ron for his report and all the work of Southern Health.

**RESOLVED that the report be noted and details of the childhood immunisation programme would be shared with the panel in due course.**

#### **34. Update from South Central Ambulance Service (AI 6)**

Tracy Redman gave a brief introduction to her report. She explained that business as usual demand has started to increase and the hospital is challenged in terms of capacity. SCAS continue to be concerned about staff absence and some mitigation is in place from other agencies and they continue to move forward with their winter planning which incorporated COVID-19.

The panel were pleased to see a year on year improvement in the performance figures. At the request of the panel she said she could provide postcode data for Fareham and Gosport to see whether response times for residents living on the Gosport peninsula are being met. This would be provided for the panel within the next few weeks.

Tracy felt it was difficult to say if people are deciding not to go to hospital due to COVID-19. SCAS have seen an increase in acuity but they normally do at this point of the year. There is no data to support either way. Tracy felt that

primary care is still doing what it needs to do and SCAS are not seeing any additional impact.

Tracy explained that there are two levels of Personal Protective Equipment (PPE) that their crews use. The first is used for all patients which is a mask, apron and gloves and the second is an enhanced level which is used where aerosol may be generated including suction. This involves paramedics wearing hazchem suits and is following national guidance. With regard to the specific incident raised Tracy said if the councillor sent her the details she would look at the detail.

**RESOLVED that the report be noted and performance data by postcode for Fareham and Gosport would be provided by Tracy for the panel.**

### **35. Update from Portsmouth Hospitals Trust (AI 7)**

The report was introduced by Penny Emerit Deputy Chief Executive and Director of Strategy and Performance. She explained that there were approximately 130 patients with COVID-19 currently at QA Hospital. The rate of infection for Portsmouth was 312 cases per 100,000 which was above the national average. It was expected that the increasing admission rate will continue for a short period before the impact of the second national lockdown are seen.

In response to questions the following matters were clarified:

The front door to the Emergency Department will move in line with the new building. The 111 First Model and utilisation of space will continue with those types of processes through the new building.

There has been an increase in cases and admissions to QA hospital relating to COVID-19 and the link between cases and admissions is seen as you move through the older population. The more vulnerable communities tend to have the admission to hospital. She could not say if there was a direct cause and effect with the return of students to Portsmouth. There is now an increase in testing so they are able to identify people much earlier on who have the virus even if they are displaying no symptoms.

With regard to PHUT doing consultations on the phone during the COVID-19 pandemic, a councillor pointed out that phone calls from PHUT are blocked and some patients do not accept blocked phone numbers. He suggested that this be looked into. Penny said she did not have the technical details but she would take this away and get back to the panel before the next meeting.

In terms of COVID-19 infection in the hospital she would come back with the exact numbers. The Trust have put in place stringent infection control processes in the hospital and apply their testing regime to that to identify whether spread has gone further. In terms of critical care, capacity is used for both COVID-19 and non COVID-19 patients. PHUT have access to up to 24 critical care beds and are already in escalation areas in terms of the number of patients being cared for in the intensive treatment unit.

In terms of the work around 111 and access to urgent care, PHUT were one of two early adopters of this national approach to looking at urgent care. One of the drivers for doing this was try to minimise the risk for infection for patients in waiting areas so there is a clear rationale why now is the right time for this pilot. It provides the patient with one route through which they can support navigation to the correct place. There is a national evaluation running looking at all the pilots and PHUT are also collecting feedback. The feedback from patients in the Emergency Department (ED) is largely positive in terms of the experience. One area of feedback is that patients have asked for more information in advance of coming to the ED so they know to contact 111 first. Penny advised that they are keeping all the feedback under review and are able to look at data across the urgent treatment centres, the 111 service and GP clinical assessment service to understand where patients are going.

The travel and transport plan is a core part of all of the changes ongoing over the next five years in the estate. They will ensure that any patient parking affected is replaced on site.

The intention for outpatient appointments is that where possible these will be done remotely. From a staff perspective many have to travel to the site to carry out their roles, although some can now work from home. Staff car parking is on site and also the park and ride from the Southwick Road site.

In terms of access to cancer services they have managed to maintain performance against the cancer standards and services were maintained throughout the national lockdowns. PHUT also made sure they monitored the levels of activity that they would normally have seen compared to what they were seeing.

The performance of the ED is affected by what is happening in the rest of the hospital. While they wait for the new ED PHUT will continue to make sure they have got improvement activity to ensure emergency patients have safe and timely care.

**RESOLVED that the report be noted and the following information be supplied to the panel:**

- **Penny to look into the reason for why the PHUT phone numbers are blocked numbers and report back why QA blocks its phone number which may stop some patients receiving important calls.**
- **Current infection numbers of COVID-19 within QAH.**

### **36. Update from NHS England on dental practices (AI 8)**

The Chair explained that NHS England were not able to send a representative to the meeting today due to a number of staff changes and sickness.

The panel noted the update from NHS England on the procurement of dental services in Portsmouth and if members had questions on the update the Chair asked that these be emailed to the Local Democracy Officer to be forwarded

to NHS England for a response. Members noted that NHS England had been invited to the January meeting of the panel to provide a further update.

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

The formal meeting ended at 3.47 pm.

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Councillor David Fuller  
Chair