HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 21 January 2021 at 1.30 pm at the Virtual Remote Meeting

Present

Councillor Lee Mason (Chair)
Councillor Graham Heaney
Councillor Leo Madden
Councillor Steve Wemyss
Councillor Tom Wood
Councillor Vivian Achwal, Winchester City Council
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

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors David Fuller and Rosy Raines.

2. 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.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 19 November 2020 be agreed as a correct record.

4. Update from Solent NHS Trust (AI 4)

Suzannah Rosenberg, Chief Operating Officer, introduced the report.

In response to questions Ms Rosenberg explained that:

Regarding the extent to which lessons had been learnt during Covid, including empowering frontline staff, Solent's research department had collated the valuable learning so that nothing was lost. In the first wave of Covid operational delivery was transformed in a very short space of time and most of the good ideas came from staff, who had demonstrated the "art of the possible." Managers and leaders want to listen to staff and have a two-way conversation with them.

60% staff have had Covid vaccinations and 15% have appointments booked so the number of staff vaccinated will soon be 75%.

The community mental health transformation programme has been paused nationally; further information can be brought back to HOSP.

Despite concerns expressed by some members that remote consultations are not suitable for everyone, they are not going to be implemented across the board. Most patients can have a face-to-face consultation, particularly those with mental health issues, older patients with mental health issues and those with sensory impairments. It will be a blended approach tailored to patients. On the other hand, some members noted that remote consultations allow GPs to increase productivity by up to 50% so they should not be dismissed.

The Trust is making plans on how to cope with increased demand from a mental health mini-epidemic as a result of Covid. Demand is likely to come through Positive Minds, Talking Change and GP referrals rather than in-patient admissions so work is being done to increase their capacity. Positive Minds have been operating during the pandemic even though their building in the city has been shut. There will be an injection of funding to expand the work of frontline services. If organisations like community centres have concerns or need help they can contact Positive Minds, who are run by Solent Mind, and have links to all the community support providers. Ms Rosenberg thanked members for this suggestion and agreed to pass it on to Positive Minds.

It is acknowledged that some mental health issues need addressing immediately as delays can be serious and problems do not go away. The transformation programme addresses this by ensuring that at the first point of contact people receive the best support from the most appropriate service. Funding will be put towards the range and timeliness of services.

Members were pleased to see what had been learnt from the response to Covid, particularly with empowering frontline staff and the focus on leadership. The Chair thanked Ms Rosenberg for her report and attending the meeting.

5. Update from NHS England on dental practices (AI 5)

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. 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.

6. Update from Sustainability & Transformation Partnership (AI 6)

Richard Samuel (Director of Transition & Development) and Sarah Reese (Director of Transformation & Delivery) introduced the report and summarised the main points

In response to questions Ms Reese and Mr Samuel explained:

The Hampshire and Isle of Wight System is now referred to as an integrated care system (ICS). The benefits of the joint working across Hampshire and Isle of Wight (HIOW) has been apparent for some time and is one of the starting points for the system's current work. With regard to the merging of 6 of the 7 CCGs across Hampshire and Isle of Wight and the national proposals around the further development of integrated care systems (ICS), there is no intention to disrupt current ways of working and hinder supporting colleagues and communities as it is a challenging time to make major changes in view of Covid. It is expected teams will be focussed on specific geography. The merging CCGs are working on the level of detail for budgets, autonomy and the decision-making framework but for the time being the starting point is the current way of working, level of autonomy and configuration of teams. Details will be worked out over the next few months, particularly going into the next financial year which will coincide with the next phase of the pandemic.

The Covid virtual wards identify patients who would benefit from closer support and monitoring from primary care or community organisations. Patients are remotely and safely monitored at home so it can be seen if they need more intensive support, including home visits where necessary. As of today 70 people in Portsmouth have been supported at home with a pulse oximeter to measure their oxygen saturation; they can return to hospital if their blood oxygen levels drop. 110 people in the community have an oximeter at home and are managed by GPs and primary care. Digital monitoring was considered but it was decided best if patients kept a diary. Oximeters are only used if patients are happy to do so or have a relative or carer who can help them.

In South East Hampshire (including Fareham and Gosport) there are 46 patients on the Covid virtual ward with home oximetry and just over 100 patients in primary care with pulse oximeters

The ICS can supply members with more information on the Apprenticeship Academy, for example, the number and type of roles.

Precursor arrangements are in place for the Assembly. In 2019 there were two whole system summit meetings with a wide range of colleagues which experimented with types of forums. The concept is inclusive and draws from political, clinical, executive and community roles. It is proposed that the Assembly meets twice per year and acts in an advisory capacity. The Integrated Care System (ICS) Partnership Board will meet more frequently as a smaller group to develop strategy but will report to and test the strategy's content with the Assembly. It is intended to use the Assembly in a slightly more informal way to test and support involvement and alignment of work at a local level, including by local authorities in various tiers and organisations such as Healthwatch and NHS partners. Ways of working will be refined over the next 12 to 18 months.

The ICS has a "financial envelope" to live within so will need to use every pound as effectively and efficiently as possible despite the pandemic. However, the past year has shown that incredibly creative, innovative and safe ways of supporting people have been learnt. Those delivering and receiving services may want to revert to pre-Covid practices or they may keep some of the new ways of working and not just for financial reasons.

The "financial envelope" this year is no different to that of previous years but the environment is fundamentally changed. Instead of an allocation at the start of the year the revenue costs associated with the pandemic were identified mid-year then projected forward and each system has to live within their revised "financial envelope" until the end of March 2021. There is no responsibility for Continuing Healthcare costs this year but there will be next year. The ICS is within £5 million of hitting the year-end £2.5 billion target, which has been accepted by the regional team. The ICS also believes it will hit the national allocation of capital which is just under £100 million. Next year it is believed that Quarter 1 will see a rollover of a quarter of last year's allocation; then after a re-set of budgets it will be understood what allocation will be received; the Treasury's ambition is to cover NHS costs as they are incurred. From Q2 onwards the ICS is awaiting guidance on the nature of the allocation for the NHS. In addition, the traditional "fee for service" model is changing from payment by results to one built around outcomes to reduce inequalities, rather than the "you do something, you get something" model. The costs of having to increase the workforce to cope with the challenges of Covid have been covered by increasing revenue into the NHS but confirmation of the ongoing allocation in 2021/22 is awaited.

Members' concern that patients should be discharged safely from hospital, not just as quickly as possible, was noted. The discharge protocol is based around safety. Beds are designated for Covid positive patients due to be discharged and two negative test results in the 48 hours before discharge are required. Everything is geared to a safe discharge but it is inevitably a huge challenge which changes almost daily and affects capacity. Sophisticated arrangements are needed to cope with matching capacity, workforce shortages, and patients' needs with their safety. The ICS has just been allocated the Portsmouth Spire Hospital as a discharge facility. However, it is more suited to "green" (non-Covid) patients with lower acuity whereas most patients awaiting discharge are Covid and / or higher acuity. The complexity of managing discharges cannot be underestimated.

The ICS’ work with housing services to support vulnerable people has been nationally recognised. Housing sector staff have been trained as Mental Health First Aiders so they can act early if tenants have mental health distress. There is an example on page 51 of the agenda pack. The best location for receiving help is usually people's own homes so those in vulnerable tenancies are sustained. There is also a focus on the homeless when they present in urgent care settings so heath staff can work with housing as homelessness is recognised as a key driver of health needs. Although there may be some scepticism about how much can be done to improve inequalities there have been some significant achievements.

The STP is continually learning how to prevent the spread of infection and have been applying this learning over the course of the pandemic. During the first wave there was a very strong focus on social distancing and handwashing. Since then much has been learnt about ventilation and air flow and how the virus operates and moves. Occupancy has had to be reduced, particularly in older sites. Once any site has over 50% occupancy it is a constant challenge to keep "green" (non-Covid) and "red" (Covid) patients separated, particularly with the new variant which accounts for about 60% new Covid cases. Despite every effort to improve air flow and constant testing of staff and patients there are occasionally outbreaks in "green" settings. It has been the greatest challenge for infection and prevention control (IPC) in the last decade. Where there is an outbreak a root cause analysis is done to see if the infection came from staff, patients or another source. As Covid is not going to go away and there will be new variants, sectors like care homes and schools will have to develop fundamentally different methods of IPC. The IPC team could give more information if the panel would like it. Confirmation of nosocomial (hospital acquired) infections ie patients who did not have Covid on admission can be provided.

With regard to the national consultation on ICS development, all partners' responses considered that the HIOW ICS' direction of travel is very much in step with the proposed legislative changes and is supported by the proposals in the document. The level and mechanism of involvement is more robust than what is described in the consultation document. For example, the Assembly is expected to sit very neatly and appropriately in the new legislative arrangements. Other partners have asked for more detail on what NHS England is proposing. The expected focus of developing services at the local level is at the core of legislative changes.

With regard to clinical commissioning there is a very close working relationship between Portsmouth and colleagues in the rest of HIOW. The national consultation implies that consolidation is preferred and there may be legislation which may mandate that organisations join together in order to be stronger. However, current relationships are strong and ways of working are in place which will continue to develop. The ICS will work through any future structural changes.

The Chair thanked Ms Reese and Mr Samuels for the report and attending the meeting.

7. Dates of future meetings (AI 7)

The Panel agreed the proposed dates for future meetings (all Thursdays at 1.30 pm):

24 June, 16 September, 18 November, 20 January, 17 March.

The meeting ended at 2.55 pm.

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Councillor Lee Mason
Chair