

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 20 January 2022 at 1.30 pm as a Virtual Remote Meeting

### Present

Councillor Ian Holder (Chair)  
Councillor Lee Mason  
Councillor Matthew Atkins  
Councillor Judith Smyth  
Councillor Rob Wood  
Councillor Arthur Agate, East Hampshire District Council  
Councillor Ann Briggs, Hampshire County Council  
Councillor Trevor Cartwright, Fareham Borough Council  
Councillor Lynn Hook, Gosport Borough Council

#### 41. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Rosy Raines and Roger Bentote.

#### 42. Declarations of Members' Interests (AI 2)

Councillor Hook declared a personal interest in agenda item 5, Southern Health, as she is part of the Willow Group and volunteers there 4 mornings a week.

Councillor Smyth declared a personal and prejudicial interest in agenda item 5, Southern Health Stage 2 independent report as she was previously a non-executive director on the board.

#### 43. Minutes of the Previous Meeting (AI 3)

The Chair explained that a revised copy of the minutes were circulated by email to members with some minor amendments to the CCG item (minute 40) from Jo York.

Councillor Mason also raised a couple of other amendments needed to minute number 40 as follows:

The following sentence to be added into minute 40:

'Cllr Mason raised a complaint from a resident about the **hospital** issuing green prescriptions to patients on discharge, Jo York said that this will be taken up by the Medicines Optimisation Team'

Include this as an action.

And **delete** the following sentence listed under actions 'Councillor Mason will send details of the complaint where a green prescription was issued at the hospital pharmacy' as this was factually incorrect.

The visit to the Portsdown Practice should have been included under the actions heading. Officers are following this up with Jo York.

**RESOLVED that the minutes of the meeting held on 18 November 2021 be agreed as a correct record subject to the amendments provided by Portsmouth CCG (provided after publication and attached as an appendix to these minutes) and also the above amendments.**

#### **44. Portsmouth Hospitals University Trust update (AI 4)**

Dr John Knighton, Medical Director, and Chris Evans, Chief Operating Officer and Deputy Chief Executive, introduced the report.

In response to questions, they clarified the following:

There are a number of Urgent Treatment Centres (UTCs) across their system which continue to provide support for minor illnesses and minor injuries. PHU are working collaboratively with each of the providers of the UTCs to ensure consistency with opening times and a consistent offer on what each UTC provides. All the UTCs continue to support the urgent care system. PHU provide the UTC in Gosport but are not the provider of the UTCs in Petersfield or at St Mary's. They had not seen during this winter a significant step up in their activity to help relieve pressure at QAH. When there has been difficulty in staffing particularly at the St Mary's site – it's closest UTC, they have seen a knock-on effect on attendances at the Emergency Department at QAH.

In terms of publicity for the UTCs, staff have done a great deal of publicity around the UTCs however sometimes this is still not enough, and people choose to go straight to QAH.

Councillor Wood noted two observations at QAH which he wanted to share. The first was on a number of occasions he had witnessed elderly people wearing masks not being understood by nurses. This led to misdirection and time wasted to resolve their issues. Dr Knighton said he recognised this as an issue and different solutions had been trialled such as clear masks however this had not proved to be very effective.

The second was that a patient who had been admitted to QAH later had to isolate as she had been in close proximity to someone testing positive for covid. This meant that moving through the hospital to where she needed to be had taken much longer. Dr Knighton said that this was a real challenge for the hospital and the higher the level of prevalence within the community, the greater that challenge. PHU changed their policy a few weeks ago and they are now asking all visitors or those accompanying people to appointments on the site to show evidence of a negative lateral flow test.

Chris Evans said that in terms of staff sickness for the Omicron wave of covid, there are a reducing number of staff who are off due to isolation. It was believed this was under 50 as of this morning which was half of what it was a few weeks ago. Total absence was currently just over 5% of staff (not just due

to covid). The latest wave has had a huge impact on staff and there are a number of things taking place internally in terms of supporting the health and wellbeing of the workforce.

The HOSP thanked Dr Knighton and Mr Evans for their report.

**45. Southern Health NHS Foundation Trust Update and Stage 2 Independent Investigation Report: 'Right First Time' (AI 5)**

(Councillor Smyth said she would not participate in the discussion regarding the independent review report as per her earlier declared interest)

Paula Hull (Director of Nursing and Allied Health Professionals) and Paula Anderson (Deputy Chief Executive) introduced the reports.

In response to questions the following matters were clarified:

Recruitment is the biggest issue within the NHS currently, particularly in mental health. Southern are always looking at ways to improve that either through better retention of staff or improving methods of communication to try and get people interested to work for them. This is a top priority within the Trust.

With regard to action R13 strengthening links to the local Hampshire Healthwatch, Paula said that there is a working in partnership committee with a range of people from different voluntary sector organisations who work with them. Healthwatch are involved internally within the Trust on some of their committees and also pre pandemic they were doing a piece of work for Southern where they were visiting the inpatient physical health wards and surveying people, and this was very successful.

In terms of governance, the plan will be taken through the Quality and Safety Committee over the next few months. The patient and carer hub is open and this is a very important as if they can get that hub working well and people know about it, it will support them to resolve problems much quicker. There was a huge amount of co-production in setting the hub up and there will be an evaluation of this and adapt this based on feedback.

The Duty of Candour training is going very well. It had been adapted based on feedback to make it much more practical and helps staff more with their practical work. Southern Health want their staff to feel confident to be transparent and open with patients, families and carers about things that have happened and to be empathetic. That is the culture they want within their organisation.

Paula said she would welcome the opportunity to return to HOSP perhaps in 6 months' time to provide an update on the progress of the action plan.

The panel congratulated Southern Health for the work they have done to meet the requirements identified in the independent review and thanked them for their report.

## ACTION

Southern Health to be invited to the June HOSP meeting to give an update on progress against actions arising from the independent review report.

**RESOLVED that the update reports be noted.**

### **46. Public Health Update (AI 6)**

Helen Atkinson, Director of Public Health, introduced the report and summarised the main points. She gave a brief summary of the Local Outbreak Engagement Board (LOEB) January Covid-19 response assurance report which was already out of date but gave members an idea of what the LOEB looks at monthly. The pandemic situation is slightly better this week as there is a slight reduction in the community infection rate from covid however there are still 17 outbreaks within care homes out of 39 homes. There is also a significant rise in infections in primary (infant and Junior) schools and nurseries. Communications have been updated rapidly to ensure that residents know what is happening, this has been challenging as the guidance has been changing rapidly.

In response to questions the following points were clarified:

With regard to the Substance Misuse services for our homeless residents Helen said it is always challenging however there have been benefits to the Covid-19 response which has been to enable the homeless rough sleepers to be housed during periods of the pandemic. This means that health services have been delivered more easily than normally would be able to. Good work has also been done around covid and flu vaccinations. Blood born virus screening was also able to be carried out when our homeless residents were housed last year which helped to identify a small number of cases of Hepatitis C who then were then able to attend QA for treatment and follow up. Portsmouth has been able to bid for additional funding that supported the CCG to deliver the homeless healthcare team which was very effective. Public health are just starting the the substance misuse service procurement which has just started and there is information out for consultation with providers.

Currently children and adults over 12 are eligible for the covid vaccination. The schools programme for second vaccinations has started and is going well. The Jvci who make recommendations to government and the NHS have recommended that 5–12 year-olds be vaccinated if they have serious underlying health conditions or are immunosuppressed. The planning has started, and it is likely this will be delivered in primary care. Public Health are seeing a high numbers of infections in nurseries, infant and junior schools. Each wave of the infection has impacted on a different age group. There are a large number of young adults who are still choosing not be vaccinated.

Ms Atkinson said she was very cautious over the relaxation of the covid restrictions. Although the government guidance has changed, all DPHs met with the Secretary of State for Education this week and they will continue to take a cautious approach. Schools in outbreak situations will be encouraged

to continue with face masks being used. Ms Atkinson felt that Public Health had worked very well with PCC Education colleagues and schools over the last two years. We are drafting a letter today for schools to send to parents to advise that they will be continuing to take a cautious approach and encouraging schools where they want to continue to put preventative measures in place.

Childhood obesity has almost doubled over the last two years nationally. During the pandemic the Public Health Wellbeing Team had to move to telephone and virtual zoom appointments, but they are now back to face to face appointments. The refreshed Health and Wellbeing Strategy is focused on the causes of the causes of ill-health such as education, housing, poverty and employment to try to work as city partners to see if the right strategies are in place to change people's life outcomes.

The HOSP thanked Ms Atkinson for her report.

**RESOLVED that the update be noted.**

**47. Dates of Future Meetings (AI 7)**

The panel agreed dates of future HOSP meetings as follows:

23 June 2022  
22 September 2022  
17 November 2022  
26 January 2023  
16 March 2023

The formal meeting ended at 2.38 pm.

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Councillor Ian Holder  
Chair

Appendix A to the minutes

Minutes of the previous meeting - 18 November 2021 - changes from Jo York

#### **40. Portsmouth Clinical Commissioning Group and Health & Care Portsmouth update (AI 7)**

Jo York, Managing Director of Health and Care Portsmouth presented her report and in response to questions explained that:

The NHS has received a significant increase in demand nationally and locally particularly during Summer and had capacity issues. This increase is due to the pandemic which has led to an increase in seasonal infections as people have lower immune systems.

The 111 system has received some investment and as a result has strengthened its call handling capacity service.

Workforce capacity has been stretched and all organisations are looking to do everything they can to improve.

The possibility of working with the fire and police services to improve access to 111 by phone or online is being investigated. Clinical validation from nurses or GPs would be ensured.

Councillor Mason noted that he had received many complaints from patients about access to the Portsdown practice. The panel was invited to visit the Portsdown Practice to talk with the management team.

Councillor Rob Wood joined the meeting at 2pm and said he had no interests to declare.

In response to further questions, Ms York explained that:

GPs and the wider health teams are continuing to work very hard during this pandemic.

GPs have an older workforce. More training places have been put in place and work has been carried out to make the model more attractive to newly graduated GPs who may not want to become partners including opportunities to be salaried or have a portfolio career. The Royal College is responsible for training and we try to influence the curriculum to ensure that the training resembles the job. One local GP is now in charge of some GP training for Health Education England. GPs are part of a wider primary care team including pharmacies, PTs, therapists and nurses.

The shortage of GPs is recognised nationally.

Cllr Wood suggested the use of incentive schemes to attract and retain more GPs in the local area, such as a principal mentor to train younger GPs. It is important to have local people trained and mentored.

Newly qualified GPs leaving to work in other countries is a local and national issue.

The lack of workforce is definite being felt.

They recognise the challenges and stress people in the NHS have endured over the last 18 months.

In response to a question about accessing health care, Ms York explained that the high levels of deprivation in Portsmouth presents challenges.

Patients can now be referred directly to physiotherapists rather than having to see a GP in the first instance.

A significant amount of work has been done about how patients can access the right service.

Cllr Agate asked whether it would be possible to recruit pharmacists from abroad to strengthen the workforce and fill vacancies to help with long waits for discharge medication at QAH.

In response, Ms York recognised that patients may have to wait a long time for the pharmacy at QA Hospital and the impact that this has on discharge times due

to staffing challenges. However, colleagues at the Trust are doing all they can to focus on supporting and speeding up of discharges.

In response to a comment raised by Cllr Bentote regarding recruitment and accessibility for appointments in his local area of Whitely in SE Hampshire.

Ms York agreed there are challenges around GP access nationally.

Ms York informed members of the White Paper Health & Social Care Bill currently going through Parliament. The Portsmouth Clinical Commissioning Group (CCG) and the Hants & Isle of Wight CCG cease on 1 April 2022. The functions will be transferred to the Integrated Care Board.

Creating better integration and enable partners within the NHS to work together more collectively and with Local Authority partners as an Integrated Care System for Hampshire and the Isle of Wight.

Portsmouth City Council and the CCG have a shared communications team.

In response to a question from Cllr Mason regarding complaints about a Portsmouth Practice's online consultation and text messaging system, Ms York responded: We recognise that there are significant challenges in accessing primary care services across the board and are working hard locally with all practices to improve processes.

Some systems were improved and had unintended consequences.

QA Hospital has been under a lot of stress which has impacted some of the processes.

#### Actions

Ms York will let the panel know how it might assist.

Councillor Mason will send details of the complaint where a green prescription was issued at the hospital pharmacy. This issue will be taken up with the Medicines Optimisation Team