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## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 24 June 2021 at 1.30 pm at the Virtual Remote Meeting

### Present

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

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

Apologies for absence were received from Councillors Rosy Raines and Matthew Atkins.

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

There were no declarations of interest.

#### **18. Minutes of the Previous Meeting - 18 March 2021 (AI 3)**

The panel agreed to defer agreeing the minutes until the next face to face meeting.

#### **19. Update from South Central Ambulance Service (AI 4)**

Tracy Redman, Head of Operations South East, introduced the report. She said that it had been an interesting year and that SCAS had needed to adapt some ways of working in line with the national guidance, which had been a challenge. All staff who wished to have the vaccine were now fully vaccinated.

SCAS are seeing around a 10% uplift in demand to the 999 services in the last few weeks. This is a national challenge. SCAS are working closely with PHT and the system to address challenges.

In response to questions Ms Redman explained that:

Petersfield Hospital has always been an option for ambulance traffic and with it becoming an urgent treatment centre it allows them to see different types of patients. There is already a route in for ambulances and more patients would be able to be taken there, but there is a strict criteria SCAS have to follow to do that.

Tracy felt that SCAS had returned to normality following Covid and the significant increase in demand they are seeing is not Covid demand. SCAS

are therefore trying to ascertain if this the new normal and if so what they need to do to manage this. There are a number of factors playing into that, for example, primary care demand and how this is functioning currently. She felt that SCAS were still learning how they can manage going forward if this is the new normal.

Tracy explained the various performance categories. Category 1 patients are the most poorly patients. The green figures are those meeting the national target and red figures are those outside the target. The figures in black are not measured nationally only locally.

HOSP wished to pass on their thanks to Tracy and her team during the Covid pandemic.

**RESOLVED that the report be noted**

## **20. Update from Adult Social Care (AI 5)**

Andy Biddle, (Director, Adult Social Care) introduced the report and summarised the main points.

In response to questions Mr Biddle explained:

He was unsure whether Portsmouth City Council liaised with the Safeguarding Officer at East Hants District Council and Havant Borough Council and said he would find out. Portsmouth did have a lot of contact with the local authority adult safeguarding boards. There was also a lot of contact with Hampshire County Council who would cover safeguarding adults within South East Hampshire.

With regard to the £5.5m additional funds to care sector and information about what proportion of this will be used to support care homes, domiciliary care and day service providers, Mr Biddle said he would provide this to the panel outside of the meeting.

The Independence and Wellbeing team and some staff from day services were redeployed to the HIVE to make sure medication and food was distributed to those who were vulnerable or shielding. There are several contracts with voluntary and community sector organisations in the city and officers are looking at how to manage those contracts and co-ordinate this; the HIVE have been involved in this through the Better Care Fund procedures. This is partly contractual and partly as a response to Covid. Mr Biddle said he could provide a breakdown of where PCC contract with the voluntary sector and whether there has been a change in the percentage of contracting through the pandemic.

Adult Social Care have seen a lot more people coming through the discharge to assess route. The Southsea Unit on the first floor of Harry Sotnick House provides a broad discharge to assess destination and people spend a couple of weeks getting back on their feet. There is also the Gunwharf Unit which is for those people who had a positive Covid status coming out of hospital and could not return to a care home environment until a period of 14 days

isolation. ASC have also seen a reduction in lost bed days and have seen people being delayed for less time. He could provide these figures to the panel.

Mr Biddle said he was not entirely sure of the reason for the significant increase in police referrals for safeguarding. ASC tend to see colleagues in other services who have a concern about someone; they look at these referrals and acknowledge them. He said it may be related to the easing of lockdown as there are less restrictions and people may see people at risk. Until we look through and can categorise that was as precise as this could be. Councillor Smyth said that Councillor Kirsty Mellor was the champion for domestic violence and recommended that Mr Biddle have a conversation with her. He said he was happy to do this.

In terms of building capacity for co-production, officers know there are lots of services and support available and a number of connections that could be made with groups. There is a funding challenge and whatever the national plan we will still have to rely on people and their resources to ensure the care is proportionate. Bath and North East Somerset have done this remarkably well.

In terms of ASC issues that HOSP should be aware of, Mr Biddle felt that a national plan for ASC was needed. He felt that the service could not keep relying on council tax increases to fund ASC as this was not proportionate and did not take account of inequality. The guidance is fairly old now and a national plan was needed and the LGA, provider associations are all pushing for this.

For Portsmouth, he said he was concerned with the 3% increase in domiciliary care from a funding perspective. He was also concerned about the strain on the NHS this year to maintain the flow out of the hospital and how to stop people going to the hospital unnecessarily. ASC want to get domiciliary care in a more modern and responsive place. There was a project; however, this was put on hold due to Covid. It was hoped to move to a more responsive service for families.

The panel said that given the importance of the national reform of the social care system, the HOSP should write to ministers to say that this is a real priority to hope to move them to action.

**RESOLVED that the update be noted and a letter be written to ministers**

**ACTIONS - Andy Biddle to provide the following information to the panel:**

- **Re the £5.5m additional funds to care sector - information about what proportion of this will be used to support care homes, domiciliary care and day service providers?**
- **Any information on how those funds will help support the private voluntary sector and council run provision**
- **Provide a breakdown on where ASC do contract with the sector and whether there has been a change due to the pandemic.**

- **How many hospital discharges are being dealt with by the discharge to assess initiative and are there any figures?**

**21. Care Quality Commission - update on Provider Collaboration Review (AI 6)**

Sarah Ivory-Donnelly, Inspection Manager, introduced her report.

In response to questions she explained that there are several reviews completed a year that focussed on different areas. The CQC try to pick out nationwide what is working and what is not working. There will never be a guidebook about what best practice is from the CQC, as it does not tell people how to tell people what they are doing. This is more the role of the GMC and specialist colleges. One of the directions the CQC is going in is to highlight best practices across the nation. CQC reports are changing to make them shorter and more succinct and highlighting what is particularly good and not good.

The CQC are looking more generally about effectiveness which is one of the five areas reviewed. The CQC do not have the power to comment on commissioning which is why they are currently looking at systems in the way that they are. The CQC does not currently have the same powers looking at a system compared to looking at an individual provider or location.

She was not able to summarise the main lessons as separate reports had not been published; the report is a national report. The CQC have fed back directly to the system. Commissioners are able to view the details to take on board feedback.

Ms Ivory-Donnelly said there were discrepancies with oral health over the nation with regard to who opened during the Covid pandemic and this was an area where people did not receive the care they needed. She said she did not know if oral health had looked at the difference in providers but was happy to go to her contact in oral health and provide a response - ACTION

**RESOLVED that the report is noted.**

**22. Hampshire and Isle of Wight Integrated Care System update (AI 7)**

The report was introduced by Richard Samuel, Director of Transition and Development. He explained that the release of the ICS design framework was published late the previous week. This is cornerstone guidance to allow the ICS to start to work to co-produce the arrangements for the integrated care system for Hampshire and the Isle of Wight. Supplementary guidance would also be expected over the course of the next month. He also added that they are awaiting a decision from the Secretary of State with regard to the boundary of the Hampshire and Isle of Wight ICS. In north east Hampshire the population is currently under the Frimley ICS but there is a proposition as to whether the north east Hampshire population will be returned under the auspices of the Hampshire and Isle of Wight Integrated Care System from April 2022.

In response to questions, Mr Samuel explained that:

Provider collaboratives are groups of health providers who come together to improve services through greater scale and resilience. They are self-created rather than imposed. He would envisage third sector and other partner organisations would be part of this, but he could not yet confirm as they are still in a development phase. There is an acute physical health provider collaborative looking at opportunities to drive quality and efficiency. They anticipate there will be provider collaborative operating along with mental health and disabilities as well. Mr Samuel added that he anticipated significant changes to the legislation regarding the procurement regulations affecting health which will allow the ICS to make decisions to partners which avoids the need to make procurement decisions. This might be something that the third sector would be gratified to hear.

Hampshire and the IOW are leading the way nationally for personalised care. The ICS has four core aims, three of which are orientated towards tackling inequalities, empowering citizens and building social and economic growth for local communities. Over the course of this year it will be incredibly important to ensure that the citizens' voice is hardwired in the development of the partnership which will set the overarching strategic ambitions around health and wellbeing for Hampshire and the Isle of Wight. There is design principle and the focus over the next nine months is simple, evolutionary, local where possible. Members felt that we could do better with the involvement of citizens and carers and better in measuring the effect of those systems on outcomes.

It is not anticipated the legislation around Health and Wellbeing Boards will change. The ICS have been working with HWB chairs and chief executives and all four authorities remain committed to the principle of HWBs being the core architect of identifying the population needs and setting the strategic objectives.

Mr Samuel felt it would be timely for the HOSP to call in for a conversation about population health insight and capability. The ICS have just mobilised a population health and management function across Hampshire and the Isle of Wight and are piloting a number of primary care networks in Portsmouth. This would identify where individuals might be experiencing fewer inputs and fewer access points into health and tracking those outcomes.

The panel agreed that it would be sensible to have this on the agenda for the next meeting - ACTION

With regard to the Guildhall Walk Healthcare Centre Special Allocation Scheme, Mr Samuel said he would check with colleagues how this would be monitored and respond to the panel.

**RESOLVED that the update be noted.**

**23. Update from Solent NHS Trust (AI 8)**

Suzannah Rosenberg introduced the report and said that she wanted to draw attention to the Jubilee House update. Things have changed in Portsmouth, in particular, Portsmouth City Council opening the top floor of Harry Sotnick House for discharge to assess provision, which had been a real benefit for patients coming out of QA Hospital in a timely way. She felt they were fast approaching the point for partners to be able to say what the best configuration of community beds was for the population.

Ms Rosenberg asked how the panel would like to receive an update from these conversations, which would be concluded very shortly. She suggested an email update be circulated to the panel and the panel were happy with this. It was suggested that at the September meeting the HOSP are asked that they have read the email.

**RESOLVED that the update be noted.**

#### **24. Guildhall Walk Healthcare Centre update (AI 9)**

The report was introduced by Jo York, Managing Director NHS Portsmouth CCG.

In response to questions Ms York explained:

With regard to the Special Allocation Service, they are continuing to work with other CCG's and PHL, the current provider, to see how the service can continue. The site may change but the service will continue.

Through Covid the NHS has developed alternatives to normal face to face provision, particularly in primary care and to move to a total triage model. This was something that was being worked on pre-Covid to explore different types of access to primary care, whilst recognising that some of that demand can be managed digitally or through telephone triage. All practices work very differently but GPs are now seeing patients face to face where there is a clinical need. In Portsmouth, working with Solent NHS Trust and primary care practices, an example of how the CCG have been working differently is the set-up of a primary care musculoskeletal service. This means that a patient can self-refer directly to the physiotherapist rather than having to go through their GP, and for urgent physiotherapy issues they can be triaged on the day by a physiotherapist when they phone their GP practice.

With the Guildhall Walk practice the CCG have been managing those patients where they know there are practices with additional capacity in the city and the CCG will continue to work with the practices to ensure they are supported to take on additional patients. The CCG will also continue to work with primary care through the Primary Care Networks (PCNs) to look at access moving forward, recognising there are issues and challenges with e-consult. GP practices are also seeing different types of queries coming through the e-consult service, creating additional demand due to its convenience.

The Guildhall Walk practice does not offer a walk in service as it did previously for non-registered patients, this service stopped a number of years ago. The practice does have quite a young, transient population which does bring different challenges. The CCG have worked with Portsmouth University and the Uni City practice with regard to taking on some of the patients from the Guildhall Walk practice. The CCG are working with the University and Uni City practice to ensure the correct services are in place. One thing the university has told them about is a need for mental health support, so the CCG is working with them and the Uni City practice about how to move that forward. The CCG has also just confirmed that the former practice manager from the Queens Road surgery, who has experience of closing down a practice, will work with the Guildhall Walk surgery to oversee the transfer process and ensure everything goes smoothly.

Those patients who have not expressed a preference will be allocated a practice. They will transfer and be informed of their new practice by letter. If they have any concerns they can contact the CCG through the dedicated inbox. The CCG are working with all patients of Guildhall Walk to ensure the transfer happens smoothly. If a patient moves practice and they feel it is not the right fit for them, they can move practice again through the usual process.

**RESOLVED that the report be noted.**

**25. Health and Care Portsmouth/CCG update (AI 10)**

The report was introduced by Jo York, Managing Director, Health and Care Portsmouth.

In response to questions Ms York explained that:

With regard to the facility for Long Covid patients, the CCG are commissioning the service and working with providers across Hampshire and the Isle of Wight based on a multi-disciplinary team clinic. Any GP can refer into that service. This is a very new area in development linked to services such as chronic fatigue services as a lot of the symptoms are similar. There is a lot of research going into this service recognising that Long Covid is still fairly new. An app has been developed for patients to track their symptoms to better understand how to support them.

**RESOLVED that the report be noted.**

The formal meeting ended at 3.27 pm.

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Councillor Ian Holder  
Chair