MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 16 September 2021 at 1.30 pm as a Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Lee Mason
Councillor Rob Wood
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Lynn Hook, Gosport Borough Council

26. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Roger Bentote, Trevor Cartwright and Rosy Raines. Councillor Matthew Atkins was present but had to leave due to the meeting's delayed start.

27. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

28. Minutes of the Previous Meeting - 24 June 2021 (AI 3)

RESOLVED that the minutes of the meeting held on 24 June 2021 be agreed as a correct record.

29. Update from Portsmouth Hospitals NHS University Trust (AI 4)

Dr John Knighton, Medical Director, and Mark Orchard, Chief Financial Officer, introduced the report. As at today QA has 63 patients with Covid compared with 83 three weeks ago. The recent Victorious Festival does not seem to have resulted yet in a surge in cases but there is a sustained impact of patients needing high-level treatment. Last week overall hospital occupancy was on average over 99% which is higher than in the depths of winter. Walk-ins and ambulance conveyances at the Emergency Department (ED) for both Covid and non-Covid patients have been steadily rising since April with a consequent increase in admissions. This reflects the challenges in the community of providing post-acute care for medically optimised patients (those awaiting additional support), of whom there are currently 150.

The Trust is working on increasing elective work and has exceeded the target of the 2019/2020 baseline of elective activity and is meeting cancer targets despite Covid. The focus is on maintaining a flow as good as possible through the hospital to minimise delays and improve patients' experience. Over 93% of the workforce are fully vaccinated and will receive a booster at six monthly intervals. The pressure on the Trust is extreme and is sustained coming out of Covid. The Trust had one of the busiest caseloads of Covid patients in terms of numbers and impact, for example, over 60% in-patient beds had Covid patients in February. There was not as much rest and recuperation for staff over the summer as hoped. Staff taking their leave has been prioritised and they have been given an extra wellbeing day. Staff wellbeing is a priority, especially with winter approaching, so as to maintain business continuity.

In response to questions, Dr Knighton explained:

With regard to the Urgent Treatment Centres (UTC), some of them have not been able to maintain their scheduled operating hours, mainly because of staffing difficulties, which in turn has a negative impact on QA. The last six to eight weeks have seen an increase in attendance at QA as the UTCs have had to reduce their hours. The UTCs play an important part in emergency care. The Trust meets providers daily to discuss operation; however, staffing is a challenge which is not easy to resolve. Other operational models or locations may need to be considered over the next few months.

If it looks as if capacity is being exceeded, and demand is currently outstripping capacity, the Trust will implement marginal gains on different fronts. Demand at the "front door" needs to be managed to re-direct those who do not need acute hospital care; the hospital's own internal processes need to be streamlined as much as possible; packages of care or other support need to be in place so patients can leave hospital. If capacity is exceeded then it will have a knock-on effect on elective activity, which the Trust wants to avoid at almost all costs. However, QA has a relatively small proportion of elective bed base compared with other hospitals and elective work is rigorously and clinically prioritised. The Trust is aware of the potential risk of harm and escalating backlogs. Cancer care will continue to be prioritised no matter what. However, there may be a point where elective care is compromised.

Mark Orchard outlined progress on the proposed new ED and gave a presentation. £58 million national capital investment has been committed and there is a three-stage process to confirm release of funding. The project is currently at the detailed design stage (showing where rooms and co-locations will be sited) and subject to approval work could start early next summer with completion planned for 2024. Three locations had been considered. Expanding the existing building was discounted as being too disruptive and the North public car park was not near enough other departments. The new ED will have just over 5,000 sq m floor space as opposed to 3,500 sq m in the current facility. The Trust has liaised closely with Planning and Traffic officers to allow for the best traffic flow. The outline planning application was granted in July. Lessons have been learnt from the pandemic so adults and children will be treated in single rooms to ensure privacy and dignity and also to manage respiratory conditions. Adult recess bays have been increased from four to eight and a further two paediatric bays have been added. CTI scanner capability will be increased to minimise delays.

In response to questions, Mr Orchard and Dr Knighton explained that:

There are three to four parking spaces at the entrance to allow for drop-off outside the walk-in entrance and there will be a new multi-storey car park a short walk away with 300 spaces by the end of March. The Trust has liaised carefully with Planning and Transport to minimise traffic congestion and enable people to access the ED. Members' comments about the need to allow, for example, parents bringing children, will be taken back for

consultation on the final design. It may be possible to designate some spaces in the staff area for the public. Portering and availability of wheelchairs when people arrive will be taken into account by the design team. Feedback is always welcome.

The Trust has not navigated the third stage of the business case yet though the individuals involved in reviewing the business case are very positive. However, Mr Orchard acknowledged that the project team is experiencing some issues caused by the national shortage of construction labour and materials and this may impact on the building work when it starts.

The new ED will not provide a huge gain in space but will in clinical effectiveness. The current layout is not effective. Although the intent is to avoid ambulance delays, the new ED is a way of providing clinical space that is the most efficient and safest way to treat patients. There is an inorexable trend for people coming to QA for treatment and the Trust needs to work with providers to support patients to get help from other routes.

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

RESOLVED that the report be noted

30. Update from Hampshire, Southampton & Isle of Wight Partnership of Clinical Commissioning Groups (AI 5)

As the Hampshire, Southampton & Isle of Wight Partnership of Clinical Commissioning Groups (CCGs) works closely with the Hampshire & Isle of Wight Integrated Care System (ICS) this item was considered jointly with the next agenda item. Jo York, Managing Director of Health & Care Portsmouth, was in attendance for these two items.

Jane Ansell, Senior Responsible Officer for the Hampshire & Isle of Wight Covid-19 vaccination programme, introduced the report and summarised the main points. To date, over 2.6 million Covid vaccinations have been delivered across Hampshire and the Isle of Wight ICS area in a variety of locations including festivals and places of worship. Targeted outreach work is continuing to encourage vaccination take-up. Ms Ansell outlined the next steps of the vaccination programme, including for children. Schools are grateful for the support with delivering vaccinations for 12 to 15-year-olds. The booster programme will be deployed to priority groups 1 to 9 as far as possible in the same order as with the first and second doses; the NHS will contact people when it is their turn. The booster should be given no earlier than six months after the second dose. The CCG is working closely with partners to prepare for winter.

In response to questions, Ms Ansell explained:

Vaccinations will be given in locations convenient for people. In the early days of the vaccination programme vaccines were allocated to hospitals but they are now focussing on their own staff so they can plan for winter. "Co-administration" (giving Covid and flu vaccinations at the same time) is permitted and will be done wherever possible.

Paul Gray, Director of Strategy at the ICS, said the Health & Care Bill removes barriers so as to join up services for residents. The Bill builds on existing arrangements rather than unpicking them although it is recognised that some structural changes are happening.

Dr Derek Sandeman, Chief Medical Officer, agreed that population health management (discussed at the previous meeting) is crucial to everything services do and central to all delivery. The ICS is charged with "walking" more strongly with partners to improve health and wellbeing. Conversations will take place through the Health & Wellbeing Board and other organisations; widening conversations will be valuable. Health has improved over the last six decades with 80% of improvements due to the wider determinants of health (poverty, housing etc) and 20% (vaccinations, treatment delivery etc). However, life expectancy has stalled and is decreasing; the ten added years of life are spoilt by being spent in poor health which creates much work and is becoming a problem. The public's health as a country has worsened.

Viewed through a macro lens the population is doing badly on general wellbeing, obesity, diabetes etc; obesity is an epidemic leading to other diseases such as stroke and cancer. Secondly, there is too little focus on air pollution and it may be that our children will judge us on this, as they might with climate change; they are exposed to particulates equivalent to smoking 20 cigarettes per day. Pollution affects the lung development of foetuses. We face a similar challenge to that of the Victorians in improving health and wellbeing.

Viewed through a micro lens there are inequalities and individual risks. The ICS have engaged Cerner to mine and investigate data to show who is attending hospital more frequently so as to take a more proactive approach to preventing poor health. The Optum approach examines how physicians ask questions and intervene. It is being trialled in parts of HIOW amongst primary care networks who seem very enthusiastic and cannot wait to start applying it. The intention is to offer it to all aspects of health and wellness, and inequalities such as psychiatric morbidity.

Members thought the work described is vital to improve wellbeing and prevent poor health. Dr Sandeman said it is up to everyone to make a difference and "walk together." When he was a physician treating stroke patients there was little he could offer for what is mainly a preventable condition.

Dr Sandeman agreed with members that it is vital to understand how younger people communicate and behave in order to engage with them. Fast food organisations have the advantage of knowing how to affect young people's behaviour and influence them. However, the root cause of obesity is inactivity; people are eating less per head of population than in the 1950s but are more sedentary. Countries who have dealt more successfully with obesity have taken bold steps to increase activity, for example, making it easier to cycle than drive around cities. Implementing active transport is not easy; it is another "Victorian challenge." Members noted the difference between private

and state schools in that the former often have more sport and encourage competitiveness and young people need to feel competitive.

In response to comments that GPs need to see older people in order to communicate with them and give messages on wellbeing, Dr Sandeman agreed that balancing e-consultations with face-to-face ones is an important challenge and one which has not been resolved yet.

The HOSP thanked the CCG and the ICS for their reports.

RESOLVED that the reports be noted.

31. Integrated Care System update (AI 6)

As noted above, the Integrated Care System update was discussed jointly with the previous agenda item.

32. Public Health update (AI 7)

Helen Atkinson, Director of Public Health, introduced the report and summarised the main points. Following on from Dr Sandeman's comments, she noted that despite improvements in healthcare there are still significant issues with health inequalities in the public's health. For example, although it is now mainly unvaccinated people who are admitted to hospital with Covid, pre-vaccination we were seeing more patients with existing conditions like obesity or diabetes, admitted. When looking back 100 years people died from infectious diseases but now it is from lifestyle factors like poor diet, smoking etc. Dealing with inequalities involves complex solutions that need to be tackled in partnership at all levels of society. The wider determinants like housing, education, employment are important in tackling obesity and other lifestyle factors. However, also other factors such as food industry marketing policies need to be considered, especially around children and fast food. Portsmouth has a very strong partnership approach to tackling the public's health and is currently refreshing the Health and Wellbeing Strategy, which focuses on tackling the wider determinants of health ie underlying reasons such as poverty, housing, education and poor air quality. There is more to be done and all the partners on the Health and Wellbeing board, for example, the council, NHS, business, police and the University of Portsmouth, are involved.

Air quality as an example is an important issue. As around 10% of car journeys are related to health (attending appointments, visiting patients, getting to work) PCC is working with QA to tackle the reduction of health-related traffic. Nudge behaviour is important, for example, making it easier for people to make the right choices.

Public Health is still in Covid response alongside the "business as usual" commissioning and delivering services, for example, provision of sexual health and substance misuse services. Public health is still providing asymptomatic testing services and local contact tracing. We are supporting the NHS with vaccination, especially in deprived communities and hard to reach groups. Ms Atkinson thanked Ms Ansell and Dr Sandeman for their support. Portsmouth was one of the first areas to prioritise vaccination for the homeless population, which gave the opportunity to screen for hepatitis and

blood borne viruses. Partnership working provided help such as food parcels via the Hive for those self-isolating. Public Health has supported care homes and advised on government guidance on infection control and prevention; there have been very few outbreaks in homes. Ms Atkinson thanked care home staff for their fantastic work. There are fewer outbreaks in schools though this may be higher now with the start of term. Public Health works with Education and Children's Services. Covid vaccination is "business as usual" and testing and tracing is likely to be part of life for the next year at least. All CCG and many council meetings start with Covid intelligence so everyone is aware of the current situation

The HOSP thanked Ms Atkinson for her report.

RESOLVED that the update be noted.

33. Southern Health NHS Foundation Trust update (AI 8)

Nicky Creighton-Young, Director of Operations, introduced the report and summarised the main points on ongoing projects. 92% of staff in the south-east workforce are fully vaccinated and as at today only five out of 1,352 staff are absent due to Covid. However, they are very challenged and stretched due to acuity of conditions and flow of patients.

The refurbished Poppy Ward at Gosport Memorial Hospital was opened in June. Work on Rose Ward is ongoing but despite slight delays due to the number of contractors able to be on site because of Covid restrictions it should be ready by November. The Trust has been asked to present their work on the wards nationally.

There have been some challenges with staffing across all the Urgent Treatment Centres (UTC) but apart from two days in August at the Petersfield UTC they have been operating as usual from 8 am to 8 pm. Concerns over communication between the UTCs and other health organisations will be taken back to providers.

With regard to the Pascoe Report, published last week, the Trust's Chief Executive has asked to meet with scrutiny panels to consider it in more detail and address the recommendations.

The HOSP thanked Ms Creighton-Young for her report.

RESOLVED that the report be noted.

The meeting ended at 4.07 pm.

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Councillor Ian Holder

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Chair