

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 23 June 2022 at 1.30pm at the Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Matthew Atkins
Councillor Graham Heaney
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Martin Pepper, Gosport Borough Council
Councillor Rosy Raines, Havant Borough Council
Councillor Julie Richardson, Havant Borough Council

1. Welcome and Apologies for Absence (AI 1)

The Chair welcomed everyone to the meeting and apologies were received from Councillor Brian Madgwick and Councillor Joanne Bull. Councillor Fred Birkett deputised for the latter.

2. Declarations of Members' Interests (AI 2)

Councillor Julie Richardson declared a non-prejudicial interest regarding the orthopaedic department.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes be agreed as a correct record.

4. Southern Health NHS Foundation Trust (AI 4)

Paula Anderson, Finance Director and Deputy Chief Executive, Southern Health introduced the report and in response to questions she and Paula Hull, Director of Nursing and Allied Health Professionals explained that:

Complaints are received centrally and there are many processes in place to ensure that these are acknowledged and responded to in good time. The issues raised are sent to the appropriate team to answer and understand them. If it is not possible to respond quickly to the complainant, they are contacted to ensure that they understand that it is being dealt with and their permission is sought for the trust to take more time to investigate thoroughly. The Chief Executive and Director of Nursing monitor those that have taken over 10 days to be resolved.

In the main, the report deals with patients' experiences between 2012 and 2015. However, the actions taken afterwards is the broad focus of the report plus what needs to happen to achieve gold standard. Some areas of inadequacy were identified. It is important that all organisations come together to discuss how they can all improve.

The Working in Partnership Committee membership includes the voluntary sector, local groups and carers. The Quality & Safety Committee is a broad subgroup whose membership includes non-executive and executive directors. It reports to the board. On page 2 of the report, recommendation 2 the dates

should read: The updated policy was shared with the Working in Partnership Committee on 17 January 2022, was reviewed by the Quality and Safety Committee on 15 February and 15 March prior to approval by the Board on 29 March. It was published on the Trust's website in late March.

Staff training is tracked using the Managed Learning Environment system. Some staff are champions. People's working practices are visible to others and any issues regarding practice will be picked up by line managers.

It was acknowledged in the report that the pandemic had a detrimental impact on some work; some had not progressed as well as had been hoped.

A lot has been learnt about working together to improve. In the early days, a policy or guidance would simply be put in place and that would be the action rather than ensure that the desired outcome was achieved.

Behaviour change is what will make the difference and ensure that the changes are sustained. Staff acknowledge and understand what has happened and what needs to be done to put it right and therefore their behaviour will change.

On 25 June there is a mental health awareness day in St Denys, Southampton. A great number of people have come forward wanting to be involved. This is a community-focussed event. Engagement with communities is going well.

5. Portsmouth Hospitals University NHS Trust (AI 5)

Chris Evans, Chief Operating Officer introduced the report and in response to questions, clarified the following points:

- They are working hard to ensure there is sufficient capacity to offer use of the discharge lounge to everyone.
- The trust is working very cohesively with primary care across Portsmouth and South East Hampshire on pathways to avoid unnecessary admissions.
- The Lung Health Check programme is a national piece of work.
- Looking ahead to Winter, it will not be possible to fit additional beds in the current estate so the focus is on pathways to avoid admission where appropriate.
- The covid rate on 22 June in Portsmouth was 179 per 100,000 people which is up from below 100 two weeks ago. The number of patients with covid has more than doubled in the last couple of weeks; it is approximately 40 now. There has not been a significant impact on elective surgery.

Action: details of why the Lung Health Check cut off age is 74 will be sent to the panel after the meeting.¹

¹ (Action: details of why the Lung Health Check cut off age is 74 will be sent to the panel after the meeting.)

Post meeting note:

In response to questions, Jo York, Associate Director System Management Urgent Care Lead explained that:

- The number of appointments with GPs has increased, but so has demand.
- The ways to access GP services have been expanded and include face to face, by telephone and online.
- Work is being carried out to improve GP recruitment.
- The local clinical assessment services support the urgent care pathway, the 111 service and the ambulance trust.
- The Urgent Treatment Centre in Petersfield's opening times have been extended. Work is underway looking at this and other UTCs to identify how they can work more closely with primary care.

6. **Adult Social Care (AI 6)**

Mark Stables, Head of Market Development and Community Engagement introduced the report and in response to a question he explained some of the reasons for the increase in demand:

- More people with complex needs are living longer.
- More people with autism are coming forward. This is largely because of the engagement work that has been carried out to raise awareness that anyone who find relationships, work or looking after themselves difficult are eligible.
- Referrals flattened during the pandemic partly because health and social professionals were not visiting in the same way and many people were on furlough and had more time to look after family members who needed support.
- There are more older people in the population nationally.

7. **Public Health (AI 7)**

Q. Why is the Targeted Lung Health Check only being offered to smokers/past smokers in a certain age range?

A. The Targeted Lung Health Check is currently being offered to those most at risk of getting lung cancer. Data shows those between the age of 55 and 74 who currently or previously smoked are at a higher risk than others of getting lung cancer. If you display any symptoms or have any concerns about your lung health you should book an appointment to see your GP straight away.

Some additional context, if needed.

Lung health checks are an addition to what you might consider the normal NHS service, so everyone of all ages are still able to visit their GP if they have any symptoms or concerns about their lung health.

There is an age limit for lung health checks because it is effectively cancer screening of asymptomatic patients. Before any screening service is launched, evidence is scrutinised and the cost and benefit of introducing that service are considered. This includes, not only the cost-effectiveness of the intervention, but also includes the relative harms and benefits to participants of being screened. Screened participants will almost exclusively not have any symptoms, the majority of those screened will not have cancer. This kind of screening can cause anxiety for asymptomatic people and also includes risks such as overdiagnosis and overtreatment.

Dominique Le Touze, Assistant Director of Public Health ran through the presentation that had been circulated with the agenda.

- The number of drug users and alcohol dependent people has not substantially improved over the last few years.
- Public health can support the coordinated action that is necessary by providing a strong evidence base to understand the scale of the problem and what works to improve it.
- Public Health supports the Air Quality Board locally to support delivery of the Health and Wellbeing Strategy workstream on air quality and active travel. Members include Portsmouth Hospitals' NHS Trust, Solent Trust, Portsmouth City Council, the Navy, the university, the port and Sustrans. Work is underway to understand all the member organisations' air quality plans to ensure a coordinated approach to achieve more. This work is aligned with the delivery of the NHS Green Plan through the ICS Sustainability and Energy Board.
- As transport drives approximately 50% of poor air quality, there is a need to address transport pollution and promote active travel.

The super zone focuses on coordinating both policy and practice for clean air, physical activity and healthy eating and community safety. It coordinates all that policy and action in a 400m zone around a single primary school. Early findings indicate that many of the single actions are having multiple co-benefits e.g. a local park was regenerated based on what pupils had identified as barriers for them using the park to be more physical active. The pupils will be asked whether this will help them use the park.

It is a highly complex issue but there is a lot of good will.

8. South Central Ambulance Services (AI 8)

Tracy Redman, Head of Operations South East introduced her report and in response to questions clarified the following points:

Some of the well-established pathways have dedicated phone lines for the crew. They call the community initially and then the appropriate professionals are brought into the call.

The pilot has demonstrated that investment will be required to have a dedicated person to take the calls. Work is ongoing on the analysis of the pilot.

There is an established pathway with the hospital departments and on the whole, getting through is ok.

There has been a lot of work with care home colleagues to reduce the amount of unnecessary calls to the ambulance service. It is significantly better than it used to be. The high turnover of staff means it is a challenge to ensure that regular training is received.

Some homes have the Airdale system in place where staff can call a clinician to determine the best course of action when a resident is ill.

Jo York added that most care homes in Portsmouth have the Airdale model and work with PCNs, clinical trusts and Anticipatory care teams regarding training

Tracy Redman explained that

The ambulance service has been part of the ED redesign team and their needs have been taken into account. There are many design positives to help reduce queuing.

The flow of patients in and out of hospital will remain a system challenge as it is not simply an ED issue, but the new ED will improve it.

Body worn cameras were introduced a few months ago and have acted as a deterrent in some instances. These will provide evidence to support crews through the court system in cases of abuse.

They are not trained to restrain people and it is not somewhere they want to go. The police provide good support.

9. Portsmouth Clinical Commissioning Group Update (AI 9)

Jo York, Associate Director System Management Urgent Care Lead introduced the report and in response to questions, clarified the following points:

Portsmouth Practice is very close to reducing the eConsult wait times to three working days within three months.

Some of the challenges regarding recruitment are nationally driven. They are looking at different recruitment offers that can be made including locum+, salaried and partnership opportunities. Many NHS providers run bursary schemes. Solent NHS Trust has been successful in its international recruitment. NHS employers have removed the automatic requirement for someone entering at level two apprenticeship to have GCSE maths and English. Everyone involved is looking at ways they can do things differently and perhaps create more practical routes in for people.

There are some good examples where telehealth is working well but there is more that could be done to improve it. As we move into the Hampshire and Isle of Wight Integrated Care Board (ICB) space, the opportunity to do more of that at scale will benefit everyone. There is a long way to go regarding telecare and they will work with primary care providers.

There has been lots of work with practices regarding how they can manage it effectively and the advice they can produce to support their patients.

Most of the time, eConsult works well. The PCCG is continually working with practices and the eConsult providers to ensure that it is as robust a system as possible.

GP retention is quite stable. There is a close-knit primary care community.

Dentistry is currently commissioned by NHS England; with the ICB delegated responsibility will come to the Integrated Care board. They are looking to recruit a local post that would work with us to support NHS England and our priority areas: Portsmouth, Southeast Hampshire, particularly Havant, Gosport and the Isle of Wight, closely followed by Southampton.

At a recent local dental summit organised by Penny Mordaunt, the conversation was open and productive and explored some of the challenges and perverse incentives that are within the system.

There are significant national issues around the national contract, registration, the fact that you must have been an NHS dentist for at least four years before you can mentor another NHS dentist. The summit attendees (MPs, the General Dental Committee and NHS Health England) committed to look at some of these challenges

There's a Hampshire and Isle of Wight Dental Network. Locally, under the ICB, they can start to look at more specific commissioning, more focused around needs.

More could do locally. There's a Hampshire and Isle of Wight dental network.

Jo York will lead on dentistry in Hampshire and the Isle of Wight until a permanent position is found.

MPs are very concerned about the local issues. They are working with the minister to try to support how the national policy changes are enacted and speed them up through the processes. When they have the output from the local summit, some will be shared and the actions that all partners committed to.

Councillor Ian Holder
Chair