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HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 22 September 2022 at 1.30 pm at the Virtual Remote Meeting

Present

Councillor Graham Heaney (Chair)
Councillor Graham Heaney
Councillor Brian Madgwick
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Joanne Bull, Fareham Borough Council
Councillor Martin Pepper, Gosport Borough Council
Councillor Julie Richardson, Havant Borough Council

25. Welcome and Apologies for Absence (AI 1)

The Chair welcomed everyone to the meeting. Apologies were received from Councillor Ian Holder and Councillor Mark Jefferies. Councillor Graham Heaney was duly elected as Chair of the meeting.

26. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

27. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting on 23 June 2022 be agreed as a correct record

28. Hampshire and Isle of Wight Integrated Care Board (AI 4)

Jo York, Managing Director of Health & Care Portsmouth was unable to attend so Bernie Allen, Deputy Director of Planning & Governance introduced the report and in response to questions she and Sylvia Macey, Acting Deputy Director of Primary Care, explained that:

The Integrated Care Board (ICB) was established on 1 July 2022. The ICB hosted a GP summit in the summer which had been delivered with the close support of Portsmouth City Council. Work was continuing to develop the themes arising from the summit. Work on dentistry is in its early stages and the ICB had offered the chance to strengthen the voice on dentistry work with

public health colleagues and the local representation would continue to progress.

The existing S75 was in place and the timetable for revising it is mid-October.

In relation to the Trafalgar Medical group moving to the old Debenhams site, all parties agreed, talks were ongoing, and the developer was keen to progress.

Elective Hub

The Elective Hub would offer more continuous care and ensure theatre sessions run and are staffed, with an individual consultant available to staff and deliver the list. The referral process and whether patients would be treated by their own consultant is not known. Specific updates will be sent to the Panel as soon as they become available with a further update to be brought to the next HOSP Panel meeting.

It was too soon to comment on what impact the announcements by Teresa Coffey, Secretary of State for Health and Social care, would have.

Regarding the primary care marketing campaigns, the staff advertising campaign aimed to attract people into Hampshire and Portsmouth specifically. There was also a campaign to encourage patients to look at and understand the wider team available for their health needs alongside their GP. Whether a GP is on the GP retention scheme depends on certain parameters and whether they fit into those.

Action - Bernie Allen and Sylvia Macey to provide members with further information regarding the staff advertising campaigns and the GP retention scheme.

Dentistry

Some NHS dentists are available in Portsmouth although some are choosing to release their NHS contracts. There is currently difficulty recruiting dentists which is being considered within the current NHS England procurement exercise. By April 2023 there should be a number of units of dental activity recommissioned in Portsmouth with books being opened slowly to avoid becoming overwhelmed. The situation is expected to improve over the next 6 - 12 months. The Dentistry contract is a national one and not within the power of the ICB to change although there is a national programme of dental reform. Dental commissioning was taken over by the ICB on 1 July 2022.

There was a discussion about HOSP making their thoughts and wishes known in relation to dentistry to the Department of Health. The panel was advised that a dental summit had been convened by the MP Penny Mourdant who had produced a report containing some immediate action points alongside longer term systemic actions. The report proposed setting up two steering groups - one to achieve the immediate action points and the other to build a road map for increasing the number of dentists in the city. This report is to be taken by Penny Mourdant to the Department of Health and Social Care.

Action - HOSP to consider approaching Penny Mourdant and offering the panel's support in her approaches to the Department of Health and Social Care.

Urgent Care & System Pressures

Work was still ongoing on the improvement programme with some changes and improvements coming to fruition. In preparation for the winter there was a lot of work ongoing to ensure capacity in the right places and the right times across the whole pathway. This ties in with the campaign to educate patients on understanding the alternative professionals available to help them, not just their GP, Emergency Department (ED) or Queen Alexandra Hospital (QA). ICB are working on communications all the time to enable this approach and to ensure patients experience a good level of care whatever shape that takes or with whom it takes place. They continue to assess and learn from mistakes - it is a continuous learning cycle.

In relation to ambulance delays, Bernie confirmed the targets set are challenging but they expect to achieve them. Challenging trajectories have been set to improve the position by the beginning of October.

With bed occupancy, the figures were the percentages considered appropriate to operate QA maintaining the patient flow through the hospital ensuring a hospital bed is available when patients come in through the ED. The reported occupancy levels are higher currently than they should be but it is improving.

29. Solent NHS Trust (AI 5)

Suzannah Rosenberg, Chief Operating Officer, Solent NHS Trust presented her report and advised that she would answer questions on the first two items, the Jubilee House Transformation and MSK move from QA Hospital with Chief Executive, Andrew Strevens available to answer questions on the third item, The Hampshire and Isle of Wight Community and Mental Health services review.

Suzannah was pleased to report that the work on Jubilee House had almost concluded and explained the delays had been due to pressures at QA and the need to fully open Jubilee House as surge capacity. She commended the project as a showcase of integrated working with the Council, resulting in a combined bed stock of 'discharge to assess' and community rehabilitation beds on a single site from 1 October 2022.

In response to questions, Suzannah explained:

There is currently a 30 plus days stay in Harry Sotnick House in the Southsea unit that PCC run and the aim is to reduce this down to 18 - 21 days. With the Solent Therapy input, which will be in place when Jubilee House service is moved into the Southsea unit, the length of stays should improve, thereby improving the discharge of people back into the community.

There were a number of options being considered for the physical building. Due to the pressure on estate and local services it will continue to be used for the health and social care economy. The building needs work to deal with asbestos in the roof and an ongoing mouse problem. Decisions on its use have not yet been finalised.

Mental Health Review

Andrew Strevens updated the panel on the Mental Health review and the 5 recommendations, one of which was a strategic review of financing in the community and for mental health services across the whole of Hampshire and the Isle of Wight, which is being led by the finance team in the ICB. As part of this it was recognised there had been differential funding resource allocations to different areas. In Portsmouth there had been significant increased investments in community mental health services resulting in better outcomes for the population of Portsmouth, in contrast to elsewhere in Hampshire and Isle of Wight. Lessons learnt from this would be used across the whole of Hampshire and Isle of Wight to strategically invest in community and mental health services.

In response to a question on people being able to access mental health treatment in a reasonable timeframe, Andrew explained:

The review had looked at the services provided by both Solent NHS Trust, Southern Health by the Sussex partnership and the Isle of Wight Trust and considered by working closely together services will improve. Andrew acknowledged the long waiting lists for CAMHS for both Hampshire and Portsmouth residents and highlighted the national picture of shortages of CAMHS practitioners. However, by working together and learning best practices from each other the pathways will be smoothed and this will improve waiting times.

There are many players in the system and by creating more integrated organisation, the complexity is reduced and better care provided.

Andrew went on to highlight the 5 recommendations being worked through:

- A new Trust created for all community and mental health services across Hampshire and Isle of Wight, with local divisions to focus on communities.
- A review of community physical health beds in partnership between community, acute and primary care providers and local authorities.
- Development of a systemwide clinical strategy for community and mental health services that focus on prevention, early intervention and patient centred care.
- A clear, systemwide strategy for place and local leadership.
- Establishment of a more strategic approach to the funding for community and mental health service to address the current inequities.

A question was raised in relation to the minimal engagement with the public and patients on the findings from the review and the apparent 'full steam ahead' on the recommendations before this engagement has taken place.

Andrew updated the panel and recognised that the engagement activity had not been at a level they would have liked and noted similar questions had been raised at the Southampton HOSP meeting. He advised that work is ongoing with ICB colleagues with an engagement process agreed within the next few months and more details would be available once this had been finalised. Andrew stressed that the ICB will attend whenever and wherever asked in terms of engagement activities.

Action - updates on these engagement activities to be brought to the next HOSP meeting.

30. Healthwatch Portsmouth (AI 6)

Siobhain McCurrach shared her presentation with members on Healthwatch Portsmouth, which is the independent patient voice champion for health and care services in Portsmouth.

She highlighted the 8 statutory functions of Healthwatch Portsmouth:

1. To encourage people to get involved to have their say about the way services are planned and provided.
2. To gather feedback from the people who use local health and care services.
3. To provide anonymised patient experiences to service planners and providers in Portsmouth to influence decisions on how to improve services.
4. To comment on the quality and availability of services based on people's experiences and to make recommendations for service improvement.
5. To provide information about available health and care services in Portsmouth to help people make informed choices
6. To review how service planners have involve patients and the public in their thinking about new services or changes to services.
7. To provide feedback to Healthwatch England, along with the other 150 local Healthwatch branches, in order to provide a picture of what is going on across the country.
8. To raise with Healthwatch England any key issues that affect Portsmouth to highlight any particular issues.

Siobhann highlighted the achievements of Healthwatch Portsmouth 2021/22 and the changes made to services as a result of various projects/activities undertaken by Healthwatch.

Siobhann went on to outline Healthwatch's plans for Portsmouth in 2022/23 and gave information on where they have held and will be holding information stalls.

In response to questions from the panel, Siobhain explained:

The service reaches out into the community by hosting stalls at community events enabling face to face interactions and aims to have a public face via the media, such as appearing on local radio stations to promote the service. They are available to speak to people face to face and on the telephone and is conscious of reaching people who are not able to read and write. She hoped that Healthwatch would also be promoted via word of mouth in the community.

In relation to Healthwatch's recent visit to the ED department at QA, Siobhain explained that the walk through was of the current ED with recommendations being made on how the service could be improved, specifically at the front door with the problems experienced with the appointment system. Siobhain noted that Healthwatch Portsmouth had asked to be involved in the Emergency Department Transformation Plan discussions, but this has not materialised on a regular basis, although they are a member of the Portsmouth Hospitals University Trust patients and carer collaborative, which is involved.

The planned opening of the new ED is stated as October 2024 but Siobhain had not seen the latest transformation plan and was not aware of the progress of the project.

During periods of excessive pressure on the system at QA the decision had been taken to only hold patients in ambulances for a maximum of 30 minutes. This suggests there is flexibility in the system to continue this practice. However, Triage is in relation to people who are presenting at the front door and the type of support that can be offered to them. Healthwatch has asked the NHS to promote public information about the differences in access to emergency services as they did not consider there had been a robust enough campaign to help people understand the different options.

A question was raised regarding patients attending ED being asked to sign a disclaimer when they chose to leave following an extended wait and whether this was deemed appropriate. Siobhain replied that she had not come across this and considered it a worrying development.

In relation to Urgent Treatment Centres (UTC), an issue was noted on patients that were too serious to be treated at a UTC but were not serious enough to be treated at the ED, the 'major, minors'. There is a current review project on this with an announcement due in the next couple of months as the NHS are aware there is a body of people who are being redirected several times and not getting the care they need at the point of access. UTCs are central stage to this review. Siobhain noted that Healthwatch will be conducting their own community-based research at St Mary's UTC, speaking

with patients about their experiences of attending and a report will be published in due course.

Action - The panel requested an update on UTCs and the expansion of their facilities at the next HOSP meeting.

On a final note, Siobhain noted there is a Waitlist App being launched in Portsmouth in September which will explain wait times at UTCs and enable patients to make a choice about which one they attend. Siobhain had heard of this through a meeting she attended and was not aware of any public communications that would take place

The formal meeting ended at 15:24.

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Chair

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