

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 26 January 2023 at 2.00 pm at the Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Arthur Agate, East Hampshire District Council
Councillor Ann Briggs, Hampshire County Council
Councillor Joanne Burton, Fareham Borough Council
Councillor Martin Pepper, Gosport Borough Council
Councillor Julie Richardson, Havant Borough Council

1. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Brian Madgwick and Abdul Kadir. Apologies for lateness were received from Councillor Graham Heaney who arrived at 14:05.

2. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 15 December 2022 be agreed as a correct record.

4. Solent NHS Trust (AI 4)

Andrew Strevens, Chief Executive Officer, introduced the report. He advised that the strategic outline case for bringing together community and mental health services would be going to their boards at the beginning of February, with a final version to be signed off at the beginning of March. This could be shared with HOSPs at a future meeting. A meeting with Healthwatch across Hampshire and the Isle of Wight will take place on 2 February and there will be a further in person engagement event on 22 February. They are looking at holding further engagement events on a quarterly basis.

In response to questions Mr Strevens explained that there is a huge variation across Hampshire and the Isle of Wight in terms of patient outcomes and accessibility, this proposal will bring everything together and they will be able to learn from each of the organisations about best practice to provide a more unified approach, which will be more beneficial to patients and their carers.

He advised that HOSP members should have been invited to the engagement event on 22 February which would be held at Southampton football stadium.

He advised he would check this with his communications team and ensure that councillors were invited to attend.

Solent are not proposing to make services changes as part of this proposal for the creation of a new organisation. They will be working on pathways and in the future there may be service changes, if so the appropriate process would need to be followed and engagement and consultation exercises undertaken. Mr Strevens said he would consult with his communication leads on whether purdah would affect the engagement process at all.

Solent are in the process of assessing the risks of creating a new organisation and beyond that for the post integration implementation plan. As part of the engagement process, Solent will be talking through the steps needed to mitigate those risks.

The new organisation would be a Foundation Trust. As part of the Integrated Care Board (ICB) all organisations will be more aligned and there will be the creation of the five-year plan which includes the integrated care partnership plans which ICB officers are working with local authorities on to create. He felt this was an exciting opportunity as it plays into moving more money and resources into prevention and providing care to people in the community.

Action - officers to check that communications have sent details of the engagement event on 22 February to councillors and a report to come back to a future HOSP meeting.

The HOSP thanked Mr Strevens for his report.

5. South Central Ambulance Services update. (AI 5)

Tracy Redman, Head of Operations South East introduced the report. The focus of SCAS continues to be working across the system in an integrated way to ensure patients receive the right treatment in the right place in the right time. There are often more appropriate places for many patients than ED and SCAS continue to reduce ED conveyance and signpost patients to more appropriate destinations. From January to December there has been an increase in 999 demand on the service. Performance has been significantly challenged, particularly in December which was exacerbated by the rise in Strep A cases.

In terms of challenges, there has been heightened state of pressure in Resource Escalation Action Plan (REAP) 3 and REAP 4. She advised that as of 24 January, as an organisation, this reduced to REAP 2 which puts them in a moderate state in terms of their current operating position. There has been a slight drop off in demand, an increase in workforce availability and a significant decrease in hospital delays.

Hospital delays cause a significant impact on their ability to get to patients in the community when ambulances are delayed handing over patients at the hospital. SCAs continue to work with PHUT and the wider system to address

this and since the report was written this has significantly improved. SCAS are now into week three of good performance in terms of hospital delays. In January SCAS are averaging 26 hours a day being lost on handover delays, most of that was in the first week of the month, this is currently down to 2 or 3 hours a day, this is often due to complex clinical issues. In December they were averaging 128 hours a day lost so this is a significant improvement.

There is a SCAS wider improvement plan in process currently. Ms Redman felt that they were in an early state of recovery at the moment and they are pushing to make the current state the new normality.

In response to questions Ms Redman clarified the following:

The improvements in hospital handovers have been due to a number of reasons including a focus on earlier discharges at the hospital which has helped the occupancy levels. There has been a lot of focus on discharges across the system with partners and also on flow and escalation within the hospital. There has also been a reduction of patients going to ED.

Primarily within SCAS the unions are GMB, Unite and Unison and there are some nurses within SCAS in the RCN union. The GMB union is primarily patient transport services in the Solent and Sussex area and SCAS have not seen any detrimental impacts with strike action there. The RCN have not yet taken strike action within SCAS. They are still awaiting the outcome of Unite and Unison ballot which affects a large number of staff however there are plans in place for mitigation if strike action does take place.

SCAS have been involved in the design for the new ED at Queen Alexandra Hospital and there has currently been no impact for SCAS with the groundworks.

SCAS regularly review access times of different alternatives to ED and other patient pathways. SCAS do not take many people to the UTC at Petersfield but she imagined the impact of the UTC improving access and times would be minimal to SCAS as most patients are walk in patients.

Demand is including incoming 999 calls from this geographical area which has been on the increase over the last year. The national target is to convey less than the 49% and SCAS are consistently under this target. The aim is for ED not to be the default destination, there are many more suitable places for patients. An example would be for frail or elderly patients can often be better cared for in their own home, so these patients are referred on to the community teams for onward care rather than ED.

SCAS have enough ambulances. Recruitment and retention of paramedics is a challenge, there are many opportunities for paramedics than previously such as working in primary care for the same wage. Clinicians are registered paramedics and are able to move around in healthcare. SCAS have an escalation process whereby if they need extra clinicians on the road if there is a surge, clinical managers can go out to patients if they need to.

In terms of the hours lost as a percentage, Ms Redman did not have this data available but said she could get that to members. She said however it would very high compared to the next worst hospital in the region. Hours lost due to ambulance handover delays is a significant outlier nationally. SCAS are now in a more sustained position at the moment which was excellent news. Ms Redman advised that there are staff shortages but they are able to meet the short term forecasts for demand with the staff they have. There were pressures towards the end of last year due to staff sickness due to the parents looking after children due to the rise in Strep A cases. Recruitment and retention is a longer term issue. SCAS are fortunate that many paramedics go through the University of Portsmouth for their training, and this is a good feeder for them.

There has been significant investment in leadership of the safeguarding team and a significant improvement plan in place. Most of the issues have been addressed and they are working closely with the CQC to address the remaining issues.

With regard to the 111 service, Ms Redman said that the questions that patients are asked are set nationally and it would be difficult for SCAS to influence this. She agreed that often many of the questions are not relevant or inappropriate. She advised that the call takers are not clinicians so would not have any discretion on what questions to skip and they will always err on the side of caution in terms of safety to obtain as much information as possible. Ms Redman said she was unsure but felt that there would probably be a route through NHS England to provide feedback on the 111 service. There is a representative from SCAS on the national group so she said she would feed this back to them.

SCAS continue to work across the ICB and do divert patients to other hospitals in times of crisis, but this has to be agreed by both hospitals. Southampton hospital is often in as challenged position inside the hospital however they do not queue ambulance because patients are queued in their corridors instead. Ambulance crews will always go to the nearest, most appropriate hospital for the patient's condition.

Action - Ms Redman to provide a percentage of hours lost in terms of QA handover delays.

The Panel thanked Ms Redman for her report.

6. Public Health update (AI 6)

The report was introduced by Helen Atkinson, Director of Public Health. She explained that Public Health is working within Health and Care Portsmouth and Ms Atkinson is a joint Director of HCP. Public Health Portsmouth also work closely across the whole of the H10W Integrated Care System (ICS) working with the other Director's of Public Health.

She explained that a significant change this year to the business plan is that there is additional funding for substance misuse services. Officers have set

up a local combating drugs partnership where there is one per authority in Hampshire and the Isle of Wight. Public Health also work with the Police and Crime Commissioners Office who have an overarching Hampshire and Isle of Wight substance misuse group that they report into. It is a partnership approach with the police leading on disrupting drug usage and Public Health on substance misuse services, with a big focus on improving treatment outcomes to ensure there are better health outcomes for those who are misusing substances.

Public Health have been focused over recent months on winter preparedness management with a focus on seasonal flu and covid vaccination uptake and working with schools and the NHS around supporting the national Strep A outbreak.

As part of the corporate work of the Council a cost of living hub has been established which has been running for two months. There is a specialist worker who supports individuals who call into the hub. To date 26 people have been supported to get the help they need in the last 5-6 weeks. Another piece of work the team are more involved in this year is the climate change agenda with a focus on the greening strategy. The team are also hosting the Portsmouth greening post who has bid successfully for funding to plant trees which will improve the environment, mental health and have a positive impact on improving air quality.

In response to questions Ms Atkinson advised the following:

As a result of lockdown, we have seen an increase in risky behaviours leading to increased levels of obesity and unhealthy drinking. The increase in STI testing rates is a combination of increased risk-taking behaviours as well as services changing how they are delivered. She added that having a high rate of testing is not a bad thing as the more people who test, the more people are diagnosed early, and they can then be treated. Services have adapted to offer better and easier access such as postal testing for HIV or STI's with patients able to have telephone or zoom consultations with a clinician. There is a big focus this year on HIV and STI testing working with the naval base, being a high-risk workforce, to encourage testing.

The Community Independence Service was something that Andy Biddle, Director of Adult Social Care (ASC) would need to answer. Public Health have a wellbeing service to support people to stop smoking, drink sensibly and move more, as well as supporting mental health and emotional wellbeing. ASC have an independence team working with residents with care needs to be more independent. The primary care networks (PCNs) also have social prescribers and Public Health have just taken on the health champions team who work with people to get them the advice needed and encourage people to take up vaccinations and other health improvement opportunities. The team are looking at how to bring those teams to work more closely together to support our most vulnerable communities.

There are many teams that work together around children's services, early help sits within the children's directorate under Sarah Daly. The public health

grant funds the commissioning the 0-19 years' service which includes health visitors and school nurses. In Portsmouth the decision was made to pool the funding and there is a Section 75 legal agreement between public health, Children's Services and Solent NHS Trust to deliver early help services. There is a team within the early help service who support children on the edge of care.

Ms Atkinson is on the University of Portsmouth partnership board for the medical school bid which is progressing and they are hopeful for a positive outcome. The Public Health team has an education and learning role with three consultants in public health who are education supervisors. Every quarter there are three new F2 doctors on a training rotation doing their joint PH/GP training placement. There are two specialist trainees in public health who are training to be consultants in public health. In February there will be two GP specialist trainees and two health psychologists joining as well.

The UoP medical school if successful with their bid will be a community-based training programme which will be training local GPs that will hopefully stay in the area. There is a lot of evidence that if people are trained locally they will stay working locally, particularly in the first years post training. The medical school plans are well progressed and she said she would make the Chair aware if any more events are organised if the panel wanted to learn more about the plans.

Ms Atkinson is also working with Portsmouth Dental Academy to look for opportunities to train more dental practitioners locally however this was at an early stages of discussions.

The HOSP thanked Ms Atkinson for her report.

7. Dates of future meetings (AI 7)

The panel agreed the panel dates of future meetings as follows:

All Thursdays at 1:30pm.

22 June 2023

21 September 2023

23 November 2023

23 January 2024

14 March 2024

The formal meeting ended at 3.12 pm.

Councillor Ian Holder
Chair