

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 16 March 2023 at 2.00 pm at the Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Brian Madgwick
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

8. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Abdul Kadir, Michael Read (Winchester City Council) and Julie Richardson (Havant Borough Council).

9. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

10. Notes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 26 January 2023 be agreed as a correct record.

Councillors Cal Corkery and Kirsty Mellor gave deputations about agenda item 6 (Health & Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board). Deputations are not minuted but can be viewed on the council's website

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11. Southern Health NHS Foundation Trust (AI 4)

Dr Riaz Dharamshi, Clinical Director for Portsmouth & South East Hampshire and Deputy Chief Medical Officer (Physical Health), introduced the report on behalf of Nicky Creighton-Young (Director of Operations), who was unable to attend, and summarised the main points in the report. The Fusion programme to bring together community, mental health and learning disability services was operating at two levels. The high level was the strategic business case which had been signed off by the respective boards of Solent NHS and Southern Health that day and would go to NHS England for scrutiny. The aim was for the new organisation to start in April 2024. At the local level there was

considerable work amongst teams to start the merger of cultures and services. Streamlining of delivery of clinical services was more successful when organisations' cultures were streamlined as clinical care at its heart is collaboration between people.

Recent strikes had minimal impact with only one clinic having to be rescheduled and the patients were re-accommodated. Southern Health was very proud of the ABC clinical commitment model which aims to empower staff. Since August 2022 much work has been done on the Urgent Community Response and Virtual Wards, which aimed primarily to support elderly, frailer people to remain at home. When support required more than one visit or assessment then the patient moved to the virtual ward for which Dr Dharamshi (a consultant geriatrician) holds a multi-disciplinary team meeting every morning. The virtual ward supports people effectively at home rather than admitting them to hospital.

The Crisis Resolution Home Treatment Team is going through service development work which aims to enable people with severe mental crises to remain in their own homes. The Future Planning Template is an example of proactive case management. It anticipates elderly, frail people are likely to have a crisis but if care is planned ahead it is easier to keep them at home rather than admit them to hospital which it is not always in their best interests.

In response to questions Dr Dharamshi explained:

A bed day is when a bed is being used. Occupancy rates over the last few months have been over 90% at all times. The recommended occupancy rate is 85%. Roughly all the surge 88 beds were occupied every day.

The Petersfield Urgent Treatment Centre (which had been under particular pressure in December 2022 because of Strep A) delivers services for local people. There are no plans at the moment for additional functional services.

With regard to concerns that Portsmouth and South East Hampshire may be left out when mergers take place as part of the Fusion programme, the Crisis Resolution Home Treatment (CRHT) Team is not new but it was not performing as effectively as it might be. Other areas of Hampshire already have crisis teams. Organisations will become a single new organisation as part of Fusion. In the initial stages there would be no direct changes to service provision. Fusion will take the best aspects of care models from across Hampshire and replicate them in other areas as one of its benefits is dissemination of best practice.

The quality improvement work for the CRHT Team was triggered by considerable focus on the in-patient unit at Elmleigh. There was fairly high demand for in-patient admission for adults with mental health needs but it was a mistake to interpret high demand for beds as a function of the unit itself. It was more a matter of understanding how the team interacts with patients, crisis teams and community mental health teams. It was a significant opportunity to improve crisis management of patients in the community when they first present, which in some cases prevents admissions.

The HOSP thanked Dr Dharamshi for the report.

Councillor Holder agreed with the suggestion that agenda item 6 be brought forward so that Jo York could address the points made in the deputations. For ease of reference, the minutes will be kept in the original order.

12. Portsmouth Hospitals University Trust update (AI 5)

Penny Emerit, Chief Executive, introduced the report, which concerned closer working between the Portsmouth Hospitals University Trust (PHUT) and the Isle of Wight (IOW) NHS Trust to deliver sustainable services on the IOW. Work had already begun when Covid started but progress has been made in some areas, for example, stroke, urology and cardiology. However, the clinical leads need the authority to act over both organisations to deliver a single service over two locations so moving to a single executive team is a logical step. Both trusts will still be statutory organisations with their own boards. Ms Emerit will bring an update when there is more to report.

In response to questions Ms Emerit explained the two drivers are clinical and financial sustainability though finance is not the main driver for bringing the leadership teams closer together. Financial challenges are due to scale as costs are more per head of population on the IOW and the trust pays significantly more for temporary staff because of recruitment challenges. There may be financial improvements from bringing services together, particularly support services, but the right level of oversight needs to be maintained to run both sites effectively; the financial and clinical drivers have to be balanced.

The Panel thanked Ms Emerit for her report.

13. Health & Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board (AI 6)

Jo York, Managing Director of Health & Care Portsmouth, responded to the points made in the deputations. She acknowledged and apologised for the frustration residents felt at the lack of GP services in the John Pounds Medical Centre, Portsea. The main cause of the delay is complicated negotiations over the lease. Portsmouth City Council owns the building and the original lease was between the council and NHS Property Services. Then the lease was sub-contracted between NHS Property Services and the Lake Road practice, which has since merged with Sunnyside Medical Centre and John Pounds to become the Island City practice. It was decided some time ago that the three-way lease was not helpful but the move to a new direct lease between the council and the practice has created challenges. There have been issues around dilapidations, including the lift which has been out of action for some time. The practice is reluctant to offer services without the security of a lease and is also looking to take on a greater share of the building.

The issues with the lease are shadowing care on the site but Health & Care Portsmouth (HCP) are meeting the council again to assess the current

situation and will work more closely with the practice. Another challenge is that primary care has changed considerably since the Covid pandemic and there are capacity issues around GP provision in Portsmouth. The work described in the report outlines how HCP can improve understanding of residents' needs and how it intends to support them. It may not be feasible to offer a full-time GP at the site so work is taking place on how to support residents access services in different ways. Ms York offered to bring an update to the HOSP and to meet councillors.

Ms York highlighted other actions in the report. She acknowledged there were significant issues with accessing GPs and HCP welcomed support from the council and stakeholders, particularly learning about international recruitment from the PHUT. All patients from the North Harbour Medical Group have been transferred to new practices, mainly the Portsdown Group and Drayton Surgery practices. HCP has worked closely with both these practices and feels the transfer went well but they will continue to work with the practices to ensure the support they receive is satisfactory and that the transfer has not created further issues.

In response to questions Ms York clarified:

The proposed consultation about the John Pounds Medical Centre would have to be handled carefully to avoid cynicism from residents and to get a good response. HCP did not want to pay lip service and wanted to be honest with what can be achieved. They are working with the council's Communications and Engagement Team and closely with the Hive to give weight to what residents need and to have more co-production.

Another reason why work on John Pounds is taking so long is that it was delayed by the closure of the North Harbour Medical Group; transferring patients safely took a good four months from November 2022 to mid-March so there has not been the capacity to work on consultation for John Pounds. However, work on North Harbour has not impacted on conversations about the lease. The council, the practice and NHS Property Services are working to resolve issues with the current lease and the valuation of the new lease.

With regard to the proposed new GP practice at the Highclere site in Cosham, there were conversations with the North Harbour Medical Group about moving before they gave their notice to quit as the Cosham Health Centre building had not been fit for purpose for some time. A business case had been developed with the Portsmouth Clinical Commissioning Group (CCG) and Solent NHS (the latter would be the building's owner as the CCG could not own buildings). The business case had been approved, then sent to NHS England and since December 2021 has been with the Secretary of State. Some NHS capital builds have been paused and the HCP has been going backwards and forwards to pursue progress. Penny Mordaunt MP has raised it with the Secretary of State to try to get funding approved. With the delays the cost of building may be more than originally planned. The Integrated Care Board believes the premises at Highclere are needed as the Portsdown practice has already had refurbishments and it was unsure how sustainable the Drayton Surgery building was.

Units of dental treatment are the pricing mechanism for a unit of dental activity in the new additional dental contracts being delivered from 1 April 2023. Within them will be different grades and prices depending on the complexity of the treatment but broadly the contract is priced per item and will provide a significant increase in activity. With regard to funding for the transformation fund for oral health promotion, some is from the council as oral health is a local authority responsibility but the HCP is also looking at other pots of funding, potentially from the NHS.

Feedback on why the four new dentistry providers had decided to take up the contracts, whereas they had not before, has not been considered. However, Ms York could ask NHS England colleagues how the situation differed from three years ago. Previously NHS England had gone out to tender but this time tenders were very specific about where services are wanted. Before Covid there was not as much interest in procurement and as a consequence some provision for Portsmouth ended up in other areas of Hampshire like Andover. There has been no take-up to provide dentistry services in the Isle of Wight which Ms York would follow up. Details were still waiting to be released about the location of the four additional dental contracts.

Covid and Long Covid are considered separately as their impacts on people can be very different. There is a whole workstream on Long Covid looking at, for example, the effect on mobility and how people can be supported. The impact of flu, Strep A and other respiratory illnesses are also considered.

Under the Adult Social Care Discharge Fund patients are discharged to the council's Shearwater care home but the ICB has also used the funding to purchase beds in private care homes. The council has entered into a relationship with the PHUT to use 16 beds on the top floor of Shearwater. The beds are for acute patients who are still under the care of QA but it reduces pressure on QA. The arrangement ends on 31 March 2023 but is proving to be quite successful.

The HOSP thanked Ms York for her report.

The meeting ended at 3 pm.

Councillor Ian Holder
Chair