

## **HEALTH OVERVIEW & SCRUTINY PANEL**

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 22 June 2023 at 1.30 pm at the Virtual Remote Meeting

### **Present**

Councillor Mark Jeffery (Chair)  
Councillor Stuart Brown  
Councillor Graham Heaney  
Councillor Judith Smyth  
Councillor Ann Briggs, Hampshire County Council  
Councillor Martin Pepper, Gosport Borough Council

#### **1. Welcome and Apologies for Absence (AI 1)**

The Chair welcomed everyone to the meeting. Apologies were received from Councillors Atkins, Evans (East Hants District Council), Oliver and Richardson (Havant Borough Council).

Members noted that Fareham Borough Council had chosen not to appoint a member onto HOSP this year, however the link to meeting agendas will be sent to them for information.

#### **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 16 March 2023 be agreed as a correct record.**

#### **4. South Central Ambulance Service update (AI 4)**

Tracy Redman, Head of Operations South East, introduced the report and summarised the main points of the report. With regard to handover delays at Queen Alexandra Hospital she explained that there had been significant improvements in June and they are working with partners to see how these improvements could be sustained.

In response to questions Ms Redman explained:

Retention of paramedics is challenge. Paramedics are so well trained and some decide to move to primary care where the environment and hours may be more appealing or suitable for them. Some paramedics decide to rotate between frontline and primary care. Cost of living in the SCAS patch is high compared to other areas which also has an impact on recruitment. SCAS have just recruited some international paramedics from Australia, New Zealand and Tunisia.

Ms Redman said that for the next report to HOSP she could provide a table comparing SCAS against other Ambulance Trusts in England. With regard to performance data from the last 5 years, Ms Redman said that the landscape was very different then in terms of the type of demand and their capabilities, but she could provide this information for the next update.

A lot of media communication has taken place to signpost the public to different ways of accessing treatment other than the Emergency Department (ED) and there is a campaign taking place throughout the summer. There are Urgent Treatment Centres (UTCs) at Gosport, St Mary's in Portsmouth and Petersfield and SCAS do signpost people to these where possible. There is more work to do in this area to inform the public what options are available.

Jo York, Managing Director Health and Care Portsmouth added that there had been some gains pre covid and they had managed growth around ED demand well. There is a lot of work taking place with community services about how to intervene earlier to use alternative pathways to support people in their community without admission to hospital. She added that the UTCs have supported the system in seeing a reduced growth in demand in ED attendances.

A member commented that she felt there were some groups who needed different types of communication from the NHS particularly regarding ambulances. There are also a group of people who cannot get an appointment with their GP so resort to going to ED instead of going to a UTC.

Councillor Smyth advised that a family member had recently been sent by their GP by ambulance to QA and had received a very positive experience and was dealt with quickly. Ms Redman added that it was good to hear positive patient stories, if a patient is very unwell there is no delay and patients are transferred to QA for treatment.

Members wished to thank all staff at SCAS for their performance for remaining one of the best ambulance trusts in the country.

The panel thanked Ms Redman for her report.

## **5. Adult Social Care update (AI 7)**

Andy Biddle, Director of Adult Social Care, introduced the report and summarised the main points.

In response to questions Mr Biddle explained:

With regard to the Liberty Protection Safeguards (LPS) not being implemented during the life of this parliament, Mr Biddle explained that they

received advice from the Department of Health and Social Care (DHSC) to advise them. Following this a 'Next Steps Putting People at the Heart of Care' which was an update on the White Paper the Government provided in December 2021 and then another note came out to say that one of the reasons LPS had been deferred was that the DHSC was focussing their resources on implementing the Next Steps paper. He felt there was still a risk for not having LPS. LPS will apply to people who live in their own homes and younger people which meant they would have had a more comprehensive system to pick up potential deprivations of liberty. There is no indication whether LPS will be picked up in the next parliament.

The impact of the local authority no longer needing to carry out long term health and care needs assessments is mixed. The reasoning that the government gave was because they wanted all local areas to move to a discharge to assess system (rather than assess to discharge). Mr Biddle said it is difficult as some people will need a longer term option before they leave hospital and there has been difficulty in getting to people in reasonable time. ASC are working closely with the ICB colleagues and there is a funded scheme to work with people from a discharge to assess perspective. Previously there was a national fund for discharge to assess which has now been absorbed into local budgets.

Mr Biddle felt that ASC could carry on with the good practice with Deprivation of Liberty Safeguards (DoLS) although the legislation not being fit for purpose was still an issue and his main concern was those people living in their own homes. He felt the quality of practice in Portsmouth was good but there is work to do on knowledge and implementation of the Mental Capacity Act which is where DoLS sits. There is a risk though that ASC will not be able to mitigate and the vulnerability of local authorities to judicial review is still there as there are significant backlogs of DoLS assessments. Members felt that this issue was very important and the authority needed to keep campaigning government to do the right thing.

In terms of the integrated relationships the ASC team have been seeking assurance with colleagues in Solent and the strong message that has come across is that Portsmouth's model of integration is valuable. Ms York added that the ICB does have a commissioning function and is working collaboratively with all partners and providers to look at the strategic commissioning direction and integration is a key part of that. Alasdair Snell, Chief Operating Officer at Solent NHS Trust added that a lot of work is taking place on the Fusion workstream and they are in the middle of a six week comprehensive engagement exercise with all staff in the trusts and partners in the system to work out the best structure and function. It is recognised as a system that there is best practice in Portsmouth and they are working closely to design the organisation based on that. Members raised concerns that the new organisation may be too large to respond to local requirements and urged people overseeing the work to look at outcomes.

Mr Snell said that there is a sea of data about access and quality of services which will continue to be monitored. He did not anticipate there being change to frontline provision as a result of Fusion in the very near future and if there is

anything it would be long term transformation. There are ten clinical workstreams and he was happy to include key dashboards in a future report once Fusion is completed.

There is no plan to separate mental health services from community health services, there would be one trust as there is now. The future structure of the organisation has not been designed yet which is why the engagement is taking place. Southern Health's current structure is divisional based. Partners will need to work together to decide what structure will be best for the patients and for clinical leadership moving forward.

Members felt that it was important to monitor figures and look at outcomes to measure what is happening.

With regard to the stroke association contract it is a rolling contract over a number of years. There has always been a gap and it has always been funded through underspends. If there is a change to a contract that will impact the voluntary sector, there is a minimum of three months' notice required, which would have taken it to June this year; this was extended though until the end of December when it was realised some more money was available.

Mr Biddle said he would come back with numbers of people affected as it is a referral service from NHS colleagues, self-referrals and a small amount from the local authority - ACTION

The service cannot be replicated as there are not the resources but there are other services available who people who have experienced a stroke in Portsmouth. There is a post stroke rehabilitation service operating within Portsmouth community and most referrals receive information and advice. Members felt that the danger with spreading a service in different areas is that the public do not know where to go. Members asked for better communication in the future for changes to services, Mr Biddle said it was very difficult but he took the point and said that communication could always be better.

As part of the Care Act 2014 unpaid carers were given equal billing to people who have support needs and there is a statutory duty on the local authority to conduct an assessment of needs with carers. There is a carers centre in Portsmouth that work with carers. The support available is based on an assessment of need. For some people this will be to ensure they have a full social life, asking someone from a care agency to work with the individual whilst carer takes a break or overnight respite is available at Harry Sotnick House. There is no charge for carers services. In terms of people who care for someone who may not identify themselves as a carer, the authority are trying to frame the language differently e.g. 'do you care for someone'. They have identified around 2000-3000 people who care for someone who do not identify themselves as a carer. ASC advertise and put information in places people visit and they communicate where possible and they would like to see a lot more referrals in so they can provide information for carers but there is more work to do.

With regard to Russets, the authority is working towards the next inspection with an action plan to move to Good.

Members said it would have been good to include outcomes including feedback from the public. Mr Biddle said he would ensure this is included in the report next time.

The Panel thanked Mr Biddle for his report.

## **6. Solent NHS Trust update (AI 5)**

Alasdair Snell, Chief Operating Officer, introduced the report and summarised the main points.

In response to questions Mr Snell explained:

The reason for moving the podiatry service out of Cosham Health Centre is that the building is to be used as part of a longer-term strategy between the ICB and property services. The building is no longer fit for purpose and there is a more strategic view on how the building could be used. Ms York added that this was linked to the closure of the Cosham Health Centre practice and the podiatry service was the only service left in the practice. The building will be passed back to NHS Property Services as an empty building to provide a saving to the whole system. The ICB had been working with the practice on a new provision and a business case had been submitted to NHS England to redevelop the site and capital funding was in place for the Highclere site at the top of Cosham High Street. Everything has been approved however there was a delay in obtaining the capital funding and the MP for Portsmouth North has been talking to the Secretary of State to unlock that funding to move this forward. It was envisaged that podiatry and some other services would move to the Highclere site.

Concerns around accessibility of Thomas Parr House were raised as the number 22 bus only runs an hourly service to Cosham. Mr Snell said that Healthwatch had also raised this as a concern. All possible estates open to Solent were considered at currently the Thomas Parr House site was the only one available that is as close to the original site as possible. Ms York added that the podiatry provision at St Marys is still continuing however the estate in the north of the city was quite limited. Patients will have the choice to attend either practice.

With regard to the new community and mental health trust, Mr Snell said it was very important to all stakeholders to ensure there is a strong clinical and quality governance structure and this is being reviewed as an entire workstream as part of Fusion.

Mr Snell said that he would need to come back with the offers in the city in terms of weekend provision for mental health - ACTION

The Panel thanked Mr Snell for his report.

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

Jo York, Managing Director Health and Care Portsmouth introduced the report. She explained that pharmacy, optometrists and dentists were a relatively new delegated commissioning responsibility to the ICBs and said she could look at the breakdown of numbers of these across Portsmouth and possibly across Havant, Waterlooville, Fareham and Gosport - ACTION

With regard to the John Pounds Centre surgery, an agreement had now been reached around rates and a lease agreement with the district valuer and the Council had been reached. They were now waiting for confirmation from the practice and once this had been received the draft lease could be reviewed and both parties will then be in a position to sign. Engagement work is taking place in the Portsea area to look at supporting local communities.

In response to questions Ms York clarified:

Access to dentistry is a huge issue nationally as well as in Portsmouth and Hampshire more widely. The new contracts were planned about 18 months ago as a result of losing services in Portsmouth. Prior to this contracts went out across Hampshire and the IoW and were commissioned services for Portsmouth residents but when they went out there was no takeup from providers. The provider that takes up the contract has to provide a building; it is therefore difficult to ensure the practices are set up in the right areas. There are some disincentives to the current national contract for example if you are in a deprived area it may cost the dentists more to provide that service due to the unit of dental activity (UDA). To improve access they are looking at the option of a dental bus and how this could be piloted in areas of most need. Ms York added that she did not yet have any data on uptake rates.

There is lots of pressure around the national dentistry contract and parliamentary Select Committee are considering this and more details on the reforms are expected over the summer. One of the biggest challenges currently is around the entry requirements of dentists to the NHS with is taking up to a year for new dentists to work in the NHS. HCP are working with the University of Portsmouth on the Centre of Dental Development to look at utilising alternative dental roles such as dental therapists, which would make it easier for international dentists to come over and train. The NHS workforce plan is also expected about how to recruit more people into all professions. The ICB are supporting the University of Portsmouth's bid to become a dental school from an academy, which would mean help recruit more dentists into the area.

Ms York did not have data to hand relating to how people are able to access their GPs. They are starting to get much better information about access across the board in primary care and there are still some glitches with that information. There is a 13% increase in the number of appointments being made available in Portsmouth this April compared to last year. In the next update to HOSP Ms York said she could provide more detail on that across the practices. Locally a lot of work has taken place on the digital technology with the callback service and she undertook to provide an update on whether the Island City Practice have got that digital technology - ACTION. A huge amount of work is also taking place with the integrated communications team on access to primary care and explaining the different options available.

No Limits is a counselling service that is both face to face and online and it should support people who have had a referral from their GP and CAMHS, older children can self-refer. Ms York said she could find out about the waiting times and further information on the service and let the panel know. - ACTION

Funding that goes into community pharmacies has been dropped due to changes in relation to the contract. The community pharmacy strategy is being considered currently. The new contract does offer more funding for community pharmacies around and undertaking health checks. Ms York was not aware of any online prescription services based locally but she said she could try to find out - ACTION.

The HOSP thanked Ms York for her report.

## **8. Public Health update (AI 8)**

Claire Currie, Assistant Director of Public Health introduced the report. With regard to oral health of children she explained that there is a piece of work taking place with the dental academy and Solent NHS Trust, funded by Public Health and the dental academy, on oral health promotion focussing on care homes, primary schools/early years settings and people who are homeless.

In terms of substance misuse, there has been an increase in numbers engaged in drug and alcohol treatment. This is due to there being increased investment in these services from national funding and following the recommissioning of this contract which started in summer 2022 there has been a new website set up which includes videos, a chat function, and an online self-referral service.

In response to questions Ms Currie clarified:

There are high rates in Portsmouth of both gonorrhoea and syphilis which follows the national trend. There has been increased testing following covid

as people have started to socialise more. It is also thought that there is more transmission nationally. A high proportion of people being tested in Portsmouth are testing positive which is good as it means that the correct groups of people are being tested. There is good access to tests through telephone clinical triage to direct people to either an online test or a face-to-face appointment. HIV diagnosis is an area of active work in Portsmouth to ensure that it is diagnosed early. Work with ED department at PHUT is taking place to ensure there are pathways in place and there is also work taking place with the Navy.

Nationally life expectancy plateaued before covid and is broadly similar in Portsmouth though perhaps slight increases. When looking at healthy life expectancy both nationally and locally there have been small reductions, which is something to be focussing on to ensure people are living in good health. Since 2017 the suicide rate in Portsmouth has been reducing which is very positive.

In terms of air quality and biodiversity, Members noted that the Portsmouth Local Plan is being refreshed and biodiverse corridors, de-paving, reducing surface water drainage will all be part of that. Members said they would like to see a focus on air quality from a Public Health perspective for the next report. Ms Currie said that she did not have information to hand on whether the clean air zone had made any significant improvements to air quality -  
ACTION

The panel asked if some longer-term trend data and outcomes could be included in the next update to HOSP. This would allow the panel to note whether the work and initiatives are working. Ms Currie said this could be included for the next update. Members also felt that it would also be helpful to have a national average against the figures for Portsmouth.

The HOSP thanked Ms Currie for her report.

The formal meeting ended at 4.00 pm.

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Councillor Mark Jeffery  
Chair