

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 21 September 2023 at 1.30 pm at the Virtual Remote Meeting

Present

Councillor Mark Jeffery (Chair)
Councillor Matthew Atkins
Councillor Stuart Brown
Councillor Graham Heaney
Councillor Judith Smyth
Councillor David Evans, East Hampshire District Council
Councillor Martin Pepper, Gosport Borough Council

9. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Achwal (Winchester City Council), Briggs (Hampshire County Council) and Richardson (Havant Borough Council).

10. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

11. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 22 June 2023 be agreed as a correct record.

12. Stroke Recovery Service (AI 4)

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

In response to questions Mr Biddle explained that:

- He was unsure why the funding had been extended until December and not the end of the financial year but he could find out and come back with a more detailed answer. The funding was coming from Council funds and not the ASC budget.
- A letter was sent to ICB by Councillors Winnington and Pitt to ask about the Integrated Community Support Service model and whether there would be some temporary funding if that was not in place, but no response had been received yet. The response would be shared with the panel when received. Members felt that if this model were to be developed that the HOSP should be involved in overseeing the process.
- The Council do not know whether the ICB plans to commission a specific life after stroke provision. The service was funded by

underspends from other budgets which is not a suitable way forward.

Jo York, Managing Director Health and Care Portsmouth, who was in the meeting for a later item, said that the letter referred to was sent whilst she was on leave. She had thought it had been responded to so apologised for this. She confirmed that the letter would be sent in the next few days. The team that reviewed the service are a shared team between local Health and Care Portsmouth and ASC and they are working through the implications of the new stroke pathway. It is challenging to understand what this service provides that is not already in place through other mechanisms and this would need to be tested.

The Panel agreed that an update on the service would come back to the next meeting and noted that the ICB's response to the letter would be shared in due course.

The panel thanked Mr Biddle and noted the report.

13. Portsmouth Hospitals' University NHS Trust – update (AI 5)

Mark Orchard, Group Chief Financial Officer and Deputy Chief Executive, introduced the report and summarised the main points. With regard to the Acute Services Partnership he said that there was nothing in terms of service change perspective that was expected for Portsmouth and it would remain as two separate statutory bodies with Portsmouth as the larger organisation supporting IoW colleagues, particularly where they are unable to recruit to certain services.

He referred to the industrial action taking place this week and said that as both junior doctors and consultants are both out some of the planned elective care would be stood down. The hospital though is open for those who need emergency medical care.

With regard to covid Mr Orchard said that PHUT is seeing an increased prevalence of covid related sickness and sickness absence rates amongst staff were increasing. The Trust have already started their covid vaccination campaign for staff and the flu campaign will also start soon.

In response to questions Mr Orchard explained that:

- With regard to the PHUT leadership team he explained that they work together with the IoW Trust and it gives the opportunity to re-evaluate the non-clinical corporate services in each body to get more efficiencies over time. This is significant in terms of ongoing savings for both trusts and this will allow the frontline services to be protected. They have not recruited outside of the organisation and have filled the posts with people that are already in the two organisations. A recruitment campaign is not expected which would be a significant cost, as overall there would be a disproportionate level of recurrent savings over time, which will allow them to make better decisions for the clinical services.

- Every role will not be backfilled, they are looking at re-shaping roles, avoiding duplication and making systems more efficient where there are common systems in place between the two statutory bodies.
- The IoW Trust is very small; its turnover is around £300 million per year compared to Portsmouth's turnover being around £800 million per year. There is a small-scale district hospital that must provide 24/7 emergency and maternity services due to its location. There will be no merger as the IoW has unique challenges for clinical and financial sustainability.
- Portsmouth Hospitals Board, which has its own set of non-executive directors, has been clear all the way through and nothing will be done that is to the detriment of the services provided by PHUT. They are committed to working with the IoW colleagues. The vast majority of savings will come from non-clinical settings to ensure the money given by the commissioners for clinical services goes as far as possible.
- PHUT would be using the same measures, clinical standards and service experience standards that are built into the contract with commissioners, would be used to ensure standards do not slip.

Members were a little concerned about the partnership and felt that bigger was not always better in terms of outcomes for patients. It was felt that a detailed report on this would be welcomed at a future meeting.

The Panel thanked Mr Orchard and noted the report.

14. Healthwatch Portsmouth (AI 6)

Siobhain McCurrach, Healthwatch Portsmouth Manager, introduced the report and summarised the main points of the report. Volunteers spoke to 832 people at stalls and talks in the 12-month period April 2022 to March 2023. Healthwatch are about to look at GP surgery websites and will use the government guidelines issued in 2022 as a basis for what should be included on GP surgery websites. These findings will be published. It is not a requirement of the NHS for patients to provide their address when registering for a GP surgery, but many surgeries are still asking for this information.

Healthwatch are also going to be looking at delays to elective care and she had met with the Chief nurse today asking what information patients are provided with whilst on the long wait. Healthwatch have been promised a copy of the template that PHUT send to patients to assess the quality of this information.

Healthwatch have been working closely with the Hampshire and IoW Integrated Care Board in Portsmouth on a piece of work with the closure of North Harbour GP surgery and they are now looking at the longer-term outcomes.

Over the current year Healthwatch are looking at the Mental Health Service across Hampshire and the IoW and encouraging best practice engagement. Healthwatch attend meetings that Solent NHS Trust host with the community

to look at what the efforts are being made to engage with the community and how are people's views being addressed.

Healthwatch are concerned about health inequalities in the city and there is a project that they are running with the University of Portsmouth to look at these barriers, particularly in the most deprived wards. A report on this will be presented to the Health and Wellbeing Board in the Spring.

In response to questions, she explained that:

- Regarding the mystery shopper exercise on support for stroke patients, Siobhain said that it was a small but valid exercise that found that there was little referral onto the stroke recovery service. Healthwatch were concerned that the services within the community were not being used effectively due to clinicians either not knowing or not signposting patients. This was fed back to the stroke recovery service. Siobhain would send the report they may still have the report on this and would send this if available.
- A panel member said that at the north entrance of Queen Alexandra Hospital he had seen a poster outside the entrance asking if people had made a will. He had written to the company who had said this was to try and get donations. He felt that this was inappropriate as many patients are very nervous to go into hospital as it is. Siobhain said that sometimes there are communication issues and there are unintended consequences from decisions made. She said she would like PHUT respond to this and felt that public scrutiny was useful for all organisations.

The panel were impressed with the work of Healthwatch and thanked Siobhain for her report. Siobhain asked the panel to spread the word about their work. The Panel noted the report.

15. Southern Health Update (AI 7)

Nicky Creighton-Young, Director of Operations for the Portsmouth and SE Hampshire area, introduced the report and summarised the main points.

In response to questions, she clarified the following:

- Southern Health are continuing to work with the ICBs to understand and recognise the importance of place. In terms of the work that Solent and PCC have been doing there is no intention to not recognise the value that's had in the new organisation going forward. Jo York echoed what Nicky said and added that there have been concerns but they are working closely through Project Fusion and the ICB to look at how to strengthen integration and learn where it is working well. Members said that they hoped that measuring the success of services would also include outcomes.
- The sign off of the final business case would be in March.

The Panel thanks Ms Creighton-Young and noted the report.

16. Access to Primary Care (GP practices, dentistry and pharmacy) (AI 8)

Jo York, Managing Director Health and Care Portsmouth, introduced the report and summarised the main points. She explained that the data is relatively new and each GP practice has a different way of working, therefore it is difficult to compare data so this should be taken into consideration.

In response to questions, the following points were clarified:

- The greatest benefit from the Council's support is in relation to the integrated teams e.g the integrated care teams and the mental health and learning disability teams. There is lots of support going into GP practices from the public health team and supporting that community.
- The GP practice going into the new Bransbury Park Leisure Centre is an existing practice; the Lighthouse Group Practice. HCP are working with Portsmouth Primary Care Alliance to try to attract newly qualified GPs in the area to strengthen recruitment into the city. This is early days but looks quite successful so far. She agreed that there is more that can be done to show and demonstrate access to GPs in the city.
- The Drayton practice have a branch surgery in Wooton Street which is very close to Cosham Health surgery. They will continue to offer appointments within Wooton Street until the Highclere site is completed. Her understanding was that Cosham Health Centre was no longer being utilised and she would need to find out about the sale of the site and come back to members - ACTION.

The Panel thanked Ms York and noted the report.

17. ICB recovery support programme (AI 9)

Jo York, Managing Director Health and Care Portsmouth, introduced the report and summarised the main points.

In response to questions the following points were clarified:

- Jo takes responsibility for some areas across Hampshire and IoW and she is part of the Hampshire & IoW Executive Management team but her role was predominately in Portsmouth.
- The deficit is a moving feast; the ICB are £5.8 million per month off plan. This is the amount that needed to be saved to bring them back on track with the plan agreed by NHS England.
- In terms of implications to services, in some of the Hampshire areas they have looked at the out of hospital services that were funded during covid through the hospital discharge pot. Some of those services had continued but at a rate that was not affordable. For Portsmouth, this was managed with the work to co-locate services on the Harry Sotnick site and the opening of the Jubilee unit. There are significant challenges around prescribing and the ICB are working to ensure they do not cut services to patients. There is a lot of variation across Hampshire and the IoW which means they are often double paying for things so they are working to reduce that variation to create some consistency on how they fund things.
- The panel would receive updates on the deficit throughout the year. For any services that do have to close as a result, the ICB would have to

carry out an internal quality impact assessment and any formal changes to service would come to HOSP.

The panel felt that it would be good to have a member of the ICB to come to the next meeting to give a further update and to obtain more information. Ms York said the same information had gone to all HOSPs/HASCs and she was happy to feed back to see if someone from the executive team could come to the next HOSP meeting.

The Panel thanked Ms York for her report and noted the update.

The formal meeting ended at 3.13 pm.

Councillor Mark Jeffery
Chair