

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 23 November 2023 at 1.30 pm at the Virtual Remote Meeting

Present

Councillor Mark Jeffery (Chair)
Councillor Graham Heaney
Councillor Judith Smyth
Councillor David Evans, East Hampshire District Council
Councillor Julie Richardson, Havant Borough Council
Councillor Vivian Achwal, Winchester City Council

18. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Brown, Oliver, Briggs and Pepper.

Councillor Heaney apologised for being late to the meeting, joining at the start of the second substantive agenda item. Councillor Jeffery had to leave the meeting for a period due to being unwell. It was proposed and seconded that Councillor Smyth chair the meeting in his absence, as the Vice Chair was not present.

19. Declarations of Members' Interests (AI 2)

Councillor Smyth declared a personal interest in that she is a patient at the Trafalgar medical practice.

20. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 21 September 2023 be agreed as a correct record.

21. Stroke Recovery Service update (AI 4)

Andy Biddle, Director of Adult Social Care presented the report and explained that this was an update from the report given at the September meeting. He met with the Stroke Association in October along with the Leader and the Cabinet Member for Community Wellbeing, Health & Care about whether it would be realistic for the Stroke Recovery Service to be implemented by Hampshire and the Isle of Wight by December 2024. The Stroke Association felt that this was a reasonable timeframe to work with the ICB if requested to.

It was agreed that the Stroke Association would investigate and bring back some analysis of work that they are doing in other parts of the country, directly for other ICBs. This will be the next phase and the Leader and Cabinet Member resolved that once they had that information they would write to the Hampshire and IoW ICB to make the case for the Stroke Association to be

part of the post stroke recovery service implemented across Hampshire and the IoW.

Members noted the update report.

22. Adult Social Care update (AI 5)

(Councillor Heaney joined the meeting at before the start of this item)

Andy Biddle, Director of Adult Social Care, introduced the report. With regard to the CQC inspection Mr Biddle said that the council's self-assessment document will come to a future scrutiny panel in readiness for inspection.

In response to questions, Mr Biddle clarified the following:

With regard to the CQC inspection, they know so far that they will be judged on those areas where ASC has no direct control such as delayed transfer of care and transition for younger residents who turn 18 and need adult care support. The CQC will also be looking for how we work in partnership, so if a problem has been identified how do we work in partnership with other organisations to make those transitions as smooth as possible. In terms of transition, it will be about how early we get involved in that journey and how they ensure all the younger residents that may need support are identified and how they use that intelligence and planning to ensure the young person and their family understands the journey in ASC.

Due to the integrated nature of the Learning Disability Service there is a support team made up of NHS colleagues so they can do some work to ensure they are still meeting needs but helping people be in a more appropriate environment when they turn 18. ASC are also in the early stages of looking at commissioning services, within a Children's Social Care environment but with an ASC on and thinking about the journey much earlier. There are still challenges but improvements are being made and more resources and thought is being put in at an earlier stage.

With regard to recruiting to 2 new posts in the Directorate, Mr Biddle said they are to make better use of the data that they have got and there are always improvements that can be made in the data collected and ensuring the data is meaningful.

Concern was raised about the table on page 23 of the report detailing the age of service users and 22.3% of people being in the unspecified category and it was requested that this table be more accurate for the future. Mr Biddle said he was unsure if it was because they were not specified because those people chose not to specify and that was a choice they made, or for another reason. He would investigate that and come back to the Panel - ACTION.

Concern was also raised about the low numbers of service users who are Black African, Caribbean or Other as these people may be forgotten. Mr Biddle said this could be investigated and he said that the table shows that the Directorate are reaching out to diverse communities in Portsmouth. He

would like to take a considered a view and have a discussion with the service to understand what is behind the low figures for this group. The Panel requested that a report on this be brought back - ACTION.

Councillor Jeffery had to leave the meeting at this point due to feeling unwell. The Panel proposed and seconded that Councillor Smyth be elected as Chair of the meeting in his absence.

The ASC team are seeing more people coming through transition; those younger residents who become adults and need service support from adult social care. The Directorate are also seeing a significant growth in residents who are eligible for continuing healthcare and funding has been agreed through the ICB to recruit learning disability nursing staff for that. They have not seen a significant number of people moving into the city who then become eligible for Portsmouth support.

ASC have issues with completing mental health act assessments in a timely way, due to transport and having a bed secure hospital to apply for. This is something that they keep under continual review. There is also a national and local issue in being able to recruit sufficient staff to be able to full all those duties. There are very good partnership relationships with the police, Solent, ICB colleagues but there is strain in that system currently. The Panel requested that a report come back to a future meeting on this. - ACTION.

With regard to Russets and the inspection, there is an internal governance procedure where regular informal inspections carried out by a team from a separate area of the business. The CQC are pursuing an intelligence led inspection regime which will prioritise those services that they are most concerned about. The fact that there has been no further inspection from the CQC could be seen as a positive as it implies that the intelligence is not there to suggest there is an issue.

A question was raised about the AMHP team receiving no referrals for the Treasury's 'Mental Health Crisis Breathing Space' programme. Mr Biddle said he thought it was just as people were not being referred so it was probably a settling in period as it is a recent development. The cost-of-living response from PCC has been strong the last few years so there will be different places that people come into contact if they need debt support. Mr Biddle said he would come back with more information on this - ACTION.

With regard to residential care and nursing the key is the long-term planning to ensure there are the right number of extra care units in the city. One of the challenges in the short term is they have seen several providers leave the city in the past 12 months so there is a reduced residential care market. There is more restriction around the number of places. The best way to do that is the longer-term planning and creating extra care to create more environments which are not necessarily care homes. The Directorate will be refreshing the Accommodation Strategy. They try never to place anyone leaving hospital directly into 24-hour residential care.

The Panel thanked Andy for his full report which they noted.

23. Solent NHS Trust update (AI 6)

Andrew Strevens, Chief Executive, Solent NHS Trust.

In response to questions, Mr Strevens clarified the following:

It is the responsibility of Portsmouth City Council to complete the Mental Health Act assessments and two Section 12 doctors are needed which has been an issue. He said that his team needed to work with the PCC ASC Team to see how this could be improved and he would report back in due course.

With regard to podiatry services and satellite clinics, Mr Strevens said Solent have searched for alternative locations and they are not available but satellite clinics could be something to consider. Solent are linking very closely with Healthwatch on this. Catherine Morrow, Communications and PR Manager, added via the chat that Solent does run a podiatry service for housebound patients going out into the communities.

The Panel thanked Mr Strevens and noted the report.

24. Access to Primary Care (AI 7)

Jo York, Managing Director Health and Care Portsmouth, introduced the report. She advised that the Acute Infection Hub went live this week so was slightly ahead of schedule.

In response to questions, Jo clarified the following:

She felt that the lack of community pharmacies was due to some contractual issues and cost of living crisis. The Public Health teams in local authorities produce the Pharmacy Needs Assessment which can give an opportunity to think about where those pharmacies need to be.

With regard to the flu incentive scheme ending due to financial constraints, Jo said that there are other ways that flu vaccinations can be provided such as through the enhanced care home scheme and through the community nursing team. It was about managing money and getting best value for the money put into primary care into care homes.

In terms of primary care access, the deficit is significant in Hampshire and the Isle of Wight, and all organisations are in financial recovery support. However, the funding for primary care is all subject to national contracts, so the core funding for those services is to 'pass through' money to the ICB. Money would not be taken out of primary care services. The work done to review the local commissioned services was to ensure there is a consistent and standardised approach. The ICB are doing a lot of work with partners

and the ICB finance team on understanding the position for 2024/25. Nationally ICBs have to reduce their running costs by 30-40%.

Concern was raised that the savings needed would be recurring and this would have an impact on services. Members noted that as a HOSP they have a responsibility to look at service changes, particularly if it will affect patients. As this is Hampshire wide it might be worth looking at working with other HASC/HOSPs on these issues when more is known on this next year. Jo added that the financial position will also affect the services in Southampton and the Isle of Wight. Where there have been reductions in this financial year, they have not had an impact on Portsmouth residents. It was ensuring that they get best value for money or perhaps reducing the scale of the service and some things have gone through the Hampshire HOSC. There have been no closures, but a joint HOSP may be a sensible way for the ICB to present this to everyone.

The Panel noted the report.

25. Health and Care Portsmouth and Hampshire and Isle of Wight Integrated Care Board (AI 8)

(Councillor Jeffery rejoined the meeting during this item)

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

In response to questions, Jo clarified that:

They are doing a lot of work with PHUT and system partners around improving ambulance handover delays. Improvements had been made over the summer however there were a number of challenges, in part to the industrial action, some changes in approach around discharges however there is a commitment to improve this. She felt it would be a difficult winter due to the pressures in the NHS and increasing demand across the system.

There are some great examples of integrated working in the city; learning disability services, mental health services and children's services.

As this was Jo's last meeting, the Panel wished to thank her for her tremendous service and her role in improving the outcomes for Portsmouth residents.

The Panel noted the report.

26. Portsmouth Hospitals' University NHS Trust (AI 9)

Penny Emerit, Chief Executive and Dr John Knighton, Medical Director, introduced the report.

There are some particular specialties where waiting list times are longer than the target; ENT and Trauma and Orthopaedics are two of the areas. The

Trust have just gone through an administrative validation exercise where they have been in contact with every patient who has been on the waiting list for longer than 12 weeks, to check that they still require that appointment. They found a significant number of patients who did not need to be on the waiting list, which means that they are now better able to get to those patients who really need the care. Running alongside that is the clinical validation process to make sure that the extended waits are not contributing to increasing risk to patients and checking that the patient still wants and needs the procedure. There are several drivers that have contributed to the volume of the waiting list which are all unacceptable. In addition to covid more recently there have been the industrial action days which has not helped the delays. The Trust are also looking at the outpatient follow ups and whether these can be reduced.

In response to questions the following points were clarified:

Across Hampshire and the Isle of Wight (IoW) PHUT are looking collaboratively at how to use every bit of the NHS resource to the full capability including making sure the operating theatres are used as productively as possible and getting patients to have their procedure done wherever there is capacity.

With regard to the number of critical incident days, members said it would be useful to have a comparison over the previous 5 years would be useful. Dr Knighton agreed that this would be useful and could be added for next time. He added that the criteria for declaring a critical incident shifts from one year to the next, depending on the circumstances. He felt that it might be useful for the panel to understand what is driving those pressures and they could provide data on occupancy and associated delays. It was felt a graph may be useful to show this information to show trends and a report at a future meeting on waiting times - ACTION.

The performance of PHUT and IoW NHS Trust will continue to be reported separately as it is a partnership in a group rather than a merger of the two organisations. They remain as two separate statutory organisations. The baseline against they are reporting is fixed and that is the measure to ensure they continue to improve performance. This is the national performance standard and it reported monthly in their integrated performance report to the Trust Board and this is publicly available. Jo York added that if the Panel wanted to see more comparative data, this could be provided through the ICB report - ACTION.

With regard to the unique challenges of the IoW Trust, the most significant challenge would be the workforce and the availability of workforce on an island and the costs of attracting people to work on the island.

The Panel noted the report.

The formal meeting ended at 3.20 pm.

Councillor Mark Jeffery
Chair