

## **HEALTH OVERVIEW & SCRUTINY PANEL**

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 25 January 2024 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 Ann Briggs, Hampshire County Council  
Councillor Martin Pepper, Gosport Borough Council  
Councillor Julie Richardson, Havant Borough Council  
Councillor Vivian Achwal, Winchester City Council

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

Apologies for absence were received from Councillor Oliver.

Councillors Atkins and Richardson apologised as they had to leave the meeting early.

#### **2. Declarations of Members' Interests (AI 2)**

There were no declarations of members' interests.

#### **3. Minutes of the Previous Meeting (AI 3)**

**RESOLVED that the minutes of the meeting held on 23 November 2023 be agreed as a correct record.**

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

Tracy Redman, Assistant Director of Operations presented the report. She explained that SCAS are still working with partners to ensure that patients receive the right care, in the right place and at the right time. In terms of demand, this was relatively stable for the 12 weeks before Christmas although there was an increase over the Christmas period as expected. SCAS are seeing around 1,900 incidents per week in the Portsmouth and SE area which is exceptionally busy. In the SE area there are a higher percentage of more poorly patients compared to the rest of the SCAS area. Performance is a challenge and there are action plans in place, particularly around the category 2 performance (emergency patients who need an urgent response) which is in line with national direction.

On Tuesday 22 January 2024 a critical incident was declared meaning they were finding it difficult to maintain their critical services. This allowed them to

focus resource to the most critical patients but that some of the less poorly patients do not receive a timely response but they are being directed elsewhere. The critical incident is still in place and this is being reviewed twice a day within the organisation.

There is a new transformation programme called 'fit for the future' which will have significant change for how SCAS operates, how they deliver the service, what staff mix they use, a review of their estates and the SCAS strategy has been refreshed in line with this.

In response to questions Ms Redman clarified the following:

There are robust systems for reporting adverse incidents where there may be patient harm or death and this is reviewed with colleagues in the ICB to ensure that lessons are learned and measures are put in place to mitigate that in the future. The Panel felt that it would be useful to see this data and Ms Redman said that she could include it in the next report from SCAS.

Part of the transformation review is around how SCAS organises services so that patients get the right treatment, in the right place at the right time. The right workforce and estate will then be assessed to make sure they are able to deliver that.

With regard to ambulance handover delays and hours lost, it does tend to be worse in the winter months than the summer. There are around 500 operational hours a day on the road over 7 days a week so as a percentage this would be around 20%. Ms Redman said that she could provide some more accurate figures for the panel - ACTION

There is no evidence to suggest that the increase in demand is linked to patients not being able to get a GP appointment.

In response to a question on why serious health cases are becoming an increased percentage of SCAS's work, she said she was unsure but she felt that there are some fantastic community teams within the system who are dealing with very poorly patients, so the point where they dial 999 may be later as they are being well looked after by the community teams.

The Panel thanked Ms Redman and noted the report.

(Cllr Atkins left the meeting at the end of this item).

## **5. Portsmouth Hospitals University Trust update (AI 5)**

Penny Emerit, Chief Executive and Ann Thomas, Deputy Chief Nurse presented the report. Ms Emerit advised that PHU is in a critical incident which was called three weeks ago. This is when demand significantly outweighs the capacity that is available. When this happens there can be

even greater delays in the system and a significant number of patients awaiting handover from ambulances. Where there are any delays along the system there is a greater risk of harm to the patients. At the moment the hospital is not always treating patients in the best place for their needs and therefore using capacity for things that could be better done elsewhere. The increasing occupancy is shown on the attached graphs. Despite increasing the number of beds available, they have also had to increase the number of escalation beds that they use. The current critical incident is because they have not only exceeded their bed base but also exceeded the escalation capacity. This is due to increasing demand at the front door but also not being able to discharge patients when they no longer require hospital care. Once treatment has been completed it is better for the patient to be discharged to their next place of care.

With regard to the new Emergency Department they are on track for this opening in Winter 2024. Whilst this will be a fantastic facility for patients and staff, they are aware that the need to address some of the causes around the occupancy of the hospital to ensure that the levels of delays do not reach the levels currently.

In response to questions, Ms Emerit clarified the following:

The hospital is not seeing concerning levels of patients presenting as emergencies with covid or flu currently. The testing regimes for covid have significantly changed and they are only testing patients who are presenting with symptoms of covid so the numbers would not be comparable over the three-year period. Respiratory infections are at normal levels for this time of year.

From an emergency planning perspective, they do an after-event reviews to make sure that they are embedding learning. This is done internally but PHU will also work with system partners. This is because some of the criteria set for being able to step out of a critical incident are linked to things, they are able to achieve with their partners. The Breaking the Cycle piece ran from mid-December to mid-January, and they tried to take some pre-emptive actions to significantly reduce the occupancy of the organisation. The Breaking the Cycle piece are internal hospital actions but also as a Portsmouth SE system trying to take all those things that are routine practice and checking that they are still happening and are they embedded. Unfortunately, the period the Breaking the Cycle piece took place during a critical incident, but this meant that they refocussed resource towards the highest risk things.

The occupancy levels data on page 23 of the pack and the percentage of patients arriving by ambulance being handed over in 15 minutes being much lower in December 2023 compared to January 2023 was linked to the capacity of the health and care system. PHUT have seen changes in demand for services, not only volume increases but increase in more frail or complex patients who stay in hospital longer, so the demand curve goes up over those periods. If they don't have the capacity to respond, whether it be PHUT, community, local authority capacity that is when the increase in occupancy is

seen as they are having to use the escalation and surge areas in the hospital for those patients whose needs could be better met elsewhere. The occupancy is increasing and increasing on a higher number of beds and they have done a forward look to next winter already and something fundamentally different must be done in terms of deploying resources across health and social care. The providers and commissioners look at plans for the next 12 months.

PHU have already increased the acute bed capacity and reconfigured internal capacity to create same day emergency care. The challenge at this time of the year is that those same day emergency care facilities become bedded with patients overnight. Unfortunately, the spaces become inefficient as working out of spaces that staff are not used to working out of. Some of the modelling has been done as part of the new business case for the new emergency department. The annual process is the opportunity to refresh this to ensure that they are making choices based on the current demand.

With regard to the junior doctor strikes, Ms Emerit said that they are not in a position to influence national pay conditions and she hoped that a resolution would be found for this quickly. In the meantime PHU are looking at things they can influence that impact on employee wellbeing and satisfaction. It was hoped that having a local medical school would help staff want to come to work in Portsmouth.

Members thanked Ms Emerit for the report and for the extra data that the panel had requested showing data over a longer period.

The Panel noted the report with concerns.

## **6. Access to Primary Care (AI 6)**

An email was received after the start of the meeting to explain that Bernie Allen, Deputy Place Director, had to attend an emergency so was unable to attend the meeting today. Members were invited to ask questions and a written response would be requested from Ms Allen.

Members were disappointed that the update did not include anything on the ICB Support Recovery Programme and requested a written update as a matter of urgency and asked that this comes to their next meeting in March.

Clarification was sought on paragraph 1.1.7 'The National and ICB average rates per 1,000 population for July 2023 were 500 and 515 respectively...'

Members were encouraged by the report with regard to access to GP appointments and time waiting for an appointment and felt that the public should be made aware that the situation with accessing GPs is improving.

What consequences have there been on the prescribing gluten free products decision?

It was felt that the number of dispensaries issuing more than 25 items from a Portsmouth clinician prescription in October 2023 was very high so some comments on this would be welcomed.

Members requested a written update on these points be requested as soon as possible.

(Cllr Richardson left the meeting at this point)

## 7. Adult Social Care Update (AI 7)

Andy Biddle, Director of Adult Social Care, introduced the report.

In response to questions, Mr Biddle clarified the following:

The Independence and Wellbeing Team works for Adult Social Care within the local authority and is partly funded by Public Health. One of the driving factors is that if people can be helped early with maintaining their independence, help with community connections etc it will reduce further draw on the health service. The impact of Independence and Wellbeing is to be preventative to reduce the impact of their health and care needs in the future.

Members asked for a more detailed break-down of attendance for the activities run through the Portsmouth Independence and Wellbeing Team. Mr Biddle said he would provide this for the minutes.

Post meeting note this information is included below:

It is worth noting a small number of points in relation to the data:

- The Team are undertaking retrospective data cleansing, with support from a data analyst
- We are awaiting updated data from Ramblers Walking for Health as they had some missing registers so not all the walkers were included, (meaning the January report will be updated when ASC reports again to HOSP).
- Some group numbers are deliberately low due to venue capacity, equipment capacity or due to higher level of needs of attendees.

<b>Name of Group Activity</b>	<b>No. of registered attendees</b>	<b>No. Sessions</b>	<b>Attendance</b>
Chop Cook Chat	38	80	304
Yoga in the Park	47	24	170
Rock Out	15	37	69

Refugee Badminton	14	12	39
Reading Friends	20	37	338
Diversi-Tea Lounge	38	38	517
Cross Cultural Women's Group	77	36	469
Paulsgrove Men's Group	11	31	115
Learning Disability Allotment Group	5	37	140
General Allotment Group	23	39	169
Autism & Neurodivergence Group	10	27	134
Ethnic Growing Project	9	32	128
Treadgolds	8	39	205
Naturewatch (Wednesday) Group	18	35	161
Naturewatch (Thursday) Group	18	34	207
Extra Care - Caroline Square Knitting Group	7	9	46
Extra Care - Brent Court Seated Exercise	22	33	343

Extra Care - Caroline Square Seated Exercise	13	30	128
Extra Care - Brunel Court Seated Exercise	14	24	153
Extra Care - Maritime House Seated Exercise	21	38	386
Extra Care - Osprey Court Seated Activity Group	6	38	213
Extra Care - Crane Court Seated Exercise	8	39	161
Extra Care - Naturewatch Group	8	7	57
Walks	274	613	2760
Brunel Court Games Group	35	24	99
Carers' Breaks	65	70	649
<b>Total</b>	<b>824</b>	<b>1463</b>	<b>8160</b>

The panel thanked Mr Biddle and noted the report.

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

Matt Gummerson, Head of Strategic Intelligence and Research introduced the report.

In response to questions he clarified the following:

With regard to the graph on drug related deaths, the trend nationally is continuing to worsen. There is a long delay in reporting of this data due to the deaths being complicated and there are a range of factors in play so assessing a death as drug related can be complex. Significant investment has gone in drug and alcohol services in the city that Public Health are confident will lead to continued improvements. Mr Gummerson said he would advise the panel when updated data was available.

The drop in drug related deaths in Portsmouth from 2003 to 2004 was noted, Mr Gummerson said he was unaware of the reason for this, but he would find out and come back to the panel.

The Panel thanked Mr Gummerson and noted the report.

## **9. Dates of future meetings (AI 9)**

The Panel noted the provisional HOSP dates for the 2023/24 municipal year as follows:

Thursday 20 June  
Thursday 19 September  
Thursday 21 November  
Thursday 23 January  
Thursday 13 March

With the caveat that there may be a new Chair of the panel after the local elections in May.

The Chair invited members views on potentially changing the meetings to a 10am start on these dates, two members said that if they were still on the panel they would be unable to make this time. There was a mix of views on whether to move meetings to in person and it was agreed that when the new panel was known in May/June the clerk would discuss this with the Chair and confirm meeting dates and times.

The formal meeting ended at 3.10 pm.

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Councillor Mark Jeffery  
Chair