HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 7 October 2014 at 9.30 am at The Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor David Horne (Chair)
Councillor Steve Hastings
Councillor Hannah Hockaday
Councillor Phil Smith
Councillor Lynne Stagg (Vice Chair)
Councillor Gwen Blackett, Havant Borough Council
Councillor Peter Edgar, Gosport Borough Council
Councillor Keith Evans, Fareham Borough Council
Councillor David Keast, Hampshire County Council

Also in Attendance

Portsmouth City Council
Rob Watt, Head of Adult Social Care

Portsmouth Hospitals NHS Trust
Peter Mellor, Director of Corporate Affairs

Portsmouth Clinical Commissioning Group
Dr Tim Wilkinson, Chair of the CCG Governing Board

Solent NHS Trust
Deborah Zimmerman, Deputy Operational Director, Sexual Health Services

Southern Health NHS Foundation Trust
Paul Thomas, Head of Business Management

Healthwatch Portsmouth
Simon Haill, Healthwatch Manager

1. Welcome and Apologies for Absence (AI 1)

The Chair welcomed everyone to the meeting. Apologies for absence had been received from Councillor Dorothy Denston. Councillor Hannah Hockaday gave apologies for her late arrival.

2. Declarations of Members' Interests (AI 2)

Councillor Peter Edgar and Councillor Gwen Blackett declared personal interests as they are appointed governors on the PHT Board of Governors.

Councillor Phil Smith declared a personal interest as his partner is a Public Governor of Solent NHS Trust.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED

That the minutes of the meeting held on 8 July 2014 were agreed as a correct record.

4. Adult Social Care update (AI 4)

Rob Watt, Head of Adult Social Care at Portsmouth City Council gave a presentation to the panel on The Better Care Fund, The Care Act 2014 and Deprivation of Liberty Safeguards. A copy of the presentation would be published on the website shortly after the meeting.

Better Care Fund

In response to questions he clarified the following points:

- The Better Care Fund (BCF) was not new money. It is money that was already in the system and includes adult social care money, carers money and the disabled facilities grant (DFG) which is brought together in a single pot with health funding. For 2015 the amount was £16 million; however the amount for future years was uncertain. The BCF will set priorities for using resources available which will be reviewed. Decisions will have to be made on both investment and disinvestment.
- The Integrated Commissioning Board and Integrated Commissioning Unit are already well established in Portsmouth. Much work has gone into ensuring there is a low rate of delayed discharges from hospital in the city. Portsmouth City Council have been rated the second best against other unitary authorities in the same comparator group.
- One of the key areas of work is risk stratification which looks to identify people with conditions that can make them a high risk for hospital admission and care. Together with the development of rehabilitation services officers are seeking to ensure that services are effective and that people are able to stay at home longer to reduce pressures on hospital.
- The integrated locality team pilot would probably be in the north of the city and would mean a single point of access involving GP's, social services community nurses and others.
- Great success has been achieved through building extra social care housing which has contributed to a dramatic drop in the number of older people being admitted to residential and nursing care homes and gives vulnerable people the opportunity to retain their independence. The extra care housing locations are Milton Village, Brunel Court and Caroline Square and have been built following the closure of residential homes. Another development will be opened in February/March 2015 on Northern Parade.

- Extra care Housing has been built in partnership with housing providers who apply for grants, with a care agency manage the care needs of residents.
- There are currently sufficient residential facilities for people with dementia however; more facilities may be needed over time to cope with the predicted rise in numbers. One new residential home is being built in Drayton called Harbour View which will meet modern standards. There are also 4-5 other private planned developments in the city.

Care Act 2014

In response to questions, Rob Watt clarified the following points:

- The Care Act 2014 brought together disparate pieces of legislation from the last 60 years into one statute.
- The Act puts the focus on personalisation, for example following an assessment of eligibility for services, people can be given an indicative budget (personal budget) in order to meet their needs in a way that gives them more choice over how care will be delivered e.g. through a personal assistant. There is also a duty to point people in the direction of other forms of assistance e.g Independent Financial Services to plan for care needs.
- The new arrangements for paying for care will be introduced in April 2016 and there will be a cap on costs of care that are met by self-funders set at £72,000. From October 2015 people can apply to the local authority to ask for an assessment to determine whether they meet the eligibility criteria. There are concerns that this will result in an increased demand for social work assessments.
- Other areas covered in the act include safeguarding. The safeguarding adult board have just appointed an independent chair.

Deprivation of Liberty Safeguards (DoLS)

In response to questions, Rob Watt clarified the following points:

- Currently when someone without mental capacity who is in a residential home or a hospital and attempts to leave unaccompanied and felt to be at risk to themselves or others, may be prevented from doing so. An assessment must be carried out as to whether their liberty is being deprived lawfully.
- In the Cheshire West case earlier this year, a judge ruled that all people in those environments including those who may not actively attempt to leave but would potentially be prevented from doing so, should also be assessed.
- This has led to a huge increase in the amount of assessment work for the ASC team. Costs to undertake this work have risen from £18k in 2013 to £350k in 2014. Estimated cost to the country in 2015 of this judgement is £1 billion.

ACTION

- The PowerPoint slides be circulated to members following the meeting.
- That a further meeting be arranged for the panel to have more detail on the implications of the Better Care Fund, Care Act and Deprivation of Liberty Safeguards.

5. The provision of HIV medication (AI 5)

Deborah Zimmerman, Deputy Operational Director for Sexual Health Services at Solent NHS Trust attended to give the panel an update on changes to the HIV homecare service.

Ms Zimmerman gave the panel a brief background to the human immunodeficiency virus (HIV) and advised that the virus weakens the immune system. HIV infects and destroys certain white blood cells called CD4 cells and if too many CD4 cells are destroyed the body cannot defend itself from infection. AIDS is the final stage of HIV infection when the body can no longer fight life threatening infections. 1 in 5 people do not know they are living with the virus and people in the high risk groups are offered a HIV test by the outreach nurses. Patients with HIV are given anti retro viral drugs and can lead a near normal life as long as they take their medication, attend their clinics and live a less chaotic lifestyle. The normal level of CD4 count for a HIV patient is between 500 and 1500. Patients with below the level of 350 may see recurring fevers, suffer from night sweats.

Every patient is strictly monitored and has a blood test every three months to monitor the CD4 cell levels. Solent will treat the patient unless they deteriorate which is then they would be referred to one of the Acute hospitals. There are 5 hubs and 7-10 spoke clinics in each of the areas covered by Solent NHS Trust.

The delivery of the HIV homecare service is vital. The previous contract was with Healthcare at Home and they delivered drugs to the clinics as well as to patient's homes for those deemed clinically suitable. Over recent months there have been a number of significant issues at a national level with the homecare market and Solent made the decision to change the provider of the contract. From 1 October 2014 a contract began with Lloyds Pharmacy to supply the HIV medication. The number of places a patient can collect their medication has increased - there are 58 pharmacies and they can still collect from the clinics. Lloyds do offer a homecare delivery service and nationally there is an exercise to create a framework of providers in the hope to expand the service so that not only housebound patients can be delivered their medication. Patients have been informed of the change when they visit the clinics.

In response to questions Ms Zimmerman clarified the following points:

- Many people with the virus are reluctant to use the clinics however there is an active promotion team in place to encourage those in the higher risk groups to be tested and to promote the importance of this.

- Outreach nurses visit schools to inform them about the virus and there is a trial about to start in uni clinics to help inform teenagers in the city about the virus, sexual health infections and pregnancy.
- Solent had not had any issues with Lloyds providing the drugs and had found them to be an excellent company who had been responsive to their needs.
- Counselling was also offered to those people who are being tested.
- Solent work closely with GP's and people can go to their GP to be tested. However GP's tend to refer patients onto the Solent outreach nurses and main clinics.
- Solent tend not to allow family members to collect prescribed drugs as the nurses have a close link to the patients and closely monitor which patients have collected the drugs.
- Patients are asked to consent to collect their medication from a pharmacy and are asked choose a pharmacy from the list of 58 pharmacies. They can request to change the pharmacy at any time. The pharmacy will contact the patient to agree a date for collection and will keep this for seven days and if not collected the drugs are returned to Solent. This enables the clinicians to monitor those who are not collecting their medication.
- The homecare service had been piloted and Solent had visited other hospitals and clinics using Lloyds pharmacy who had all been very positive about them.
- When patients register for the service they must give a name and permanent address. Solent are aware that some patients provide a false name or address and some people may slip through the net.

6. Portsmouth Hospitals' NHS Trust - Update (AI 6)

Peter Mellor, Director of Corporate Affairs introduced the report and in response to questions from the panel, clarified the following points:

- With reference to the day in September where there was surge in numbers visiting the emergency department (ED), he advised that all hospitals have arrangements in place where if there is a surge in numbers they will ask if it is possible to divert patients to a neighbouring hospital. On the day in question there was a period of 1 ½ hours - 2 hours where the ambulance service was asked to divert patients elsewhere.
- On average there are 10-12 ambulances an hour arriving at Queen Alexandra (QA) Hospital but due to an unprecedented peak this rose to 30 on the particular day in September. The patients were all local people with serious conditions and the reasons for the surge are unknown.
- There is an out of hours GP service within the outpatients department at QA. Due to their access criteria an appointment must be made prior to the patient visiting. The commissioners had agreed to put an urgent care centre at the front of QA. This directs people to the best location for their medical needs e.g advising them to go to a pharmacy or to their GP, meaning that only those patients with a major medical

emergency are sent to the ED for treatment. PHT is working with the commissioners to make the urgent care centre more effective.

- If the funds were available Mr Mellor said PHT would change the configuration of the ED to modernise and re-organise its layout as ideally the urgent care centre would be at the front of the ED. However the funds were not available to do this and it was up to the 3 CCG's on how much funding is allocated to PHT.
- With regard to research and development, PHT work very closely with the University of Portsmouth and work in conjunction with many leading pharmaceutical companies. A senior member of university staff is on the board of governors and partnership working is key. Research and development is important for patients as they benefit from new advances in medicine, it brings in external funding and helps clinicians and staff meet their aspirations. In response to a question whether research and development would suffer with decreasing budgets, Mr Mellor said that PHT would look for alternative funding sources to allow this to continue due to its importance.
- St Mary's is an alternative provider but is limited in terms of equipment and the CCG are promoting the 'Choose Well' programme to inform the public that there are other alternatives to visiting the ED at QA. However, the ED was a victim of its own success as people know that they will always be seen if they visit the ED if they are prepared to wait and that they will receive free medication.
- Staff at PHT had visited Frimley Park Hospital NHS Foundation Trust which had recently been rated outstanding by the CQC. It was however important to recognise that the population of Frimley Park was very different to Portsmouth's. PHT are willing to learn from best practice and have sought help from Department of Health experts. The experts had said that PHT were doing the right things and the problem was the flow through the hospital and getting patients discharged efficiently. An example of this was the Friday before last where there were 130 patients in beds that were medically fit however the majority were awaiting their care package to be in place before being discharged.
- PHT predict how many people will be using the ED based on the previous years figures and also look at different types of data. He was uncertain whether data such as air pollution levels were used as a way of predicting the numbers of people who may be having cardiovascular issues.
- Although targets are important, Mr Mellor felt that it was more important to provide people with high quality health care to which the panel agreed.
- With regard to vascular services, Mr Mellor commented that both Queen Alexandra Hospital and Southampton Hospital were continuing to work together. Multi-disciplinary team meetings took place by video link on a regular basis.

The panel felt it was important to commend PHT on the good work taking place including their recent score of just over 99% for cleanliness compared to a national average of just over 97%.

RESOLVED that the update be noted.

7. Southern Health NHS Foundation Trust - update (AI 7)

Paul Thomas, Head of Business Management, Southern Health introduced his report and in response to questions from the panel clarified the following points:

- Southern Health are being inspected this week by CQC.
- Gosport War Memorial Hospital is a large (however not the largest) community hospital and Councillor Edgar said the hospital was incredibly important to local people. Mr Thomas added that it is a good example of a number of services provided by different organisations working together in a central hub.

RESOLVED that the update be noted.

8. Portsmouth Clinical Commissioning Group - Update (AI 8)

Dr Tim Wilkinson introduced the CCG's update report and in response to questions from the panel, clarified the following points:

- The Better Care Fund was necessary to delivery change. Portsmouth was currently ahead of the game but there is still a lot of work to do. He mentioned that at the recent CCG AGM, they were asked to carry out a table top exercise where they were asked to spend the £16 million and interestingly most had chosen to put the majority of money into prevention.
- There was pressure everywhere in the system, partially down to the increase in population. The CCG were working closely with PHT to improve the urgent care centre which saw up to 40 patients a day.
- The feedback from stakeholders had been very high and he personally thought that the introduction of Portsmouth CCG had gone very well.
- There was an education programme around the city for all GP's to be made aware of female genital mutilation.

  ACTION
  Dr Wilkinson said he would find out whether there was any funding for victims of female genital mutilation.

RESOLVED that the update be noted.

9. Healthwatch Portsmouth - update (AI 9)

Simon Haill, Healthwatch Manager introduced his report and in response to questions from the panel, clarified the following points:

- He had been rebuilding the structure of Healthwatch since he was appointed earlier this year. Healthwatch is a membership based organisation and has attracted a core of volunteers. It is part of Healthwatch Wessex which includes Dorset, Hampshire, Isle of Wight and Southampton.
- In September Healthwatch Portsmouth created a social care directory on their website (SCiP) The SCiP Directory allows people to search for their nearest health providers by typing in their postcode.
- Healthwatch Portsmouth has links with Portsmouth University and Portsmouth City Council and sits within Learning Links.
- The Healthwatch Portsmouth website is well established and is helpful for signposting members of the public.
- Healthwatch Portsmouth covers postcodes areas PO1-PO6 and the Hampshire Healthwatch covers Fareham, Gosport.
- The government acknowledges that Healthwatch can be influential and have a number of statutory powers that are used to help make a difference. Healthwatch can take the evidence of what people tell them about their experience of local services, and what needs to change to make them better, to those who commission and provide those services and put the case for change. They will act as their "critical friend".
- Healthwatch Portsmouth have meetings every month and every third meeting is a public meeting held at varying locations in the city. The next public meeting is on 5 November.
- Healthwatch is available to help people who have concerns about a healthcare service through their advocacy service and will help escalate complaints up to the ombudsman. Healthwatch Portsmouth currently has 42 cases.
- Healthwatch staff attend meetings of various groups and liaise with them but it is very much early days and they are working to work more closely with health providers.
- Healthwatch is not just about dealing with complaints but regularly receive praise about local health providers and publish this on their website.

RESOLVED that the update be noted.

10. South Central Ambulance Service - update (AI 10)

The panel received the update report from Neil Cook, Area Manager, Portsmouth and South East Hampshire. As Neil was not present, Councillor Edgar gave an update on the recent members visit to the new ambulance resource centre at North Harbour, Cosham.

Councillor Edgar reported that although there had been some initial concerns about centralising the resource centre, he felt that South Central Ambulance Service (SCAS) had taken on board concerns and put measures in place to alleviate these. Arrangements were in place so that when an ambulance crew finished their shift another crew was dispatched so that there is always cover in place.

During the visit he had been impressed with the safety factors and the lifesaving role that everyone on the site has. Members had seen ambulances return and watched whilst all the equipment was meticulously checked and cleaned so that it was fit for purpose for the next ambulance crew to use. He also advised that the IT equipment and rest facilities at the centre were state of the art.

Councillor Edgar encouraged members who hadn't been able to attend the visit to try and have a visit for themselves as they would find it worthwhile.

ACTION
Lisa to contact SCAS to ask for some dates that panel members can visit the Ambulance Resource Centre and email members with the proposed date(s).

RESOLVED that the update be noted.

11. Dates of Future Meetings (AI 11)

The dates of the panel meetings for 2015 were agreed as follows:

3 February
24 March
14 July
1 September
3 November

The formal meeting ended at 11.35 am.

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Councillor David Horne
Chair