

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 18 July 2024 at 5.30 pm at The Executive Meeting Room - Third Floor, The Guildhall, Portsmouth

### Present

Councillor Mark Jeffery (Chair)  
Councillor Graham Heaney  
Councillor Spencer Gardner  
Councillor Lee Tindal  
Councillor Gerald Vernon-Jackson CBE  
Councillor Philip Raffaelli, Gosport Borough Council  
Councillor Gillian Harris, Havant Borough Council

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

The Chair welcomed everyone to the first meeting of the panel in this municipal year.

Apologies for absence had been received from Councillors Leonie Oliver, David Evans and Councillor Vivian Achwal. Councillor Jonathan Williams was attending as a substitute for Councillor Achwal.

Councillor Gardner apologised that he would need to leave the meeting at 6:30pm and Councillor Vernon-Jackson apologised that he would need to leave the meeting at 7pm.

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

Councillor Williams declared a personal interest in that his employer is a consultant orthopaedic surgeon at Queen Alexandra Hospital.

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

Page 7, Stroke Recovery Service- Councillor Heaney referred to the letter to the ICB that had been sent by the Leader and asked for an update. James Roach, Director of Primary Care HIOW ICB, who was in the public gallery for a later item, advised that there would be an update provided at the September HOSP meeting as part of the ICB Finance update.

**RESOLVED that the minutes of the meeting held on 14 March 2024 be agreed as a correct record.**

### 23. Adult Social Care update (AI 4)

Andy Biddle, Director of Adult Social Care, presented the report. In response to questions Mr Biddle clarified the following:

With regard to client recording, SystemOne enables staff, primary care colleagues and staff in Solent NHS Trust to see the same information. The issue is that it is a system originally designed for the NHS so is not designed with the work of social care in mind therefore extraction of data is more difficult than if there was a specific social care system. There is a project currently underway to lift data out of a system and put that data into a format that ASC can send back nationally. ASC are also looking at all systems currently on the market as the contract with SystemOne is coming to an end to see if anything else is available to serve their residents.

During the end of 2022 and the start of 2023, five care home providers withdrew from the market. Two of those providers were not providing quality care and the CQC closed them and people were supported to find new places to live. The other three providers withdrew for individual reasons but he felt broadly this was due to the home no longer being financially viable. Currently roughly 4% of care home placements are unavailable at any one time. The purchased care home places in the city are around 92-93% so there is a very small margin of capacity left in the independent sector. This means that sometimes people must be placed outside of the city for residential care. One of the mitigations against that is trying to ensure that everyone who can has reablement to maintain independence as an alternative to care homes. Mr Biddle added that they are in discussion at the moment with two companies regarding if there are opportunities to build new care homes in the city due to concerns about capacity in the city.

Delayed transfers of care will always be a challenge as there is no perfect system to help someone come out of hospital. In Portsmouth the social work support was reorganised at the beginning of this year to have a single team focussed on all of the areas related to discharge. As a result, there was a downward trend in numbers of delayed transfers of care and in the number of lost bed days. ASC and Solent NHS Trust operate reablement beds although there is work to do on reducing the length of stay. There is also an agreement with colleagues in HloW ICB to purchase extra domiciliary care for those people who are needing to come out of hospital.

The discharge to assess scheme was related to the two main waves of the covid pandemic and this came to an end for residential care in September 2023 and the scheme ended in April 2024. This was a decision made due to investment and there being a financial squeeze on budgets for the NHS. The upside of having no discharge to assess scheme is that people were coming out and being placed in care homes but there was not always the support to get them out of care homes.

Deprivation of Liberty (DoLS) ensures that there is a process before someone is deprived of their liberty although it is acknowledged that it is cumbersome. It is taking too long and many authorities have a significant backlog of assessments. In Portsmouth the backlogs are being managed well. Liberty Protection Safeguards (LPS) were due to be brought in in 2023 but were delayed and this was then 'parked' at the end of 2023 as there was not sufficient capacity. LPS was intended to be more efficient than DoLS and it

was anticipated that LPS may come back in 2025 but there was not yet any confirmation of this.

With regard to domiciliary care and offering slots for the time people wanted rather than the standard 15-minute slots, Mr Biddle said the pilot worked very well and there was some positive engagement with families. However, implementing the system across all the care providers had not been possible due to them all purchasing different systems in the interim and the costs of having a single system would have been exorbitant. ASC have done some latitude in terms of individual agencies to extend or shorten the time slots with individuals as the carers know them the best.

With regard to the ICB Mr Biddle felt that they have seen a change in the way work together. They have met with senior colleagues at the ICB and are improving on the temporary memorandum of understanding in the way that they work together. He was hopeful that this will start to manage some of the conflicts from the last 12 months. He said that the work with Solent NHS Trust is very solid. These are integrated teams with very good results for people. There is still a lot of work to do with the ICB to rebuild some of the integrated relationships but there is a real commitment to do so. One member of the panel felt that he was not confident that the ICB was the best solution to integrating health and social care.

The panel thanked Mr Biddle for the report and noted the update.

#### **24. Portsmouth Safeguarding Adults Board: resourcing (AI 5)**

The report was presented by Andy Biddle, Director of Adult Social Care, on behalf of David Goosey, Independent Chair of Portsmouth Safeguarding Adults Board.

Mr Biddle explained that since the report was written colleagues at the ICB had met with Mr Goosey acknowledging the significant variation in funding arrangements across Hampshire and the IoW. ICB colleagues have committed to a meeting to bring together the Board chairs, Hampshire Police NHS and local authority leads to develop and agree a single methodology for funding, to be informed by population size and levels of deprivation. The meeting was likely to take place in September.

Members felt that it was extraordinary that the ICB appear to have taken a decision that will penalise Portsmouth directly. Members did understand that the ICB is in financial difficulties and were pleased to hear that a meeting is going to be held soon to look into this.

Mr Biddle said that this report was shared with the ICB when the agenda was published and this prompted them to arrange the meeting. The allocation of funding this year has already been agreed although this is a very low allocation. He said that if an agreement can be reached in September, they should be able to address the numbers for this financial year.

The panel were concerned that the formula could mean that the other areas lose out which is not helpful. It was felt that this process had not been fair or transparent and was unacceptable.

James Roach, Director of Primary Care, Hampshire and IoW ICB, who was present for a later item said that he would ensure that a response to the letter sent by the HWB would be sent by the end of the next week. He also wished to ensure that there is a commitment to review the process and work with all partners.

#### **RESOLVED**

- (1) That the Chair of HOSP write a letter to the ICB to advise that they consider the decision of the ICB on the levels of funding allocated to the PSAB unacceptable. The Panel however were pleased to note that a further meeting is being held to reconsider this.**
- (2) that the HOSP Chair write to the ICB to ask them to come back to a future meeting to explain how they intend to address the financial inequality in the allocations following their meeting.**

#### **25. South Central Ambulance Service update (AI 6)**

Tracy Redman, Assistant Director of Operations, presented the report.

In response to questions she clarified the following:

With regard to handover delays at QAH, it was hoped that the new Emergency Department (ED) would help however they are aware that it is not an ED problem but a systemwide issue. SCAS are working on some triggers so that they do not get to the point of acute in the first place. There is work taking place to look at ways to better distribute patients across Hampshire. There is also an Oversight Board which is Chief Executive led to look at the Portsmouth hospital challenges in particular and the ICB lead for the UEC is the SCAS Chief Executive, which has not previously been the case.

SCAS clinicians will carry out an assessment on each patient and will leave approximately 51% of patients at home and they are empowered to make the decision to do that. There is a validation line for the junior clinicians to check with a senior clinician and there is also the opportunity to contact primary care colleagues and there is a big focus on non-conveyance. A lot of the time the patients do not need to be in ED and they have a good relationship with the older peoples ESTEC? And they can take the patient there rather than ED.

SCAS have a duty of care to respond to every 999 call. There is a complex care team who look at frequent callers such as those who have a alcohol issue; often it is a passer by or relative that makes the call.

Ms Redman did not have any detail about the effect on QAH if Winchester Hospital is downgraded to a UTC; her colleague sat on the Modernising our Hampshire Hospitals programme. There has been significant modelling on where patients will go depending on the site chosen, but there would potentially be an impact on QAH.

Demand figures are higher in March and May and this is a trend over a number of years however Ms Redman was not sure of the reason for this. There is a seasonal trend with regard to acuity, this fluctuates and this last week it was above 60%.

Specialist practitioners who have enhanced clinical skills in minor injuries and illnesses travel to patients in cars and they treat the lower acuity patients at home.

The panel thanked Ms Redman for her report and the report was noted.

## **26. Public Health update (AI 7)**

(Councillor Gardner left the meeting at this point)

The report was presented by Matt Gummerson, Head of Strategic Intelligence and Research.

In response to a question, Mr Gummerson advised that the data for levels of activity in children is self-reported but it includes everything and the survey explains that they might want to include running as well as organised activities in schools. The Active Lives survey for adults is a national survey and the data is modelled for local areas based on the responses and the population profile. The numbers of participants from Portsmouth in the survey are relatively small therefore it is a useful guide but not worth basing too much on this.

The panel noted the report and thanked Mr Gummerson for his presentation.

## **27. Primary Care Update (AI 8)**

The report was presented by James Roach, Director of Primary Care, Hampshire and IW ICB.

In response to questions he clarified the following:

With reference to page 123 of the report and the statistic that 44.9% of GP appointments were the same day, members felt that this reflect what they are being told by constituents and also their own experience. It was felt that online GP appointments were a great service, but this did not work for everyone.

The panel asked if this data could be broken down to numbers of face to face, telephone and online appointments. It would also be useful to know the proportion of people in the city who have no GP, the proportion of appointments who are not with a GP but with somebody else e.g. a diabetic nurse. The number of people who move GP in the city would be useful to know, as an indicator of how unhappy people are with their surgery. It would also be useful to know how the number of GPs in the city and to track this.

The panel also asked if the data for the hypertension and contraception services and also Pharmacy First could be broken down to into areas. Mr

Roach said this should be possible and they would look to provide this to the panel every quarter.

Mr Roach said that they have a more detailed data system that tracks number of appointments by health care professional and he was happy to share this data with the panel. A report could be brought to a future HOSP reporting practice by practice for each locality and members said they would welcome this.

A member commented that the Portsmouth Primary Care Alliance is a wonderful out of house service.

The Panel thanked Mr Roach and noted the report.

## **28. Update on dentistry in Portsmouth (AI 9)**

The report was presented by Simon Cooper, Director of Pharmacy, Optometry and Dentistry, HIOW ICB and James Roach, Director of Primary Care, HIOW ICB.

In response to questions the following points were clarified;

There is no compulsion for an NHS dentist to see a patient beyond a course of treatment. Units of dental Activity (UDA)s are a unit of payment given to providers to reimburse them for treatment. The dentists are only reimbursed for the highest band of treatment that the patient reaches. There is no set fee for a UDA; it is different for every contract.

The biggest challenge is around workforce and getting the number of dentists in the NHS to allow to sufficient service. When a dentist qualifies, they can work in a private practice immediately, however to work in the NHS a further foundation year is required.

In response to a request as to whether the panel could have a breakdown for Portsmouth, Mr Cooper said this could be done but is challenging as the data is provided by contractors. It would need to be a specific request for HIOW request this from the NHS Business Services Authority (BSA) HIOW are pushing for more granular data as this is not immediately available.

With regard to the delivery rate of 38.3 per cent, this means that only this amount of the UDAs in Portsmouth is being used. Members were very concerned about this figure. A number of UDAs are contracted, and the contract stays in perpetuity. If that contract struggles for workforce they cannot fulfil the contract so HIOW will then clawback payments for which they did not have. The money then comes back to HIOW to use for example the Dentaaid bus. The dental budget is ringfenced to stay within dentistry but there is a continual catchup process in terms of the clawback. Mr Roach added that they are starting to engage with practices as individual businesses to understand what support they need to see more NHS patients as part of their practice delivery. Often this is access to training/education and support from other dental practices, as well as investment.

(Councillor Vernon-Jackson left the meeting at this point)

With regard to the reasons why Southampton's delivery rate of commissioned work being 54.3 per cent, Mr Cooper said there is no specific reason it is due to historic reasons; some practices will continue to regularly function at a level they can achieve. They are looking to go to those providers to rebase that contract.

The new Government have pledged to look at the dental contract and HIW have been clear with NHS England that dental care needs reform, more flexibility and autonomy to deliver the financial envelope for the patients. It was hoped that more clarity would be received from Central Government in the next six months. When HIOW took on the commissioning of dental services they held 'Dentistry the Big Discussion' where a number of stakeholders were invited from practices to NHS England and the dental professionals. The main thing arising from that was that the dental professionals in attendance were invested in the NHS way of working and wanted to work with the NHS but felt that the contract needing reform. He felt that once this is resolved there is a workforce that would come into the NHS.

A member commented that on the NHS website on how to register with an NHS dentist, that it states you may have to join a waiting list or look for a NHS dentist taking on patients, which is misleading. Mr Cooper said he agreed. What actually happens is that it makes good business sense for a practice to have a 'regular calls' list to regular call in patients however in the contract there is no compulsion for this.

With regard to there being no orthodontics in Gosport, Mr Cooper could not answer why there was none in Gosport. Mr Roach said they could come back on that point as to why. There is a strategy around orthodontics, and they are reviewing providers.

One of the biggest challenges is the workforce. Mr Cooper said there was nothing in the contract to force practices to take on more UDAs. For the new contracts being issued they go through a very detailed procurement process to assure HIOW that the new contracts will be fulfilled or are able to be fulfilled. Mr Roach added that they are looking at a revamped dental academy in partnership with the University of Portsmouth with the message that need to develop our own to stay in the NHS. The market needs to be shaped differently to move forward as they cannot rely on the market as it currently stands. There are no performance contracts it is solely down to clawback of what is provided.

The Panel thanked Mr Roach and Mr Cooper for their report and noted the report.

**29. Health Overview and Scrutiny Panels Arrangements for Assessing Substantial Change in NHS Provision update (AI 10)**

The Chair explained that the Panel are recommended to approve the updated arrangements in line with the legislative changes. Southampton City Council have adopted the updated framework and the other health scrutiny committees across the Hampshire and Isle of Wight Integrated Care Board (ICB) footprint will adopt the updated framework in due course

Previously, the Secretary of State for Health and Social Care could intervene in reconfigurations of health services upon receiving a local authority referral relating to the adequacy of consultation, or whether the proposal was in the interest of the health service in their area. Following a referral, the Secretary of State had a discretionary power to take certain decisions based on the grounds of the referral.

Schedule 10A to the NHS Act 2006 provides a new call-in power to allow the Secretary of State to intervene in NHS service reconfigurations at any stage where a proposal exists and take or re-take any decision that could have been taken by the NHS commissioning body.

Instead of the referral power, health overview and scrutiny committees and other interested parties can write to request that the Secretary of State consider calling in a proposal. Such a request will then be considered as set out in the statutory guidance.

It should be noted that local authorities' scrutiny responsibilities for service change (and wider scrutiny responsibilities) have not changed. NHS commissioning bodies' duties to involve and consult the Health Overview and Scrutiny Panel and the public remain in place. It remains the case that NHS commissioning bodies and NHS providers should be actively engaged with their Health Scrutiny Committee from the outset and duration of a reconfiguration proposal.

The panel felt that it was vital that the panel keep up the good relationships with partners to ensure that they come forward and notify the panel of any proposed changes to services.

The panel noted the update.

The formal meeting ended at 7.22 pm.

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Councillor Mark Jeffery  
Chair



