

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 3 February 2015 at 9.30 am in the Executive Meeting Room - Third Floor, The Guildhall

Present

Councillor David Horne (Chair)
Steve Hastings
Phil Smith
Lynne Stagg
Gwen Blackett, Havant Borough Council
Peter Edgar, Gosport Borough Council
Mike Read, Winchester Borough Council

1. Welcome and Apologies for Absence (AI 1)

Councillors Dorothy Denston, Keith Evans and David Keast sent their apologies for absence.

2. Declarations of Members' Interests (AI 2)

- Councillor Phil Smith declared a personal interest as his partner is a Public Governor of Solent NHS Trust.
- Councillor Peter Edgar declared a personal interest; he is on the council of governors at Portsmouth Hospitals' NHS Trust.

3. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 16 December 2014 be confirmed as a correct record.

4. Solent NHS Trust - Update (AI 4)

Mandy Rayani, Chief Nurse and Rob Steele, Director of infrastructure introduced the report and in response to questions from the panel, clarified the following points:

- A Patient Experience Strategy Framework is being drafted to shape how services are delivered. A new patient experience forum has been created and members are being sought. The framework will go out to consultation.
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- The trust takes its responsibility to provide mental health provision very seriously and is working with third sector organisations. They are not aware of any reduction in service. A lot of innovative work is being carried out in the Children and Adolescent Mental Health Service
- Discussions are currently taking place about how to improve integration of organisations to ensure a seamless process for the service users.
- The rapid response team aims to prevent unnecessary admissions and ensure that patients are discharged from hospital as soon as possible.

- The trust is working towards becoming a foundation trust which would enable them to deliver services more flexibly to continue providing quality services. They did not know whether more money would be available as a Foundation Trust.
- The services being transferred from St James' Hospital site will be enhanced not reduced e.g. the current building for Child Development Centre is too small; patients have to visit other sites for different services. All the specialists will be in place at the Battenburg Centre.
- Peripatetic staff do not require clinical space as such.
- Substance misuse services are being reviewed.
- The district nursing team is being reviewed. Recently there has been a high staff turnover this might be as a consequence of the service being changed to 7 days a week 365 days a year.
- A comprehensive review of parking needs has been carried out at St Mary's Healthcare Campus to identify the number of staff and patients transferred from St James' site, the number of staff travelling in from outside the city (58%) and the number of peripatetic staff based there. The staff parking policy has been updated to make it clear that staff who travel less than three miles to work are not entitled to park in spaces reserved for patients and to give priority for parking to peripatetic staff. Green travel options have been widely promoted. The possibility of providing either a multi-storey car park or a one or two deck car park has been discussed with the council's planning department. The former would provide more than 200 spaces. The deck parking previously at the site was sold to the University Hospitals Southampton.
- Services provided by different organisation are co-located at Healthy Living Centres with the main organisation providing the reception service. However, patients should receive a seamless service.

Councillor Horne expressed concern regarding the podiatry service at the Paulsgrove and Wymering Healthy Living Centre where service users are expected to arrange their own appointments. This can be confusing for some people.

Actions

The panel requested that updates on the review of substance misuse services and the review of district nursing be sent to the panel.

5. Reconfiguration of Vascular Services (AI 5)

Sue Davies, Interim Director of Commissioning introduced the report and in response to questions, clarified the following points:

- NHS England (Wessex) is working towards producing the business case by the end of March and the discussions in early May.
- It is anticipated that the pilot will continue until decisions are made.

- The Senate Council encourages services come together and appreciates that joint governance is required in both possible models of care with one clinical lead to help provide direction.
- The potential impact on care pathways for other services for both options, the outcomes required and the population numbers will be explained in the business case.
- Vascular services include day services, planned operations and emergency surgery. There was never any intention to move the outpatients' and some of the planned services.
- At the moment, clinicians discuss complex cases, some of which are transferred between hospitals.
- The Senate Council's Steering Group includes the chief executives of both trusts and representatives from the Clinical Commissioning Groups.
- In the south, there has been variable progress in centralising services with similar debates being held.
- If one or more HOSPs in the Southampton, Hants and Isle of Wight area consider the proposals to represent a significant change, a public consultation would be triggered.
- The reconfiguration of services was triggered after it was reported in 2008 that England has the highest mortality rate in Europe for patients with AAAs.

Councillor Edgar expressed his disappointment about the length of time the review was taking. He noted that the staff at QA were very good and had told him of their concerns about the potential impact of transferring vascular services on other services e.g. renal, stroke, cancer and diabetes. He added that it was understandable that some services would be located at one hospital.

Councillor Blackett noted that QA is one of the finest hospitals for kidney transplants and that she was very angry that the review of vascular services had been brought into the political arena. She noted that the review had a detrimental effect on staff morale. She hoped that NHS England kept in mind that the area just outside the city had one of the biggest building programmes with plans for an additional 5,000 homes.

Members asked NHS England to note that QA serves a population that has a disproportionately high morbidity rate and that at a previous meeting the Chair of the Chichester Health Overview & Scrutiny Panel had expressed concern about residents having to travel to Brighton.

Actions

That the following documents will be sent to the panel:

- An extract of the minutes of the Senate Council meeting on 4 December regarding vascular services.
- The updated programme plan when it is signed off.

6. Portsmouth Clinical Commissioning Group - update (AI 6)

Tim Wilkinson, CCG Clinical Executive and Chair of the CCG Governing Board and Innes Richens, Chief Operating Officer introduced the report and in response to questions, clarified the following points:

- Social media is being used to spread the Choose Well message. Generally it is working well, but more must be done to target people who do not understand or are not interested.
- Publications are available in other languages.
- Since the initial six to ten months settling-in period, the 111 service has been running very well and has the lowest ambulance despatch rate in the country despite the increase in demand. This is probably due to the fact that is located next to the 999 centre and operators have access to clinical advice.
- The GP out of hours' service makes home visits when necessary. Education and self-care are key to people accessing the appropriate service.
- The investment in health proposals from the not for profit sector is working well. Voluntary organisations can find innovative ways of working as the boundaries are less fixed. If the programme's outcomes fit with the CCG's programme it is more likely to be funded. This scheme is advertised in many places including through the Community Active Network and on the CCG's website.
- There are problems locally and nationally with recruitment and retention of GPs and Practice Nurses. Plans to address this include forming a federation of practices across the city to ensure that the right skill mix is available to deal with residents' needs.
- The local population due to increase by 4%.
- All practices are required to have patient participation groups.

Councillor Edgar praised the local 111 service.

7. Portsmouth Hospitals' NHS Trust - Update. (AI 7)

Peter Mellor introduced the report and in response to questions, clarified the following points:

- Members were reminded about the CQC listening event on 10 February where the public is encouraged to give their experiences of the hospital. They can also give their views by telephone or via the website.
- There are very few complaints about clinical care. Lack of communication seems to be one of the most common complaints from patients and staff.
- There are very few occasions when patients have to wait in ambulances before being admitted.
- Patients wait in bays now, not corridors.
- The hospital has a duty of care to treat people who are under the influence of alcohol. Although physical assaults on staff are very rare, verbal abuse is not. When this occurs all is done to support staff.

Members made the following comments:

- Breaches of waiting time targets have received a significant amount of publicity locally and nationally but the situation has improved at QA. It is important to remember that the Emergency Department accounts for less

than 16% of hospital activity and that whilst the hospital should strive to meet waiting targets, saving lives is more important. The staff at the Emergency Department should be recognised for the fantastic work that they do.

- Members had been very impressed with the staff's expertise when they observed a surgeon operating with the aid of state of the art robotic equipment. Upgrading this would involve a significant commitment.

Councillor Horne informed the panel that there was a Health & Wellbeing Board the next day at the Guildhall.

8. South Central Ambulance Service NHS Foundation Trust - update (AI 8)

In the absence of a representative from South Central Ambulance Service to answer questions, members asked that the following information be sent to them:

- The number of staff that have left over the last twelve months as a percentage of the total workforce.
- An update on the setting up of a paramedics' association.

The meeting ended at 11.35am.

Councillor David Horne
Chair