

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Friday, 18 September 2015 at 9.30am in the Executive Meeting Room - Third Floor, the Guildhall

### Present

Councillor John Ferrett (Chair)  
Phil Smith  
Jennie Brent  
Alicia Denny  
Lynne Stagg  
Gwen Blackett, Havant Borough Council  
Peter Edgar, Gosport Borough Council  
David Keast, Hampshire County Council  
Mike Read, Winchester City Council

1. **Welcome and Apologies for Absence (AI 1)**  
Apologies had been received from Councillor Gemma New.
2. **Declarations of Members' Interests (AI 2)**  
There were no declarations of interest.
3. **Minutes of the Previous Meeting (AI 3)**

**RESOLVED that the minutes of the meeting held on 22 July 2015 be confirmed as a correct record subject to the following amendments:**

**Page 1 - under the list of councillors present, Councillor Mike Read was the representative from Winchester City Council.**

**Page 9 - The spelling of the Tamarine Respite Unit be amended.**

4. **Adult Social Care - update. (AI 4)**  
Justin Wallace-Cook, Assistant Head of Adult Social Care introduced the report and added that since opening five months ago, the Victory Unit has helped 120 people move on to independent living.

In response to questions from the panel, the following points were clarified:

- Last year's overspend was due to increased demand, much of which is unpredictable. Although people are living longer, they tend to have more severe health needs. There has been a 7% increase year on year in demand for services to support people with learning disabilities. Last year, three new clients moved to Portsmouth with severe disabilities; their support costs £350,000/ year. It is extremely challenging to keep to the budgets.
- The council is looking three ahead when financial planning.
- MASH is located on the fourth floor of the Civic Offices, with Children's Services and is headed by Brian Stevenson.
- Support for carers is tailored to their needs and circumstances. Many request a sitting service for a couple of hours to allow them to go shopping

or simply have a break. Others make use of the respite facilities at Russets.

**5. South Central Ambulance Service NHS Foundation Trust - update. (AI 5)**  
Rob Kemp, Area Manager for South West Hampshire included the following points in his introduction:

- Although SCAS is currently meeting the red 8 target to respond to 75% of serious incidents within 8 minutes, work is under way to understand what happened in the other 25% of cases.
- SCAS manages both 111 and 999 and can transfer calls between the two when necessary.
- From October, paramedics will need a full degree rather than a foundation degree and can specialise in fields such as urgent care, critical care, trauma and frailty.
- There is a 50% non-conveyance to hospital rate. Patients are either transferred to a GP's care or left at home with a friend or relative.
- The peak periods are Saturday mornings and linked to the night time economy. Some call outs are not appropriate but have a response is required to determine that.
- Detailed planning is carried out to map resources for the expected demand on an hourly basis.
- There is an increase in calls from patients with COPD when there has been a cold spell followed by a warm one.
- Communication between organisations is key to ensure that the most appropriate care pathway is available to patients. A dedicated member of the team liaises with the Safety Advisory Group regarding event planning. Visits are made to care homes to ensure that residents' plans can be made immediately available to ambulance staff. Work is carried out with Community Matrons regarding high intensity users who often have substance misuse and mental health issues.

In response to questions from the panel, the following points were clarified:

- One of the key risks to the service is staff retention. The reasons for staff moving on are discussed at exit meetings and include: pay; the work patterns not being very family-friendly; health (it is quite physical work and this can be more difficult for older staff) and other life circumstances. Recently, more family-friendly rotas were introduced with evening or 9.30-2.30pm shifts. The provision of more in-house development is being looked into.
- The availability of alternative pathways is key to non-conveyance. If a patient could stay at home, but there is no-one to sit with them, they have to be conveyed to hospital.
- Demand can vary between 30% from one day to the next.
- The University of Portsmouth is the key promoter for the new full degree. There are sufficient places available. SCAS encourages students to join the local ambulance service.
- London is reporting 700 clinical shortages. SCAS currently is short of 15 clinicians and 5 emergency care assistants out of 254 staff.
- The ambulances convey patients to the Minor Injuries Units when appropriate.

- It is essential that all information be made available to the 111 and 999 teams. SCAS recently trialled a new initiative where it used a directory of services to signpost patients to the most appropriate place.
- Sometimes patients are conveyed to hospital when they could have been more appropriately treated elsewhere. Handover delays can also contribute to pressures on the Emergency Department. Talks are underway with all key stakeholders to understand patients flow.
- There are no plans to discuss with charitable agencies about the possibility of a sitting service for patients at home.
- There is a recruitment drive to encourage people from Poland and Australia to apply for jobs in SCAS.
- Full support is offered to staff in cases of abuse at work. Training on managing conflict has also been increased.

Councillor Edgar welcomed the acknowledgement of the importance of the paramedic with the full qualification being required.

**RESOLVED that the report be noted.**

**6. Director of Public Health - update. (AI 6)**

Janet Maxwell, Director of Public Health introduced her report and in response to questions from the panel, added that:

- The government is very vague about the introduction of a possible sugar tax.
- A significant amount of work is being done to tackle childhood obesity including creating an environment that encourages activity and changing the food environment e.g. selling cheap fresh fruit and vegetables to deprived areas.
- People often smoke as a means to cope with mental health or substance misuse issues. Staff who work with people with mental health issues also have high levels of smoking. Although it is important to look at long term nicotine replacement therapy, care must be taken not to replace one addiction with another. The focus will be on preventing the next generation from taking up smoking by pushing for smoke-free places in the city.
- Everyone should feel angry and join the social revolution to put health back into people's control.
- The panel commended the Director of Public Health for the outstanding report and agreed that an in depth look into the public health agenda come to a future meeting.

**RESOLVED that the report be noted.**

**7. Solent Health NHS Foundation Trust - update (AI 7)**

Hilary Todd, Associate Director of Contracts and Procurement introduced the report and in response to questions from the panel, clarified the following points:

- The possibility of building a multi-storey car park at the St Mary's site is included in phase 2 of the business case that will be considered by the boards of Solent NHS Trust, NHS Property Trust and the CCG. Planning

permission would also be required. She didn't know if one was at the site previously.

- Staff can currently park at the former prison site.
- It would not be practical for staff to use the NHS parking at Portsdown Hill.
- Staff parking is retained at the St James's site for staff at St Mary's.

#### Action

An update on the business case will be given to the panel.

**RESOLVED that the report be noted.**

### **8. Urgent Care and Walk in Centres. (AI 8)**

Katie Hovenden, Director of Professional and Clinical Development and Innes Richens, Chief Operating Officer introduced the report and informed the panel that the proposed consultation would be carried out over 12 weeks, subject to the decision of the board the following week.

At the Chair's request, Patrick Fowler, Healthwatch Portsmouth Consultant summarised the feedback that Healthwatch had received from the public:

- More than two thirds of the 300 people who responded said that they had been unaware of the proposals.
- Most people expressed concern about capacity and access at St Mary's.
- Marginalised groups might not be aware of the proposals or implications.
- Some people questioned whether their feedback would affect the decision.
- Concern was also raised about the continuity of excellent service.

In response to questions from the panel, the following points were clarified:

- This review was started following the government concern that urgent care nationally is too complicated. The intention was not to seek savings. The CCG is seeking to procure the same level of service.
- Feedback shows that people value the walk-in facility at Guildhall Walk for registered patients. The CCG can specify that in the tender this be provided. It can also specify that the provider carry out work to understand what opening hours patients require and then see what can be offered.
- The somerstown hub and the John Pounds Centre are approximately half a mile from the Guildhall Walk.
- The CCG is talking with the university about how to encourage first year students to register with their local GP as soon as they arrive.
- Many people are not aware of all the services that pharmacies can offer.
- There is a move towards practices working together to provide out of hours' services. The new IT system that is being implemented would assist this.
- The aim of option 3 is to bring together a walk-in service for minor illnesses, injuries, GPs and nurses alongside the diagnostic facilities.
- Phase two of the business plan includes proposals for a multi-storey care park at St Mary's.
- It is important that a question mark is not left hanging over a service for longer than necessary.
- If option 3 is implemented, the CCG would continue to support the homeless and work has been done with the public health team.

Dr Maxwell explained that she felt that this would be an opportunity to improve outcomes for homeless people with services working more closely together.

Some members expressed concern about how people would access St Mary's, particularly as many do not have cars and the buses run less frequently in the evenings and weekends. They also questioned the need for any change to the service.

Councillor Edgar noted that he had been impressed with the facilities at St Mary's.

The Chair summed up his view explaining that in ideal world in each ward. However, after visiting both premises it was clear that the service at St Mary's would benefit from having the GPs working there. His initial concerns regarding the dispersal of the 6,000 patients registered at Guildhall Walk would be addressed in option 3 with the re-procurement of a practice nearby. He was pleased that a 12 week consultation would be carried out to give an opportunity to fully understand the options.

**RESOLVED that the panel was pleased to note the CCG's recommendation to its governing body that a 12 week public consultation be carried out regarding Urgent Care and Walk in Centres.**

The formal meeting ended at 11.50am.

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Councillor John Ferrett  
Chair