

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday,  
18th September, 2018

Chairman:  
p Councillor Roger Huxstep

Vice Chairman:  
p Councillor David Keast

p Councillor Martin Boiles  
p Councillor Ann Briggs  
p Councillor Adam Carew  
p Councillor Fran Carpenter  
p Councillor Tonia Craig  
p Councillor Alan Dowden  
a Councillor Steve Forster

p Councillor Jane Frankum  
p Councillor David Harrison  
p Councillor Marge Harvey  
p Councillor Pal Hayre  
p Councillor Neville Penman  
a Councillor Mike Thornton  
p Councillor Jan Warwick

**Substitute Members**

a Councillor Graham Burgess  
p Councillor Lance Quantrill  
p Councillor Dominic Hiscock  
a Councillor Martin Tod  
a Councillor Michael Westbrook

**Co-opted members**

p Councillor Tina Campbell  
p Councillor Trevor Cartwright  
p Councillor Alison Finlay  
vacancy

Also present with the agreement of the Chairman:

p Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health  
p Councillor Patricia Stallard, Executive Member for Public Health

**76. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Thornton and Forster. Councillor Hiscock, as the Lib Dem standing deputy and Cllr Quantrill, the Conservative deputy were in attendance in their place.

**77. DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they

considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

No declarations were made.

**78. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 10 July 2018 were confirmed as a correct record and signed by the Chairman.

**79. DEPUTATIONS**

The Committee did not receive any deputations.

**80. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Dorset Clinical Services Review Update

The Chairman told the Committee how three Members on HASC had been taking part in a joint committee with colleagues in Dorset over the past few years to scrutinise proposals impacting on Bournemouth and Poole hospitals, used by some Hampshire residents on the border. In 2017, following consultation, the Dorset CCG agreed the option to centralise urgent care at Bournemouth Hospital, and planned care at Poole Hospital. The Hampshire Members on the JHOSC supported the CCG's planned option.

A member of the public initiated a judicial review of the proposals, so implementation of the changes had been on hold. The outcome of the judicial review was announced on the 5 September, in favour of Dorset CCG. The court confirmed that Dorset CCG had taken into consideration all the matters they were required to consider during the Clinical Services Review (CSR) and consultation processes. The High Court decision would now allow the planned improvements to health and care services in Dorset to be implemented without further delay.

It was anticipated that the JHOSC would meet again later in 2018 to review the implementation.

Sustainability and Transformation Partnership (STP) Working Group update

The Chairman confirmed that in 2017, the HASC agreed terms of reference for a working group to consider the STP plans for the Hampshire area. The group held its first meeting in December 2017, a meeting in March 2018 and was due to hold a further meeting at the end of September.

At the first meeting, the group received an overview of the position for both the Hampshire and Frimley STPs. At the March meeting, the group received a presentation from Lesley Stevens, Clinical Director, on the Mental Health Alliance work stream of the H&IOW STP. A presentation was also received from Jane Hogg, Integration and Transformation Director, giving an overview update on the Frimley STP.

At the September meeting, the group were due to receive an update from Frimley STP on their Urgent & Emergency Care programme, and from H&IOW STP on their New Models of Care work. The Working Group would continue as required, and report back to the HASC when relevant.

## 81. PROPOSALS TO VARY SERVICES

Hampshire Hospitals NHS Foundation Trust: Outpatient and X-ray services in Whitehill and Bordon (Chase) – Re-provision of services from alternative locations or by an alternative provider.

Representatives from Hampshire Hospitals NHS Foundation trust (HHFT) and the Clinical Commissioning Group (CCG) presented a report on the re-provision of services (see report, Item 6a in the Minute Book).

Following previous discussion at the May 2018 HASC meeting, Members received updates on five points as detailed in paragraph 1.6 of the report. Five common issues had been established after a survey conducted primarily with Chase users, and these included transport, the expansion of the town and elements of choice for treatment, with the priority being the service existing as opposed to who it was provided by. Public transport continued to be a concern due to long journey times, and these were listed on page 23 alongside car journey times. The full survey results were attached as an appendix to the report.

The table in Section 5 of the report detailed the acute services along with the outcome of discussions and proposed new arrangements, which were all highlighted to the Select Committee.

In response to questions, Members heard:

- Non urgent X-ray appointments are generally met within six weeks, and the issues were not with the equipment available, but with the radiologists available to operate it. Talks were already in place with educational establishments to help with the national shortage of radiographers.
- Audiology appointment waiting times were long and this was an area already being looked into. Whilst some appointments across all services were being missed, these weren't generally down to transport issues.
- Whilst parking charges were high in some areas, this was to deter shoppers from using the car parks (i.e. in Winchester, where the High Street is relatively close to the hospital).
- Emergency X-rays were available sooner than the six week waiting time, but portable machines was something that could be looked at long term if the staff issue was addressed.

- It was anticipated that it would cost approximately £100,000 to get a bus funded on an existing route and acknowledged that developers could be approached more routinely to acquire funds for public transport links.
- The Health Hub was anticipated for 2020 and services would not move until it was complete. There would be a loss of service whilst waiting for the Hub to be established.
- Whilst important, the services being discussed at the meeting represented less than 20% of those offered at The Chase.
- Services relocated to GP surgeries were acute services operated by Royal Surrey hospital and therefore did not interfere with appointments nor the day-to-day running of the surgery and did not effect GP's based there.
- Transport would be an ongoing priority to be looked at along with voluntary organisations.

## RESOLVED

- a. The Committee agreed unanimously that the changes proposed constituted a substantial change
- b. The Committee were not convinced that the proposed changes were in the interest of the service users affected, and therefore requested further information as listed in resolution c)
- c. The Committee agreed the following recommendations to the NHS bodies concerned regarding taking proposals forward, with further updates to come back to the November meeting:
  - i. That further financial information be provided regarding the proposals, along with comparisons to bespoke public transport options
  - ii. Further information is provided regarding population projections
  - iii. More details are brought back regarding the development of the Health Hub and what is likely to be provided there
  - iv. A clinical response is provided by GP's regarding the acute services being relocated in local surgeries.

### Southern Health NHS FT: Community Mental Health transition from Southampton East team to Eastleigh and Romsey team for patients living in the Eastleigh Southern Parishes.

Southern Health presented a briefing note to HASC (Item 6b in the Minute Book) regarding Adult Mental Health Services in Eastleigh Southern Parishes.

It was explained how the caseloads within the East Community Metal Health Team (East CMHT) were too high and recent relocation further into Southampton made it more critical that services to the Eastleigh Southern Parishes are moved to be delivered from the Eastleigh and Romsey Community Mental Health Team, where they can be better managed and in a more suitable location.

Lots of work was being done in preparation for the transfer, focussing on consistency with care and initiatives to recruit and retain staff going forward.

RESOLVED:

- a) The Committee agreed that this was not a substantial change
- b) It was agreed that the proposed change was in the best interest of users of the service
- c) The Committee requested an update as to the transferral in March 2019

NHS Guildford and Waverley CCG and Hampshire and Isle of Wight Partnership CCG: West Surrey Stroke Services.

This item was deferred to a future meeting due to Guildford and Waverley CCG not being present at the meeting.

Portsmouth Hospitals Trust and Hampshire and Isle of Wight Partnership CCG: Spinal Surgery Service update

*This item was taken last at the meeting. Councillors Briggs, Cartwright, Craig, Finlay and Harrison had left when this was considered.*

The Committee took the report as written and agreed any further questions regarding the report could be emailed to the Portsmouth Hospitals Trust after the meeting.

## 82. **ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES**

Care Quality Commission (CQC) Inspection of services – Portsmouth Hospitals Trust

Dr John Knighton from the Portsmouth Hospitals Trust (PHT) presented a report on the CQC inspection (see report, Item 7 in the Minute Book). It was acknowledged that the Trust had an overall rating of 'Requires Improvement' following the CQC Inspection.

Dr Knighton was pleased to confirm that some areas had seen significant improvement since the last inspection, including Critical Care, which was one of few areas to be awarded 'Outstanding'. Children's Services and End of Life Care had also performed well.

Maternity Services and Accident and Emergency had both been focuses for the new leadership team, with programmes for change already being implemented before the inspection. Despite some areas still needing further attention, it was a positive step that there had been no surprises arising from the inspection and areas of need had already been identified and a Quality Management Plan established, which would focus on medicines management and provision of safeguarding primarily.

In response to questions, Members heard:

- The matrix within the report confirmed overall scores, with 30 areas marked as 'Good' or above and 23 as 'Requiring Improvement' or 'Inadequate'.
- Whilst there were high standards of cleaning, the cleanliness as part of the inspection related to inconsistency with clinical cleaning, for example beds and bedside equipment and there was a risk standards could be jeopardised during busy periods.
- There had been a large increase in the requests for X-rays and scans and a national shortage of radiographers, but more imaging capacity was being provided via a temporary scanner for over the winter period.
- Part of the £2.8 million grant will go towards regenerating the A&E department at Queen Alexandra (QA) which was an old part of the building designed around the 1979 provisions and not updated during the 2009 work.
- Last year the QA hospital had been the most successful with preventing the spread of the Norovirus, with no beds being lost due to good infection control.
- A new role of 'Director of Integrated Governance' had been created, with a focus on openness and transparency and closer working with other colleagues and organisations.
- A separate bereavement suite had not yet been established, but there was a suitable area reserved for such incidences.
- Mental Health nurses were on the daily rota within the A&E department to assist with difficult behaviour, but it was acknowledged that such behaviour was not always a result of mental health problems.
- It took 8-10 years to train radiographers and difficult to know what the requirement would be for them over than length of time. Due to great cost, there had been a caution to not over train and have more than was needed, but this was a difficult balance to get as the sudden increase in demand could not have been predicted.
- There was a quiet space available for those who needed it, which could also be used by those with autism if required.

## RESOLVED

### The Committee:

- a. Noted the findings within the recent CQC inspection of Portsmouth Hospitals Trust;
- b. Noted the approach of the Trust to respond to the findings;
- c. Agreed that that an update would come back to Committee on progress made against the recommendations within the CQC report in six months time.

Care Quality Commission (CQC) re-inspection of services – Southern Health NHS Foundation Trust, and update on response to Mazars report on 'deaths of people with a learning disability or mental health problem in contact with Southern Health'

Dr Nick Broughton from Southern Health presented an update to the Committee regarding a re-inspection (Item 7b in the Minute Book).

It was confirmed to the Committee that the Trust had been fined £2 million in March 2018 due to past failures. As part of an overhaul, a new Board of Directors with the necessary expertise and experience was now in place to take forward the necessary transformation of the Trust. Good progress had already been made and the level of regulatory scrutiny had reduced due to adequate improvements.

A Service User Coordinator had been appointed with focus on better working with patients and carers. Quality improvement initiatives were now addressing recruitment and retention, as well as reducing pressure ulcers, improving access to therapies and reducing violence and aggression. There was also work being done to develop a new in-house low secure unit for young people.

A further inspection by CQC was done over the summer and a report with their findings was due in the autumn.

In response to questions, Members heard that:

- Training on autism was limited unless for staff who were specialised in the area, but this was standard across the NHS
- There was a lack of psychological treatment, but this was something that hoped to be expanded in the future.
- There were organisational barriers (i.e. between CAMHS and Adult services), which could make some cases and work areas difficult
- Recruitment and retention was one of the top priorities within Mental Health, as vacancies and the use of locums undermined the continuity of care for patients. Some medics hadn't felt valued by the organisation and it was important that was a focus.

Councillor Stallard informed the Committee that Public Health at HCC undertake an annual audit of suicides in Hampshire, which could be made available to the Committee.

RESOLVED:

The Committee:

- a) Thanked Dr Broughton for the update, which was noted;
- b) Agreed that an update be brought to the November or January 2019 HASC meeting, following receipt of the latest CQC report
- c) Made no further recommendations

## 83. **WORK PROGRAMME**

*Councillors Briggs, Campbell, Cartwright, Craig, Finlay, Harrison, Hayre and Warwick had left when this was considered.*

The Director of Transformation and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

It was suggested that further information on Child and Adolescent Mental Health Service (CAMHS) assessments of children in schools and the change in provider come to a future meeting as an update. There was also discussion around autism and whether training would be beneficial to the Committee at a future meeting.

RESOLVED:

The Committee's work programme was approved, subject to the amendments above.

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Chairman,