

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday,
9th July, 2019

Chairman:

* Councillor Roger Huxstep

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| * Councillor David Keast | * Councillor Pal Hayre |
| Councillor Martin Boiles | * Councillor Neville Penman |
| * Councillor Ann Briggs | Councillor Mike Thornton |
| Councillor Adam Carew | * Councillor Rhydian Vaughan MBE |
| * Councillor Fran Carpenter | Councillor Jan Warwick |
| Councillor Tonia Craig | Councillor Graham Burgess |
| * Councillor Alan Dowden | Councillor Lance Quantrill |
| * Councillor Jane Frankum | Councillor Dominic Hiscock |
| * Councillor David Harrison | Councillor Martin Tod |
| Councillor Marge Harvey | Councillor Michael Westbrook |

*Present

141. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Martin Boiles, Marge Harvey, Mike Thornton and Jan Warwick. Apologies were also received from co-opted members, Councillors Trevor Cartwright and Alison Finlay and Tina Campbell who has stepped down.

The Chairman welcomed Councillor Rhydian Vaughn in place of Councillor Steve Forster who retired. The Chairman also welcomed Amanda Scally standing in for Jennifer Watts.

142. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

There were no declarations of interest.

143. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 4th May 2019 were confirmed as a correct record and signed by the Chairman.

144. **DEPUTATIONS**

The Committee did not receive any deputations.

145. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made the following announcements:

a. Welcoming Maggie Maclsaac as Chief Executive for Southampton City CCG

The Chairman wished to congratulate Maggie Maclsaac in her new role but waited to do so as she was not in attendance.

b. Welcoming Cllr Judith Grajewski as the Executive Member for Public Health

The Chairman welcomed Cllr Judith Grajewski as the new Executive Member for Public Health who had taken over from Cllr Patricia Stallard.

c. Orchard Close Task and Finish Working Group Update

The Chairman provided an update on the Orchard Close Task and Finish Working Group that held its first Members' meeting on Friday, May 31st with Cllrs Briggs, Carpenter, Harvey, Thornton, Frankum, and himself.

The Orchard Close Voluntary Sector, Carer, Service User & Officer Working Group met on June 15th. Cllr Jan Warwick will be joining the Members' group from the next meeting as Cllr Marge Harvey had stepped down from the role.

Both groups will continue to meet, collaborate, and explore options giving progress updates when appropriate and a report to the full HASC in November.

d. Beggarwood Surgery

The Chairman provided an update on the Beggarwood Surgery in the North Hampshire CCG area which is seeking new providers as the current contract holder decided they no longer wanted to provide these services and have started the six-month notice period. This has been a concern for local patients, and HASC has continued to closely monitor the developments. The NHS has been working very hard with various agencies to maintain the services at Beggarwood Surgery. The CCG has been invited to attend the September HASC with fuller and further particulars.

Briefing:

- A. A health hub development update regarding Whitehill & Bordon Health Hub was shared via email with all HASC members. This item went to HASC May 2018, with a September 2018 decision confirming substantial change, followed by a further update at the November 2018 meeting, and then February 2019. The HASC will continue to track progress and request updates as necessary.

146. PROPOSALS TO VARY SERVICES

Items for Monitoring

a) Integrated Primary Care Access Service

Representatives from the Fareham and Gosport and South Eastern Hampshire CCGs and Southern Hampshire Primary Care Alliance provided an overview of the partnership and service delivery.

Members heard regarding integrated care and the changes introduced and proposed next steps. Previously, a complex range of services were offered that resulted in duplication and competition, as well as difficulties staffing that led to cancelled appointments. Multiple sites were running with operational challenges and some services were also used more than others at various times.

In 2017, the government introduced new funding for GP extended access to run every day, including after hours and weekends. New integrated primary care access service combines GP extended access service for out of hours, home visits, and urgent appointments. A pilot reflected that users were prepared to travel and preferred a service that was flexible and not confusing to use with various locations and hours.

Upon the completion of contracts in June and in considering the services together alongside public engagement, the CCG decided to commission a single simplified service offering urgent or routine appointments during the day and home visits after-hours. The GP Alliance was the only interested provider and awarded the contract.

Service hubs offer longer hours of care with a wider and enhanced range of health care professionals and easier access for users. The improved IT system allows providers to access patient records after-hours including notes, results, ordering tests and referrals, increasing consistency and safety in patient care. Continued home visits for those unable to travel and for mental crisis patients is through private provision of services. The location and set-up of the hubs with GPs supporting nurses and NPs eliminates lone practitioner safety issues.

There was not a great deal of time to mobilize these services but with stakeholder engagement, the changes were implemented in June.

Whitehill and Bordon was an area at issue and have asked the alliance to reintroduce the service for the hours that it was previously available. Areas of difficulty and access will continue to be monitored and addressed.

In response to questions, Members heard:

- Service in Whitehill and Bordon will be reinstated from 1st August 2019 and had received positive responses in general.
- Lots of work is being done around sharing information about the service and accessing it via 111 to help users know where to go when GP surgeries are closed to reduce the immense pressure on A&E.
- More work will be done with local communities and especially the elderly, vulnerable, and those whose conditions may worsen with time.
- The consolidated service will allow for consistency, strategic planning and fitting in with the NHS long term plan and alignment, with a secure place in the integrated care model going forwards.
- Community engagement, lone provider risks, and practicalities of running services are all considered, but operating from privately owned sites has further resource implications and growth limitations.
- This service is available to all patients offering routine appointments in both the service areas and more appointment slots to ease pressure.
- Ongoing work being done to ensure that if someone calls in, they will be offered appointments with their own practitioner as receptionists can look simultaneously into both services.
- These services will be available across Hampshire.
- While there was concern about the Fareham and Gosport opening times, the Portchester location will be available and further changes considered based on cancellations, user feedback, transport issues, and evaluations
- Metrics of usage will be measured and considered.

RESOLVED:

That the Committee:

- a. Noted the update and current challenges as well as any recorded issues addressed and/or resolved
- b. Noted the proposed change is in the interest of the service users affected
- c. Requested a further update for November 2019

The Chairman called for a 10-minute recess.

b) Proposed Changes to the Mental Health Crisis Teams Across Solent NHS and Southern Health for PSEH.

This item was taken second, out of order, after Item 7b at the Chairman's discretion.

A representative of Southern Health NHS Foundation Trust presented on the change in approach to improving the delivery of mental health services by bringing together two NHS mental health trusts in partnership starting December 2017. Preparation work and consideration of records and clinical pathways used by service users and interventions provided against them guided 150 hours of workshops with a variety of stakeholders to create access points for people with mental health problems.

The crisis element of mental health provisions is a priority and the crisis resolution team in Solent and acute mental health services at Southern Health will form a single provision across south east and Solent for timely service for crisis assessments and enhanced alternatives. Crisis teams will provide specific assessments as a gateway to other services that may include hospital or home treatment elements. The aspiration remains, eliminating postcode lottery with a key aim to have more users and carers access services, as well as more support and development for providers and staff.

Currently, both Solent and Southern Health are co-located and providing out-of-hours crisis. Operating separately leads to limited staffing but collaboration enables better catering for users since implementation in late May. A final stage of legal framework remains and progress will lead to single line management for crisis services and a single management mind. Referrals, as in other areas of the county, will be via 111 (with mental health nurses available) and is the vehicle for self-referral.

The next steps include considering daytime provisions and a single base for Portsmouth (in addition to two Southern Health bases, Havant and Fareham) for better access and timely response within the area. Enhancing provisions across the single team will better serve the areas. Older persons' provision will be a needs-led service for getting the specific interventions they require rather than based on age alone.

In response to questions, Members heard:

- Police are an important collaborator with capacity constraints and crisis response teams will ease their pressure with their expertise in needs assessment and provision of home treatment.
- It can be challenging for people in a confused mental state to self-refer and know the information about where and how to do so.
- Communication strategy around how to publicize the 111 service is key to both self-referral, as well as referrals from carers and loved ones.
- The primary driver is to provide access to services before someone reaches the point where they are unwell and needing crisis help.
- There are wider issues of the lack of trained psychologists providing adequate counselling in terms of community mental health provision.

- Workshops and group programmes are often not enough for those needing intensive support and this remains an ongoing goal across the county.
- The operating standard is laid out in fidelity documents (3rd iteration) addressing response times as metrics to be measured against.
- Transformation funding has been requested from the NHS to assist with the provision of a 24-hour service.
- While the 111 service does have a script for physical medical care and attention, callers in a crisis will be put through to experienced mental health nurses.
- Mental health nurses have been able to use their expertise and informal engagement to divert patients from A&E and receive better response to their mental health needs with a fairly positive response.
- Phase 1 is expected to be complete in September and Phase 2 launching afterwards.
- Mental health does feature significantly in the NHS long term plan for developing a model of public mental health in the community.

Members noted their appreciation of the importance of robust strong community mental health teams, especially with limited resources for care in the community. The committee was broadly supportive of the proposal and believed it will help some in crisis mode, but that it was vital to concentrate on the bigger picture and understand why people are getting into these situations in the first place. Long waiting times for therapy or treatment could leave a large window of time that could lead to a crisis and an equal amount of effort ought to be put into crisis prevention. Members noted that more resources are needed for these critical underfunded services.

RESOLVED:

That the Committee:

- a. Noted the update on the phased implementation starting from summer 2019.
- b. Requested a further progress update for the November 2019 meeting.

147. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES

a) CQC Update for Portsmouth Hospitals Trust

Representatives from Portsmouth Hospitals Trust presented a report providing an update on the action taken by the Trust in response to the areas the Care Quality Commission had identified as “Requiring Improvement”. Members heard:

- The Trust was taking a different approach to move to a culture of continuous improvement and engagement not simply due to CQC ratings, but from their own aspirations to provide excellent care.
- A shared assurance and improvement programme with commissioners alongside heat map activity with CCGs and Healthwatch to agree

collaboratively on concerns and address issues raised with an agreed plan for working together to investigate, respond, and measure improvements.

- A quarterly programme of quality reviews and conducting mock investigations similar to the CQC with other partners in health and social care system to track and evaluate improvements on the ground with an agile and responsive programme of quality reviews.
- Ward accreditation programmes and early visits to provide encouragement towards bronze, silver, and gold awards based on CQC metrics and locally raised issues.
- An integrated joined-up improvement plan with activities will be key, rather than having various plans in response to feedback from CQC, local teams, and aspirations

Regarding ambulance delays, Members heard:

- Despite a capacity plan for winter pressures with added investment and resources, winter was challenging with a steady increase in daily attendance including older and more vulnerable patients.
- Significant improvements have been made to aim for a 93% occupation rate to weather the winter effectively.
- There was a deterioration in ambulance handover delays and requires a significant amount of work to improve.
- The older building layout not designed for nearly 400 attendants daily creates added challenges to deliver consistent flow with higher than 92% occupancy.
- 95% is the average occupancy and measure of hospital capacity with robust middle grade staffing overnight and support.
- The objective is to move towards upper quartile of national performance for ambulance delays which is ambitious but necessary to maintain.
- The necessary actions include continued commitment with consolidations and evidence-based improvements for the occupancy project, as well as proactive bed moving to decompress the emergency department at times of maximum crowding.
- The Trust have received 58 million for an emergency/urgent care rebuild and transformation programme over the coming years to fit current and new challenges
- Whole system response and data from past reviews revealed the 4 key drivers (population health and demand, emergency department processes, bed occupancy, and out of hospital service).
- A 92% occupancy goal to provide consistent flow, avoid ambulance holdups.
- Users need to know how to access emergency care and facilities with necessary support for people who are ready to go home.
- The immediate next steps include: discharge targets, reduce number of medically fit patients, increase paramedic access to alternative care, and implement agreed out of hospital schemes.
- Local health and social care partners (including the county), as well as NHS England and NHS improvement collaborations are underway.

In response to questions, Members heard:

- Every patient is triaged by a nurse or doctor upon arrival but due to delays, this can take place in the ambulance, thereby holding it back from going on to another location.
- 30-35 beds free would reduce occupancy to 92% by getting medically able patients out of beds for more system capacity and better delivery performance.
- Healthier patients need to receive the right care in a different setting.
- The goal is to reach people earlier in their admission pathway and integrated intermediate care workstream to address and ensure that older, frail and vulnerable patients do not have prolonged waits and are able to go home earlier.
- The clinical judgement of the paramedics remains unaffected by occupancy rates and they are trained to determine who needs treatment in hospital.
- As a safety and risk issue, patients must be offloaded safely allowing ambulances to get to the next call immediately.
- SCAS is excellent and 56% of patients do not require hospital care, heading home after treatment and the safety of the patients remaining the priority.
- In addressing a growing population, the modelling done has considered 5-10 years ahead and as a health-economy been anticipatory of future needs.
- Traditional ways of delivering care will be inadequate and strategic provision of care nearer to people with access and flexibility without an A&E default with specific plans in place for people with long-term conditions.
- The majority of care is still delivered through the hospital and this is an opportunity to address the challenges and navigate an intelligent way forward with renewed commitment to safely delivering the best care possible.
- Anticipatory prescriptions in a timely manner and within capacity ahead of patient discharge is a key component of current occupancy project.
- Patients are also triaged and directed to the GP service based in A&E 7 days a week, 10 hours a day and the service has been in place for about a year.
- Urgent treatment centres and primary care hubs are useful but logistically challenging to staff and run with adequate resources and transportation needs.
- Delays in assessments or moving patients around affects the occupancy level, flow, and wait times.
- A recent analysis of 60k patients will be exceptionally useful in exploring anticipatory discharge prescriptions, positive flow, and appropriate or efficient use of the beds.
- Discharge lounges help but proven to be risky and less efficient, while delivering prescriptions is very expensive.
- With changes in population and increased demands, system plans and organizational changes with system partners is necessary to meet needs.

- The most significant success of the winter was the limited rescheduling of planned operations which continues to improve.
- Currently waiting for CQC information request to trigger an inspection in the next 12-18 months and the Trust would be disappointed if the rating didn't change.
- Plans not yet agreed, refined, and ratified but expected to be over the next few weeks and work is already underway.

RESOLVED:

That the Committee:

- a. Noted the findings of the most recent CQC inspection of Portsmouth Hospitals Foundation Trust.
- b. Noted the approach of the Trust to respond to the findings.
- c. Requested a further progress update for the November 2019 meeting.

a) CQC Update from Southern Health Foundation Trust

Item taken first, out of order, with Chairman's permission to accommodate presenter.

The Chief Executive from Southern Health Foundation Trust presented a report providing an update on the action taken by the Trust in response to the areas the Care Quality Commission had identified as "Requiring Improvement". Members heard:

- Reasonably good progress has been made on several overdue actions whilst waiting to complete audit.
- Providing single sex accommodation has been a struggle at several facilities and some have been addressed fully and provide a dementia-friendly environment.
- The CQC will be considering these improvements carefully during re-inspections.
- An information request was received last week and the first step of the process with a full inspection to follow within 6 months of submission.
- Action plan spreadsheets including overdue actions will be reviewed by local panel every month for complete, validated status and evidence-based resolutions.
- Delivery of the action plan is now part of the governance and operational procedure for greater traction and improvements.

In response to questions, Members heard:

- There has been organizational pressure and demand for adult mental health beds.
- Proper gender separation in lounge areas, bathrooms lower risks and prevents dignity issues for vulnerable patients with nursing oversight.

Members noted that progress was being made but still had a long way to go to.

RESOLVED:

That the Committee:

- a. Noted the findings of the most recent CQC inspection of Southern Health Foundation Trust.
- b. Noted the approach of the Trust to respond to the findings.
- c. Requested a further progress update for the November 2019 meeting.

c) CQC Inspection Report from Frimley Health NHS Foundation Trust

A representative from Frimley Health Foundation Trust presented a report providing an update on action taken by the Trust following their Care Quality Commission inspection of the Trust's services with an overall rating of "Good". The detailed improvement plan put into place is to be shared with the Committee following the meeting.

Members heard:

- Frimley Health Foundation Trust was created in 2014 with the first inspection in November 2018 (clinical) and then December 2018 (leadership and resources).
- The CQC select services for inspection to take an in-depth look at a specific area.
- In March the Trust were pleased to receive an overall rating of "Good" while hospitals retained their individual ratings.
- The Trust is already putting improvements into place and not being complacent in providing the best care for patients.
- 'Must-dos' include maternity staffing (midwife to birth ratios) which do not meet the national benchmark, but the business case has been approved and funded.
- A detailed strategy for recruitment and retainment will be in place as well as a structured approach to managing safety and staffing issues.
- Mandatory training in line with roles and responsibilities is a must-do to meet the benchmark of 85% needing investment in training and online accessibility options.
- Even with Outstanding and Good care, staff are careful to support independence for patients both in and out of hospital.

In response to questions, Members heard that:

- The shortage of midwives did not have any serious implications and safety was maintained across maternity services.
- The catchment includes mothers with complex needs and progress is being made towards well-managed care.
- Creating an environment where midwives choose to work and are supported with a balanced workload is key.
- Members congratulated the Trust on their ratings and noted that it was the best matrix of ratings the committee had seen and that "Good" can always go to "Outstanding".

RESOLVED:

That the Committee:

- a. Noted the update on action taken by the Trust in response to the CQC inspection findings.
- b. Requested a further progress update for the March 2020 meeting.

d) CQC Inspection Report from University Hospital Southampton Foundation Trust

A representative from University Hospital Southampton Foundation Trust presented a report providing an update on action taken by the Trust following their Care Quality Commission inspection of the Trust's services with an overall rating of "Good".

Members heard:

- The CQC inspections included 4 key services across 4 sites.
- The Trust retained an overall "Good" rating and hospitals, their specific ratings.
- Good practices for safety have been put into use and issues are being addressed.
- An older estate location remains a challenge with an increase in demand and limited capacity.
- There have been positive findings with good and outstanding observations but also must do actions and ongoing audits.

An action plan would be submitted following the meeting per the Chairman's request.

RESOLVED:

That the Committee:

- a. Noted the update on action taken by the Trust in response to the CQC inspection findings.
- b. Requested a further progress update for the November 2019 meeting.

148. **HAMPSHIRE SUICIDE AUDIT AND PREVENTION STRATEGY**

Members received a report and presentation from the Interim Director of Public Health regarding the Hampshire Suicide Audit and Prevention Strategy. Members heard regarding the role of scrutiny in reviewing the strategy and the aim to reduce the rate of suicides and the effect of someone taking their life. Every day in England around 13 people die by suicide and impacting on a further six people.

Members heard that Hampshire have had a strategy plan before it was required, and it closely mirrors the national plan. Most suicides happen at home, but extensive research has been undertaken to understand the people and circumstances. The information from the audit sheds light on the correlation to key factors including poor mental health, and key social and life factors. Sensitive reporting and language around suicide, such as using the word "dying"

rather than “committed” is critical. While Hampshire suicide rates are less than the England average the key aim is to lower the rate of suicides. Prevention is a critical aim through understanding the challenges such as men being 3 times more likely than women, helping GPs understand and identify risks with patients, etc.

Members noted that the analysis was extensive and commended the team on their work and the significant task at hand. In response to their questions, Members heard:

- The NHS is responsible for the health of those in the prison and the prison service have a robust plan for those at risk but once released they can benefit from mentors and Samaritans.
- Initiatives are in place for men’s groups to encourage them to improve the mental health of the population through an EU funded programme.
- Collaboration with Children’s Services, relationship and sex education will be mandatory from September 2020, teaching resilience and coping strategies.

Members noted the department and county’s care and commitment, and very much appreciated the Director’s engagement and support for the local community. Members highlighted that in comparison to road safety numbers and accompanying budget, the budget for suicide prevention was lacking and needed to reflect its true magnitude.

RESOLVED:

That the Committee:

- Reviewed the Hampshire Suicide Prevention Strategy for Hampshire.

149. **WORK PROGRAMME**

- A topical item was suggested regarding consultant surgeons and high earners whose pensions are negatively affected due to working with the resulting consequences of Hampshire residents not receiving timely surgeries.
- A 111 informational presentation was suggested and noted as being a useful topic for all members and recommended for a future Member Briefing.

RESOLVED:

That the Committee’s work programme be approved, subject to any amendments agreed at this meeting.

Meeting closed at 1:11pm