

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday 15
October 2024

Chairman:

* Councillor Bill Withers Lt Col (Retd)

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| * Councillor Lesley Meenaghan | * Councillor Kim Taylor |
| * Councillor Jackie Branson | * Councillor Andy Tree |
| * Councillor Pamela Bryant | Councillor Ryan Brent |
| Councillor Tonia Craig | Councillor Pal Hayre |
| * Councillor Debbie Curnow-Ford | Councillor Lance Quantrill |
| * Councillor Alan Dowden | Councillor Adrian Collett |
| * Councillor David Harrison | * Councillor Tim Groves |
| * Councillor Wayne Irish | Councillor Dominic Hiscock |
| * Councillor Adam Jackman | Councillor Jackie Porter |
| * Councillor Andrew Joy | Councillor Alex Crawford |
| * Councillor Peter Latham | Councillor Jacky Tustain |
| * Councillor Phil North | Councillor Sarah Pankhurst |
| * Councillor Stephen Reid | Councillor Michael Thierry |
| * Councillor Patricia Stallard | |

*Present

Co-opted members

Councillor Cynthia Garton

208. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Tonia Craig,
Councillor Tim Groves deputised.

209. DECLARATIONS OF INTEREST

No declarations of interest were received during this meeting.

210. MINUTES OF THE PREVIOUS MEETING

Minutes of the meetings held on:

3 September 2024 and 17 September (SP25) to be presented at the next
meeting.

Councillor Phil North, asked about the Primary Care Reference Group as
mentioned in the meeting of 3 September and if as promised had the Chairman
received the Terms of Reference and had a meeting taken place. The Chairman
confirmed that the Terms of Reference had not be received and the Group had
not met.

211. CHAIRMAN'S ANNOUNCEMENTS

The Adults' Health and Care Directorate 5 Year Strategy Refresh – Year One Progress Update report to be presented at the 15 November Cabinet. Cabinet were asked to note and endorse the continued good progress made by Adults' Health and Care during 2023/24 to deliver its Vision and Strategic Plan, and the operating context in which performance was achieved.

Frimley Park JHOSC

The Joint Committee last met in September and heard that a continue with a business-as-usual approach had been taken whilst awaiting the Government's decisions on the New Hospitals Programme. The Trust gave no assurances in terms of site selection for the new facility and presented identical information from the previous meeting, Members of the joint committee were frustrated about lack of progress, the Chairman would keep the Select Committee updated.

Public Health Strategy

The Public Health Strategy one year was presented to Cabinet in November settings out the progress since the Public Health Strategy 2023- 2026. The focus of the strategy meets the County Council's public health duties of improving health, reducing inequalities the ambition for improving the health of the population and narrowing the gap in health between groups. This included aligning work with those areas considered the 'building blocks of health. The links between health and prosperity were well documented; healthy places and people are vital to delivery not only for this strategy but also to realise Hampshire's vision for 2050.

World Mental Health Day

World Mental Health Day had taken place on 10 October 2024 a video (appended to these minutes) shows new sensory walks and how they aligns with the 5 Ways to wellbeing.

212. DEPUTATIONS

No Deputations were received.

213. ISSUES RELATED TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES

6a. Hampshire and Isle of Wight Healthcare NHS Foundation Trust

6b. NHS Hampshire and Isle of Wight and NHS Frimley Winter Operating Plan Update 2024/25

6c. Ambulance Performance

6a Hampshire and Isle of Wight Healthcare NHS Foundation Trust

The Select Committee welcomed Ron Sheilds, Chief Executive Officer, Hampshire and Isle of Wight Healthcare NHS Foundation Trust and Members congratulated Mr Sheilds on gaining Trust status.

The CEO provided the Select Committee with an overview of the journey from inception to delivery, the new Trust has explored the opportunity to bring together fragmented structures of 4 providers delivering various aspects care, under one umbrella of combined services. The new organisation, taking a holistic approach would look at physical and mental health provision in one setting, resulting in greater flexibility when commissioning, seeking to maximise value for money, and it had been anticipated that the budget should realise a small surplus at the financial year end.

Frimley ICB would continue to support, community mental health however some elements of neurodiversity would transfer to the new Trust.

Future success of the Trust would be measured by scrutinising the short term strategy and combined with the strategies of the local authority, with a focus on the health of the population.

Examples of immediate concerns included smoking cessation and obesity etc, with one of the main priorities being securing better health and mental wellbeing for young people.

Recognition of national excessive waiting times for neurodiversity assessment and diagnosis, in part driven by increased cases had many strands some of which were attributed to young people's access to information around mental health and some self-diagnosis and older people recognising traits in their own behaviours. The Trust hoped to streamline waiting times by taking advance of multiple routes to assessment, treatment and appropriate referrals. Education colleagues would also be called upon to support young people in that environment.

When asked how the Trust would respond to the national move in the reduction of police presence at instances of people in mental health crisis, the Trust reported no significant change in levels of support and that they had a good working relationship with the Police who had continued to work with other partner agencies to support vulnerable residents, the use of Section 136 powers ensured that police officers and ambulance colleagues continued to transport those in crisis to a place of safety.

The Trust reported that dementia services in the context of aging, that clinicians would support this client group to remain mentally well for longer and where appropriate to help people to remain independent for longer and stay in their own home, to also support families to cope for longer.

Longer term success would be measured with evidence of a reduction in people dying from smoking or obesity. The CEO agreed to report back to the Select Committee with some post discharge data and figures related to the short and longer term successes.

The Health and Adult Social Care Select Committee

RESOLVED to note the update.

6b. NHS Hampshire and Isle of Wight and NHS Frimley Winter Operating Plan Update 2024/25

The Select Committee received a joint presentation from NHS Hampshire and Isle of Wight ICB and NHS Frimley ICB outlining the winter operating plans for 2024/25.

Darren Cattell, Senior Responsible Officer for Urgent and Emergency Care, NHS Hampshire, and Isle of Wight advised that the ICB were in the process of planning for winter and to better inform Members, suggested reporting back to the committee later in the work programme to enable a fuller discussion of the success of the plan.

The main focus of winter planning was to deliver a safe winter for the population and to ensure that residents stayed healthy and remained in their own homes for as long as possible. An element of the plan in action had been demonstrated by the vaccination programme which had been promoted by Public Health and colleagues.

The Select Committee further heard that the ICBs had

- Continued to support residents in timely way
- That there had been an increase in the range of emergency care services.
- Clinician had been working to produce an integrated plan to reduce the recognised levels of waste in the system.
- Seeking to maximise urgent care services
- Working with primary care Portsmouth
- Seeking to deliver a single point of access, the system had been signposted to an alternative and more appropriate facility ie. in 20 calls, 9 people did not attend A&E.
- The vaccination programme had been working well with over 1000 patients vaccinated in the previous 2 weeks, continued monitoring and seeking out at ways to further promote the benefits of vaccination.

Dr Zaid Hirmiz, Deputy Chief Medical Officer, NHS Hampshire, and Isle of Wight, informed the Select Committee that the plan was

- Not an isolated winter plan but included emergency care considerations
- That the plan had to work across all areas of the clinical pathway to assist the public to stay safe and stay well
- A comprehensive programme of comms was in place to inform the public of NHS 111, pharmacy etc. to assist in the delivery on the promise of the patient being in the right time at the right place, to assist in freeing capacity of GP within the system.
- How to access to the digitally deprived
- Review of the access to GPs and the reduction in wait times, supported by the initiatives to ensure that the patient is in the right place at the right time.
- Virtual wards across both ICBs were in operation and due to be rolled out to additional disciplines ie. children's services and mental health, as an example of the management of the more acute illnesses being managed outside the hospital environment. The service had been received positively

- by patients and carers.
- The step up and step down treatment in Hampshire would be enhanced with additional capacity for winter.
- Planning for those vulnerable residents at risks of falls etc. by using a multidisciplinary approach

On behalf for Frimley ICB, Nicola Airey, Director of Places and Communities reported that the Trust were in a similar position in terms of winter planning and had continued to work with colleagues to deliver the national programme. In addition to improved signposting patients to urgency care facilities, the introduction of the Epic software system had been used to track and log patient activity.

The Committee discussed concerns in the continued delayed patient handover from ambulance to emergency department, conscious of the national target of 15 minutes had consistently been exceeded. Causes for these delayed admission were discussed in full by the ambulance performance team.

The Select Committee discussed a revision in the reporting timetable of the plan to better align the work programme with national timetables, this would allow for improved future reporting, greater detail of the plan and confirmation of wrap around care etc.

Health Protection

Simon Bryant, Director of Public Health informed the Select Committee that the Health Protection Board's plan was in action and that regular information had been shared weekly during winter months and monthly in summer months. Colleagues acknowledged receipt of the useful weekly/monthly updates.

The Select Committee RESOLVED to note the update and request a further update.

6c. Ambulance Performance

The Select Committee received an update from the South Central Ambulance Services in response to a CQC inspection in 2022 and the subsequent improvement programme and action plan put in place to strengthen the service in areas of leadership and performance. Details were given of the continued engagement between officers and the NHS recovery support team. The performance data included figures from the South East Coast Ambulance Service.

The Select Committee heard

- The service had made enormous progress
- Successful recruitment of a new CEO
- Following an earlier procurement issues, a new fleet of up to 70 ambulance would be in place by the end of the financial year.
- The recovery plan would continue for at least another year.
- The main improvement focus and areas included culture and wellbeing, governance and patient safety
- Delayed handovers at emergency departments was in part addressed with

ensuring that patients were placed in the correct environment which would not always be the emergency department. Ambulance crews would make better use of community services. However 5238hrs lost in September and 218 days of staff time was raised as a major concern.

- A slight decrease in demand had been noted with an expectation that numbers would increase during winter months
- Instances of category 1 patients had increased by 7.5% impacted the ability to respond in the targeted 7 minutes.
- Category 2 patients had seen a variation in demand and performance, the same was reported for categories 3 and 4.
- Category 3/4 may not need an ambulance response and work continued to inform partners and patients of the right place, right time, the emergency department may not be the most appropriate facility, this knowledge had been improved with the single point of access all supported with the introduction of adult social care staff working the control room. The combination had resulted in a reduction in ambulance dispatch with 50% of callers being signposted to an appropriate service.

In response to questions from the Select Committee officers reported that:

- The service was responsible for call from the boundaries of Hampshire and Thames Valley, picking up 37% of their 999 calls. However patients requiring emergency care would be taken to the closest hospital to their home and this was not boundary related.
- Officers agreed to provide performance data on ambulance breakdowns at their next Committee appearance.
- Handover delays were damaging to the reputation of the service. Working in partnership with the Team at Queen Alexandra, the 5238hrs lost in one month which equated to a loss of 218 days of staff time had been unacceptable, similar delays had been seen in Southampton which was attributed to an error in systems.

The Committee noted the work undertaken and would continue to monitor progress.

RESOLVED: That the Health and Adult Social Care Select Committee noted the update and requested further updates.

214. PROPOSALS TO VARY HEALTH SERVICES IN HAMPSHIRE

7a Building Better Emergency Care Programme.

The Select Committee received a presentation from Portsmouth Hospitals who reported the progress and build of the new emergency department facility at the Queen Alexandra Hospital. Peter Ridley, Chief Officer and John Knighton, Chief Medical Officer outlined the background and requirement to development a 21 century facility that would be efficient and fit for purpose, Members heard that:

- The development had been driven by, persistent ambulance delays and the impact on the patient experience, despite staff, working hard to keep patients safe.

- The original business case would allow for a facility that would be fit for purpose, an improved space, faster access to diagnostics with rapid access to triage and a learning space for staff. In addition there would be a dedicated paediatric single point of access separate from the adult area, improved benefits in, infection control and a holistic approach to care working with the whole hospital environment which had been in part achieved with the input and experience of clinicians.
- Transition plans would seek to embed new ways of working, as staff move into the new unit.

In response to Members questions, officers reported that:

- There had been a recognition in the need for significant change in an approach to reduce ambulance handover times to move from 45mins towards the national target of 15 minutes. Officers made an undertaking to provide performance and evidence of the improvement of the patient experience at their next visit and a tour of the department was offered to Select Committee Members, this would assist with future scrutiny of the service
- The clinicians recognised that delays in treat and transfer would not be addressed in isolation by the new opening of a department and the key component to success would include working across the local healthcare landscape, managing demand at the front door, working with system providers to facilitate timely discharge to optimise the appropriate movement around the organisation.
- With no plans to use the old building as excessive funding would be required to bring the building back into commission.
- Planning for the varied demographic in the catchment area included a focus on the premise of the patient in the right place at the right time, working with public health and ICB colleagues to plan access to primary care and appropriate access in the acute setting
- The local Portsmouth HASC are also scrutinising the success of the facility, Members would be keen to hear from them.

RESOLVED that the Health and Adult Social Care Select note the building better emergency care update.

215. **WORK PROGRAMME**

The Select Committee agreed to monitor capacity at the Emergency Department located at Queen Alexandra Hospital to determine if the needs of the population would be met and welcomed an invitation to visit the unit.

Following changes in community transport, the Select Committee would request an update to seek assurances regarding the future impacts on children and vulnerable residents.

RESOLVED: That the Health and Adult Social Care Select Committee

Agreed potential items for the work programme that would be prioritised and allocated by the Chairman of the Health and Adult Social Care Select Committee in consultation with the Director of Adults' Health and Care.

Chairman,