

AT A MEETING of the HEALTH AND ADULT SOCIAL CARE SELECT (OVERVIEW AND SCRUTINY) COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 16 September 2014

PRESENT

Chairman:
p Councillor Patricia Stallard

Vice-Chairman:
p Councillor Chris Carter

Councillors:

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| p Graham Burgess | a Chris Lagdon |
| p Rita Burgess | p Martin Lyon |
| p Charles Choudhary | p Fiona Mather |
| a Alan Dowden | a Andy Moore |
| a Jacqui England | p George Ringrow |
| p David Harrison | a Steve Rippon-Swaine |
| a Marge Harvey | p Frank Rust |
| p Roger Huxstep | p Bruce Tennent |
| p David Keast | p Martin Tod |

Co-opted Members:

Councillors:
a Tonia Craig
p Alison Finlay
a Tim Southern
p Dennis Wright

In attendance at the invitation of the Chairman:

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

10. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Alan Dowden, Jacqui England, Marge Harvey, Chris Lagdon, and Andy Moore, and co-opted members Councillors Tonia Craig and Tim Southern.

11. **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 and, having regard to 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 Personal Interest in a matter being considered at the meeting they considered, 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, considered whether it was appropriate to leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Chris Carter declared a Personal Interest, as family members volunteer for the Gosport War Memorial Hospital League of Friends.

Councillor Frank Rust declared a Personal Interest, as he is a member of the Wessex Clinical Senate, and North East Hampshire and Farnham Clinical Commissioning Group PPE Committee and Patient Participation group.

12. **MINUTES**

With the amendment of 'Alison Finlay' to 'Tonia Craig' in Minute 1, the Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 29 July 2014 were confirmed as a correct record, and signed by the Chairman.

There was one matter arising in relation to the minutes:

- A letter had been received from Southern Health NHS Foundation Trust regarding the re-opening of Daedalus Ward, Gosport, notifying the Committee that the Ward had been reopened on 6 August. An offer to visit the Ward would be circulated to Members.

13. **DEPUTATIONS**

No deputations were received.

14. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman welcomed all to the HASC.

The Chairman made three announcements:

Hampshire Hospitals NHS Foundation Trust

A brief update on the Hampshire Hospitals substantial change proposals had been circulated to Members. A full update would be provided to the Committee in November.

REACT Service

An electronic briefing had been circulated to Members on the Transformation of Reablement Services and REACT, as per the work programme.

HASC Bulletin

A HASC bulletin was now being circulated to Members of the Committee which contained information that may be helpful or of interest to Councillors outside of the formal meetings.

15. **PROPOSALS TO DEVELOP OR VARY SERVICES**

The Director of Policy and Governance presented a report on proposals to develop or vary health services in the area of the Committee (see Item 5 in the Minute Book). The report was presented in three parts which comprised items for action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services; items for monitoring, which allowed the Committee to monitor outcomes from substantial changes, and items for noting which alerted the Committee to forthcoming proposals from the NHS to vary or change services.

Under items for action:

Southern Health NHS Foundation Trust: Temporary closure to Admissions of Anstey Ward, Alton Community Hospital

The letter provided in the report (Appendix 1 to Item 6 in the Minute Book) was noted by Members.

Members heard that any provider of NHS services, such as Southern Health NHS Foundation Trust, are able to temporarily close services without consulting the HASC when it believes that a decision has to be taken because of a risk to safety or welfare of patients or staff. In such cases, the provider of NHS services must notify the local authority that consultation has not taken place and the reasons for this.

A representative of Southern Health explained that the Trust had written to the Chairman on 3 September 2014 in order to inform the HASC that a decision had been taken to temporarily close to new admissions the Anstey Ward in Alton Community Hospital, which is a 24 bed step up, step down and end of life care ward. The reason for the temporary closure was two serious incidents on the ward, followed by a period of intensive staff support which did not result in improvements to the quality of care offered on Anstey. The Trust noted that those seeking admission would instead be treated within their own homes, where possible.

In response to questions, Members heard:

- That the main concern of the Trust prior to the temporary closure to admissions was that organisational processes and policies were not being followed on the Ward, and concerns and issues were not being reported or escalated appropriately. Medical staff were often working in isolation or in small groups, rather than communicating as part of a larger team.
- Staffing levels on the Ward were adequate and the skill level was thought to be appropriate, but experienced leadership was lacking. This was one of the issues being tackled as part of the intensive support.
- The Ward had not yet reopened to admissions as the issues were more ingrained than expected. The Trust and Clinical Commissioning Group were reviewing the temporary closure on a weekly basis, with a view to reopening as soon as possible. The Trust were not looking to propose a permanent closure of this Ward.

- That the two serious incidents related to two deaths on the Ward, and two pressure ulcers. The pressure ulcer cases had been referred for serious incident review. One outcome was known so far, which showed that the pressure ulcer was unavoidable.
- That the Trust were confident that the ten patients remaining on Anstey Ward were receiving appropriate care, as intensive training for staff was being offered by senior nursing and management, and these individuals were present on the Ward to oversee care.

Members voiced their concerns in relation to the events leading to the temporary closure, but were satisfied that quick steps had been taken by the Trust to remedy issues. The Committee requested that they be informed once the Ward had reopened. An offer was made by the Trust to the Committee to visit Anstey Ward once it had reopened, which the Chairman agreed to circulate.

RESOLVED

That:

1. Members are satisfied with the actions taken by Southern Health NHS Foundation Trust to temporarily close to admissions the Anstey Ward in Alton Community Hospital, and to admit some patients to alternative accommodation during this time.
2. Members require the following further information:
 - a. Confirmation of the date that Anstey Ward reopens to admissions;
 - b. Reassurance that intensive staff support has led to a higher quality of care being offered on the Ward; and,
 - c. That all relevant Trust processes are being embedded and adhered to.

Under items for information:

Southern Health NHS Foundation Trust: Pilot of Change of Use to Melbury Lodge Older People's Mental Health Ward

Representatives of Southern Health NHS Foundation Trust presented a report on the Pilot (see Appendix 2 to Item 6 in the Minute Book).

It was highlighted by presenters that the proposals in the paper were still in an outline form, and therefore it was requested by the Trust that final proposals be presented to a future Committee meeting once they had been agreed with the relevant Clinical Commissioning Groups.

It was felt that the proposals to temporarily change the use of the Stefano Olivieri unit from an organic Older People's Mental Health unit to a functional illness unit would result in the following improvements to mental health services:

1. It would create a need-appropriate service for those aged 60-70 with functional illnesses.
2. It would enable the creation of an integrated service for those with organic illnesses.

3. It would improve access to physical health care for those with co-morbid issues.

In response to questions, Members heard:

- Reliance on inpatient specialist older people's mental health provision had decreased over recent years, following developments within community services to keep people independent in their own homes, or within a community care home, for as long as possible. These changes could be linked to the dementia challenge and strategy, which had been a key priority of the Prime Minister.
- That there were on average 10,000 patients in receipt of services from the Older People's Mental Health directorate, and approximately 100-120 of these required specialist inpatient treatment at any time.
- At the time of the HASC meeting, 31 Older People's Mental Health beds across both functional and organic illness wards were available. Ten beds were unoccupied in the Stefano Olivieri unit, which had a total capacity of 15 beds. Bed use continued to be monitored on a daily basis.
- Alternative organic inpatient wards were available in Basingstoke, Southampton, and Gosport, and Hampshire service users and their carers/families could choose to be admitted to any of these facilities, not just their most geographically approximate location.
- That staff currently working on the organic Older People's Mental Health ward at Melbury Lodge have a mixed skill set owing to the often complex needs of these service users. Staff had vocalised their willingness to learn new skills and change their way of working in order to better suit the needs of patients, should these proposals be agreed.
- The proposals would require increased support to dementia nursing homes in West Hampshire, to account for any increase in demand. West Hampshire Clinical Commissioning Group were currently undertaking a piece of work to look at where investment should be made into the nursing and care home market.
- It had been identified that more needs to be done to better integrate the Trust's response to mental and physical health needs in patients. The Trust were looking to develop shared assessments which accounted for this.
- The long-term aim of the Trust was to identify whether there is scope to reduce the stock of Older People's Mental Health beds, where these beds do not add value. Any proposals for further reducing bed numbers would be based on clear evidence, and made in conjunction with commissioners. The Trust would ensure that any proposals be notified at an early stage to the Committee.
- Any savings made as a result of changes to how Older People's Mental Health services were delivered would be reinvested into the service.
- Should the pilot end and the outcomes expected are not apparent, the Trust will revert to using the Stefano Olivieri unit for organic illnesses.
- It was thought that 50-60% of patients on an organic inpatient ward were awaiting discharge, which in some cases can take two to three months. This was owing to difficulties securing funding for ongoing care costs, rather than not being able to find appropriate accommodation. This percentage was starting to decrease owing to changes to legislation, but more could be done to reduce delayed discharges.

The Committee were broadly supportive of the pilot and the innovative way of providing needs-based services this would introduce to Melbury Lodge. Members agreed however that more detailed proposals were required in order to agree a temporary change in use to the unit, with clear evidence to support them.

RESOLVED

That:

1. Southern Health NHS Foundation Trust return to the 5 November meeting to present the final proposals for a temporary change of use to the Stefano Olivieri Unit, Melbury Lodge.
2. Members require the following further information as part of the paper detailing the final proposals:
 - a. Clarification on the clinical case for introducing this pilot, with evidence supporting this information.
 - b. Confirmation of Clinical Commissioning Group support for this temporary change.
 - c. Data on the occupancy of both organic and functional Older People's Mental Health beds over the previous year, and an assurance that the change of use proposed for the Stefano Olivieri unit will not impact on access to inpatient organic beds for those who need them.
 - d. Confirmation of the community mental and physical health services available to those with organic illnesses in West Hampshire, and details of how these services will be supported to meet any increase in need as a result of this temporary change.
 - e. Assurance that staff currently working within the Stefano Olivieri unit are suitably trained to be able to support those service users with a functional illness.
 - f. Details of changes to the discharge process to ensure that Older People's Mental Health service users who are able to move on to more appropriate services can do so in a timely manner.
 - g. Details of the pilot's evaluation programme, and the key outcomes that are expected from this temporary change in service.

16. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Director of Policy and Governance presented a report on inquiries received, the source of each inquiry and the action taken (see Item 7 in the Minute Book). The enquiries related to:-

North East Hampshire and Farnham Clinical Commissioning Group and Frimley Park Hospitals NHS Foundation Trust: Update on Progress of Frimley Park Acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust

The Chair of North East Hampshire Clinical Commissioning Group, Dr Andy Whitfield, and the Clinical Integration Director for Frimley Park Hospitals NHS Foundation Trust, Mr Edward Palfrey, presented an update to the Committee

on the acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park (see Item 7 in the Minute Book).

Members heard that the Clinical Commissioning Group were the lead commissioner of services from Frimley Park Hospitals, spending approximately £108m per annum on hospital and community services from the Trust for the population of North East Hampshire and Farnham. The Clinical Commissioning Group were broadly supportive of the acquisition and merger that this would bring, but were keen to ensure that this move realised benefits for the population of Hampshire, and led to maintaining or increasing the quality of care provided by Frimley Park.

North East Hampshire and Farnham Clinical Commissioning Group were working closely with Frimley Park to ensure that throughout the merger of the hospitals there was a renewed focus on admissions avoidance, community services and lower use of the acute hospital sector.

Heatherwood and Wexham Park is currently a 'failing' hospital placed into special measures, and although the Clinical Commissioning Group agreed that the acquisition would lead to improved services for patients in the catchment area of this hospital, it should not be to the detriment of services at Frimley Park. Subsequently it had been agreed that commissioning monies from North East Hampshire would not be used to improve services at Heatherwood and Wexham.

Engagement with the public, partners and staff had been ongoing and this would continue once the two Foundation Trusts had merged. There was no intention to centralise services on one site, apart from a few highly specialised services, but rather to pool together expertise and improve the estate at Heatherwood and Wexham Park.

Monitor would have the final decision as to whether the two Foundation Trusts would be able to merge, and they were due to determine this once the business plans had final sign off from Commissioners. The go live date was expected to be 1 October 2014.

In response to questions, Members heard:

- That Hampshire accounted for approximately 48-52% of activity at Frimley Park Hospitals.
- That it was hoped that the acquisition would lead to an improvement in the services available to the patients of Frimley Park, as the merger with Heatherwood and Wexham would give access to new types of service, such as plastic surgery.
- Monies would be available from the Department of Health to aid this acquisition, and to make improvements to the estate at Heatherwood and Wexham.

RESOLVED

That Members receive a further update on the progress of the merger post-acquisition in a year's time.

Councillor Martin Tod left the meeting at this point in proceedings.

17. **ADULT SOCIAL CARE: CARE ACT**

The Director of Adult Services presented an update to the Committee on work being undertaken to implement the Care Act (see presentation, Item 8 in the Minute Book).

Members were provided with an overview of the Council's response thus far to the draft regulations following the royal assent of the Care Act. The Council continued to have significant concerns about the finance and resource implications that changes would have, and how additional services introduced through the Act would be appropriately funded.

In response to questions, members heard:

- That the Care Act would have implications for all departments under the County Council, not just Adult Services, and would impact on external partners, such as the NHS and voluntary sector, also.
- That more would be known in the Spring once regulations and details of funding had been announced.

RESOLVED

That Members receive an update on implementation in March 2015

18. **HEALTH AND ADULT SERVICES: BETTER CARE FUND PLAN**

The Director of Adult Services presented to Members details of the Better Care Fund, and work ongoing between the County Council and the health sector to integrate services to reduce pressure on the acute hospital system (see presentation, Item 9 in the Minute Book).

In response to questions, members heard:

- That there are metrics against which the delivery of the plan had been evaluated and will be monitored following implementation.
- Clinical Commissioning Groups (CCGs) all had 'Quality, Innovation, Productivity and Prevention' (QIPP) plans which aimed to realise efficiencies within commissioning, and each CCG would also have Commissioning for Quality and Innovation (CQUIN) plans which encourage efficiency from providers of NHS services.
- That co-commissioning of care at home and in residential settings would not impact on how people are considered against the national eligibility framework, but would allow commissioning organisations to procure care together more efficiently and cost effectively.

Councillor Alison Finlay left the meeting at this point in proceedings.

19. **HASC: SUPPORTING PEOPLE REVIEW WORKING GROUP**

The HASC received a draft terms of reference for the 'Supporting People' review, which would meet to consider work ongoing within the Adult Services

department to review crisis and prevention, mental health, ex-offender and veteran Supporting People services.

The Chairman asked Members to consider whether they wished to be involved in the working group, and to submit their interest to the scrutiny officer.

RESOLVED

That the Terms of Reference are agreed.

20. **WORK PROGRAMME**

The Director of Policy and Governance presented the Committee's work programme (see Item 11 in the Minute Book).

The Chairman requested that all suggestions for the HASC work programme be forwarded to either herself or the scrutiny officer for consideration at her next agenda planning session.

A suggestion was made to review the actions being taken by the Portsmouth Health Overview and Scrutiny Panel to scrutinise issues with unscheduled care at Queen Alexandra Hospital, Portsmouth, and to consider whether this should be added to the work programme.

RESOLVED:

That the Committee's work programme be approved.

Chairman, 5 November 2014