

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, 27 January 2015.

**PRESENT**

Chairman:  
p Councillor Patricia Stallard

Vice-Chairman:  
p Councillor Chris Carter

**Councillors:**

p Graham Burgess  
a Rita Burgess  
p Charles Choudhary  
p Alan Dowden  
p Jacqui England  
p David Harrison  
p Marge Harvey  
p Roger Huxstep  
p David Keast

a Chris Lagdon  
p Martin Lyon  
p Fiona Mather  
p Andy Moore  
p George Ringrow  
p Steve Rippon-Swaine  
p Frank Rust  
p Bruce Tennent  
p Martin Tod

**Co-opted Members:**

Councillors:  
p Tonia Craig  
p Alison Finlay  
p Dennis Wright  
VACANT

**In attendance at the invitation of the Chairman:**

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

31. **BROADCASTING ANNOUNCEMENT**

The Chairman announced that the press and members of the public were permitted to film and broadcast the meeting. Those remaining at the meeting were consenting to being filmed and recorded, and to the possible use of those images and recording for broadcasting purposes.

32. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Rita Burgess, who had a medical appointment. Cllr Keith Evans, the conservative substitute Member, was in attendance in her place. Apologies were also received from Cllr Chris Lagdon.

The Chairman notified the Committee that Cllr Tim Southern, a District Council co-opted member, had resigned his position owing to other time conflicts. A request had been made to Hampshire and Isle of Wight Local Authorities (HIOWLA) for a new co-opted member

33. **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 Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 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.

Councillor Chris Carter declared a general Personal interest as his family are involved with the Gosport War Memorial League of Friends.

Councillor Jacqui England declared a general Personal interest as she is the Chairman of the Lymington Hospital League of Friends.

Councillor Martin Lyon declared a general Personal interest as he is a senior commercial manager for Carillion Health in the South, which includes the Portsmouth Hospitals Trust private finance initiative.

Councillor Frank Rust declared a Personal interest in Item 9, as he is a Member of the Wessex Clinical Senate.

Councillor Martin Tod declared a general Personal Interest, as he is the Chief Executive of the Men's Health Forum, which receives funding from Public Health England and the Department of Health.

34. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 5 November 2014, subject to a few small grammatical errors, were confirmed as a correct record, and signed by the Chairman.

There were three matters arising in relation to the minutes:

#### Ford Ward at Fordingbridge Hospital

The Ford Ward at Fordingbridge Hospital now has 18 beds in operation, which represented a continued reduction of two beds. The Trust had highlighted continuing challenges with recruiting permanent staff to the ward, and for this reason would not be able to open the remaining closed beds. There was a specific action plan in place to address the recruitment challenges.

The Trust had noted that during the temporary bed reduction at Ford Ward there had been no additional demand, or patients waiting for a bed. There has not been any further infection control outbreaks, and improved levels of privacy for patients has been noted by the Trust. The Chairman noted that she would be asking the Trust for clarification on what measures had been taken.

The Chairman would be monitoring this issue, and had asked the Trust for a fuller update on the measures being taken to address staffing issues, together with other information previously requested by the Committee.

#### Anstey Ward at Alton Community Hospital

The Anstey Ward at Alton Community Hospital now has 20 beds in operation, which represented a continued reduction of four beds. The initial reduction in beds followed quality concerns, and the Trust had reported that teams locally had been working to ensure that the right quality of care is delivered to patients. There had been a significant improvement in the standard of service, in line with what is provided in similar services elsewhere, and the recruitment process for a new Ward Manager was ongoing.

During the time that bed numbers had been reduced, there had been no additional demand or patients waiting, and most recently the reopening of these beds had enabled staff to help alleviate the pressure on local acute hospitals by improving patient flow through the system and avoiding delayed discharges.

The Chairman would continue to monitor this reduction in beds through her meetings with the Trust.

#### Congenital Heart Disease

A final consultation response on behalf of the Committee on the draft specification and standards for this review had been agreed, and this would be circulated.

Congenital Heart Disease consultation response circulated.

35. **DEPUTATIONS**

No deputations were received at this meeting.

36. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made three announcements:

**Pressures on Emergency Departments**

The Chairman made reference to national and local news headlines relating to ongoing pressures on emergency departments and acute care as a whole. National discussion had taken place on the causes of increased demand on hospital services, with some expressing concern that delayed discharges to social care placements is a factor. The Chairman had therefore requested the Director of Adult Services to speak to an item at this meeting updating Members on delayed discharges in Hampshire. This would be followed by a more comprehensive item at the Committee's next meeting in March in order to investigate pressures on the health and social care system, and review actions taken to divert people from hospital.

Item added to the work programme.

**'Step down' beds in Gosport**

As part of the local solution to pressures on the Portsmouth hospital system, the Chairman had received notification of additional community 'step down' beds being opened at Gosport War Memorial Hospital. This information would be circulated to Members.

Step down beds briefing circulated.

**Mental Health**

As the Care Quality Commission had not yet published their inspection of Southern Health's mental health services, the Committee would defer their scrutiny of this item until March. An update briefing on mental health beds had been received in the interim, and this would be circulated to Members.

Mental health beds briefing circulated.

In addition, the Vice Chairman made two announcements:

**Care Act Working Group**

The group had received a briefing on the new duty to provide social care in prisons from April 2015. Contractual arrangements for providing any necessary care and support as a result of assessment were being put in place, and an adult social care manager would be based in Winchester prison to carry out assessments.

A report would be heard at the Executive Member for Adult Social Care and Public Health Decision Day, which would set out which decisions would be needed before April 2015 to implement parts of the Act. The key proposals in the report related to making changes to how much self funders may have to pay for certain services.

The Department of Health would be launching a public consultation on their detailed proposals for the care cap and the appeals process in February 2015. These two parts of the Act are due to come into force in April 2016, subject to any decisions by the new Government.

There will be a presentation about the Care Act at the all-members briefing on 29 January, to which the Committee were encourage to attend.

#### Supporting People Working Group

The Supporting People working group now exists to review proposals for the 'socially excluded' sector of the Supporting People budget. The savings amount of £2.755 million for this sector has already been agreed by the Executive Member, and the working group would be considering the most efficient way that these savings can be made.

The group had met with departmental officers, and had been informed of the progress in reviewing all of the areas in the scope of the 'socially excluded' sector. A further report would be submitted to the Executive Member for Adult Social Care and Public Health in Summer 2015. This will be subject to pre-decision scrutiny by this group, which would be meeting on a regular basis prior to this decision.

*The Chairman agreed to take items 6, 7 and 8 together.*

- 37. **REVENUE BUDGET FOR PUBLIC HEALTH 2015/16**
- 38. **REVENUE BUDGET FOR ADULT SERVICES 2015/16**
- 39. **CAPITAL PROGRAMME FOR ADULT SERVICES 2015-16 – 2017/18**

The Director of Public Health and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Public Health for 2015/16 (see report and presentation, Item 6 in the Minute Book).

The presentation outlined the overall County Council financial position, as well as the public health grant allocation. The previous budget forecast for 2015/16, as reported in the Medium Term Financial Strategy, had assumed that for 2015/16 there would be a further freeze in

Council tax precept, but that the Council Tax Freeze funding grant for 2014/15 would be added to the baseline grant for 2015/16. It had also been assumed that there would be a reduction in overall government grant of 10%. This would result in a forecast cumulative gap of £108.1m by 2015/16, of which £102.5m would be met from savings previously agreed, requiring the balance of £5.6m to be drawn down from the grant equalisation reserve. The subsequent settlement for 2015/16 has confirmed that the Council Tax Freeze funding will be added to the baseline, but the overall reduction to government grant levels would be 11.8 %, £2.9m higher than previously forecast. This has therefore increased the cumulative funding gap for 2015/16 from £5.6m to £8.5m. It was however now anticipated that this would be met from additional one-off funding (e.g. the Council Tax Collection fund surplus which is higher than forecast). As such there would be no requirement to draw down from the grant equalisation reserve during 2015/16 to balance the budget. As the savings required for 2015/16 had been agreed as part of the 2014/15 budget (and are in the process of being implemented), no new savings proposals were included in the 2015/16 budget.

In response to questions, Members heard:

- That the reserves strategy and the context behind it would need to be communicated to the public, in order that the message that most of the funds were committed could be understood.
- That the County Council was confident that its savings target for 2015/16 would be met.

In considering the more detailed information on the Public Health revenue budget, Members noted:

- That the Public Health budget had remained stable from 2014/15 to 2015/16 with a likely addition as of October 2015 for public health commissioning responsibilities for children aged 0-5yrs.
- Approximately £65k had been removed from the budget due to an erroneous payment made in 2014/15 which had now been corrected.
- That the Public Health budget had been protected from real term cuts for 2015/16, as the grant allocation is ring-fenced.

In response to questions, Members heard:

- A Public Health strategy was currently being drafted which would encompass all County Council services. This strategic look would enable a focus of resource on those areas where the Council can gain most benefit for its residents.
- The health premium is being piloted for 2014/15, and while it wouldn't therefore contribute to the ring-fenced allocation for the department, this may change in future

- years.
- The County Council had contributed to the initial consultation on health premium payments, and was currently drafting a submission to the next stage of this.
  - That the local authority role in relation to infection prevention and control is minimal in comparison to that for NHS England and Public Health England, with Hampshire County Council taking on a public health leadership, co-ordination and information role. A report had recently been published on Tuberculosis which would be circulated to Members.
  - That all of the money allocated under the public health grant is spent on the basis of good evidence with measurable outcomes.

Tuberculosis report to be circulated.

Member requested additional detail on the levels of spending within the Public Health budget.

Detail on public health spending to be circulated.

## RESOLVED

That the Select Committee agree with the recommendations as set out in section 8 of the public health revenue budget report.

The Director of Adult Services and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Adult Services for 2015/16 and capital programme for Adult Services for 2015/16 – 2017/18 (see report and presentation, Item 7 and Item 8 in the Minute Book).

Members had previously heard the overall budgetary position for the Council, and the consequent impact on the delivery of Adult Services. Members heard that additional provision was not available in this year's budget for demographic pressures, and that changes in relation to increased numbers of people requiring services must be met from within the current finance envelope.

On the 2015/16 Revenue Budget and 2015/16 to 2017/18 Capital Programme, in response to questions, Members heard:

- Much had been heard nationally regarding 15 minute care visits to the vulnerable and whether this was appropriate. Hampshire has worked with its domiciliary care providers to ensure there is flexibility within contracts to spend the appropriate amount of time with service users, and investment had been made in electronic domiciliary care monitoring tools to support this.
- That the County Council was investing in the future of care in Hampshire by recently launching its 'Careers in Hampshire' campaign, aimed at encouraging working-

Details of the 'Careers in Hampshire' campaign to be circulated.

- age adults to choose a career in social care.
- Work had also been taking place with the eleven care providers selected to work with the County Council to make care more appealing as a career, for example by offering permanent salaried positions rather than agency positions, and guaranteeing recognised training and development opportunities for staff.
- That Adult Services worked closer than ever with NHS colleagues, holding sometimes robust and difficult conversations on what the shared priorities should be for integration.
- That the savings due to be realised as part of the Better Care Fund related in part to the County Council's ability to be able to purchase care at a lower rate than that bought historically by the NHS due to its large buying power. In integrating health and social care purchasing, both the NHS and County Council would benefit from these efficiencies.
- That Members would find an additional briefing on the Better Care Fund and the delivery plan between Hampshire County Council and the Clinical Commissioning Groups beneficial, and agreed that it would be timely to brief all County Councillors on the progress made with the Fund.

Better Care Fund risk briefing to be circulated.

## RESOLVED

That:

1. The Select Committee agree with the recommendations as set out in section 10 of the adult services revenue budget report.
2. The Select Committee agree with the recommendations as set out in section 9 of the adult services capital programme report.

*Councillor Tonia Craig left the meeting at this point in proceedings.*

## 40. **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 9 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: Improvement work at Ravenswood House**

A representative of Southern Health NHS Foundation Trust presented a report on proposals to temporarily move some patients from Ravenswood House, Knowle, to Woodhaven, Tatchbury Mount, for a period of six to nine months whilst urgent building works take place (see Appendix 1 to Item 9 in the Minute Book).

In response to questions, Members heard:

- That the Trust were aware of community sensitivities to the movement of medium secure mental health inpatients, and had engaged with a range of stakeholders in order to bring the temporary proposals to their attention, and to risk plan with those responsible for public protection.
- That Woodhaven has been adapted to meet medium secure standards. The ward has been checked for ligature points, and ligature point reviews will be carried out on a regular basis.
- The accommodation at Woodhaven is of a more modern standard than that at Ravenswood. There is not however the same level of holistic services available for Woodhaven service users, and thought would be given regarding how to enable patients to access the same or similar activities during their temporary move.
- Additional staff had been recruited to work within the new ward in Woodhaven, including some of those currently based at Ravenswood House. This would enable patients to be cared for in line with national guidance, and will ensure continuity of care in terms of familiar staff leading and working on the ward.
- Patients selected to move wards are at the end of their treatment and rehabilitation, and therefore are not acutely disturbed. It was predicted that some patients may be discharged during the six to nine month period, as they would have reached the end of their treatment in this time.
- Those patients transferred will not be able to take leave within the grounds and wider community area. There is instead an enclosed outdoor space in Woodhaven which would be used for outdoor and recreational activities. All patients requesting leave to visit the enclosed Woodhaven grounds will be subject to staff supervision.
- Any community leave granted for medium secure patients would have to be approved by the Ministry of Justice, and have police involvement from a patient and public safety perspective.

- That the services users with learning disabilities based on another ward within the Woodhaven unit would be segregated from the medium secure ward. Each ward on Woodhaven has its own distinct entrance and facilities.
- Budgetary assistance would be provided to those families wishing to visit their relatives in Woodhaven, should they require this. Better public transport is available to access Woodhaven in comparison to Ravenswood House.

Letter sent to Southern Health.

The Chairman agreed to write to Southern Health requesting confirmation that patients would be able to access the same level of holistic services in order to aid their rehabilitation whilst temporarily moved from Ravenswood House, together with additional information on staff to patient ratios.

## RESOLVED

That:

1. Members support the proposal to temporarily transfer patients from Ravenswood House to Woodhaven for a period of six to nine months, whilst urgent works take place to improve patient safety.
2. Written updates are requested from the Trust once the works have commenced; are at the three month stage of the temporary transfer of patients; and when the works have completed.

### ***Under items for information:***

#### **NHS England: Vascular Surgical Services – Interim update following Gateway Review**

Members noted the report from NHS England setting out an interim update on vascular surgical services (see Appendix 2 to Item 9 in the Minute Book).

A general discussion was held by Members on the content of the report. Some Members noted their frustration and disappointment with the ongoing delay to a final decision on the future of vascular services on the south coast of Hampshire.

The Wessex Clinical Senate's comments in the interim report were debated and it was agreed that any future scrutiny of the vascular surgical services topic should include input from the Chairman of this group, as the body responsible for advising NHS England (Wessex) from a

clinical perspective.

Members agreed that a strong clinical evidence case would be required to support the future model of service detailed in the Full Business Case, and agreed that this item should return to the Committee when available.

## RESOLVED

That:

1. That the Full Business Case on vascular services is added to the work programme for consideration, once available.
2. That the Chairman write to NHS England in order to express the Committee's frustration with the continued delay to a final decision on the future of vascular surgical services in South Hampshire.

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

### 41. **ADULT SERVICES: DELAYED DISCHARGES UPDATE**

The Committee received a presentation from the Director of Adult Services which updated Members on delayed discharges within Hampshire (see Item 10 in the Minute Book).

Members heard that a number of complex factors affected delayed discharges at any one time in Hampshire, with winter pressures currently impacting not only on the number of individuals being admitted to hospitals, but also the capacity of the community care system to receive individuals at the point of discharge. For example, some care homes had recently closed to admissions due to residents having viral chest infections. It was expected that there would be continued increased activity related to winter pressures and seasonal illnesses.

The main reason for delayed discharge related to a lack of nursing home places or domiciliary care provision. Performance had decreased in 2014/15 in comparison to previous years, but this was a trend seen nationally. Adult Services discharge teams based in hospitals now worked seven days per week to help plan for discharge and work with NHS colleagues in a more integrated and timely fashion.

The County Council had made an offer to provide support to the NHS on top of the work already being taken forward to further integrate health and social care working. The

Council had invested a further £500k in the South East Hampshire health system in particular, a figure matched by NHS partners, in order to build systems resilience. Additional monies had also been received from central government to be spent during the 'winter pressure' period. It would be important to sustain the actions being taken to build long-term resilience into the health and social care system.

*Councillor Graham Burgess left the meeting at this point in proceedings.*

In response to questions, Members heard:

- That Hampshire County Council were investing in social care staffing, both internally and by working with external organisations, in order to increase the number of working-age adults attracted to working in care.
- Data showed that the Basingstoke and Winchester areas had the least available care capacity in the County. The spikes in delayed discharges seen in the graphs provided to Members were attributable to problems either placing individuals in care homes in these areas, or finding domiciliary care available to provide this in the home.
- It was expected that a reduction in the number of delayed discharges would be seen in March, as steps taken to increase care provision was embedded and pressures on hospitals admissions decrease.
- That work was ongoing with nursing home providers to determine what the long term care model would look like in Hampshire.
- Hampshire County Council is one of the very few local authorities that provide their own in-house nursing homes alongside private provision. This enabled the Council to upscale its own care capacity if required.
- That the Oak Park nursing home and extra care development in Havant was being built following approvals given by the NHS and County Council, but this facility was not expected to be open until 2017.
- It was important that time to think was built into the discharge process from hospital, as the decision to enter into long-term care was not one to be taken lightly by either the patient or their family.
- That thought needed to be given to how families and carers can play a role in assisting with care needs, ensuring that they have the information they need to be able to help.
- That data on repeat admissions to hospitals was collected and this could be provided to members.

In discussion, Members from the Winchester area queried whether the issues reported in relation to workforce capacity could be extended to a number of other hard to fill roles,

Data on readmission rates to be circulated.

Workforce capacity to be forwarded to P&R SC for

given that unemployment figures in these areas were low. It was agreed that more analysis should take place relating to this issue, but that this would fit better with the remit of the Policy and Resources Select Committee.

consideration.

## RESOLVED

That:

1. The further information requested as part of the delayed discharges update item is brought to the March 2015 meeting of the Committee for consideration as part of a more substantive item on systems resilience.
2. The issue of workforce capacity as a whole in Hampshire is referred to the Policy and Resources Select Committee for consideration.

## 42. **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.

RESOLVED:

That the Committee's work programme be approved.

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Chairman, 10 March 2015