

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, 29 March 2016.

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
a Councillor Chris Carter

Councillors:

p Ann Briggs
p Graham Burgess
p Rita Burgess
p Charles Choudhary
p Alan Dowden
p Jacqui England
p David Harrison
p Marge Harvey
VACANT

a Tony Hooke
p David Keast
p Martin Lyon
p Fiona Mather
p Andy Moore
p Frank Rust
p Bruce Tennent
p Martin Tod
VACANT

Substitute Members:

p Keith Evans

Co-opted Members:

Councillors:

p Tonia Craig
a Alison Finlay
p Yvonne Weeks
p Dennis Wright

In attendance at the invitation of the Chairman:

Councillor Patricia Stallard, Executive Member for Health and Public Health

118. **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 recordings for broadcasting purposes.

119. **APOLOGIES FOR ABSENCE**

The Vice Chairman, Councillor Carter, had provided his apologies, and therefore the Chairman had requested that Councillor Mather assist as a temporary Vice Chairman for the meeting.

The Chairman noted that there were two vacancies on the Committee following the resignations of Councillors Ferris Cowper and George Ringrow. The Conservative standing deputy, Councillor Keith Evans, attended in their place. Apologies were also received from co-opted member Councillor Alison Finlay.

120. **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 Frank Rust declared a Personal interest in Item 6 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.

121. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 9 February 2016 were confirmed as a correct record.

There was one matter arising in relation to the Minutes:

Minute 117:

Hampshire-specific data had been circulated to the Committee by email on 21 March.

122. **DEPUTATIONS**

The Committee had received two deputation requests on Item 6: 'Proposals to Develop or Vary Services' in relation to the 'Future of Baytrees Detoxification Unit' item, and one deputation request on Item 7: 'Public Health Breastfeeding

Model of Delivery in Hampshire'. Deputations were taken in the order in which they were requested.

The first deputation was heard from Ms Rebecca Goodrum, who spoke on Item 7, the 'Public Health Breastfeeding Model of Delivery in Hampshire'.

The second deputation was heard from Ms Denise Rae, who spoke on the 'Future of Baytrees Detoxification Unit' item. The Chairman noted that he had varied standing orders in order to allow members of Ms Rae's deputation to speak, given that the request was received after the three-clear working day deadline.

The third deputation was heard from Ms Jane Muir, who spoke on the 'Future of Baytrees Detoxification Unit' item. The Chairman noted that he had varied standing orders in order to allow Ms Muir's deputation, given that the request was received after the three-clear working day deadline.

123. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Briefings to be circulated

As per the Committee's work programme, the following items had been circulated for Members' information:

- An update on the progress of Chase Community Hospital.
- A written update on progress made against Portsmouth Hospitals Trust's Care Quality Commission inspection recommendations.
- Background briefings from Southern Health NHS Foundation Trust giving updates on Ravenswood House, Estates and TQ21, following updates previously provided to Members.

Urgent temporary variations of service

Andover Minor Injuries Unit

The Chairman had been informed of a temporary variation of service to the Andover Minor Injuries Unit. This was owing to a temporary staff shortage due to problems locally and nationally with recruitment, and following staff sickness. This had resulted in the need to reduce the opening hours of the Minor Injuries Unit for a short period of time. Hampshire Hospitals had noted that they would resume usual service as soon as possible, once recruitment and/or sickness had improved. From Tuesday 15 March, the unit would be available 8.30am to 5pm, Monday to Friday. This was the period of time when most patients visit the unit, and

when x-ray was also available on the Andover site.

The Chairman had requested that the Trust provide the Committee with a further update once normal service had been resumed. Given that the temporary change in service had been made on the basis of urgency, this issue would be added to the agenda for the next Committee meeting. Staffing sustainability at the Trust already formed part of the work programme.

Bluebird House

Southern Health was experiencing staffing challenges at Bluebird House, a specialist medium-secure inpatient unit for young people with complex mental health needs, due to difficulties recruiting nurses and some staff being on maternity leave. There had been some use of regular temporary staff to provide assistance in these times, and an extensive recruitment programme, but the situation had been exacerbated by staff leaving. Therefore, it had been necessary to make temporary changes, based on clinical risk.

Bluebird House has three wards which can accommodate up to 15 young people at any one time: Hill Ward, Stewart Ward and Moss Ward. Four young people from Hill Ward had been temporarily transferred to existing provision on Moss Ward due to staffing challenges. A 14-bed capacity in all wards would be temporarily maintained at Bluebird House whilst efforts to recruit nursing staff continue, and staff had been temporarily transferred whilst this change is in place.

A briefing note had been circulated to Members on this issue. The Chairman had requested the Trust to provide the Committee with a further update once the temporary change had ceased.

The Chairman agreed to take Item 7 on the agenda out of order.

124. **PUBLIC HEALTH: BREASTFEEDING MODEL OF DELIVERY**

The Interim Director of Public Health and representatives presented a report and presentation on the proposed new model of care for breastfeeding support services in Hampshire (see Item 7 in the Minute Book).

The Chairman informed Members that a Notice of Motion had been referred for consideration by the Committee following the last Council meeting. This Motion, proposed by Councillor Rolt and seconded by Councillor Jackie

Porter, was as follows:

“This motion calls on Hampshire County Council to listen to the evidence supplied in last month's deputation by Lindsey Lawman and to continue to fund the current Breast Feeding Drop-In Centres in the Andover, Basingstoke, Eastleigh and Winchester areas after the current funding runs out, for an estimated cost of just £ 62,000 per annum and to properly investigate the need for such services in other parts of the county.”

Councillor Tim Rolt had been invited to observe the meeting, and would be invited to speak to his Motion and ask questions after the presentation of the main report from officers should he so wish to do so. He outlined that in his view the breastfeeding support drop-in centres were akin to the 'Priority Four' children's centres, owing to their specialism and training of breastfeeding counsellors. Therefore, it would be important to keep this provision.

A presentation was provided to Members, salient points of which included:

- That the deputation Members heard provided an excellent case for why breastfeeding is the best start for babies and provides health benefits for their mothers. However, some women can't or choose not to breastfeed, and these individuals, alongside all mothers, should be able to access universal services providing the level of support right for their needs.
- In Hampshire, breastfeeding rates from year to year had been fairly constant and there had unfortunately not been a significant increase in rates. The challenge for Public Health was how to increase rates, especially increasing the breastfeeding rate six to eight weeks after birth, when 46% of mothers (down from 78% at birth) still breastfed their baby.
- The Public Health revenue budget had been reduced by 6.2% by the Government in 2015/16, but the Department had protected services for children aged 0-5, with a decrease of approximately £200k: proportionately significantly less than many other local authorities. The proposed model for the future of breastfeeding support services would need to be sustainable in the long term.
- The Public Health team had set up a 'task and finish' group in July 2015, chaired by the Assistant Director of Public Health. This group was made up of a number of stakeholders, including those from the voluntary sector, and aimed to propose a way forward for the commissioning of the breastfeeding support model from April 2016. Its purpose was to agree and implement an equitable and sustainable breastfeeding support service across Hampshire that would meet the needs of women.
- The task and finish group had proposed a final model of

care, and this was set out in the decision for approval before the Executive Member for Health and Public Health. There hadn't been universal agreement in the task and finish group about how the model of care would be implemented.

- The task and finish group would continue to exist as a sounding board for the implementation of the proposals, if agreed by the Executive Member.
- The proposed model would see a three-tier model of breastfeeding support being offered by the universal health visiting service, which was already commissioned by Public Health to provide services for children aged 0-5, in conjunction with the universal midwifery service commissioned by the NHS. It was felt that this proposal would result in breastfeeding services being equitable, sustainable, integrated and affordable.
- One of the benefits of using health visitors to provide a breastfeeding support service was the fact that they have a list of all known expectant mothers in the County, and are therefore able to make contact with them prior to birth at the mandated antenatal visit.
- A further benefit of the health visitor (and midwifery) service providing breastfeeding support was that all visits are in the mother's own home, which enables those who can't travel to breastfeeding support units to still receive breastfeeding advice as part of a universal service.
- Concerns had been expressed regarding the resource available to provide the breastfeeding support service through health visiting. In Hampshire, the number of health visitors had increased by 89% in the last two years, and the provider, Southern Health NHS Foundation Trust, had provided reassurance that the model proposed was deliverable within current staff numbers.
- In terms of commissioner management and outcome monitoring, the health visitor contract is managed quarterly, and any issues arising are discussed with the provider in these meetings. Public Health would work with Southern Health on an ongoing basis between contract meetings e.g. in the development of the health visiting breastfeeding action plan.
- All health visitors are qualified nurses with additional training required to be undertake the role. Health visitors providing the breastfeeding service receive a minimum of a three-day course on specialist breastfeeding support in addition to the health visiting training they have already received. In addition, the proposed model would see 40 infant breastfeeding champions identified within the health visiting service.
- The provision of drop in specialist breastfeeding support services in Hampshire have historically varied across the geography, and weren't aimed specifically in those geographical areas where breastfeeding levels were

lower, or the need for specialist services was higher.

- Feedback from a survey of mothers about breastfeeding and breastfeeding support services had highlighted the importance of ensuring access to breastfeeding support service, including drop-in sessions available without appointment. The proposed model included the setting up of 18 new breastfeeding drop in clinics across Hampshire, and represented a better spread of locations according to need.

In response to questions, Members heard:

- That the estimated cost of extending the current non-universal specialist breastfeeding service was £1m, as it would need to be a universal service that was available to the 14,500 new mothers in Hampshire. The one-off grant payment made in previous years was £62k, but this wouldn't be enough to roll out the drop-in centres across the whole of Hampshire, and wouldn't provide an accessible resource for those mothers who couldn't travel to these clinics.
- There was no question about the need to invest in breastfeeding support services, but the question was how to invest in the most effective way. The service would need to be sustainable in the long term, and there would be a cost pressure if there was a continuation or expansion of the specialist drop in services on top of universal services.
- The one-off grants made available through devolved public health funding to District and Borough Councils to improve health and wellbeing had now ceased as there was no further funding available. The recipients of this funding were made aware of its short-term nature as part of the grant conditions.
- The health visiting service already exists and provides breastfeeding support advice and services, so it wouldn't be possible to pilot a service that was already provided to all mothers. The proposals would see an enhancement of this service.
- There were currently 240 health visitors in Hampshire, and the County Council invested £17.4 million into this service each year.
- The surveys were positive about the current services provided, but responses were not geographically balanced given the locations of the specialist drop-in centres. The Department had listened to the views of mothers, and the implementation of drop-in clinics based in areas of need had been included in the proposed model.
- A drop-in service would be one element of the proposed model. It would be possible for local health visiting community teams to review the local need for breastfeeding support on an ongoing basis, and to flex their resource to meet those needs.

- The task and finish group had generally agreed on the proposed three-tier nature of the support model, but there had been some dissent regarding the overall implementation of the model and health visitors as primary providers of this. As the commissioners of this service, the Public Health team had determined what the draft proposed model looked like, and it would be for the Executive Member to make a final decision at her decision day on 30 March.
- The importance of monitoring the post-natal mental health and wellbeing of mothers was something that had been built into the proposal and was already a key area for monitoring by health visitors, as it is one of the six high impact areas for health visitors.

Following questions, the Chairman moved to debate, where Members discussed the importance of breastfeeding and the need to ensure that all mothers and babies have fair access to support services.

The Chairman moved to proceed to recommendations. He noted that co-opted members would not be able to vote on any recommendations put to the Committee, as per the Constitution.

An amendment to the recommendation in the report was proposed by Councillor Martin Tod and seconded by Councillor David Harrison. A vote took place on the recommendation as set out below:

'Delete the recommendation at 7.2 and replace:

That the Executive Member for [Health and] Public Health should provide sufficient funding to enable continued delivery of current drop-in breastfeeding services until completion of a Task and Finish Review that has been agreed by review participants and a full assessment or successful pilot of any proposed new model's capability to delivery effective specialist drop-in services to the same equality as current services.'

For: 6
 Against: 9
 Abstained: 2

The amendment was not carried.

The recommendation as noted in the covering report at 2.1 was proposed by the Chairman. A vote took place on the recommendation:

For: 10
 Against: 7

Abstained: 0

The recommendation was agreed.

RESOLVED

That the Committee support the recommendations being proposed to the Executive Member for Health and Public Health in section 7 of the report.

The Chairman returned to the running order of Agenda.

125. **HEALTH: PROPOSALS TO DEVELOP OR VARY SERVICES**

NHS England: Vascular Surgical Services: Options for the Future of Services in South Hampshire

Representatives from NHS England (Wessex) and University Hospital Southampton NHS Foundation Trust presented a report on the proposed option for the future of vascular surgical services in South Hampshire (see Item 7 in the Minute Book).

Members noted that the business case contained within the papers proposed a model which aimed to build a world-class vascular service, progressing the existing informal network in place between Portsmouth Hospitals NHS Trust and University Hospitals NHS Trust.

NHS England acknowledged that the proposed model for vascular surgical services had been a long time in gestation and accepted the criticism of this. Their intent, as commissioners, was to provide an excellent model of care for patients, which was based on best practice, met key specialist service specification criteria, and was in line with the advice of the National Vascular Society.

Currently Southampton was a hub hospital for the vascular service, with spoke hospitals on the Isle of Wight and in Winchester, providing services in the West and South West of the County. Portsmouth was a single site provider for the South East of Hampshire. The proposed model would see a single network operating across the whole South and West Hampshire region, with University Hospitals Southampton being the major arterial centre, and Portsmouth Hospitals Trust becoming an adjoining spoke. Clinics and consultative services would still be available in Portsmouth, and the shared rota across all sites would see greater surgeon capacity in Portsmouth than currently available. It was expected that the model would see the transfer of approximately 300 patients per annum to Southampton from Portsmouth, although this number would

decrease over time as screening programmes, smoking cessation and diabetes management reduced the need for major surgery.

The case for change for vascular services was clear and clinically agreed across Portsmouth and Southampton, with neither provider currently compliant with the vascular service specification. The safety of staffing rotas was also a key driver, with Portsmouth facing issues with recruiting dedicated vascular surgeons, and Southampton not having a full rota of interventional radiologists. NHS England were pleased that clinicians located at both Trusts had agreed to work in partnership, and that referring GPs were also supportive of proposals.

It was heard that both the Portsmouth and Southampton health scrutiny panels had reviewed the documents before Members and neither had made a determination that the proposals were a substantial change in service for the population of their areas. Councillor Keast, who was co-opted on to the Portsmouth panel, noted his recollection that a decision wasn't put before Members, and he would be challenging this with the Portsmouth Chairman.

In response to questions, Members heard:

- The vascular service at Portsmouth was predominantly being undertaken by one surgeon, and this was not sustainable in the short or long term. An informal network was already in operation across the two cities, with Southampton surgeons providing support to Portsmouth.
- There was a national vascular surgeon shortage, and it was hoped by making the South Hampshire vascular network a world-class service, both newly qualified and experienced vascular surgeons would be attracted to working in the area.
- That Southampton would secure the capital required to build a hybrid theatre, and were already some way to procuring this. In terms of capacity at the hospital, since the vascular society review Southampton had undertaken a remodelling exercise in order to free up capacity in the hospital. It had been agreed that 12 additional beds would be required to provide enough capacity for the additional vascular work, as long as individuals could be transferred to their closest spoke hospital for recovery when clinically appropriate to do so.
- The driver for change wasn't about finance, but clinical need. The funding/income for vascular services would transfer to Southampton in line with any handover in activity. Resultantly costs would decrease at Portsmouth, and increase at Southampton. Vascular surgery wasn't a profit-making exercise, as both providers currently made a marginable loss.

- The steering group for vascular services had included representatives from both Portsmouth and Southampton. It had been agreed in this group that the proposed model offered the best chance of a long-term sustainable service for vascular across the region in a way that was compliant with the service specification.
- The two Chief Executives of Portsmouth and Southampton were in continual dialogue regarding shared services and how the two hospitals could work closer together.
- Stroke and renal services would continue to be provided from Portsmouth, and agreements already existed for the transfer of these patients from Southampton to Portsmouth to access specialist services.
- That West Sussex and Chichester formed part of the Sussex vascular service model and reassurance had been received from commissioners that this network was working well. Patients would of course have the choice of where they wished to be treated, but Chichester would not form part of a network with South Hampshire.
- That NHS England planned to undertake two to three months of engagement work with the public on vascular services, should a consultation not be required.

There was some clarification as to the meaning of the term 'substantial change' and what next steps would be required of the Committee should this be determined. The Chairman moved to proceed to recommendations.

The Committee were requested to determine as per recommendation 2.8a whether the proposals constituted a substantial change in service for Hampshire patients. A vote took place:

Substantial change:	8
Not a substantial change:	10
Abstained:	2

RESOLVED

That:

1. The proposals do not constitute a substantial change in service for Hampshire patients.
2. As part of the engagement and communications plan, specific reassurance is given to the public in the South East of Hampshire on the future model of care for vascular services. That any such engagement includes examples of patient stories and pathways under the new model of care.
3. A monitoring update is received once the new model has been fully embedded, and follow-up information is received on the sustainability of Portsmouth Hospitals

NHS Trust and University Hospitals Southampton NHS Foundation Trust post-service change.

Councillors Choudhary, Craig, Dowden, Moore and Tennant left the meeting at this point in proceedings.

Southern Health NHS Foundation Trust: Stefano Olivieri Unit Pilot – Permanent Change to Model of Care

Representatives from Southern Health NHS Foundation Trust presented a report on the Stefano Olivieri unit pilot, and proposals for a permanent change in service at this older people's mental health facility (see Item 6 in the Minute Book).

In response to questions, Members heard:

- The proposal was for the temporary change in service previously agreed to be made permanent, on the basis of the positive outcomes experienced to date.
- Commissioners were supportive of the change.
- There hadn't been any negative feedback from service users or their families. Some staff had raised concerns at the beginning of the pilot in terms of working arrangements, but these were remedied with staff and unions.
- That change in the functions of the wards on the Stefano Olivieri unit had resulted in an overall reduction in organic beds. However, demand remained lower than capacity throughout the pilot, and there had been enough capacity (e.g. eight beds over Easter) that some vacant beds had been occupied by out-of-area patients.
- That there would be a wider review of organic bed provision in the near future, as between 20% and 60% of all inpatient service users are medically fit to return to supported living or care in the community. There was an ongoing need to work closely with nursing homes to improve early intervention services to prevent admissions, and to train and upskill staff to be able to provide care upon discharge.

RESOLVED

That:

1. The Committee support the proposal for a change in use of the Stefano Olivieri Unit from an acute organic ward to a needs-based service for older patients with functional illness, and the resultant reduction in the number of organic beds in use, following the pilot project.
2. A written update is received in a year, to include details of work undertaken with nursing homes to transfer organic patients to a more appropriate environment once clinically fit to be discharged.

Solent NHS Trust and Hampshire County Council Public Health: Future of Baytrees Detoxification Unit

Representatives from Solent NHS Trust, supported by Hampshire County Council's Public Health team, presented a report on the proposed closure of the Baytrees detoxification unit in Portsmouth (see Item 6 in the Minute Book).

It was heard that Baytrees is a 23-bed detoxification unit, led by specialist medical staff, based in Portsmouth. Approximately 50 admissions per year are Hampshire clients, significantly less than in previous years due to a change in the National Institute for Health and Care Excellence's (NICE's) guidance, which advises that detoxification should be community based, with only complex needs requiring a medically-led inpatient stay. This decrease in admissions from Hampshire residents had also been seen in admissions from other areas including Portsmouth and Southampton, and despite efforts to increase referrals from across the South, and to utilise the Unit for other client cohorts, it had been determined by the NHS Solent Trust's Board that the Unit should close.

The Trust outlined the mitigating actions being taken in light of the decision to close Baytrees, which was proposed to take place in May 2016. Staff, clients and representative groups had been engaged and consulted with, and a number of concerns had been raised which the Trust and commissioners would be supporting.

The Public Health team in Hampshire County Council commission substance misuse services, and therefore had sought alternative provision for specialist inpatient detoxification. Commissioners, working with the Hampshire service provider (Inclusion), had identified at least six alternative providers based in Hampshire, Wiltshire, Surrey and London. A bed would always be found for those who needed one, and travel support would be made available by Inclusion to ensure clients and their families could reach placements.

In response to questions, Members heard:

- That a large drop in the number of clients being treated at Baytrees directly correlated with the change in NICE guidance, and a resultant change in commissioner approach based on this. NICE's guidance had been amended based on clinical evidence for community-based services.
- The cost of providing services in Baytrees varied based on the complexity of need, but on average was approximately £250 per day.

- Baytrees was at the most specialist and complex end of the spectrum of substance misuse detoxification, and therefore any increase in population size in the County would not be likely to provide a significant increase in client numbers.
- Solent had considered changing the use of the Baytrees Unit to include dual diagnosis services as well as complex needs. After reviewing the additional staffing needs that would be required, it was found that the average cost would rise to approximately £400-450 per day per placement, which would be unlikely to be secured from commissioners.
- Consideration had also been given as to whether Baytrees could operate with fewer beds. However, the running costs of the Unit, in line with safe staffing numbers, would be the same regardless of the number of beds offered, and given the current under-occupancy of the Unit, this would not lead to a more sustainable service. A smaller number of beds would also reduce the therapeutic benefit of the service.
- Hampshire's substance misuse service had been in place for many years. Through a competitive procurement the current provider contract with Inclusion had been in place for 8 months. Regular contract monitoring took place, and collected data was returned nationally for benchmarking purposes. One of the outcomes agreed locally with Inclusion was to increase the number of clients becoming addiction-free.
- That community-based services included detoxification at the client's home, if appropriate, or in a community-based residential unit. The service provider assessed client needs, and would determine which detoxification route would be most suitable. Clients have access to clinicians throughout their recovery, as well as support services post-detoxification, and access to a 'buddy' system pairing those in long term recovery with current clients.
- Baytrees is on the St James' Hospital site but was not part of the building structure being sold by NHS Property Co. Baytrees, together with the inpatient mental health units and learning disability service, were all separate buildings owned by Solent NHS Trust and were not being considered for sale, although this option had not been ruled out if an alternative use for the Baytrees building was not found. Any capital receipts would potentially be returned to the Secretary of State for Health.
- It would not be possible to provide absolute assurance that other specialist detoxification providers wouldn't close over the period of the substance misuse contract with Inclusion. However, a commitment would be provided that anyone requiring a bed would have one, and that this would be as close to home as possible, in line with the client's preferred choice of location.
- Commissioners would be working regionally with Public

Health England to review the provision of specialist detoxification units across Southern England.

- That staff at Baytrees would be redeployed elsewhere in the organisation wherever possible. Redundancy would be a last resort. Currently the Trust was holding one-to-ones with all staff members to seek their views on the proposed closure of the Unit.

The Chairman moved to proceed to recommendations.

The Committee were requested to determine as per recommendation 4.8a whether the proposals constituted a substantial change in service for Hampshire Patients. A vote took place:

Substantial change:	7
Not a substantial change:	7
Abstained:	1

The Chairman, who as per the Constitution holds a second or casting vote, determined that it was not a substantial change in service.

RESOLVED

That:

1. The proposals do not constitute a substantial change in service for Hampshire patients.
2. The Committee receive a briefing paper from Public Health setting out how the community detoxification model operates in Hampshire.
3. A monitoring update is received post-closure, in order to understand how the changes have impacted on Hampshire service users.

126. **ADULT SERVICES: MONITORING UPDATES**

The Interim Director of Adult Services presented a report on the implementation of the decision by the Executive Member for Adult Service to close John Darling Mall (see Item 8 in the Minute Book).

The Director noted that those who had previously used the respite services in John Darling Mall now had access to a mixed menu of services across the County, included other respite services, shared lives, and the use of direct payments. The respite service at John Darling Mall would close on 31 March 2016.

Following on from the report, there was now one individual remaining in the supported housing unit, with three service users recently securing accommodation elsewhere and due

to move in the next four to six weeks. A commitment remained to ensure that all service users were supported to move to alternative accommodation, working in partnership with Eastleigh Borough Council, before John Darling Mall was permanently closed and building works began.

All staff had now been redeployed (except for those who had requested voluntary redundancy), and those working in alternative respite facilities had received the appropriate training to ensure that they could support those with learning disabilities now accessing these services.

RESOLVED

That a further update is received once the final tenant has left the John Darling Mall site, and that a future update is received once building works for the extra-care facility has commenced.

Councillors Keast and Weeks left at this point in the meeting.

127. **ADULT SERVICES: ADULT SAFEGUARDING UPDATE**

The Interim Director of Adult Services presented a report providing an update on adult safeguarding in Hampshire (see Item 9 in the Minute Book).

It was heard that the report was lengthy but aimed to give an overview of the Council's responsibilities and ongoing work streams, alongside an update on statistics since the last update was heard. The picture was still incredibly challenging, with a significant increase in Deprivation of Liberty Safeguards (DoLS) still being seen, with current trends showing approximately 100 referrals per week.

Positive joint working was taking place through the Hampshire Safeguarding Adults Board, which included a number of organisations from across the County.

The Mazars report's findings were continuing to be investigated, with six cases being considered by all organisations in order to understand whether improvements could be made to future investigations between multiple agencies.

In response to questions, Members heard:

- That there are a number of statutory partners on the Safeguarding Adults Board, which ensured that a range of views could be taken into account.
- The processing costs for DoLS were high owing to the large number of separate assessments that must be undertaken by clinical staff. Some local and national

funding had been made available to support this process, but costs continue to increase. Work was ongoing to see how the process could be undertaken more efficiently, within the boundaries of the law, including considering how registered staff can be trained and empowered to undertake assessments.

RESOLVED

That the next Adult Safeguarding item is heard in November 2016.

128. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 10 in the Minute Book).

The Chairman provided an update on previously requested items:

Housebuilding and the impact of increased population on commissioning plans:

The Chairman's view was that this issue should be borne in mind by Members when considering any potential substantial changes in service. A background briefing would be requested on this area in order to assist Members to better understand how increases in population are factored into commissioning decisions.

Prisoner health:

Following Councillor Tod's request, and in discussion with the Executive Member for Health and Public Health, it was proposed that the Governor of Winchester Prison be invited to the next Health and Social Care Member Briefing Session to answer questions from Members.

RESOLVED:

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

Chairman, 21 June 2016