

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 Wednesday, 20 July 2016.

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor Chris Carter

Councillors:

p Ann Briggs	p David Keast
p Graham Burgess	p Martin Lyon
p Rita Burgess	p Fiona Mather
a Charles Choudhary	p Chris Matthews
p Alan Dowden	p Floss Mitchell
p Jacqui England	p Andy Moore
p David Harrison	a Frank Rust
p Marge Harvey	p Bruce Tennent
p Tony Hooke	p Martin Tod

Substitute Members:

p Keith Evans

Co-opted Members:

Councillors:

a Tonia Craig
a Alison Finlay
p Dennis Wright
VACANT

In attendance at the invitation of the Chairman:

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

141. **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.

142. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Charles Choudhary. Councillor Keith Evans, as the Conservative standing deputy, was in attendance in their place.

Apologies were also received from Councillor Frank Rust, and district Councillor Alison Finlay.

143. **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 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 his wife is a nurse practitioner employee of West Hampshire Clinical Commissioning Group.

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.

144. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 21 June 2016 were confirmed as a correct record.

There were four matters arising in relation to the Minutes:

- Minute 134 (page 3-4): All updates and information had been circulated to Members by email.
- Minute 135 (page 6): Hampshire Hospitals had agreed to share NHS Improvement's report, once available.
- Minute 135 (page 9): A letter has been sent to Cllr Humby in his Executive role regarding Stagecoach's Winchester routes. A response had been received and would be shared with Members.
- Minute 136 (page 12): The action plan and performance information has been requested from

Letter to be shared.

Action plan to

the Trust.

be circulated.

145. **DEPUTATIONS**

The Committee did not receive any deputations for this meeting.

146. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Alton Strategic Review

An update on the progress of the Alton Strategic Review would be circulated to members after the meeting. North Hampshire Clinical Commissioning Group (CCG) would be due to present to the September Committee meeting on their next proposed steps.

Update to be circulated.

Vascular Services

Members received an update by email noting the positive progress that had been made in relation to the vascular service for South Hampshire.

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

Southern Health NHS Foundation Trust: Antelope House Psychiatric Intensive Care Unit – Urgent Temporary Closure

Representatives from Southern Health NHS Foundation Trust presented a report on the urgent temporary closure of the Psychiatric Intensive Care Unit (PICU) located at Antelope House, Southampton (see report, Item 6 in the Minute Book).

It was heard that a decision had been made to urgently temporarily close the 10-bedded Hampton Ward, the PICU within Antelope House, for a maximum of eight months whilst work was undertaken to implement a sustainable staffing model. The Hampton ward served the populations of both Southampton and Hampshire.

Wider staffing issues in Antelope House first became apparent in October 2015 when, due to a change in the model of community mental health care in Southampton, a number of staff moved on to newly created roles in the Trust. Resultantly, Antelope House has been carrying a number of vacancies since, particularly in relation to qualified nurses. Due to the complexity and acuity of the mental health conditions seen in Antelope House, the Trust had found it difficult to re-recruit to all posts.

Prior to the urgent temporary closure, qualified nursing staff levels had been at approximately 50% of the national criteria for safe staffing, with the shortfall made up through temporary and agency workers. A reliance of agency workers was not a sustainable fix to the issues experienced, as individuals were not able to be fully trained on the policies and processes used on the wards, such as the appropriate use of restraint.

The Board would be monitoring the closure on a monthly basis, in addition to the daily staff number reviews at Antelope House, and the Trust would be happy to share this monitoring information. Funding for the private beds in the Huntercombe unit had been identified; for the Trust, the quality and safety of services were paramount, and additional monies would need to be spent to secure this.

In response to questions, Members heard:

- Two main reasons factored in to the decision to close the PICU; firstly, staff feedback highlighted anxiety about staffing shortages and the safety of service users, and secondly, management concerns flagged the potential destabilisation of other mental health services if experienced staff were temporarily placed in Antelope House.
- The main theme from the work undertaken so far to improve staffing levels at Antelope House was the need to engage staff, and ensure feedback was listened to. The temporary closure of the unit was a decision taken by the executive board because frontline staff had raised concerns about the safety of service users, and their anxiety about staffing levels and the complex demands of the role.
- A decision was taken to urgently close the ward because the risk of the service becoming unsafe through further staff absence was too great, and action had to be taken to ensure staff also felt supported. The temporary closure enabled staff to be dispersed into the two other wards in Antelope House. Interim measures had implemented between October 2015, when issues were first identified, and June 2016, when a decision was taken to close the PICU.
- The Director of Operations was responsible for taking decisions on the temporary closures of adult mental health units, and was prepared to be held to account for the actions required to improve staffing levels and reopen the Antelope House PICU.
- A new senior nurse had been appointed as Deputy Director of Nursing for Mental Health and Learning Disabilities, who would be leading with the Director of Operation on the sustainable staff strategy. Additionally Alan Yates, the Director of Improvement from NHS

Improvement, who was in post to oversee the improvements taking place across the Trust, was an experienced mental health Chief Executive, and would therefore be able to identify best practice to apply to the Trust.

- That the gap in staffing was approximately 24 qualified mental health nurses. Thought was being given as to whether, with innovative new roles in areas such as pharmacy, psychology and general nursing, and a stronger emphasis on multi-disciplinary teams, the number of vacancies could be reduced.
- Staffing figures usually increased in September when newly qualified nurses graduated from university. Nursing staff joining the Trust benefitted from mentoring schemes and senior clinical supervision, in addition to ongoing learning and development.
- The current exit interview rate was approximately 5%, which was disappointing. A target of 80% had been set by the Trust, and thought was being given as to how quick snapshots of feedback from staff intending to leave the Trust could be captured.
- The need to retain staff was a significant part of the sustainable staffing strategy. Elements being reviewed included pay, learning and continuing professional development, wellbeing, promotional opportunities, work/life balances and mentoring schemes, amongst others.
- International recruitment could not take place to fill mental health nurse vacancies, as staff were required to have UK qualifications.
- Most service users remained on the PICU for an average length of stay of 10-15 days. All service users transferred to the Huntercombe Unit would remain there for the duration of their PICU stay, and would be on the same adult mental health pathway as those in Hampshire. Once ready for discharge back to an adult mental health ward or community service, they would be supported to transfer back to Hampshire services.
- Staff from the Antelope PICU were working closely, or co-located, with the Huntercombe Unit staff, so ways of working were dovetailed to provide the same treatment and discharge experience as would be experienced on Antelope House. The Trust already had a good established working relationship with the Huntercombe unit.
- Ten beds on the Huntercombe Unit PICU had been block-purchased by Southern Health for the period of the temporary closure, so there was not danger of these beds being occupied by other service users.
- All service users would be conveyed by private transport to the PICU in Roehampton. Families and carers wishing to support service users would be able to access financial or transport support from the Trust.

- The Trust were commissioned to provide a number of adult mental health inpatient beds, but it was for the provider to determine how these should be staffed. Safe staffing figures were based on national criteria, and this was set at two qualified mental health nurses per ward at any time.
- Building improvements in the Section 136 suite in Antelope House had already been completed. A meeting was due to be held with Hampshire Constabulary and Hampshire County Council to discuss Section 136 performance, in order to ensure that the positive decrease in the number of individuals being detained in a police suite whilst awaiting a mental health assessment was maintained.

The Executive Member for Health and Public health noted that some of the issues raised in the course of discussions relating to sustainable staffing would be tackled as part of the Sustainability and Transformation Plan for Hampshire and the Isle of Wight.

Councillor Hooke left at this point in the meeting.

The Chairman moved to the recommendations.

RESOLVED

That the Committee:

- a. Are satisfied that the urgent temporary closure of the Antelope PICU was due to concerns regarding safe staffing levels, and that this change will be in place for a maximum of eight months until a sustainable staffing solution has been developed.
- b. Monitor the concerns raised with the proposed alternative provision of PICU services for those patients who are affected by the temporary closure, namely access to travel support for patients, their families and carers.
- c. Receive a monthly update throughout the temporary closure on progress made with staffing and any issues relating to the temporary move of service users.
- d. Request a further update to the Committee in eight months' time, in order to report on the outcomes of the work undertaken to recruit and retain staff.

Southern Health NHS Foundation Trust: Kingsley Ward, Melbury Lodge – Proposed Temporary Closure

Representatives from Southern Health NHS Foundation Trust presented a report on the proposed temporary closure

of the Kingsley Ward located at Melbury Lodge, Winchester (see report, Item 6 in the Minute Book).

It was heard that noted in the paper, the works proposed formed part of those issues suggested for action by the Care Quality Commission, and formed part of the Trust's Estates programme. The works would lead to a substantial upgrade to the environment in Kingsley Ward, providing more private space for service users and their families, whilst also tackling remaining ligature points in the unit.

Staff working on the ward were excited about the changes being made and saw the temporary move as a necessary step to realising the improvements needed. Whilst Kingsley Ward was temporarily closed, the Woodhaven Unit in the New Forest and the Priory Hospital in Southampton would provide the same level of beds, with the same male/female split in capacity. Other Southern Health inpatient adult mental health units in Hampshire would also be available if individuals lived closer to these facilities.

In response to questions, Members heard:

- The anti-roll guttering and fending was now in place at the Kingsley Ward.
- Kingsley Ward was a low secure unit, unless service users are sectioned, so therefore the improvements were aimed to stop individuals leaving by methods other than the prescribed entrances and exits, and from harming themselves in the Unit.
- The Trust actively risk-assessed all inpatient units, but given that the Care Quality Commission had highlighted further work that needed to be undertaken, this process would need to be improved and best practice shared across the Trust.
- Unfortunately the rooms in Melbury Lodge were not large enough to be able to retrofit en-suite facilities. All new inpatient units built were required to meet health building and technical notes, which included provision of en-suite facilities.

It was noted that further inpatient mental health wards would also be subject to building improvements as part of the Trust's estates strategy. It was expected that Parklands Hospital in Basingstoke would be the next proposed site.

The Chairman moved to the recommendations.

RESOLVED

That the Committee:

- a. Are satisfied that with the proposals for the temporary closure of Kingsley Ward, Melbury Lodge, and plans in

place to transfer service users for approximately six months to the Woodhaven Unit, Calmore, and the Priory Hospital, Southampton.

- b. Receive the final details of the temporary closure, once available.
- c. Request an interim update on building works in January 2017.

148. **ADULT SERVICES: JOHN DARLING MALL UPDATE**

The Director of Adult Services' representatives presented an update on the progress of work undertaken to rehouse the tenants of John Darling Mall (see presentation, Item 7 in the Minute Book).

It was heard that all tenants had now moved to alternative accommodations with the exception of one individual, who had requested to stay until new accommodation could be provided, which was likely to be ready August/September time. Appropriate security and social worker support was available to this individual.

Once the final move had been completed, work would be able to begin on the 22 extra care units to be provided. All tenants who previously lived in the Stonewater supported living accommodation would have the right to return to the purpose-built extra care units on the John Darling Mall site.

In response to questions, Members heard:

- That the land was owned by Stonewater, but the John Darling Mall building by Hampshire County Council.
- That the Hexagon centre in Eastleigh was not proposed to close.
- That those tenants who had moved from John Darling Mall to accommodation in Surrey Court had access to appropriate support; any reports to the contrary would be followed-up.

RESOLVED

That the update is noted.

149. **FRAMEWORK FOR ASSESSING SUBSTANTIAL CHANGE**

The Director of Transformation and Governance's representatives presented the updated Framework for Assessing Substantial Change (see report, Item 8 in the Minute Book).

In response to questions, Members heard:

Information received to be followed-up.

- That the amendments related to changes in NHS terminology and further guidance produced for health commissioners and providers on substantial change processes.
- The framework was intended to be high level, and encouraged those completing it to be mindful of overarching strategies and plans.
- Public Health were leading a piece of work to provide guidance to planning authorities on the need to consider health and social care needs when reviewing planning decisions.

RESOLVED

That the framework is agreed.

150. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

The Chairman agreed to consider a request on primary care and planning, which he resolved would likely feature on the next Health Member Development programme.

RESOLVED:

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

Chairman, 20 September 2016