

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, 10 March 2015.

**PRESENT**

Chairman:  
p Councillor Patricia Stallard

Vice-Chairman:  
p Councillor Chris Carter

**Councillors:**

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

**Co-opted Members:**

Councillors:  
p 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 and Public Health

43. **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.

44. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllrs Lagdon, Moore and Co-opted Member Cllr Alison Finlay.

45. **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 Patricia Stallard declared a general Personal interest, as she is the Winchester City Council Cabinet Member for Health and Wellbeing.

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.

#### 46. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 27 January 2015 were confirmed as a correct record, and signed by the Chairman.

There were three matters arising in relation to the minutes:

#### Ravenswood House

Members had received a letter from Southern Health in

response to the recommendations of the Committee on Ravenswood House. This letter confirmed the future updates to the Committee, and the additional information requested.

#### Vascular Services

Members had received a letter from NHS England informing them that the Full Business Case for vascular services in South Hampshire would not be available until after the general election. This had therefore been tentatively scheduled for the 8 June Committee meeting.

#### Workforce Capacity

The Chairman had received a letter from the Chairman of the Policy and Resources Select Committee, which stated that as a result of a recent motion that had been heard by the Full County Council, the topic of 'workforce capacity' had been forwarded to the 'Employment in Hampshire County Council' Committee for their attention. Therefore the Committee's letter on this topic had been forwarded to its Chairman, Councillor Stephen Reid, for his information.

#### 47. **DEPUTATIONS**

No deputations were received at this meeting.

#### 48. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman did not make any announcements, but invited the Vice Chairman to make two announcements:

##### Care Act Working Group

Members would have an update circulated to them on the recent considerations of the Care Act working group, to include the most significant changes planned to start from April 2015 in relation to this legislation.

##### Supporting People Working Group

Members were informed that the working group had met three times to consider crisis and prevention services, services for ex-offenders, people with mental health problems and veterans. The group met most recently on 26 February.

Each meeting had given members the opportunity to scrutinise the approach being taken by the Department, along with potential recommendations that would reasonably be anticipated from this work. Members have also been appraised of some of the challenges facing

services and of the views expressed by a range of partners as part of the ongoing review.

There would be a further report submitted to the Executive Member for Adult Social Care and Public Health in the summer 2015, which would be subject to prior scrutiny by the working group and Committee.

49. **HEALTH: INQUIRIES RECEIVED AND ACTION TAKEN**

Southern Health NHS Foundation Trust: Care Quality Commission inspection report

Representatives of Southern Health NHS Foundation Trust presented the findings of the Care Quality Commission's (CQC's) inspection of the Trust's community and mental health services (see Item 6 in the Minute Book).

Members were informed that the inspection had taken place the week commencing 6 October, with all services visited by at least one of a total of 110 CQC inspectors. From these inspections, 17 individual reports had been produced, broken down by speciality, summarised by an overall inspection report which set out whether services are safe, effective, caring, responsive, and well-led. Under the new inspection regime, each domain had the potential to be rated as 'outstanding', 'good', 'requires improvement' or 'inadequate'. Each score contributes to an overall assessment, which provides a final rating for the provider.

The outcome of Southern Health's inspection was 'requires improvement'. Overall 70% of the Trust had been rated as 'good' or 'outstanding', but approximately 30% had been rated as 'requires improvement', with one 'inadequate' which related to the safety of the building at Ravenswood House. This issue had been reviewed at the Committee's January 2015 meeting, and works had begun to ensure that the Ravenswood site was compliant with all standards. It was noted that all previous warning notices served on Southern Health by the CQC were cleared following these inspections, and no further warning notices had been issued.

A total of 129 recommendations had been formed from the inspections, and 34 of these had been completed to date. An action plan had been drafted and was in the process of being commented on by external stakeholders, with a final version being prepared for submission to the CQC by 25 March 2015. A substantial number of actions related to internal processes, but many would require a partnership approach to find a solution.

In response to questions, Members heard:

- That the issue of staffing capacity, and inability to fill vacant posts, is endemic across the health service, and is felt particularly strongly in parts of Hampshire, Some steps had been taken to resolve issues through targeted recruitment, return to practice, and other measures, but innovative thinking would be required to build capacity.
- There was not currently a plan to look to recruit workers from overseas, although this is a notion that had been discussed. Recruiting mental health workers from abroad would be particularly complex, as all nurses must have additional training to work in this area in the UK.
- Changes made to the governance structures of the Trust in the previous year had seen a reorganisation of how services were structured under the executive team and senior managers. New members of the executive board had recently taken up their positions, and these changes were still in the process of being embedded.
- The Trust had begun a new quality improvement programme, which would dovetail into the recommendations of the CQC. The CQC would be expecting to see evidence of good governance and steps being taken to embed improvements, and this would be demonstrated through the action plan being drafted.
- Some of the issues highlighted in the inspection had been resolved immediately after notification from the inspectors, for example access to resuscitation equipment on inpatient mental health wards. All urgent actions had been given priority.
- Many of the actions required by the CQC would be relatively simple to fix, whereas others required a cultural shift in staff working and would therefore take more time to embed. Therefore monitoring of the action plan would take the Trust in to 2016, although the CQC may re-inspect services to review progress at any time. Evidence would be gathered by the Trust to support the completion of actions against any re-inspection by the CQC.
- The Trust would continue to use its programme of peer review for internally auditing the quality and compliancy of services, as well as enabling colleagues to discuss issues frankly with individuals that they see as their equals, rather than superiors.
- A potential disconnect between the executive team and frontline staff had been identified, especially given the wide geography that the Trust covers, The executive board visit services regularly, but further work is needed to take place to bridge this gap.
- Some of the issues picked up by the CQC in relation to medicines management were disappointing to the Trust as they related to staff not following Southern Health's own procedures, rather than the processes not existing

to be followed. Staff training and development in this area would be reassessed, and refresher training would be provided to staff in those areas where safe practices were not being adhered to.

- The report had picked up on a lack of an overarching end of life care strategy for the Trust. This had been an area of disagreement with CQC, as the Trust felt that this was in place. More work would take place to emphasise the understanding and use of the bespoke and evidence-based pathway with staff.

Members noted that although the overall inspection report outcome of 'requires improvement' was disappointing, and the Trust would be required to undertake a number of actions to improve services to meet expected standards, the reports did highlight many areas of good and outstanding practice within the Trust, and this should be commended.

The Committee agreed that they should take a monitoring and oversight role in relation to the progress of the actions, and agreed to add this to their work programme.

#### RESOLVED

That:

1. The Committee request the final action plan being submitted by the Trust to the Care Quality Commission, which contain actions to be taken in relation to the 129 recommendations outlined within the inspection reports.
2. The Committee request a monitoring update from the Trust once the action plan has been published.

#### 50. **HEALTH AND WELLBEING BOARD: MENTAL HEALTH SERVICES**

The Executive Member for Adult Social Care and Public Health, in her capacity as Chairman of the Health and Wellbeing Board, presented with the Director of Adult Services an update on the Board's consideration of adult mental health services (see Item 7 in the Minute Book).

It was heard that there were ongoing links between the strategic focus of the Health and Wellbeing Board on the commissioning of mental health services, and the scrutiny focus of the Committee on acute adult mental health services, the outcomes of the Care Quality Commission inspections into adult mental health services, and related matters.

The Chairman suggested that it would be timely for the Board and Committee to work together on this subject

through a potential joint working group, in line with Hampshire County Council's Constitution, with input from experts in the field of mental health. This would enable representatives from both the Board and Committee to review work-streams in greater detail and depth than formal meetings allowed, and feedback to the wider membership when appropriate.

It was agreed that the Executive Member for Adult Social Care and Public Health, in her capacity as Chairman of the Health and Wellbeing Board, would seek approval from the Board for the proposed joint working group.

## RESOLVED

That:

1. The potential for a joint working group between the Health and Adult Social Care Select Committee and the Health and Wellbeing Board on the topic of mental health is explored, subject to the agreement of the Board.
2. A 'mental health' joint working group terms of reference is brought to the 8 June meeting of the Committee for review and agreement, prior to its submission to the Policy & Resources Select Committee.

### 51. **HASC: SECTION 136 REPORT MONITORING**

Members received a report setting out the progress made by multiple agencies against the recommendations of the 'use of Section 136 of the Mental Health Act 1983 in Hampshire' scrutiny review (see Item 8 in the Minute Book).

The Executive Member for Adult Social Care and Public Health, in her capacity as Chairman of the Health and Wellbeing Board, the Director of Adult Services for Hampshire County Council, and a representative of Southern Health NHS Foundation Trust were present for this item. In response to questions, Members heard:

- A successful pilot scheme had seen trained mental health workers being able to access the 'Rio' medical record system in emergency control rooms, allowing informed decisions to be made on how to assist an individual in mental health crisis. The continuation of this project had now been funded by commissioners, and these posts were currently being recruited. This initiative would also be extended to the NHS 111 urgent telephone service.
- That most of the improvements secured to the Section 136 process had been achieved without additional investment, but rather innovation and implementation of

best practice (such as the standards outlined in the Mental Health Crisis Care Concordat).

- That the overall outcome being worked to by all agencies involved in the use of Section 136 would be zero inappropriate usage of police cells as a place of safety.
- Evidence within the report suggested that any individual requiring conveyance in North East Hampshire would receive this service from Medisec. Additionally, the Section 136 National Ambulance Protocol sets out that the local ambulance provider will initially respond to any police request to convey an individual to a designated place of safety should they be required to do so. It was unclear whether Medisec would transport patients to the Frimley place of safety for North East Hampshire, and therefore agreed that this would be clarified.

Medisec conveyance of detained individuals to the Frimley place of safety confirmed.

## RESOLVED

That:

1. The report and the attached monitoring updates are noted.
2. The monitoring of the use of Section 136 in Hampshire is included in the scope of any potential mental health working group.
3. The report of the Police and Crime Panel is forwarded to the Committee for information, when available.

## 52. **HEALTH AND WELLBEING BOARD: BETTER CARE FUND**

The Executive Member for Adult Social Care and Public Health, in her capacity as Chairman of the Health and Wellbeing Board, presented with the Director of Adult Services an update on the progress of the Better Care Fund (see Item 9 in the Minute Book).

In response to questions, Members heard:

- That there will be national metrics and outcome measures that will be applicable to the Better Care Fund, the details of which will be shared with both the Board and the Committee when available.
- The Better Care Fund is a small portion of much wider joint working between health and social care on integration.
- The achievement of many of the Better Care Fund's outcomes will be dependent on a well-trained and available work force, which is why the development of this has become a key priority for the County Council and health sector.

## RESOLVED

That:

1. The performance monitoring and evaluation process framework is received by the Committee, when available.
2. The Committee add a quarterly update on the progress of the Better Care Fund to their work programme.

### 53. **HEALTH AND SOCIAL CARE: SYSTEMS RESILIENCE**

Clinical Commissioning Group (CCG) representatives from each of the four systems resilience groups (Frimley, South East Hampshire, South West Hampshire and North and Mid Hampshire) covering the County were in attendance in order to speak to the report (Item 10 in the Minute Book). The Director of Adult Services for Hampshire County Council was also in attendance.

Each of the representatives provided a brief overview of the agencies working in partnership through the local system resilience group, together with a summary of their report. It was heard that the emergence of system resilience groups, a requirement of NHS England, had led to increased working between the health and social care sector, as well as allowing all organisations round the table to be more cited on partner issues.

In response to questions, Members heard:

- Each system resilience group has matured in different ways across the patch, so were not identical, but all had a basis in ensuring that local health systems had capacity to cope with pressures.
- All system resilience groups operate under a terms of reference, which the presenters were happy to share with the Committee.
- That all of the system resilience groups agreed that more could be done to enable the public to choose the correct care option for their needs. Currently the range of different services available – such as GPs, out of hours, walk-in centres, independent treatment centres, minor injuries units and emergency departments – led to confusion as to which was most appropriate. As emergency departments are trusted to see and treat people, this often ended up being the default for the public to visit.
- Some of the previously received funding for system resilience had already been allocated to commissioners for 2015/16, although the amounts allocated in

A Terms of Reference to be shared.

comparison to previous years varied between clinical commissioning groups. This would allow some further planning and capacity to be built into the system post March 2015, given that pressures had been seen by some acute hospitals in the summer, rather than winter, period, although North Hampshire had experienced similar pressures in both seasons.

- There was not any commitment from the government that new system resilience funding would be recurrent (although funding announced for 2015/16 had been added to commission baseline figures), and it was expected that some monies would cease at the end of March 2015.
- All commissioners and providers had planned for reduced elective admissions in the winter of 2014/15, given previous experience of needing to cancel routine operations in order to free up capacity for non-elective admissions. Due to the ability to plan better for the expected pressures in the previous winter, fewer people had seen their surgeries cancelled and rebooked than in previous years. All patients who have their surgery cancelled must be rebooked within 28 days.
- The NHS was aware that improvements could be made to the methods used to model future pressures and demand expected on the system; this was something that could be achieved in conjunction with local government colleagues, who had refined their ability to model demand, especially in relation to social care and public health.
- There was some capacity for system resilience groups to learn from each other regarding ambulance queuing and smooth handover from ambulance to hospital.
- Ambulance attendance to hospitals had remained roughly static over the previous year, but more needed to take place to reduce non-conveyance rates; not every individual attended to following a 999 call required delivery to an acute setting.
- January had seen the highest pressures on acute hospital systems around Hampshire. The full data for January had not been finalised at the time of the deadline for papers to the Committee's meeting, but this information would be shared to confirm reasons for breaching.
- The Portsmouth and South East Hampshire system had made some innovations, such as extending the opening hours of the pharmacy, in order to increase the use of the discharge lounge. The next step for Portsmouth Hospitals Trust would be to reduce the time taken to assess patients in the lead up to discharge.
- Recent press stories on the actions taken by Hampshire Hospitals to ensure system resilience were discussed, and it was confirmed that some 'back office' staff did assist with meal rounds and non-medical duties in order

January data to be shared with the Committee where not included in reports.

to provide value to the Trust in a time of high pressure. Two additional wards had been opened by the Trust, who had utilised agency temps to safely staff these. Commissioners were content with the steps the Trust had taken, and had no concerns regarding waiting times not being recorded accurately.

RESOLVED

That update reports are received from each of the system resilience groups in July 2015 and January 2016, which confirm the long term actions being taken to ensure future resilience and capacity in the health system in Hampshire.

54. **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, 8 June 2015