

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, 5 November 2014.

**PRESENT**

Chairman:  
p Councillor Patricia Stallard

Vice-Chairman:  
p Councillor Chris Carter

**Councillors:**

|                     |                       |
|---------------------|-----------------------|
| p Graham Burgess    | p Chris Lagdon        |
| p Rita Burgess      | p Martin Lyon         |
| p Charles Choudhary | p Fiona Mather        |
| a 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       |
| a David Keast       | p Martin Tod          |

**Co-opted Members:**

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

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

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

21. **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.

22. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Alan Dowden, David Keast and Andy Moore, and co-opted members Tonia Craig and Tim Southern.

23. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must

declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is 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 Martin Lyon declared a personal interest in Item 6 as his wife is a senior nurse representative for Southampton Clinical Commissioning Group.

Councillor Frank Rust declared a personal interest in Item 6 and 7, as he is a Member of the Wessex Clinical Senate, and is a representative on the North East Hampshire CCG patient committee.

24. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 16 September 2014 were confirmed as a correct record, and signed by the Chairman.

There were three matters arising in relation to the minutes:

- A letter had been circulated to Members informing them of the reopening to admissions of the Anstey Ward in Alton Community Hospital. A further update would be received from the Trust to provide assurances that all processes were now being followed.
- Confirmation had been provided of the acquisition on 1 October 2014 of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospitals NHS Foundation Trust to form the newly named 'Frimley Health NHS Foundation Trust'.
- The Supporting People working group membership had been finalised, and included the Vice Chairman, Councillor Carter, and Councillors Huxstep, Lyon, Rust and Tod. It held its initial meeting on 4 November 2014.

25. **DEPUTATIONS**

No deputations were received.

26. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made five announcements:

Congenital Heart Disease

The draft service specifications and standards for this specialised service had now been released for consultation. Officers were drafting a response which would be shared with Members once finalised.

### Fluoridation

Members had been provided with two press releases - one from Public Health England, the other from the Leader of Hampshire County Council - which were issued following Public Health England's decision to take no further action on the proposals to fluoridate areas covering Southampton and parts of South West Hampshire. Members agreed that the topic of children's dental health remained a priority for Hampshire and determined that this issue should be referred to the Children and Young People Select Committee for consideration.

### Portsmouth Hospitals Trust

Members previously requested that the Committee review actions being taken by commissioners in the South East of Hampshire to improve performance at Portsmouth Hospitals Trust following the continued breach of the four hour Emergency Department target. Since this time, discussions had taken place between the Chairman and the Portsmouth Health Overview and Scrutiny Panel (HOSP) Chair, and both parties had met with commissioners to discuss this issue. A briefing had been arranged for South East Hampshire Councillors on this topic, and Members would receive presentations today from commissioners on alternatives to urgent care.

The Chairman had agreed that Portsmouth HOSP should continue to take the lead on the performance scrutiny of the Trust, but the HASC would remain informed of progress made. It would also remain critical for the Committee to follow the progress of the Better Care Fund, which focused on reducing emergency admissions and increasing care in the community. A further item on this had been added to the work programme.

### Vascular Surgery

This item had been deferred until January 2015 pending the outcomes of NHS England's journey through the 'Gateway' assurance process, for which the Chairman had attended an interview. An interim update would be due at the end of November 2014 and this would be forwarded to Members once received.

### Winchester Prison Visit

This visit had been confirmed to take place on 5 December 2014, from 10am. Members were reminded of arrangements for this meeting.

An update was provided by the Vice Chairman on the Care Act and Supporting People working groups:

### Care Act

The final regulations and guidance to support the Care Act's 2015 implementation were published on 23 October 2014. Some late adjustments have been made to these, largely to respond to local authorities' concerns about affordability for particular elements of the Act, although the total funding envelope had not been increased.

It was likely that Adult Services would organise a small engagement exercise before Christmas to test public views about some elements of the Act. In addition, the Department, supported by Corporate Communications, would be putting in place a communications and training programme to inform staff, the public, service users and carers, and other stakeholders about what will be different from 2015.

The Member Working Group would meet again on 17 November, and will be briefed on progress across the various work streams.

### Supporting People

The working group had met for the first time on 4 November to receive presentations on crisis and prevention supporting people services. A further meeting would take place in December to review mental health supporting people services. It was expected that an item for decision on this topic would be received in January 2015.

## 27. **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 6 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: Pilot of Change of Use to Melbury Lodge Older People's Mental Health Ward**

By virtue of Section 100B (4)(b) of the Local Government Act 1972, this item was considered as a matter of urgency because Southern Health NHS Foundation Trust wished to implement this temporary change in service prior to the Health and Adult Social Care Select Committee's next meeting in January 2015, in order to correct an imbalance between organic and functional older people's mental health beds, and reduce vacant beds in the mental health system.

Representatives of Southern Health NHS Foundation Trust presented a report on the Pilot proposals and additional information requested by the Committee (see Appendix 1 to Item 6 in the Minute Book).

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

1. It would create a need-appropriate service for those at the older end of the adult mental health age spectrum with a functional illness.
2. It would enable the creation of an integrated service for those with organic illnesses.
3. It would improve access to physical health care for those with co-morbid issues.

In response to questions, Members heard:

- Commissioners had provided support to the proposals, but would be closely monitoring demand on organic beds throughout the pilot's timeframe.
- That the Trust had been working to reduce demand on organic beds, and had seen this happen particularly in geographical areas where there is a strong link between nursing/care homes and local mental health workers. There were plans to roll out best practice from these areas pan-Hampshire.
- The approximately 40% of patients on an organic inpatient ward at any time are awaiting discharge. As outlined at the September meeting, this was due to difficulties securing funding for ongoing care costs, rather than not being able to find appropriate accommodation. Southern Health would be reviewing their own discharge processes to ensure they were as efficient as possible.
- That on the day of the Committee, there were 15 organic and four functional beds available for admission in the older people's mental health directorate.
- Reliance on inpatient specialist older people's mental health provision had decreased over recent years, and demand for beds over the summer 2014 period was exceptionally low. The Trust had been conscious not to base the proposals on these figures given that they are lower than average, but were confident that the pilot would see demand staying below capacity.
- Alternative organic inpatient wards were available in Basingstoke, Southampton, and Gosport, and Hampshire service users and their carers/families could choose to be admitted to any of these facilities, not just their most geographically approximate location. Additionally, the Trust has flexible capacity if required.
- That it was not expected that out of area patients would be admitted to the Stefano Olivieri Unit.
- Should the pilot end and the outcomes expected are not apparent, the Trust will revert to using the Stefano Olivieri unit for organic illnesses.

RESOLVED

That:

1. Members support the proposals for the temporary change in use of the Stefano Olivieri unit at Melbury Lodge, Winchester, by Southern Health NHS Foundation Trust.

2. A further item on this topic is received once the pilot has ended and details of the evaluation, together with any future proposals, are available for consideration.

### **Southern Health NHS Foundation Trust: Reduction to Bed Numbers at Fordingbridge Hospital**

Representatives of Southern Health NHS Foundation Trust presented a report on temporary closure of beds at Ford Ward, Fordingbridge Community Hospital (see Appendix 2 to Item 6 in the Minute Book).

The Trust spoke briefly to the report, and informed Members that although six beds had been temporarily closed initially, one bed had reopened since this time. Therefore the temporary closure was for five beds, rather than six as set out in the report.

In response to questions, Members heard:

- It was expected that the beds would reopen in January 2015, as the issues listed in the report remained a concern to the Trust, and actions taken to mitigate these would not be in place until this time.
- That the Trust had not seen an increase in pressure on admissions whilst the five beds have been out of operation. At the time of the meeting, four beds (out of 15) were unoccupied on the ward.
- Discharge procedures had been evaluated, and improved efficiency had led to the number of delays reducing following the temporary closure of beds. In addition, the number of out-of-area patients (such as those from Salisbury and Dorset) had decreased.
- Data had not been brought to the Committee on average bed distances on rehabilitation wards, but this could be provided. New 'all-in-one' beds, which have the mattress and equipment included within one frame, had been purchased, and these would replace the current bed stock on Ford Ward, allowing for enhanced cleaning and safer distances between patients. This purchase would allow for the five beds to reopen with safer distances between them.
- Attracting staff to Fordingbridge Hospital, especially nurses, had proven difficult given its rural location. Transport links and housing in the local area had been identified as issues for potential recruits, and the Trust had been working closely with the District Council to identify key working accommodation.
- The Trust had developed a 'return to practice' scheme which had seen one individual re-register and choose Fordingbridge as their preferred work base.
- The Ford Ward has previously operated with as high as 25% agency staff, who are not always consistent at following Trust policy and processes because of their short-term nature. The Trust had focused on increasing the number of core staff to ensure a consistent approach.
- That the cleaning contract on the ward is operated by NHS Property Services, and the Trust has a good relationship with these staff. It wasn't thought that incorrect or infrequent cleaning was the cause of the above average infection rates. However, in order to ensure consistency infection

teams had trained all staff working in the Ford Ward on infection control mechanisms.

- The ward environment, given its rehabilitation focus, can sometimes be cluttered as patients are encouraged to bring their own belongings. Steps have been taken to reduce this to allow for more thorough cleaning.
- Assurances were provided that should there be an increase in need for beds in the New Forest area above the capacity of Fordingbridge; Lymington Hospital could open flexible beds.

The Chairman summarised the discussion and outlined the areas where the Trust would need to make improvements in order to reopen the beds. It was agreed that the Trust should provide confirmation of when the beds were due to reopen, and that further information be requested from the Trust, including:

- Details on the progress of actions being taken by the Trust to recruit permanent nursing staff to Fordingbridge Hospital, to include information on the success of the holistic approach outlined to the Committee.
- Data on the minimum standard bed distance for rehabilitation wards such as Ford, and confirmation that the purchase of new beds will allow for this standard to be met once the five beds are reopened.
- Confirmation of a reduction to the above average number of infection outbreaks, following implementation of increased bed distance and the identification and reduction of causal factors.

#### RESOLVED

That:

1. Members are satisfied with the actions of Southern Health NHS Foundation Trust to temporarily close five beds on the Ford Ward in Fordingbridge Hospital.
2. The Trust confirm a revised date for the evaluation of this temporary closure, and the final date by which it is expected that beds will reopen.
3. In the interim, Members are provided with information on the measures being taken to resolve the issues provided for this temporary closure.

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

#### **NHS North Hampshire Clinical Commissioning Group, NHS West Hampshire Clinical Commissioning Group: maintaining high quality hospital services for the people of North and Mid Hampshire – update on progress with consultation proposals**

Representatives of West Hampshire CCG (on behalf of all commissioners of Hampshire Hospitals NHS Foundation Trust) presented a report on the progress made with proposals to go out to consultation (see Appendix 3 and 4 to Item 6 in the Minute Book).

A summary of the brief report and letter was provided to Members, who were informed that the delay to the consultation was as a result of further work that needed to take place before a full picture could be made available to the

public. It was not thought that the consultation would take place before the general election, but this decision had not yet been taken. The CCG would keep the Chairman informed of developments.

In response to questions, members heard:

- That the CCG had been assured by the Trust that there were no immediate risks to the safety of either Winchester or Basingstoke Hospitals, but the medium to long-term would require a reorganisation of services to ensure sustainability.
- The recently published NHS five year forecast's aims would be integrated into the proposals. It would take time to determine how local commissioners wished to respond to this document.

RESOLVED

That:

1. The Committee receive a report on the outcomes of the consultation once this process has concluded.
2. In the interim, the progress of the project through NHS England's assurance processes is communicated to the Chairman.

*The Chairman agreed to take the agenda out of order. Councillor Tod left at this point in proceedings.*

***Under items for information:***

**Southampton Clinical Commissioning Group: Temporary Closure of Bitterne Walk-In Centre**

Representatives from Southampton Clinical Commissioning Group (CCG) presented a verbal update to Members on the proposals for Bitterne Walk-in Centre, and next steps.

Members were reminded that the Bitterne Walk-In Centre is a nurse-led primary care service commissioned by Southampton Clinical Commissioning Group from Solent NHS Trust and is located in the east of Southampton. Approximately one third of the Centre's activity is from patients within the boundaries of Hampshire's Clinical Commissioning Groups.

Commissioners had originally proposed to temporarily close the Bitterne Walk-In Centre in order to re-use the funding for a primary care community nursing service, in order to improve access to same day care of this nature.

Following a meeting of the Southampton Health Overview and Scrutiny Panel (HOSP), who recommended a full consultation on the temporary closure, the proposals have been suspended, with a decision confirming this due to be agreed by Southampton CCG's governing body. Further work would take place with the HOSP and Southampton Healthwatch to develop any engagement activities with the local population.

The CCG in the interim wished to progress an enhanced community nursing service in Southampton, specifically aimed at supporting the vulnerable and elderly to remain in the community over the winter period. Funding would need to be identified to commission this service whilst staffing the Walk-In Centre at a sustainable level.

In response to questions, Members heard:

- West Hampshire CCG had been fully informed of the proposals and were working closely with Southampton CCG to signpost alternative services to Hampshire patients should the Bitterne Walk-In Centre have closed. West Hampshire CCG do not commission walk-in centres.
- As it was likely that the Southampton CCG Board would not temporarily close the Bitterne Walk-In Centre before a consultation can take place, and that this would be unlikely to occur until after the general election, commissioners would instead seek to run the primary care nursing pilot in addition to the Centre provided some non-recurrent funding could be identified.
- Assurances had been requested from Solent NHS Trust, the provider of the Bitterne Walk-In Centre and of primary care nursing in Southampton, in regard to appropriate levels of nursing staff being available to take forward both options.
- A new minor injuries service had been commissioned by Southampton CCG at the Royal South Hampshire Hospital, and consideration was being given as to how to enhance out of hours primary care services for the winter.
- The CCGs would seek the advice of the Southampton HOSP prior to launching a consultation.
- Key messages were being provided to the Southampton and South West Hampshire populations encouraging better use of the NHS111 service, pharmacies and minor injuries units. These messages will be incorporated into the winter communication plan.
- That the NHS111 service in Hampshire, Portsmouth and Southampton had proved to be a successful service in contrast to some other parts of England.
- That levels of attendances at the Emergency Department at Southampton General Hospital are almost flat year on year in contrast to the national average increase of circa 3%.

Members suggested when moving to discuss the recommendations that the consultation of Hampshire residents be considered when agreeing future proposals. It was suggested that discussions should take place between Southampton and West Hampshire CCG to agree how this could be supported.

RESOLVED

That:

1. Members agree that the future scrutiny of this topic, including any decision on whether to support proposals related to the future of the Bitterne Walk-In Centre commissioned by Southampton Clinical

Commissioning Group, is led by Southampton Health Overview and Scrutiny Panel.

2. Members receive for information details of the consultation process on the future proposals for Bitterne Walk-In Centre, once available.
3. Once future proposals for Bitterne Walk-In Centre are known, Members receive for information details of alternative services commissioned by West Hampshire Clinical Commissioning Group and NHS England for the population of south west Hampshire and what actions are being taken to promote these alternatives.

*The Chairman returned to the agenda order. Councillor Ringrow left at this point in proceedings.*

### **South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital – update on progress**

Representatives of South Eastern Hampshire CCG presented a report on the progress made with developments at the Chase Community Hospital, Bordon (see Appendix 5 to Item 6 in the Minute Book).

Members received a brief summary of the report, highlighting the significant amount of work which had taken place since support had been provided for the proposals to provide additional services from Chase. The CCG outlined the progress with actions taken to increase activity within the Hospital, cementing it as a community health and social care facility. The CCG had been successful at including provision from Chase as a stipulation in commissioned service contracts, the most recent example of this being the new musculoskeletal service.

Discussions were ongoing with potential tenants, with one GP surgery having confirmed their relocation to the hospital, and voluntary and community sector organisations expressing interest in providing more holistic wellbeing services, such as dementia cafes.

In response to questions, Members heard:

- Discussions with local GPs on the changes at Chase and the model of care have sometimes been difficult, but recent conversations have been positive and one GP surgery had confirmed their move to the Hospital.
- Unfortunately the CCG aren't able to predict when they will be able to progress building works, as the procedures being followed are new and the CCG are one of the first to go through them.

**RESOLVED**

That:

1. Members are satisfied with the actions of South Eastern Hampshire Clinical Commissioning Group in implementing the proposals to date.

2. An update is next provided once NHS England have taken a decision on the full financial business case, and South Eastern Hampshire CCG are in a place to be able to inform members of the next steps and related timescales.

28. **HEALTH AND SOCIAL CARE: OUT OF HOSPITAL URGENT CARE**

The Committee received presentations from representatives of West Hampshire CCG, North East Hampshire and Farnham CCG and South Eastern Hampshire CCG on alternatives to hospital-based urgent care (see presentations at Item 7 in the minute book).

It was clarified that urgent or unscheduled care involves NHS services being available to access without prior arrangement where there is an urgent actual or perceived need for intervention

West Hampshire CCG

West Hampshire's commissioning area covers approximately 550,000 people, with the majority of these being people of 'working age', between 20 and 65. Approximately 144,000 of the population have long term conditions. The main urgent care acute hospital access point was Southampton General, as well as Royal Hampshire County (Winchester).

Alternative access points for urgent care in West Hampshire include pharmacies, the NHS111 service and out of hours, GP surgeries, and minor injuries units (including 27 GP surgeries who are commissioned for this care). The CCG wished to increase the use of NHS111 and minor injury units as an alternative to Emergency Departments, and would be progressing media which aimed to educate and support patients and carers to access the most appropriate urgent and emergency care service for their need. The CCG had developed targeted communications campaigns, which focused on different groups, such as working age adults and parents of young children, as it had been found that blanket communications do not have the desired effect.

Future work would include a focus on the better care fund and transforming primary care services. General practice would need to become more responsive to how people wished to access care in the 21<sup>st</sup> century, and it was expected that GP time slots in future would be based on age and health (e.g. short slots for working age people out of working hours, longer slots of elderly and vulnerable in the daytime).

North East Hampshire and Farnham CCG

The population covered by the CCG accessed care in multiple counties, utilising urgent care services in parts of Hampshire, Surrey and Berkshire. The main urgent acute care access point was Frimley Health. The recent announcement of this facility being 'outstanding' under the new Care Quality Commission inspection regime may increase the number of attendances to this hospital, as patients choose high quality care over the closest service geographically.

North East Hampshire and Farnham CCG have a number of services and partnerships working in their locality as alternatives to hospital-based care, including community nursing teams, community hospitals with admission avoidance and discharge support services, enhanced GP services and hospital social work teams.

The North East Hampshire area had seen a 5% increase in emergency attendances, and it was recognised that too many people are admitted to hospital, and stay in hospital longer than they need to. In addition, the major issues facing the local area included an aging population and an increase in the number of long term conditions and rising expectations on health and social care services.

It can often be difficult to separate out of hospital urgent care from integrated care. On this basis, and in answer to the issues raised above, the CCG planned to offer integrated care teams hubs around each of their five GP localities. These hubs will offer services seven days a week between 8am and 8pm (dependent on local need), and will be made up of the following services:

- Primary care
- Community nursing
- Mental health services
- Social Care
- Voluntary Sector
- 'Outreach' specialist services or clinics from hospital

#### South Eastern Hampshire CCG

The main focus for South East Hampshire in terms of hospital-based urgent care was Queen Alexandra Hospital, Portsmouth. Similar to the other CCGs, there are a variety of routes for patients to access urgent care in South East Hampshire as an alternative to hospital-based care. Those service listed by West Hampshire CCG were also available in South Eastern Hampshire, with the addition of walk-in centres and specialist nurses.

The CCG outlined challenges in the South East Hampshire health economy, such as rising demand on, and expectations of, services, and public confusion around what is the right care to access, resulting in emergency departments becoming the default choice for care.

In addition, there were well publicised difficulties for Portsmouth Hospitals Trust in meeting emergency department targets around four hour arrival to treatment/discharge/admittance time (95%), with this historically being as low as 70-80%. A system-wide urgent care working group was now in place, led by the Chief Executive of Portsmouth Hospitals Trust, and attended by all stakeholders involved in the South East system (including Hampshire County Council).

A rapid diagnostic of the issues around urgent care performance had been undertaken to identify the blockers to driving change and improvements. From this, it was found that:

- Demand for emergency services from Queen Alexandra Hospital was predictable, with higher numbers experienced based on the season, although a reduction was seen in winter. Admission levels were stable throughout the year.
- Admissions were lowest at the weekend and between 4am and 10am. Older people were more likely to be admitted and to stay longer in the emergency department, but higher numbers of working age (31-65) individuals were attending the emergency department.
- Discharges peaked at approximately 3pm, but the highest demand for inpatient beds was at 1pm.
- The main reasons for breaching the four hour target primarily related to lack of available beds within the hospital, but it was also found that delays to clinical speciality review was a key factor.
- From the data, approximately 18% of patients were awaiting discharge at any one time. Of these, 95% of patients ready for discharge are able to return to their own home, and 15% of these would require care packages to be put in place first. This means that the majority of patients can return home without requiring further care.

A recovery plan to deliver rapid but sustainable improvements across the system for urgent care was being implemented and it was expected that the four hour arrival to treatment/discharge/admittance time would be at 90% by the end of November 2014. In the longer term, the CCG plans to develop an approach that simplifies the urgent care pathway and address the strategic objective arising from the urgent care review. A further £4m would be spent on the whole health economy to further improve and redesign the system

In the interim, a programme of education for patients, carers and the public around appropriate use of services would continue. This included a guide to accessing care, social media campaigns, video series and short animations, print media and work with schools and universities.

In response to questions, members heard:

- That the presentations had focused on urgent care services and how partners can work together to ensure appropriate access to these. Similar issues were facing social care services, such as increases in demand for services and lack of capacity in the community.
- Delayed discharge remained a concern across the patch and it was recognised that more could be done to facilitate a smoother process for patients and their families. Individuals also needed to be given the time to think if they did require a move onto an accommodation-based social care service, and provision needed to be made for this.
- All services should be planning for discharge at the point of admission.
- That primary care services are commissioned by NHS England in partnership with CCGs who are able to provide data on health needs. If public preference was to commission walk-in centres, then this would result in a reduction of spend on GP practices, which is where the majority of primary care funding is invested.
- That thought would be given as to whether details of the NHS111 service could be added to prescriptions to inform those receiving medication of this phone line.

Members were reminded that should they be made aware of delayed discharge cases in their constituencies, they were able to forward these on to the Department Management Team in Adult Services.

A general discussion was held on Portsmouth Hospitals Trust and Member interest in the actions being taken to improve the performance of the emergency department and patient flow through the hospital. A request was made for Members to be kept informed of progress made in this area.

The presenters were thanked for informative and thought-provoking presentations.

#### RESOLVED

That the Chairman is updated on the progress of actions taken by the South East Hampshire and Portsmouth whole system partnership to improve Emergency Department performance at Portsmouth Hospitals Trust.

*Councillors Choudhary, Finlay, Lagdon, Mather and Wright left the meeting at this point in proceedings.*

#### 29. **ADULT SERVICES: ADULT SAFEGUARDING**

The Director of Adult Services presented to Members a report providing an overview of the Council's adult safeguarding responsibilities, and an update on current activity (see Item 8 in the minute book).

In response to questions, members heard:

- That Hampshire County Council works primarily in partnership with the Police and NHS on adult safeguarding, and the Safeguarding Adults Board is the main mechanism for driving strategy involving these agencies. Hampshire County Council also work closely with service users.
- A large piece of work had been undertaken with Hampshire Fire and Rescue Service and the NHS in response to the fact that broadly 80% of all fire-related deaths in Hampshire are people classed as 'vulnerable'.
- The Care Act required Councils to have advocates available to facilitate the involvement and engagement of people who would otherwise have difficulty with assessments, care and support planning, and reviews. Hampshire currently have access to advocates for people who lack capacity, but it is likely that there will need to be more provision when this part of the Act comes into effect.

Members congratulated staff for their role in developing a 'Safeguarding in Prison' Framework, which had been recommended nationally as best practice by Her Majesty's Inspectorate of Prisons

#### RESOLVED

That the next adult safeguarding update is provided to the Committee in June 2015.

30. **WORK PROGRAMME**

The Director of Policy and Governance presented the Committee's work programme (see Item 9 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, 27 January 2015