

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, 28 July.

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
p Charles Choudhary	p Andy Moore
p Alan Dowden	p George Ringrow
p Jacqui England	p Steve Rippon-Swaine
p David Harrison	p Frank Rust
a Marge Harvey	p Bruce Tennent
p Tony Hooke	p Martin Tod

Co-opted Members:

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

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

67. **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.

68. **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Marge Harvey.

69. **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 Martin Lyon declared a general personal interest as the Regional Commercial Manager at Carillion which is involved in Queen Alexandra Hospital, operated by Portsmouth Hospitals NHS Trust.

Councillor Frank Rust declared a personal interest in Item 7, as he is a Member of the Wessex Clinical Senate, which had considered the initial stages of the Dorset Clinical Services Review.

70. **MINUTES**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 22 June 2015 were confirmed as a correct record, and signed by the Chairman.

There were two matters arising in relation to the minutes:

University Hospital Southampton NHS Foundation Trust: Care Quality Commission Inspection Report (minute 61)
A briefing on delayed transfers of care for Hampshire patients would be circulated to Members shortly.

HASC: Mental Health Services (minute 65)
The membership of the Working Group remained to be confirmed and would be reported in due course.

Membership of Working Group to be confirmed

71. **DEPUTATIONS**

No deputations were received at this meeting.

72. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman highlighted that an update on Adult Safeguarding from Adult Services had been circulated to Members the previous week. As this was an update for information, it had been circulated separately rather than placed as a formal item on the agenda at this meeting.

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

Portsmouth Hospitals NHS Trust: Care Quality Commission inspection report

The Chief Executive and Director of Corporate Affairs of Portsmouth Hospitals NHS Trust presented the findings of the Care Quality Commission's (CQC's) inspection of the Trust's services (see Item 6 in the Minute Book).

Members were informed that the overall outcome of the Trust's inspection was 'requires improvement', but there were a significant number of 'good' or 'outstanding' areas. The overall level was set at 'requires improvement' due to the 'inadequate' rating received for the safety of urgent and emergency services. The identified key themes of the report were; achieving an 'outstanding' rating for care, difficulties with unscheduled and end of life care, the surgical ward leadership, variation across the wards and governance.

A Quality Summit was held on the 2 July 2015 to discuss the findings of the inspection and attended by a number of key stakeholders across Health and Social Care. A Quality Improvement Plan was being developed to address the issues identified, with a final submission date set for 6 August 2015. Progress against the plan would be monitored regularly by the Trust's Board and the Trust Development Authority.

In response to the two Warning Notices received for Urgent Care as part of the inspection, actions had been taken to ensure compliance. The medical and nursing staff requirements had been addressed and the Trust was now compliant with the national triage statement regarding first assessment. There had been a system wide quality review led by the Clinical Commissioning Groups (CCGs) on a monthly basis and no Serious Incidents Requiring Investigation (SIRIs) had been reported since the end of February 2015. A further unannounced visit had taken place on 25 April 2015 from which the final report was awaited.

Portsmouth Hospitals Trust had also adopted a two phase Urgent Care Improvement Plan, and enhancements were being achieved in patient and staff experience across the urgent care pathway. The plan focused on consistent delivery of 'SAFER' care bundle standards at ward level, and managing the behaviour change needed in some areas to ensure consistent delivery of professional standards.

To address the concerns in relation to unscheduled care support was needed from system partners. It was noted that attendance rates for frail and elderly patients were 4% higher and ambulance conveyance 5% higher than the

national average.

It was reported that the day before the meeting 120 patients at the hospital were medically fit for discharge but remaining in beds (80 requiring support from Hampshire County Council and Southern Health, 40 requiring support from Portsmouth City Council and Solent).

In order to address the end of life care concerns a Trust-wide strategy had been launched and an integrated team had been established, however this was also an area requiring support from system partners.

In response to issues raised regarding Surgical Ward Leadership, a new Head of Nursing had been appointed. It was acknowledged that strengthening governance was paramount to reducing variation and delivery of consistent good quality care for patients. To this end, the Board would be reviewing their overarching strategy.

Although there were a few surprises in the report, such as the findings around Paediatrics, it was thought to be a fair reflection of where the Trust was at the time and has been used to allow the Trust to move forward.

In response to questions, Members heard:

- That the concerns surrounding unscheduled care were previously known and changes were being made to address them before the report, however there had been a year on year increase of 5% in activity, specifically in relation to the elderly. Reducing demand at acute hospitals also relies on support from system partners e.g. utilisation of alternative out of hours services
- That the concerns around running out of medication on wards and needing to borrow from other wards had not been substantiated when looked into.
- That the building used for the emergency department was considered to be not fit for purpose in order to assess the volume of patients arriving in a short space of time. There was an urgent care strategy being delivered (led by commissioners) to help with this which could be shared with the committee.
- Steps had been taken to address smoking on the hospital site. Policies were in place for staff to use designated areas. It was difficult in relation to members of the public smoking outside the hospital building as the law does not forbid this as it is a public place. The Hospital Trust had discussed with Portsmouth City Council the option to introduce a bye-law to regulate smoking on the site. Cllr Hooke requested the HASC write to the City Council in support of the introduction of such a bye-law.

HASC to write to PCC re smoking bye-law at QAH

- That the main obstacles to resolving the concerns surrounding unscheduled care were not staffing related but due to the high levels of demand experienced. This seemed to be particularly problematic between 7pm-12am. There also seemed to be an increase since the introduction of the '111' advice line, and people being told to go to the Walk-In Centre attending A&E instead. There was an ongoing programme to inform the public about alternatives to A&E.
- That something was needed at the 'front door' of the Hospital to only admit patients if needed, and divert others to alternative services.
- The Trust was not meeting the target for 90% of stroke victims to be treated in a stroke unit because in some cases patients were treated in intensive care instead, due to the severity of their major symptoms, therefore it was considered this was the best place for them overall
- That there were a multitude of reasons for delayed discharge including; need for complex care packages to be put in place, awaiting house adaptations, availability of care workers in some areas (particularly rural areas).

The Committee agreed that they should take a monitoring and oversight role in relation to the progress of the actions being taken by the Trust in response to the inspection, and agreed to add this to their work programme. The Committee were mindful that the action plan would also be reviewed by the Portsmouth Health Scrutiny Committee.

RESOLVED

That:

1. The Committee note the outcomes of the Care Quality Commission's inspection report on Portsmouth Hospitals Trust.
2. The Committee request to receive the action plan from the inspection report, once drafted by the Trust.
3. The Committee will request an update to a future meeting to monitor the progress of actions identified as a result of the inspection. The timing of this update to be determined following consideration of the timescales included in the action plan.

Action Plan to be received

Work Programme to be updated

Southern Health NHS Foundation Trust: Temporary Closure of Community Hospital Beds – update and actions proposed

The Committee received a report from representatives of Southern Health NHS Foundation Trust, regarding beds at Community Hospitals throughout Hampshire, as requested at the last meeting (see Item 6 in the Minute Book).

It was reported that Alton Community Hospital continued to operate with 12 beds, due to ongoing challenges in recruitment to nursing posts required to support further beds at safe staffing levels.

It was noted that all beds at Fleet Community Hospital were currently open, and covered by a review of community beds being undertaken by the North East Hampshire and Farnham Clinical Commissioning Group.

In Fordingbridge Hospital 15 beds were in operation (reduced from 20 in September 2014), in order to address issues relating to spacing between beds previously resulting in a lack of privacy and infection control issues (due to this and the building's age). Both infection control and patient experience had improved following the reduction to 15 beds.

It was reported that admissions to community beds in Romsey had been suspended in May due to cases of a Healthcare-Associated Infection. Following action by the Trust, including a deep clean of the wards affected, the beds had reopened to admissions on 6 July. Steps had also been taken to strengthen the medical cover provided to the wards by University Hospitals Southampton NHS Foundation Trust.

In response to questions, Members heard:

- That in an effort to further reduce infection rates at Romsey Hospital new doors had been fitted with an intercom to access, which helped reduce through traffic.
- Seven beds had been opened at Lymington hospital to provide capacity while beds in Romsey were temporarily closed. When patients needed to be placed in Lymington instead of Romsey this was discussed with patients and their family and the reasons explained.
- That community services are being developed in a way that means that the need for beds is reduced by supporting more patients to remain at home.
- That the Community Hospital's bed reductions were not believed to have a large effect on the Acute Hospitals delayed discharge problem, as a large number of those cases were not appropriate for community hospital beds.

- That it was not anticipated to increase beds in Fordingbridge to accommodate winter pressures. If additional capacity was required beds may be opened at Lymington Hospital

RESOLVED

That:

1. The Committee note the update.
2. The Committee request a further update to the 24 November HASC meeting on progress with the ongoing staffing challenges, and continued discussions with commissioners and stakeholders regarding sustainability and need for community hospital beds.
3. That the November update cover in more detail the review of community beds taking place in the North East Hampshire and Farnham area, and provide the HASC with the opportunity to comment as part of the engagement being undertaken as part of this review.

Work
Programme to
be updated

West Hampshire CCG: Mental Health Rehabilitation services

Representatives of West Hampshire Clinical Commissioning Group (CCG) and Southern Health NHS Foundation Trust presented proposals regarding mental health rehabilitation services (see Item 6 in the Minute Book). West Hampshire CCG takes the lead for the CCGs in Hampshire in commissioning mental health services.

Members were informed that a six month review into Mental Health Rehabilitation services had been undertaken, which had identified areas for improvement. It had been found that people were using inpatient beds due to a lack of community support. Community Support Workers had been piloted in the south east of the county and it was planned to roll this out further, to reduce reliance on beds.

Eastrop House provided eight beds in Basingstoke and had been temporarily closed since 2012. Following the review, these beds were no longer considered needed and therefore it was proposed these beds be permanently closed.

It was highlighted that engagement was planned to take place from September to December 2015 on the changes planned following the review, including with service users and carers. It was offered that the HASC working group on mental health could provide input to this.

In response to questions, Members heard:

- That it was considered preferable to support individuals in their own home rather than admit them to an inpatient setting. It was planned to provide better support in the community, therefore demand for beds should not exceed those available, therefore the beds at Eastrop did not need to be re-opened
- It was acknowledged that focus was required to ensure that the community support model was successful.
- Eastrop House is owned by Southern Health. There was no anticipated alternative use for the building, therefore it may be released for sale.
- That respite for carers of people who suffer with Mental Health issues was not provided by Southern Health; their responsibility is to provide support to individuals with mental health issues at times of crisis.
- That if Eastrop House was sold, the income would go to the Trust's general capital programme.
- That there had been costs incurred for maintaining Eastrop House since it had been temporarily closed e.g. for security and keeping the property warm enough to prevent damp, and these would continue until the future use of the site was resolved.
- It was reported that Southern Health were reviewing all their capital estate, and would come back to the HASC in future if any further changes were proposed.

RESOLVED

That the Committee request a further update to the 24 November HASC meeting in order to consider the proposal to permanently close Eastrop House in Basingstoke.

Work Programme to be updated

74. **PROPOSALS TO DEVELOP OR VARY SERVICES**

West Hampshire CCG: Dorset Clinical Services Review – impact on Hampshire Population

The Committee received a presentation from West Hampshire Clinical Commissioning Group (CCG) on the potential impact of the Dorset Clinical Services review proposals on the population of South West Hampshire (see Item 7 in the Minute Book).

Members were informed that Dorset Clinical Commissioning Group were reviewing clinical services in light of a growing population and changing healthcare needs. This was leading to increasing financial and staffing challenges, meaning that services staying the same was not an option.

Dorset currently has three hospitals in Dorchester, Bournemouth and Poole, with some duplication of services. This was planned to be rationalised both within the hospitals and the community. Dorset CCG and the NHS Trusts in the area had conducted a widespread survey seeking patient's views. Options being considered included one hospital focusing on planned care and one hospital focusing on emergency care, with full A&E services (one to be Bournemouth hospital, one to be Poole hospital).

West Hampshire CCG were keen that patients living in Hampshire affected by any potential changes had the opportunity to have their say. West Hampshire CCG had looked into the numbers of Hampshire patients likely to be affected. Hampshire patients constitute 3% of the activity in Dorset hospitals, and the CCG spend approximately 3.5% of their budget at Royal Bournemouth and Christchurch NHS Hospitals Foundation Trust and 0.4% at Poole Hospital NHS Foundation Trust.

The CCG data suggests that if emergency care was centralised at Bournemouth, the impact for New Forest patients would be a minimum of 500 (but up to 1000) elective care episodes moving to University Hospital Southampton Foundation Trust instead. If emergency care was centralised at Poole, then a minimum of 2000 adult inpatient care episodes (up to 4000) were anticipated to transfer to UHSFT. If emergency care was centralised in Poole rather than Bournemouth, there would also be an impact for Hampshire patients in terms of longer travel time.

West Hampshire CCG intended to undertake their own engagement with patients in West Hampshire in order to inform their position about the proposals going forwards.

It was reported that a Joint HOSC had been formed on which the Hampshire HASC had representation, which had met in the previous week. The Joint HOSC had been informed that the original timetable to go out to public consultation in summer 2015 had been postponed following feedback from the Clinical Senate, and it was now anticipated public consultation would take place in early 2016.

Cllr Harrison and Cllr Briggs attended the Joint HOSC meeting on behalf of the HASC and reported that they had been assured plans to consult the public included consultation events in Hampshire. Cllr Harrison noted that consideration of public access to hospitals in future would need to take account of reductions in public transport such as buses.

In response to questions, Members heard:

- That it was acknowledged UHSFT had its own constraints, and so work ongoing to consider how best to accommodate any potential increase in demand, including better use of Lymington Hospital. It was estimated that 45 extra beds may be required and commissioners were resultantly in discussion with the Trust.

RESOLVED

That the topic remain on the work programme, for a further update in future if necessary, once proposals have been further developed.

Work Programme be updated

75. **HASC/NHS PROTOCOL**

Members were informed that the Protocol (see Item 8 in the Minute Book) had been drafted in conjunction with the local NHS in order to formalise arrangements in place already for working between the HASC and health bodies.

Cllr Lyon queried whether wording could be added to the description of what the HASC considers ‘substantial variation or developments in service’ to cover situations where housing growth suggests health services may be required which aren’t currently provided. The Chairman requested that Cllr Lyon provide proposed additional wording by email, for consideration. It was noted that the protocol would be treated as a ‘live’ document and could be amended in future if needed.

Cllr Lyon to provide wording for consideration by the Chairman

RESOLVED

That the protocol is agreed and adopted.

76. **WORK PROGRAMME**

The Director of Policy and Governance presented the Committee’s work programme (see Item 9 in the Minute Book).

Cllr Keast queried whether the HASC would be considering the proposed closure of a Walk In Centre in Portsmouth. The Chairman confirmed that this issue was the remit of the Portsmouth Health Scrutiny Committee, and that Cllr Keast sat on that Committee to provide a link from the Hampshire HASC.

Cllr Lyon queried whether the HASC would be considering the proposals relating to the Bitterne Walk In Centre in Southampton, and the health services provided at the Moorgreen site. The Chairman agreed to look into these issues and follow up with Cllr Lyon after the meeting.

Chairman to confirm to Cllr Lyon the position regarding

RESOLVED:

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

Chairman, 17 September 2015