

## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 2nd April, 2019 at 10.00 am
<b>Place</b>	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

John Coughlan CBE  
Chief Executive  
The Castle, Winchester SO23 8UJ

## FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

## AGENDA

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

### 2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest 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 is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 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.

### 3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting (16 January 2019 and the Call In meeting of 14 March 2019) *Minutes of Call In meeting to follow*

**4. DEPUTATIONS**

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. PROPOSALS TO VARY SERVICES (Pages 11 - 28)**

To consider the report of the Director of Transformation and Governance on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.

**Items for Monitoring**

- a) Hampshire Hospitals NHS Foundation Trust and West Hampshire Clinical Commissioning Group: Andover Hospital Minor Injuries Unit - Update
- b) Southern Health NHS Foundation Trust: Move of patients to Eastleigh & Romsey Community Mental Health Team - Update

**7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 29 - 102)**

To consider a report of the Director of Transformation and Governance on issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.

- a) Southern Health NHS Foundation Trust – Update on actions following CQC report
- b) Portsmouth Hospitals Trust – Update on actions following CQC report
- c) Solent NHS Trust – CQC Inspection Report

**8. CQC LOCAL SYSTEM REVIEW UPDATE (Pages 103 - 158)**

To receive an update on progress with the actions in the action plan following the CQC Local System Review, relating to actions targeted to be achieved within six months.

**9. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP UPDATE**

To receive an update from the HASC working group that has been considering the Sustainability and Transformation Partnership.

**10. WORKING GROUP PROPOSAL**

To consider initiating a Working Group to contribute to the consideration of all wider options regarding the future of the Orchard Close Respite Centre. *(report/draft terms of reference to follow)*

**11. WORK PROGRAMME (Pages 159 - 170)**

To consider and approve the Health and Adult Social Care Select Committee Work Programme.

**ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on  
Wednesday, 16th January, 2019

Chairman:

p Councillor Roger Huxstep

Vice Chairman:

p Councillor David Keast

a Councillor Martin Boiles  
p Councillor Ann Briggs  
p Councillor Adam Carew  
p Councillor Fran Carpenter  
a Councillor Tonia Craig  
p Councillor Alan Dowden  
a Councillor Steve Forster

p Councillor Jane Frankum  
p Councillor David Harrison  
p Councillor Marge Harvey  
a Councillor Pal Hayre  
p Councillor Neville Penman  
p Councillor Mike Thornton  
p Councillor Jan Warwick

## **Co-opted members**

a Councillor Tina Campbell  
a Councillor Alison Finlay  
p Councillor Trevor Cartwright

Also present with the agreement of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, Councillor Patricia Stallard, Executive Member for Public Health

## **96. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Steve Forster and Councillor Pal Hayre. Councillors Lance Quantrill and Graham Burgess, as the Conservative standing deputies, were in attendance in their place.

Apologies were also received from Councillors Martin Boiles, Tonia Craig, and co-opted members Councillors Tina Campbell and Alison Finlay.

## **97. 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 Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 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.

No declarations were made.

**98. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 20 November 2018 were confirmed as a correct record and signed by the Chairman.

**99. DEPUTATIONS**

The Committee did not receive any deputations at this meeting.

**100. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made three announcements:

Respite service at Orchard Close, Hayling Island

The Chairman reported that Hampshire County Council had undertaken a public consultation to seek the views of service users, the public, and other interested stakeholders on proposals to close Orchard Close Respite Service, Hayling Island, with a view to providing more personalised and tailored respite solutions to those people who currently use the service. The Chairman thanked those members of the HASC that attended a workshop on the subject on 4 December as part of the consultation. At the request of Members that attended that workshop, a further session for HASC members had been arranged for 21 January. Members were reminded that the decision about Orchard Close was due to be considered by the Executive Member for Adult Social Care and Health on Wednesday 27 February, and an additional HASC meeting was scheduled for 11 February so that the Select Committee could pre scrutinise the decision.

The Chairman announced that he was planning to visit Orchard Close with the Vice Chairman, before the HASC meeting in February, to see the facility in question for himself before the Committee considered the matter. He also intended to visit one of the other newer respite centres for comparison.

Gosport Independent Panel

The Chairman reported that since the last HASC meeting, the Government had published its response to the report of the Gosport Independent Panel. The Gosport Independent Panel reviewed what happened at Gosport War Memorial Hospital between the late 80's and 2001, where nurses and families raised concerns about the care given to patients who died and were not listened to. The HASC will wish to monitor the response of the health bodies now in place in Hampshire, in order to assure itself that should any serious concerns about practice within providers now or in the future be raised, the system has improved processes in place to recognise and respond to such concerns.

NHS 10 Year Plan

The Chairman noted that in early January the Government published a 10 year plan for the NHS that set out long term plans to improve the quality of patient

care and health outcomes. The HASC would wish to monitor how the aims of the Plan would be taken forward locally.

## 101. PROPOSALS TO VARY SERVICES

### Hampshire Hospitals NHS Foundation Trust: North and Mid Hampshire Clinical Services Review Update

Representatives from Hampshire Hospitals NHS Foundation Trust and West Hampshire Clinical Commissioning Group presented a report providing an update on the latest position regarding the North and Mid Hampshire Clinical Services Review (see report appended to Item 6 in the Minute Book).

Members heard that:

- Following the decision not to pursue the creation of a new Critical Treatment Centre, the Trust had reviewed the sustainability of continuing to provide services from both the Winchester and Basingstoke hospital sites
- Funding had been received to make improvements to both Emergency Departments (ED), and the Trust was creating a separate children's pathway in ED
- Women's services had been considered and no areas of concern identified. There was no compelling reason to centralise services over the next 3 to 5 years
- For surgery, it had been identified that there may be a benefit to consolidating certain procedures at one site, subject to further review
- Maps had been provided showing the outcomes of a review of the maintenance need of the existing estate. This indicated that a significant proportion of the buildings were deemed poor quality
- A clinical strategy for the next 3 to 5 years was in development
- The Clinical Commissioning Group continued to work on new care models that focused on preventing hospital admission and provision of some services in the community

In response to questions, Members heard:

- The Trust had not ruled out the possibility of centralising services to one site in future, but was currently focused on provision from the current sites
- An estates plan was being developed, to plan how maintenance works could be carried out while protecting service provision

RESOLVED

That the Health and Adult Social Care Select Committee:

- a) Note the latest position following the clinical services review.
- b) Request the Trust and commissioners keep the HASC informed of developments to Emergency Departments.

c) Request the Trust and commissioners return to the HASC, should any proposals to change service provision at Hampshire Hospitals sites arise in the future.

Southern Health NHS Foundation Trust: Update on temporary closure of Beaulieu Older People's Mental Health ward

The Select Committee received a report from Southern Health NHS Foundation Trust providing an update on the temporary closure of Beaulieu Older People's Mental Health ward (see report appended to Item 6 in the Minute Book).

RESOLVED

That the Health and Adult Social Care Select Committee:

a) Note the update on the position regarding the temporary closure of the Beaulieu Older People's Mental Health ward.

b) Request a further update on the position for the May 2019 meeting.

**102. PUBLIC HEALTH: PROCUREMENT OF HEALTH VISITING AND SCHOOL NURSING**

Representatives of the Director of Public Health gave a presentation in support of a report regarding procurement of a new contract for health visiting and school nursing services (see Item 7 in the Minute Book). The proposals were brought to the Select Committee to pre scrutinise, prior to a decision of the Executive Member for Public Health due to take place on 22 January.

Members heard that:

- Service innovations were planned as part of the new contract e.g. having a single nurse cohort in future rather than separate school nurses and health visitors
- This procurement was part of three phased procurements taking place up to 2023 that would build integrated working between the County Council and health
- The contract covered mandated services including immunisation programmes run through schools, health assessments of children at year R and year 6 and the national child measurement programme

RESOLVED:

That the Health and Adult Social Care Select Committee:

Support the recommendations being proposed to the Executive Member for Public Health in Section 1 of the report.



103. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR PUBLIC HEALTH 2019/20**

The Director of Adults' Health and Care, the Director of Public Health and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Public Health for 2019/20 (see report and presentation, Item 8 in the Minute Book).

The presentation considered by the Committee covered Items 8 to 10 on the agenda.

It was noted that the Public Health grant was currently ring fenced, so was not included in the transformation savings required by the Adults Health and Care Department. However, savings were still required from this budget as grant funding had reduced. Funds from public health reserves were planned to be used to make up the budget in 2019/20, to allow time to deliver savings smoothly.

RESOLVED:

That the Health and Adult Social Care Select Committee support the recommendations being proposed to the Executive Member for Public Health in section 1 of the report.

104. **ADULTS' HEALTH AND CARE: REVENUE BUDGET FOR ADULT SOCIAL CARE 2019/20**

The Director of Adults' Health and Care and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Adult Social Care for 2019/20 (see report and presentation, Item 9 in the Minute Book).

A summary was provided of the latest position regarding the Transformation to 2019 savings programme. It was noted that in some cases, delivery of savings would be later than March 2019, and provision had been made in the 2019/20 budget proposals to smooth the budget position until they could be achieved. The Adult's Health and Care Department were required to remove £55.9m from their budget for 2019/20 under the agreed transformation programme, and the budget reports being considered contained no new savings proposals. This equated to 19% of the overall budget for the department; each department was expected to make the same % reductions under the agreed budget strategy. Provision had been made corporately to reflect pressures arising from demand increase.

RESOLVED:

That the Health and Adult Social Care Select Committee support the recommendations being proposed to the Executive Member for Adult Social Care and Health in section 1 of the report.

105. **ADULTS' HEALTH AND CARE: CAPITAL PROGRAMME FOR ADULT SOCIAL CARE 2019/20 - 2021/22**

The Director of Adults' Health and Care and a representative of the Director of Corporate Resources attended before the Committee in order to present the capital programme for Adult Social Care for 2019/20 – 2021/22 (see report and presentation, Item 10 in the Minute Book).

The Select Committee were shown a video on the County Council's investment in 'extra care' facilities. It was intended to continue building such facilities to provide good coverage across Hampshire.

RESOLVED:

That the Health and Adult Social Care Select Committee support the recommendations being proposed to the Executive Member for Adult Social Care and Health in section 1 of the report.

106. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 11 in the Minute Book).

RESOLVED:

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

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Chairman,

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	2 April 2019
<b>Report Title:</b>	Proposals to Develop or Vary Services
<b>Report From:</b>	Director of Transformation & Governance

**Contact name:** Members Services

**Tel:** (01962) 845018      **Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Purpose

1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee. At this meeting the Committee is receiving updates on the following topics:
  - a) Hampshire Hospitals NHS Foundation Trust and West Hampshire Clinical Commissioning Group: Andover Hospital Minor Injuries Unit
  - b) Southern Health NHS Foundation Trust: Community Mental Health transition from Southampton East team to Eastleigh and Romsey team for patients living in the Eastleigh Southern Parishes

### Recommendations

2. Summary of recommendations; the recommendations for each topic are also given under the relevant section below, regarding each item being considered at this meeting:
3. *Andover Hospital Minor Injuries Unit*  
That the Committee:
  - Note the progress on transitioning the MIU at Andover War Memorial Hospital to an Urgent Treatment Centre.
  - Request a further update for the November 2019 meeting.
4. *Community Mental Health transition from Southampton East team to Eastleigh and Romsey team for patients living in the Eastleigh Southern Parishes*  
That the Committee:

- Note the update on the transition
- Request a further update be circulated to HASC Members once the transfer is complete

## Summary

5. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
6. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
7. This Report is presented to the Committee in three parts:
  - a. *Items for action*: these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
  - b. *Items for monitoring*: these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
  - c. *Items for information*: these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements
8. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

## Items for Monitoring

### 9. **a) Hampshire Hospitals NHS Foundation Trust and West Hampshire Clinical Commissioning Group: Andover Hospital Minor Injuries Unit**

#### *Context*

10. Hampshire Hospitals NHS Foundation Trust provide a Minor Injuries Unit (MIU) at the Andover War Memorial Hospital. In recent years the Trust has implemented a temporary variation to the commissioned opening hours, due to staff absence and vacancies meaning the Unit could not be safely staffed to cover the required hours.
11. The HASC last received an update on the situation in November 2018. At that time the Committee heard that recruitment to the Emergency Nurse Practitioners vacancies continued to be difficult, and opening hours beyond December 2018 would continue to be agreed with the Clinical Commissioning Group. Commissioners were exploring options to change the unit from a 'minor injuries unit' to an 'urgent treatment centre'. An update was requested for the March 2019 meeting (which was moved to 2 April). A report providing an update has been provided, see appendix.

#### *Recommendations*

12. That the Committee:
- a. Note the progress on transitioning the MIU at Andover War Memorial Hospital to an Urgent Treatment Centre.
  - b. Request a further update for the November 2019 meeting.
13. **b) Southern Health NHS Foundation Trust: Community Mental Health transition from Southampton East team to Eastleigh and Romsey team for patients living in the Eastleigh Southern Parishes**

#### *Context*

14. Historically, Southern Health NHS FT provided community mental health services to patients living in the Eastleigh Southern Parishes area via the Southampton East Community Mental Health Team (East CMHT). This had become unsustainable, and in September 2018 the HASC heard about proposals for the service to be delivered from the Eastleigh and Romsey Community Mental Health Team in future. The HASC resolved that this was not a substantial change and was in the best interest of users of the service.

The Committee requested an update as to the transferral in March 2019. A report providing an update has been provided, see appendix.

*Recommendations*

15. That the Committee:
  - a) Note the update on the transition
  - b) Request a further update be circulated to HASC Members once the transfer is complete

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	no

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> Proposals to Vary Services	<u>Date</u> 18 September 2018
Proposals to Vary Services	20 November 2018
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.



# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Health and Adult Social Care (Overview and Scrutiny) Select Committee
<b>Date:</b>	2 April 2019
<b>Title:</b>	Development of Andover UTC
<b>Report From:</b>	Jenny Erwin, Director of Commissioning, West Hampshire CCG. & Alex Whitfield, Chief Executive Hampshire Hospitals NHS Foundation Trust

**Contact name:** Ali Young

**Tel:** 07584 203768

**Email:** [Ali.Young@nhs.net](mailto:Ali.Young@nhs.net)

### 1. Purpose of Report

1.1 This paper updates the Scrutiny Committee on the recent developments in redesigning the Minor Injuries Unit (MIU) in Andover to meet national standards of an Urgent Treatment Centre.

### 2. Process to date

2.1. As part of the national Urgent Care Strategy, CCG's are required to redesign urgent care services outside of A&E to provide a consistent and standardised service offer and reduce public confusion on where to access urgent care in their locality. Urgent treatment centres (UTCs) are GP-led, open 12 hours a day, every day, offering appointments that can be booked through 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments people present with to A&E.

2.2. West Hampshire CCG has developed a service model that embraces national guidance and integrates three existing elements of service provision (Minor Injuries Unit, Improved Access for Primary Care and Out of Hours) into one enhanced service offer within the Urgent Treatment Centres.

2.3. In Spring 2018, West Hampshire CCG undertook a procurement for Andover Urgent Treatment Centre as part of wider procurement of urgent care services across West Hampshire, however no bids were received for Andover UTC.

2.4. Subsequently, the three incumbent providers (Hampshire Hospital Foundation Trust (HHFT), Mid Hampshire Healthcare & Partnering Health Ltd) were invited to enter into a process of open dialogue with the CCG to coproduce the service model and contracting arrangement for Andover UTC.

- 2.5. Providers have been working together to design a service model that meets local patient needs and delivers the national standards. Appendix A outlines the service model all three providers are working towards delivering.
- 2.6. Providers are in the final stages of discussions in designing an integrated service for Andover UTC. It is anticipated that agreement will be reached by the end of March/early April to enable providers to move into mobilisation phase.
- 2.7. All partners are committed to developing a high quality, sustainable, integrated service model for Andover patients. Current timelines for mobilisation suggest go live October 19. Continuity of existing service provision will be maintained by incumbent providers until such time as the new service is mobilised.



**West Hampshire**  
Clinical Commissioning Group

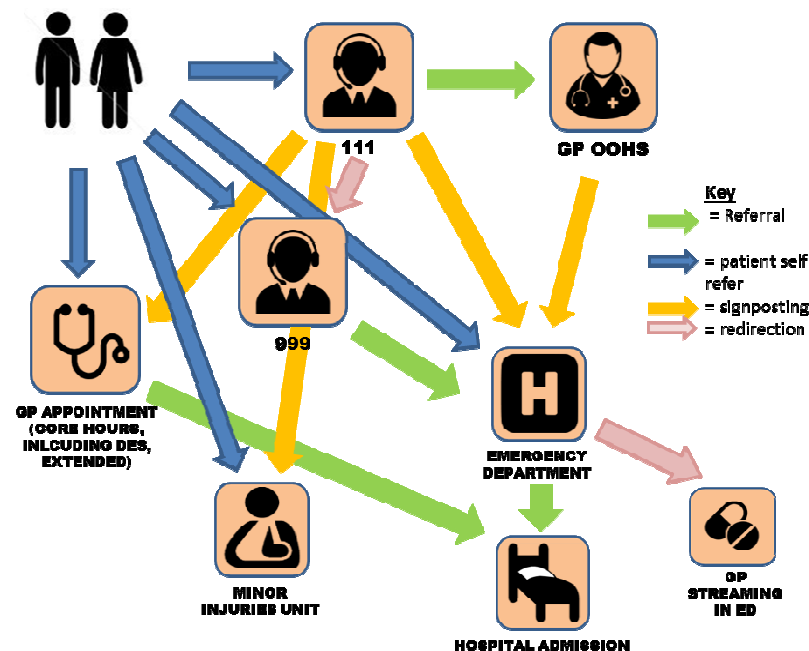
# Appendix A: Andover UTC Service Model

March 2019

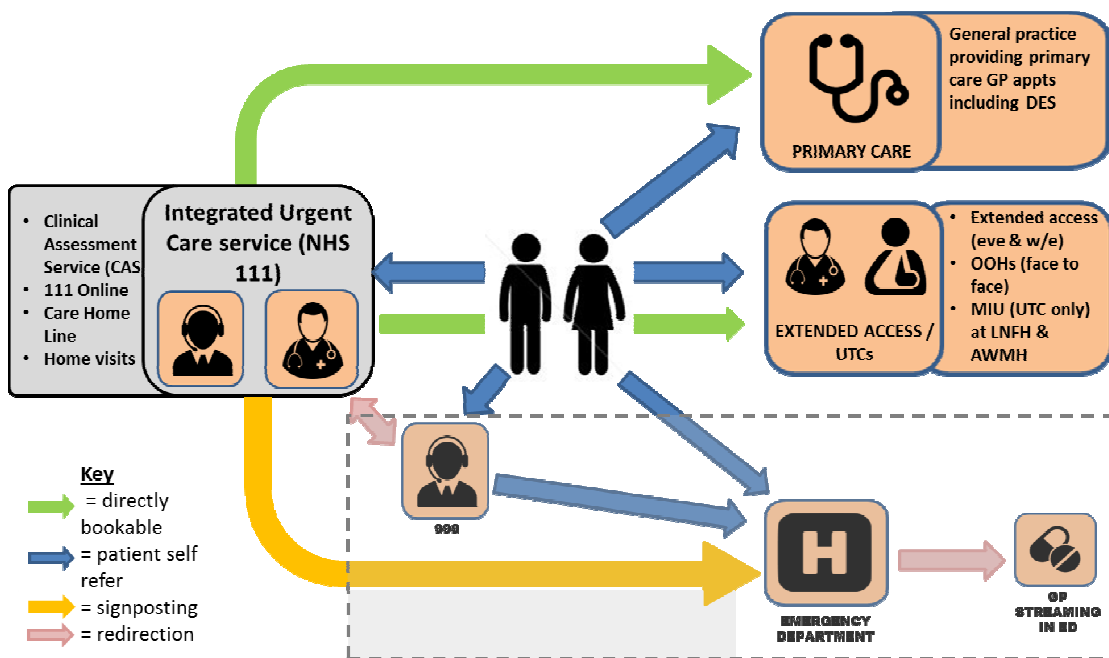


# Vision

The current urgent and emergency care system (shown right) in West Hampshire is very complex with multiple entry points for patients to multiple services. This includes NHS 111, GP Out of Hours (OOHs), Extended Access to Primary Care, Minor Injury Units (MIU)/ Urgent Treatment Centres (UTCs) and ED.



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The future system model is shown to the left.

The model will be delivered in 3 elements:

- **Integrated Urgent Care;** enhanced NHS 111 with 24/7 Clinical Assessment Service, out of hours home visiting
- **EUPCS;** combining extended access services and face to face out of hours services
- **UTCs;** EUPCS integrated with Minor Injury Unit

# Urgent Treatment Centre specification overview

In line with NHSE Core Standards for UTCs ([Urgent Treatment Centres: Principles and Standards](#))

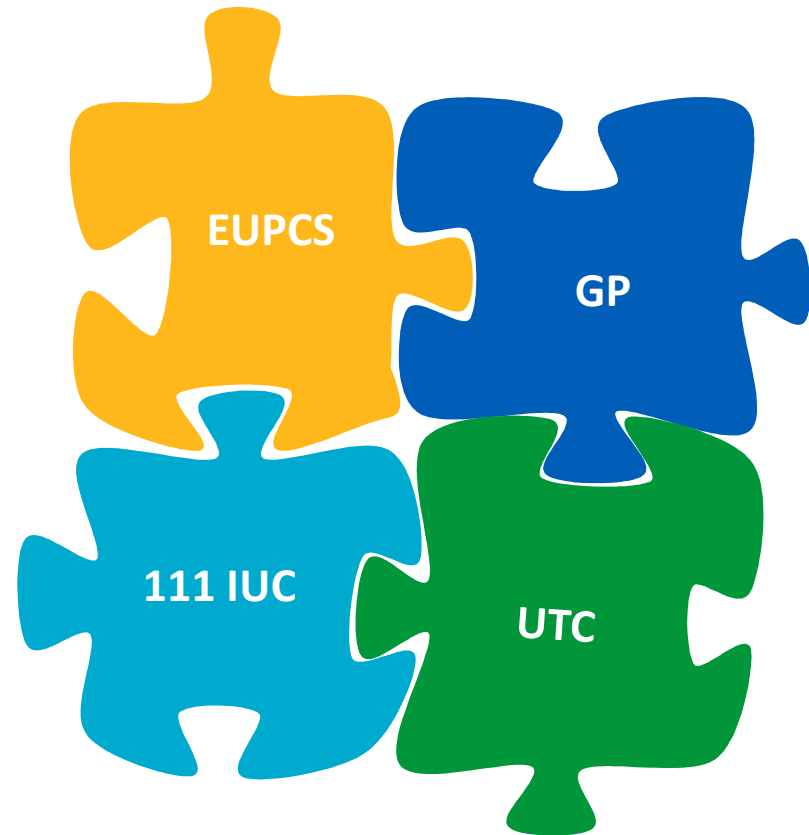
West Hampshire CCG require UTCs to deliver the following:

- Be open for a minimum of 12 hours per day, 7 days a week, including bank holidays
- Provide services for minor illness and injury in adults and children of any age including;
  - Access to general practice and timely care through offering longer opening hours as a minimum 6.30pm to 8pm (Monday to Friday), with weekend and bank holidays as required for the local population for both routine, same day and urgent primary care
  - A minimum additional 45 minutes capacity per 1,000 weighted population per week (Saturdays, Sundays and after 6:30pm on weekdays) for routine and same day care (*currently extended access to primary care*)
  - Urgent primary care capacity for patients requiring an urgent primary care appointment in the evenings and at weekends (*currently delivered through OOHs*) following clinical triage undertaken by the Integrated Urgent Care Service (NHS 111)
- Have access to a range of diagnostics, including (but not limited to): x-ray; swabs; pregnancy tests; urine dipstick and culture; near patient blood testing; and ECG
- Be able to issue prescriptions, including e-prescribing facilities
- Provide both pre-booked same day and 'walk-in' appointments, however patients and the public will be actively encouraged to access the service via NHS 111
- Deliver a GP-led service staffed by an appropriately trained multidisciplinary clinical workforce
- Offer appointments that can be electronically booked directly via NHS 111
- Have protocols in place to manage critically ill and injured adults and children who arrive unexpectedly, with onward referral and transport to appropriate acute hospital departments

# Integrating the new services

To ensure the new services work in an integrated manner service specifications will include the following:

- Strong business continuity plans
- Service and system resilience
- Whole system working and integration (included as key contractual element)
- Interoperability of clinical IT systems to include real time access to patient records
- Accessible and equitable services able to meet the needs of patients with communication challenges.



# Principles of Coproduction

Hampshire Hospital Foundation Trust (HHFT), Mid Hampshire Healthcare & Partnering Health Ltd are working collaboratively to:

- Deliver a shared vision for that Andover local community that provides convenient and rapid access to urgent care services
- Delivers an integrated service model that benefits from the strengths of all three providers and invests in the existing staff to maximise staff retention
- Ensures continuity of service provision whilst the new service provision is mobilised and brings service developments online at the earliest opportunity
- Delivers a sustainable model that provides high quality safe services to Andover



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03 2019  
Communications and Engagement Team

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## Update briefing note: Adult Mental Health Services in Eastleigh Southern Parishes

### Summary of Changes

In September 2018, we briefed the HASC on a project about how Southern Health's Adult Mental Health teams support and deliver services to patients living in the Eastleigh Southern Parishes area. This briefing is intended as an update to the original paper, as requested by the HASC officer for the March 2019 HASC meeting.

Historically, these Eastleigh Southern Parishes services had been delivered by the Southampton East Community Mental Health Team (East CMHT) but this has become unsustainable. The caseloads within the East CMHT are high and the team relocated last summer from the Tom Rudd Unit in West End to Bitterne Park Medical Centre, further into Southampton's city centre (where the majority of their patients are based) but further away from the Eastleigh Southern Parishes area.

Therefore, working with our commissioners, we jointly agreed to plan for the service to be delivered solely by the Eastleigh and Romsey Community Mental Health Team. This affects about 177 patients, registered to five GP surgeries in the Eastleigh Southern Parishes area, who are set to transfer from East CMHT to begin receiving services from the Eastleigh and Romsey CMHT. (The affected GP practices are: Bursledon, Blackthorn, Hedge End, St Luke's and West End practices).

Importantly, these patients will be able to choose whether their appointments continue to take place at the Tom Rudd Unit in West End or swap to Desborough House in Eastleigh – to ensure continuity and choice and to avoid any access/transport issues.

As we outlined in our original briefing paper, this project is being carefully managed and, in order to ensure patient safety, is only proceeding when all potential risks have been addressed, detailed care planning with patients has been undertaken and the required number of staff are in post.

### When?

The changes are being carefully phased and have been dependent on meeting the various project milestones regarding recruitment, consultation and engagement.

The first stage was for the Eastleigh and Romsey CMHT to begin taking *new referrals* from the Eastleigh Southern Parishes area. This happened in a phased manner from December last year through to February of this year (on a GP practice by practice basis to safely manage and monitor any increase in workloads). By new referrals coming into the Eastleigh and Romsey team, and no longer to the East CMHT, it has allowed the existing caseload numbers to stabilise, allowing for stage two planning to take place.

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### OUR VALUES



The second stage will be to begin transferring *existing patients* from East CMHT to Eastleigh and Romsey CMHT in a phased manner. To ensure patients are safely and successfully transferred, and any issues resolved, they will be transferred on a gradual 'care coordinator-by-care coordinator' basis, with clinical input. This will be capped at no more than 10 patients per newly appointed care coordinator each week and with a maximum of two care coordinators per week (i.e. no more than 20 patients moving across each week).

This second stage was originally due to start happening from April 2019, however the Eastleigh and Romsey CMHT team is still in the process of recruiting to a Band 7 nursing position and so the transfer of existing patients is likely to now be postponed until the Band 7 is in post, to ensure appropriate and safe staffing numbers, particularly in light of an imminent change of team manager.

Additionally, it has been agreed that any patients with East CMHT currently accessing psychology input will not transfer until that element of their care is completed, for continuity purposes. This may result in a small cohort of patients remaining under the full care of East CMHT beyond the timeframe that the majority of other patients transfer.

We will also be talking to the small number of patients (currently four) who use East CMHT's Assertive Outreach Team (AOT) prior to their transfer, as Eastleigh and Romsey CMHT do not have an AOT. Instead they provide a 'Shared Care' function for patients who present with complex risks and need a more assertive approach to their care. Patients will have the different services clearly explained to them so they are able to consider their options in relation to the transfer of their care, alongside clinical advice. Ultimately, these patients will be given the option to remain with East CMHT and the AOT if they choose, although their appointments would then move to Bitterne Park Medical Centre as opposed to remaining at West End's Tom Rudd Unit.

#### Staffing

To safely manage the increased caseload, the Eastleigh and Romsey CMHT has been recruiting additional staff, in a range of multi-disciplinary roles. The team has already appointed to 2.0 WTE Band 6 Care Coordinator posts (with interviews for a further B6 care coordinator post planned), 1.0 WTE Band 5 post, 1.6 WTE support worker posts and 1.0 WTE Band 3 admin role. The Band 7 role mentioned above is currently out to re-advert after a recent successful appointment was subsequently withdrawn by the applicant.

Since December, when the Eastleigh and Romsey CMHT started receiving new referrals for the Eastleigh Southern Parishes area, we have been closely monitoring the additional workload. Although a significant number of referrals have been received by the team, 19 new referrals have been accepted, with three requiring psychology input. Six urgent referrals have been received by the AMHT (Acute Mental Health Team) and there have been no referrals for EIP services (Early Intervention in Psychosis). To date this has been a manageable and safe workload for the team and its newly recruited staff.

#### **Engagement Activity**

Formal letters were sent to all affected patients and the five GP surgeries in November 2018. The patient letter was drafted with the input of a patient representative.

#### Patients

- Patients were advised that their care would be transferring and that they would receive further communication this spring.
- A second letter is planned this month (March) in which patients will be offered a face to face with their current care coordinator to discuss all options relating to patient choice along with any other concerns around the planned transfer. This letter will once again be shared with a patient representative prior to posting to ensure it is easy to understand, has a reassuring tone and contains all the necessary information.
- An information sheet about the transfer has also been produced and is displayed in CMHT waiting rooms for patients/families/carers to take away. It contains basic details about the changes and provides reassurance to those affected.

#### GPs

- GPs were sent letters in November (sharing with them the letters sent to their patients too, in case they were asked any questions about the changes directly). The GP letter provided clear instructions for how patients can continue to receive uninterrupted quality care in the future.
- In partnership with West Hampshire CCG colleagues, the project team also attended a locality meeting with the affected GP practices in December 2018 to answer any questions they might have (and a powerpoint presentation was produced).
- A further letter to GPs is planned in March/April to update them on the timescales for the existing caseload transfer, to enquire about any issues since the process for new referrals changed, and to once again share the powerpoint presentation for their background information.

#### Staff

- Last year, we held a series of listening events with staff to discuss the plans in more detail and to gain their valuable input.
- In addition, there was an informal consultation process for staff, where they could arrange to meet with their line manager and the HR lead, on a one-to-one basis.
- The teams continue to meet regularly to discuss the project milestones and any issues arising.
- We have a number of team leaders, clinicians and admin representatives who attend the monthly project board meetings on an ongoing basis and then feedback to their colleagues.

#### Other stakeholders

- We also wrote to some additional audiences last winter - such as social care teams, Wellbeing Centres, Healthwatch Hampshire and Solent Mind - to ensure they were informed about the planned changes.

#### **Any questions?**

If you have any questions about this project and its progress, please contact Carol Roberts on: 07341 440525 or email [carol.roberts@southernhealth.nhs.uk](mailto:carol.roberts@southernhealth.nhs.uk).

*Ends*

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	2 April 2019
<b>Report Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Director of Transformation and Governance

**Contact name:** Members Services

**Tel:** (01962) 845018

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

### Summary and Purpose

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
4. Issues covered in this report:
  - Southern Health NHS Foundation Trust – Update on actions following CQC report
  - Portsmouth Hospitals Trust – Update on actions following CQC report
  - Solent NHS Trust – CQC Inspection Report

### Recommendations

5. Summary of recommendations; the recommendations for each topic are also given under the relevant section in the table below, regarding each item being considered at this meeting:
6. *Southern Health NHS Foundation Trust – Update on actions following CQC report*  
That Members:
  - a. Note the update on action taken by the Trust in response to the 2018 CQC inspection findings.
  - b. Request a further progress update for the July 2019 meeting.

7. *Portsmouth Hospitals Trust – Update on actions following CQC report*  
That Members:
- a. Note the update on action taken by the Trust in response to the 2018 CQC inspection findings.
  - b. Request a further progress update for the July 2019 meeting.
8. *Solent NHS Trust – CQC Inspection Report*  
That Members:
- a. Note the CQC inspection findings.
  - b. Request an update on the two areas identified as requiring improvement, for the November 2019 meeting.

**Table 1**

<b>Topic</b>	<b>Relevant Bodies</b>	<b>Action Taken</b>	<b>Comment</b>
Care Quality Commission (CQC) Inspection of services – Southern Health NHS Foundation Trust	Southern Health NHS Foundation Trust  CCGs and partner organisations  CQC	The HASC received the latest CQC inspection report at the November 2018 meeting. The Trust received an overall rating of Requires Improvement.	The CQC published a comprehensive report on 3 October 2018 following inspections carried out at the Trust in May/June/July 2018. The HASC considered the report at the November 2018 meeting and requested an update for the March 2019 meeting on actions taken in response to areas requiring improvement.
<b>Recommendations:</b>			
That Members:			
<ol style="list-style-type: none"> <li>a. Note the update on action taken by the Trust in response to the 2018 CQC inspection findings.</li> <li>b. Request a further progress update for the July 2019 meeting.</li> </ol>			

<b>Topic</b>	<b>Relevant Bodies</b>	<b>Action Taken</b>	<b>Comment</b>
Care Quality Commission (CQC) Inspection of services – Portsmouth Hospitals Trust	Portsmouth Hospitals Trust  CCGs and partner organisations  CQC	The HASC received the latest CQC inspection report at the September 2018 meeting. The Trust received an overall rating of Requires Improvement.	The CQC published a comprehensive report on 9 August 2018 following inspections carried out at the Trust in April and May 2018. The HASC considered the report at the September 2018 meeting and requested an update in six months time on actions taken in response to areas requiring improvement.  The Trust have provided an update, see appendix

**Recommendations:**

That Members:

- a. Note the update on action taken by the Trust in response to the 2018 CQC inspection findings.
- b. Request a further progress update for the July 2019 meeting.

<b>Topic</b>	<b>Relevant Bodies</b>	<b>Action Taken</b>	<b>Comment</b>
Care Quality Commission (CQC) Inspection of services – Solent NHS Trust	Solent NHS Trust  CCGs and partner organisations  CQC	latest CQC inspection report requested	The CQC published a comprehensive report on 27 February 2019 following inspections carried out at the Trust in October 2018. The overall rating given to the Trust is 'Good'.  The Trust have provided a summary of the report and any action taken in response, see appendix. The full CQC report is also attached

**Recommendations:**

That Members:

- a. Note the CQC inspection findings.
- b. Request an update on the two areas identified as requiring improvement, for the November 2019 meeting.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	no

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Issues relating to the planning provision and/or operation of health services	18 September 2018
Issues relating to the planning provision and/or operation of health services	20 November 2018
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

**Hampshire Health and Adult Social Care Select Committee  
April 2019**

**Portsmouth Hospitals NHS Trust update**

Portsmouth Hospitals NHS Trust (PHT) is providing an update to the Health and Adult Social Care Select Committee on the following issue of interest:

**1. Care Quality Commission (CQC) reports**

- The CQC published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018. This paper provides a further update on progress against the findings from the inspections. This includes an update on the ensuing Section 29A Notice Quality Recovery Plan to help ensure the Trust fully complies with its regulatory obligations. An update on other regulatory enforcement actions previously in place is also included.

## Care Quality Commission report

The Care Quality Commission (CQC) published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018. The Trust's overall rating in each domain is as follows:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔	Requires improvement ↓	Requires improvement ↓↓	Requires improvement ↔	Requires improvement ↔	Requires improvement ↔

The arrows in each box indicate whether a domain has stayed the same, reduced, or changed by two levels of rating.

### Section 29A Notice

In response to its findings during the inspection, the CQC issued to the Trust a list of 54 requirements and 71 recommendations. In support of the list of must/should dos, the Trust was formally served with a notice under section 29A of the Health & Social Care Act 2012 requiring action to be taken by 31 October 2018.

Following completion of the S29A notice period, the Trust is developing a robust evaluation of the clinical impacts to date, and identifying further actions to ensure the long term sustainability of quality improvements relating to CQC standards of care.

### Trust Response

A Quality Recovery Plan was produced to help steer the Trust back to full compliance with its regulatory obligations. To support the actions identified an assurance approach linking both quantitative data and qualitative context has been applied to identify the impacts of the actions taken, rated in accordance with the CQC's own ratings system to provide a level of assurance of effectiveness. Management of the actions required is led clinically by divisions, and supported through twice-weekly operational update meetings to maintain pace and effectiveness.

The Trust is pleased to report progress against a number of the requirements, including:

- the completion of patient risk assessments and associated care planning
- ensuring prompt remedial action is taken in response to serious incidents
- completion of person centred and comprehensive care records in maternity services
- ensuring all staff report all incidents, including staff shortages
- ensuring staff in high risk areas for encountering patients living with domestic violence have a named staff member with skills in this area
- ensuring that all patient safety risks are captured on an appropriate risk register, which must describe planned and completed mitigating actions
- governance and quality oversight meetings, including Mortality Review Steering Group, to be regular and consistent

The Trust continues to challenge itself to develop further improvements in some areas, including:

- ensuring sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of the service
- ensuring all staff apply the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards in provision of care and treatment to patients
- ensuring patients and their relatives or carers are involved in and are kept informed about their care and treatment
- ensuring patient consent is properly sought and recorded in respect of display of patient identifiable information on boards in public parts of clinical areas

### **Assurance of Improvement Impact**

The Quality Recovery Plan (QRP) has developed further since September 2018 to focus on impacts and outcomes from actions taken. This provides additional assurance of effectiveness and uses a quantitative, and a contextual qualitative approach. The impact assessment methodology is closely aligned with the CQC's own guidance for its inspectors (**Appendix A**).

The QRP has been formally overseen via the Trust Quality Recovery Group (QRG). This includes Clinical Commissioning Groups (CCGs), NHS England, NHS Improvement and Healthwatch community stakeholders in addition to Trust leadership. The membership ensures that its function supports the Trust's wider quality assurance activity and engages key stakeholders including local CCGs, CQC NHS Improvement and NHS England. The QRG is chaired by the Chief Executive and membership includes Executive Directors and Divisional Nursing Directors.

The Director of Governance and Risk provides monthly updates to the Quality and Performance Committee and the Board, informed by discussions at the QRG.

The Trust and stakeholders also jointly held a Trust-wide quality review of services in January 2019. This supported and provided additional first hand assurance of progress being made and identified any actions still needed for improvement. The approach provided a rich source of further assurance and an ongoing programme of quality reviews has been developed for the year ahead.

Outcomes of the review supported the key themes already identified for improvement, which have been developed into focused improvement programmes to be implemented in the coming 12 months. These themes were consistent with progress detailed above:

- continued focus on improving documentation and patient safety
- strengthening governance and oversight in the new divisional structures as they now embed
- supporting clinical ward leadership and daily management to maximise care time

### **Next Steps**

The Quality Recovery Group will be replaced by a new Shared Assurance Programme Group from May/June 2019, to enable continued focus on any areas of quality concern to the Trust and CCGs.

The Trust has not yet received a further visit from the CQC to assess the impact of the actions taken to address S29A. We are expecting a routine full inspection later this year.

### **Other Regulatory Progress**

We are pleased to report that in addition to the progress above, a number of enforcement actions that had been in place have been removed by the CQC in response to improvements the Trust has made. These include:

#### **Section 31 (AMU) Notice**

This notice was issued on 3 March 2017 and removed on 19 October 2018. It related to ensuring sufficient staffing levels and skill mix in the Acute Medical Unit (AMU) and GP triage referral area to meet the needs of patients, and to ensure appropriate Standard Operating Procedures are in place. The Trust was required to report fortnightly against these conditions.

#### **Section 31 (Mental Health) Notice**

This Notice was issued on 12 May 2017. It related to ensuring suitably qualified and competent staff in the Emergency Decision Unit to provide safe, good quality care to patients with mental health problems and that appropriate risk assessments and treatment plans are completed for patients presenting to the ED.

The Notice also related to ensuring the identification and oversight of vulnerable patients across the organisation and that Deprivation of Liberty Safeguards and the Mental Capacity Act are applied appropriately. The Trust was required to report weekly against these conditions.


All conditions were removed 27 December 2018, with the exception of *“The Registered Provider must ensure that Deprivation of Liberty Safeguards are applied as per the requirements of Mental Capacity Act, 2005, prior to depriving a person of their liberty”*. This condition remains and the Trust continues to oversee and manage improvement, supported by the oversight process detailed below.


#### **Section 31 (Diagnostic and Screening Procedures)**


The Notice was issued on 28 July 2017. It related to a backlog of Radiology reporting and required weekly reporting. The condition was removed on 20 December 2018.


## Appendix A: Assurance methodology, taken from the CQC Inspectors guides

**How CQC monitors, inspects and regulates NHS trusts (March 2018)**

**Outstanding**  
 The service is performing exceptionally well.

**Good**  
 The service is performing well and meeting our expectations.

**Requires improvement**  
 The service is not performing as well as it should and we have told the service how it must improve.

**Inadequate**  
 The service is performing badly and we've taken action against the person or organisation that runs it.

**Aggregated metrics**  
 [CQC] principles for aggregation, with [CQC] professional judgement to apply them: examples:

Aggregated rating will normally be 'outstanding' where at least X number ratings are 'outstanding' and the other ratings are 'good'.

Number of underlying ratings	Number (X) of underlying outstanding ratings
1 – 3	1 or more
4 – 8	2 or more
9+	3 or more

Aggregated rating will normally be limited to 'requires improvement' where at least X number underlying ratings are 'requires improvement'.

Number of underlying ratings	Number (X) of underlying requires improvement ratings
1 – 3	1 or more
4 – 8	2 or more
9+	3 or more

**Ratings characteristics**

A core service or trust doesn't have to demonstrate every characteristic of a rating for us to give that rating.

E.g. if one of the characteristics is deemed inadequate and it has significant impact on the quality of care, this could lead to a total rating of inadequate.

In the same way, trusts don't need to demonstrate every characteristic of good in order to be rated as good.

Inspection teams use the ratings characteristics as a guide, not as a checklist. They take into account best practice and recognised guidelines.

**ENDS**

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## **SOLENT NHS TRUST** Report

Committee: Health and Adult Social Care Select Committee

Date: 02 April 2019

Title: Regulatory Update and ratings after a comprehensive Care Quality Commission inspection of 8 core services, and a Well-Led inspection in October and November 2018

Author: Moira Black, Head of Organisational Effectiveness and Compliance.

Report From: Sue Harriman, Chief Executive Officer, Solent NHS Trust

### 1. Purpose of Report

*1.1. The report below describes the circumstance and summary outcome of the 2018 Care Quality Commission regulatory inspections of Solent NHS Trust*

### 2. Contextual Information

*2.1. Solent NHS Trust underwent a comprehensive core services inspection of all 15 core services in June 2016. The overall rating at that time was Requires Improvement with the MH/LD service given an outstanding rating. In October and November 2018, we welcomed back the Care Quality Commission to undertake a core services inspection of all services that previously had a 2016 Requires Improvement rating, followed by the Board level inspection in November 2018.*

#### 2.2 2018 Inspection Update

*The Care Quality Commission (CQC) undertook an inspection of eight core services at Solent NHS Trust. These were:*

- 1. Community Adults*
- 2. Children and Families*
- 3. GP/Primary Care @ Adelaide HC*
- 4. MH/PICU*
- 5. MH/OPMH/Ward*
- 6. MH/OPMH/Community*
- 7. MH/Rehab IPU*
- 8. MH/Crisis/S136*

*In early November 2018, they returned to undertake the well led inspection of the Trust. This involved 31 interviews, mainly of the Board and senior leadership teams, plus two focus groups over a 2 ½ day period.*

*Both these inspections were announced, and no NHSI “Use of Resources” inspection was deemed required at this time.*

*On December 19 2018, the draft reports and factual accuracy form was received. The highly positive draft report gave an initial overall Trust rating of ‘Good’ with some outstanding practice noted within the Well Led report. Every single core service was rated Good or Outstanding overall.*

*We were issued with one Requirement Notice for a breach of Regulation 12(2)(g): the proper and safe management of medicines. This was in one small, discrete location only ie not system-wide.*

*We were advised of 36 areas of minor breaches of regulations; these areas of improvement are spread across Trust-wide and service lines for action. While “should do’s” are non-mandated, they positively influence Trusts to deliver best practice, and the time frame for these improvements is usually set as approximately 6-12 months, except where significant embedding is required*

*A full executive review of the factual accuracy took place, and this did result in a positive change to the ratings.*

*On February 26 2019, the final report was published, giving the Older People Mental Health (OPMH) in-patient unit an elevated rating of Outstanding for Caring. This had the added benefit of raising the whole Trust rating to Outstanding in caring, which is an excellent and well-deserved recognition of our exceptional care.*

*Our 2019 Comprehensive ratings table is displayed below.*

***The Requirement Notice for Medicines Management in PICU is listed as Appendix One.***

### **3. Progress and next actions**

*3.1 The Trust has returned a short but comprehensive action plan addressing the regulatory requirements of Regulation 12(2)(g) Medicines management. The actions are already well underway, and will be tracked through service-level governance, and for reviewed by Board at the Assurance Committee. Learning from this single location will be disseminated Trust-wide for maximal effectiveness.*

### **4. Commissioner support and involvement in next stages**

*4.1 Commissioners from both cities have received copies of the report and attended Assurance Committee on 21 March, giving them the opportunity to discuss any points of interest.*

## 5. Conclusion

5.1 *The Committee is asked to accept this report, and note the improvements in the period 2016-2018.*

### APPENDIX ONE

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Community mental health services with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Community health services for adults	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding ☆	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Substance misuse services	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Outstanding ☆	Requires improvement	Good	Good

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# Solent NHS Trust

## Inspection report

Highpoint Venue  
Bursledon Road  
Southampton  
Hampshire  
SO19 8BR  
Tel: 02380608900  
www.solent.nhs.uk

Date of inspection visit: 09 Oct to 18 Oct 2018  
Date of publication: 27/02/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Solent NHS Trust formed in 2011 and is the main provider of community services to people living in Portsmouth, Southampton and to parts of Hampshire. The trust is also the main provider of mental health services to people living in Portsmouth.

The trust operates in over 100 clinical sites spread across the Hampshire area employing over 3,400 staff (3,100 WTE) with an annual turnover of £180m.

When we inspected the trust in June 2016 the rating was requires improvement overall. However, there were specific areas of concern that necessitated three further inspections in 2017 as follows:

Unannounced focused Inspection of Safe for Community Children's and Young People in October 2017; this service was rated as Inadequate for safe in June 2016. Following inspection October 2017, the safe domain rating improved to requires improvement.

Inspection of Specialist Community Mental Health Services for children and young people in May 2017; this service was rated as Inadequate for safe, requires improvement for effective, responsive and well-led in June 2016. Following inspection May 2017, the rating for this service improved to good overall with outstanding for caring and requires improvement for responsive.

Focused inspection of Substance Misuse Services in May 2017; this service was rated as requires improvement for effective, responsive and well-led, inadequate for safe in June 2016. Following a focused inspection in May 2017 the service was rated as good in all domains.

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

The Trust provides the following Community Health Services:

- Community health services for adults
- Community health services for children, young people and families
- Community inpatient services
- Community end of life
- Community dental
- Community sexual health services

They also provide the following Mental Health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Long stay/rehabilitation mental health inpatient wards
- Mental health crisis and health-based places of safety

# Summary of findings

- Community-based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Older people community mental health teams
- Other specialist services (including community substance misuse services)
- Community Learning Disability services

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

The core services we inspected were Community health services for adults and Community health services for children, young people and families as part of our continual checks on the safety and quality of healthcare services. We also inspected five mental health services, these were acute wards for adults of working age and psychiatric intensive care units (PICUs), long stay/rehabilitation mental health wards for working age adults, wards for older people with mental health problems, mental health crisis services and health based places of safety and community based mental health services for older people

We selected the services for inclusion in this inspection based on those that were 'requires improvement' as a result of our findings at the previous inspections carried out in 2016 and 2017. Intelligence information we held on these areas indicated the need for re-inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall.

What we found is summarised in the section headed; Is this organisation well-led?

## What we found

Our overall findings indicated that most areas made improvements. The trust was rated overall as good and all of the services inspected were also rated as good.

Community Adults improved with the overall rating remaining the same.

Community children and young people improved from requires improvement to good for the overall rating.

Acute wards for adults of working age and psychiatric intensive care units (PICUs) stayed the same with a good overall rating.

# Summary of findings

Long stay/rehabilitation mental health wards for working age adults rating stayed the same with a good overall rating.

Wards for older people with mental health problems improved from requires improvement to good for the overall rating. The wards for older people with mental health problems also improved in the caring domain from a rating of good to outstanding.

Mental health crisis services and health based places of safety stayed the same with an overall rating of good.

Community based mental health services for older people improved from requires improvement to good for the overall rating.

## Overall trust

Our rating of the trust improved. We rated it as good because:

We rated safe, effective, responsive and well-led as good. The rating for caring improved from good to outstanding. We rated seven of the trust's 16 services as good. In rating the trust, we considered the current ratings of the primary medical services for general practices rated separately to this report and eight other services not inspected this time.

We rated well-led for the trust overall as good.

- Leadership teams were visible and supportive to frontline staff and demonstrated good knowledge and understanding of the services they provided.
- There was a positive organisational culture, which supported openness and transparency. Staff were mostly very happy to be working for Solent NHS Trust and spoke highly of their leaders.
- Managers involved staff in changes to services.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance, and had improved since our last inspection.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.



# Summary of findings

- People with the most urgent needs had their care and treatment prioritised. Waiting times were within the trust target.

However,

In the community services we found:

- Equipment was not always available in a timely way. For adults as well as children and young people there were delays with the provision of or repairs to wheelchairs.
- Electronic recording systems could not provide assurance about staff completion of appraisals or mandatory training. The figures provided by the trust indicated that some staff were not meeting the statutory and mandatory training targets set by the trust. The trust set training to zero each business year but this did not show assurance that any staff overdue training had dates set in a timely manner.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there were missed opportunities for escalation to plan to eliminate or reduce them.
- Staff in some teams had limited understanding about the Freedom to Speak up Guardian role
- Staff had variable understanding of their responsibilities towards the duty of candour legislation

In mental health services we found:

- Medications management was not always safe in the acute wards for adults of working age. Governance systems relating to the prescribing and medicines management had not identified any prescribing risks to patients sufficiently.
- There was limited access to psychological therapies and interventions in the long stay/rehabilitation wards and wards for older people with mental health problems.

Are services safe?

Our rating of safe improved. We rated it as good because:

In community services we found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Most areas of the service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Risks to patient's carers and families were assessed, monitored and managed appropriately.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed safety incidents well. Staff recognised incidents and reported them appropriately, Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service had suitable premises and equipment and looked after them well.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, staff turnover rates were higher than trust targets for some roles.

# Summary of findings

- Staff kept detailed electronic records of patients' care and treatment. Most records were clear, up-to-date and easily available to all staff providing care.

However:

- Electronic recording systems could not provide assurance about staff completion of mandatory training. The figures provided by the trust indicated that some staff were not meeting the statutory and mandatory training targets set by the trust. The trust set training to zero each business year but this did not show assurance that any staff overdue training had dates set in a timely manner.
- Equipment was not always available in a timely way. Patients were subject to significant delays in the provision of or repairs to wheelchairs, which affected the safety and well-being of many patients receiving community services. Ordering procedures resulted in delays of equipment for some patients.

In mental health services we found:

- Staff knew what incidents to report and how to report them. All staff understood their responsibilities in relation to safeguarding. Managers identified learning from incidents and changed practice to prevent incidents reoccurring. Staff demonstrated that changes had been made as a result of learning from incidents.
- The environments we visited were safe and clean. Furniture was in good condition. Staff adhered to infection control principles.
- There was enough staff employed in services with the correct skills to meet the needs of patients.
- Staff assessed patient risks and these were comprehensive.

However:

- Medications management was not always safe in the acute wards for adults of working age. Governance systems for prescribing and medicines management did not identify prescribing risks to patients.
- There was limited access to psychological therapies in the long stay/rehabilitation wards and wards for older people with mental health problems.

## Are services effective?

Our rating of effective improved. We rated it as good because:

In community services we found:

- The service mostly provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff in health visiting and school nursing, educated families and carers about nutritional health.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and allied healthcare professionals supported each other to provide good care. There was joined up working with other organisations.
- Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity. The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made adjustments for patients' religious, cultural and other preferences.

# Summary of findings

- The trust supported national priorities to improve the population's health and staff had access to health improvement training included weight management intervention, drug and alcohol dependency intervention and smoking cessation.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Electronic recording systems could not provide assurance about staff completion of appraisals. The trust set training to zero each business year but this did not show assurance that any staff overdue training had dates set in a timely manner.
- While staff we interviewed understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, the figures provided to us by the trust indicated some staff may not have the required training annually. Care plans in the special schools did not always detail the current care and support the student.

In mental health services we found:

- Staff completed care plans with all and these were updated as required. Care plans were holistic, recovery orientated and personalised. Staff documented patient involvement in their care plans.
- Staff completed full assessments of patients' mental and physical health needs. Patients had good access to physical healthcare.
- Staff were participating in quality improvement programmes and audited their practice. There was an audit programme which supported staff to monitor and develop services.
- Staff received an annual appraisal and received supervision regularly in the majority of services.
- Staff understood their roles and responsibilities under the Mental Health Act and the Code of Practice. Staff followed the Mental Health Act Code of Practice, including access to advocates, reading patients their rights and paperwork associated with the Mental Health Act.

However:

- Access to psychological therapies and interventions were limited on the long stay/rehabilitation and older persons wards.
- Staff appraisals and supervision was not always recorded in line with the provider's policy in the long stay/rehabilitation service.
- Staff were not referring patients to independent mental health advocates or independent mental capacity advocates to patients in the community based mental health services for older people.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

In community services we found:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

# Summary of findings

In mental health services we found that:

- All patients we spoke with told us staff treated them with kindness and respect.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Staff sought feedback from patients and carers about the service they had received.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

In community services we found:

- The services planned and provided services in a way that mostly met the needs of local people.
- The services took account of patients' individual needs. The services had taken steps to ensure vulnerable people were supported to use the service.
- The services treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However,

- Commissioning arrangements resulted in level of some services provided to children, young people and families differed depending on their home address and the location of some services did not fully meet the needs of the local population.
- There was no assurance that due to increase in the numbers of Looked after Children that all looked after children would receive health reviews that met the national guidance.
- Access to translation services was more limited in some geographical areas of the services.
- According to the trust's information, people who they were caring for did not always have timely access to initial assessment, test results, diagnosis, and treatment.

In mental health services we found that:

- Complaints were investigated by the trust and appropriate action was taken. Outcomes from investigations where complaints had been made were thorough and feedback about actions was provided to complainants.
- Patients had access to facilities to help meet their needs. These included rooms for activities, lounges, secure storage in their rooms and access to outdoor space.
- The trust had access to translation services for patients that did not speak English as a first language. Staff could request meals to meet dietary and cultural needs.
- There was information available about patients' rights, advocacy, local services and medication for patients. Staff could provide information in easy read and a variety of languages if needed.
- Staff made reasonable adjustments for patients with accessibility needs.
- Staff supported patients to access the wider community. This was done through escorted and unescorted leave. Local voluntary agencies attended the wards to engage in educational and training opportunities for the patients.

# Summary of findings

However,

- Patients could only make a private telephone call if they had their own mobile telephone on the older people's wards.
- There was no system in place that recorded when there was no health-based place of safety available to patients and patients had to be taken by the police to the local emergency department.

## Are services well-led?

Our rating of well-led improved. We rated it as good because:

In community services we found that:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve.
- Managers across the trust promoted a positive culture that supported and valued staff, treating a sense of common purpose based on shared values.
- Community teams had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, including winter plans.
- Community team collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Community teams engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Community teams were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- Most staff were not aware of the freedom to speak up guardian role. Most staff had a lack of understanding about their responsibilities towards the duty of candour legislation.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there was no plan to eliminate or reduce them and there was no assurance senior management were made aware of these risks.

In mental health services we found:

- All staff understood the trust's vision and values and how they related to their work place. There was an open culture and team morale in the majority of services was high. Staff told us they were proud to work for the trust.
- Staff told us in all services local leadership was strong and supportive. Staff felt valued. Staff told us senior leaders in the trust were visible and approachable.
- Staff felt able to raise concerns and that they would be listened to.
- The majority of services had good governance systems in place to ensure that managers had access to up to date performance data. This helped them to monitor and improve performance on the ward.
- Staff had embraced quality improvement programmes to help improve the services they worked in.
- Mental health teams were committed to improving services and learning from incidents and complaints to improve services.

# Summary of findings

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also considered factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in the headquarters of Solent NHS Trust.

Leaders had the experience, capacity, capability and integrity to ensure the strategy could be delivered and risks to performance addressed.

## Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We found 37 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

### Acute wards for adults of working age and psychiatric intensive care units

The trust must ensure:

Medication management is safe for all patients (Regulation 12)

## Action we have taken

We issued one requirement notice to the trust. Our action related to a breach of one regulation in one core service.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

We found examples of outstanding practice in the headquarters of Solent NHS Trust.

The vision and purpose was clearly stated and understood by staff, that Solent NHS Trust was working with its partners for patients in the community it served. There was a holistic approach at Solent NHS Trust to ensure that mental health was part of overall health and not separated at senior levels.

There was an embedded system of leadership development and succession planning for all senior roles.

The culture had been developing across the trust in respect of Allied Health Professionals (AHPs) and now all the specialisms were considered together as the whole AHP group and had a stronger voice through their own strategic framework. There was an intranet page for AHPs to upload information, which was said to be a very interactive platform.

# Summary of findings

There was a strong medical leadership for supervision and training alongside a quality improvement culture in the trust. The Solent Quality Improvement programme had been established to equip staff with confidence and skills to deliver improvements, there had been 500 staff trained in quality improvement.

Improvement in Information Governance compliance and awareness resulted in the ranking second out of 55 Mental Health Trust's on the Information Governance Toolkit.

All learning was recorded on a database where the source was a serious incident or from learning from death panels. There were panels held which each service line attended to both support and challenge colleagues with a focus on change. There was learning from positive outcomes for patients.

The trust was included in the National Institute for Health Research's annual league tables in 2018, named as the top performing trust having involved over 2,500 participants in 50 clinical trials, that focused on building an evidence base for community care and worked in partnership with a number of local universities to design research that was relevant to community services.

The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. The chief executive had taken a lead in local system reviews. We were told of the trust's proactive approach to system changes and integration being essential for the future and to manage resources.

We found examples of outstanding practice in Children's and Young People core service:

The take up for the National Child Monitoring Programme was 97.1%. This was better than the national average of 90%.

The service used various methods, such as Solent Young Shapers and the 15 Steps Challenge process, to seek the views of children and young people who used the services and use their views and opinions to support development and improvements to the services.

## Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Children's and Young people's services**

We found areas for improvement in this service.

The service should

- Improve the electronic systems so staff can access training modules with ease and there is an accurate record of staff training.
- Provide appropriate translation services in all areas where care and treatment is provided
- Act to ensure all staffing groups are up to date with mandatory training always and have received an annual appraisal and that any staff overdue training have dates set in a timely manner.
- Continue to keep under review risk to babies and young children because of health visitor new birth checks targets being outside (later) than the national guidance and taken appropriate action where a risk is identified.
- Act to identify, escalate and act to reduce all risks, using, where appropriate, the risk register process to record and monitor the risks and associated actions.

# Summary of findings

- Act to understand why some staff groups continue to use paper records rather than the trust electronic recording system. Where necessary act to ensure risk of inaccuracy of records due to use of both paper and electronic records is lessened.
- Act to ensure care plans for students at special schools accurately detail the care and support they need.
- Work with the commissioners to ensure children, young people and families have access to services regardless of where they live.
- Make plans, in response to the increased numbers of Looked after Children, to ensure the service can meet the national time scales for carrying out health reviews.
- Improve the equipment ordering process so children and young people do not experience delays with the provision of equipment including wheelchairs.
- Act to ensure all staff understand their responsibilities towards the duty of candour legislation.
- Make sure all staff are aware of the freedom to speak up guardian role and know how to contact the trust's freedom to speak up guardian.

## **Community Adults:**

- Act to ensure all staffing groups are up to date with mandatory training always and have received an annual appraisal and that any staff overdue training have dates set in a timely manner.
- Continue with work to improve the equipment ordering process so people do not experience delays with the provision of equipment especially wheelchairs, and identify ways to mitigate any subsequent risk or harm to patients.
- Continue to review and improve access to initial assessment, test results, diagnosis, and treatment for people to achieve the trust performance targets.

## **Wards for older people with mental health problems**

- The trust should ensure they continue to develop psychological treatments to meet patients' needs.
- The trust should ensure staff record capacity to consent to restrictive interventions in patients' records.
- The trust should ensure staff have access to an up-to-date ligature risk assessment and management plan.
- The trust should ensure sterile equipment is within its expiry date.
- The trust should ensure patients can make a telephone call in private.

## **Long stay/rehabilitation mental health inpatient wards**

- The trust should ensure staff appraisals are recorded in line with the provider's policy.
- The trust should ensure staff supervisions are recorded in line with the provider's policy.
- The trust should ensure psychological therapies and intervention, psychological input such as specialised risk assessments are delivered and conducted for patients who require these assessments in line with National Institute for Health and Care Excellence guidelines (NICE).
- The trust should ensure staff routinely check T2 and T3 forms when administering prescribed medicines.
- The trust should ensure sterile equipment is managed safely expiry date of these equipment are regularly checked.

## **Mental health crisis and health-based places of safety**

- The trust should ensure staff complete all mandatory training.



# Summary of findings

- The trust should ensure that teams keep a record of safeguarding referrals and the outcome.
- The trust should ensure the crisis team update care plans to reflect the most up to date treatment plan.
- The trust should record and monitor how often there is no health-based place of safety available to patients.
- The trust should ensure the crisis team make a record of daily maintenance checks.
- The trust should ensure all staff working in the health-based place of safety have access to the most up to date care information.
- The trust should ensure staff sign when they have supplied medication to patients.

## **Community based mental health services for older people**

- The service should ensure patients receive information about independent mental health advocates and independent mental capacity advocates and that staff are aware of how to refer patients to these services.
- The trust should ensure all staff complete Mental Health Act training.
- The trust should ensure that governance processes effectively track risks in all services and that they are held on the risk register.
- The service should ensure access to neuropsychology for patients who would benefit.
- The trust should ensure the caseload for the memory monitoring service can be managed safely if the number increases.

## Is this organisation well-led?

Our rating of well-led at the trust has improved. We rated well-led as good because:

- Leaders had the experience, capacity, capability and integrity to ensure the strategy could be delivered and risks to performance addressed.
- Leaders at all levels were visible and approachable. The board executives were described by the non-executive directors as strong, capable, talented, values driven and very open.
- There were clear priorities for financial sustainability and strength, quality assurance, risk and workforce management.
- There was a clear statement of vision and values, driven by quality and sustainability. The vision and purpose was clearly stated to staff, that Solent NHS Trust was working with its partners for patients in the community it served.
- The trust's strategy, vision and values underpinned a culture which was patient centred. The culture was very positive, open and honest, staff were listened to and heard. We found everyone we spoke with was extremely happy working at the trust.
- There were structures, processes and systems of accountability to operate a governance system designed to monitor the service and provide assurance. We saw that governance had become broader across the organisation since the 2016 inspection.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation

# Summary of findings

- We reviewed the board assurance framework that was well maintained and up to date. There were links to the trust risk register and the risks were presented with associated progress and target risk scores and timeframes.
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.
- There was good preparation for the information governance changes across the trust including how to manage any breaches. Where there had been information governance breaches these had been dealt with according to policy keeping the patient as the focus.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations.
- Staff felt engaged with through team meetings and the senior leadership team had regular interactions with line managers. For instance, there were regular manager meetings, a staff survey, team briefs and chief executive bulletins. Staff informed us that professional leads fed learning back to the front-line teams through local governance groups and team meetings.
- There were six public trust board meetings held per year, where experience of patients was shared both positive and following complaints.
- The trust promoted innovation for example, following an audit and a pilot in the sexual health clinic, staff had reviewed ways to contact patients such as through on-line services and texting whilst maintaining data protection rights.
- The trust was proud of the length of stay for patients being lower than the England national averages in both acute and detained mental health services, enabled by the crisis team supporting people at home. There were plans for further development of the crisis team to work in local emergency departments to encourage earlier intervention.
- There was a strong quality improvement culture in the trust, with a quality improvement fellow in the academy for research and development. The Solent Quality Improvement programme had been established to equip staff with confidence and skills to deliver improvements, there had been 500 staff trained in quality improvement.
- Improvement in Information Governance compliance and awareness resulted in the ranking second out of 55 Mental Health Trust's on the Information Governance Toolkit.
- All learning was recorded on a database where the source was a serious incident or from learning from death panels. There were panels held which each service line attended to both support and challenge colleagues with a focus on change. There was learning from positive outcomes for patients.
- There was clear learning from complaints and patient feedback with early resolution being actively sought by the trust.
- The trust was included in the National Institute for Health Research's annual league tables in 2018, named as the top performing trust having involved over 2,500 participants in 50 clinical trials, that focused on building an evidence base for community care and worked in partnership with a number of local universities to design research that was relevant to community service.
- The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. The chief executive had taken a lead in local system reviews We were told of the trusts proactive approach to system changes and integration being essential for the future and to manage resources.

However:

# Summary of findings

- An area for the trust to develop was equality and diversity for promotion in the trust's day to day work and for supporting opportunities for career progression.
- We were told there had been issues with the IT system in recording e learning and mandatory training and that the data was therefore not up to date.
- We reported in 2016 the issue of wheelchair provision for Solent NHS Trust patients for both adults and children, where at that time there were delays for up to two years. On this inspection we found the delays had continued and we spoke to patients who had a two year wait still in 2018. Since 2016 the trust had worked with the commissioners to assess the risks to their patients and a serious incident review of July 2017 set out the findings that there was harm to some patients both physically and psychologically. In 2018 there had been two independent reviews commissioned by the clinical commissioning groups to look at the clinical impact of delays. The review identified physical harm to patients. This work was ongoing, estimated to complete in December 2018. The trust reviewed its own processes to make improvements and reduce risk and need to continue to mitigate the risks for individuals under the care of the trust.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Mental health	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
<b>Overall trust</b>	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Community health services for children and young people	Good ↑ Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community health inpatient services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Community end of life care	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
<b>Overall*</b>	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019

\*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Wards for older people with mental health problems	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community-based mental health services for adults of working age	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Mental health crisis services and health-based places of safety	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019
Specialist community mental health services for children and young people	Good Sept 2017	Good Sept 2017	Outstanding ↑ Sept 2017	Requires improvement Sept 2017	Good Sept 2017	Good Sept 2017
Community-based mental health services for older people	Good ↑ Feb 2019	Good ↑ Feb 2019	Good Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community mental health services for people with a learning disability or autism	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016
Substance misuse services	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017
<b>Overall</b>	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Community health services

## Background to community health services

The trust provides community services across the Southampton and Portsmouth region, including community inpatients at Royal South Hants Hospital, Western Hospital, St Marys Hospital and Jubilee House. The trust also provides a range of community based services for adults and children and young people including Sexual Health, Dentistry, Learning Disabilities and End of Life Care.

The trust provides the following Community Health Services:

- Community health services for adults
- Community health services for children, young people and families
- Community inpatient services
- Community end of life
- Community dental
- Community sexual health services

In Southampton the trust has four community inpatient wards. Two are based at the Royal South Hants Hospital (43 beds in total, 10 of which support primary care, and direct access). The other two are based at Western Hospital providing specialist neuro rehabilitation (14 beds on Snowdon Ward for neurological rehabilitation and 10 beds on Kite Unit for more specialised neuropsychiatric rehabilitation).

In Portsmouth the trust has a ward based at St Marys Hospital (Spinnaker ward). Jubilee House is based in the North of the city and cares for patients with end of life and continuing care needs. All wards provide specialised rehabilitation. They are supported by a multidisciplinary team including administration; nursing, physiotherapy, pharmacy, occupational therapy, psychologists, healthcare assistants, care management, speech and language therapy, dietetics and medical staff. The wards provide care delivery for patients who are discharged from secondary care but require ongoing rehabilitation which cannot be delivered in their own homes (step down - RSH and Spinnaker only).

The trust provided an integrated musculoskeletal (MSK), persistent pain and rheumatology service in Southampton, and an integrated MSK and persistent pain service in Portsmouth. It provided a podiatry provision across the Solent NHS Trust geography. The trust also provides tuberculosis services and homeless healthcare services in Southampton City.

At this inspection 9 to 11 October 2018 we inspected services provided for adults in the community as well as service for children young people and families in a variety of sites including clinics and schools.

## Summary of community health services

Good 

# Summary of findings

Our rating of these services improved. We rated them as good because:

- In the community teams there was a positive organisational culture, which supported openness and transparency. Staff were mostly very happy to be working for Solent NHS Trust and spoke highly of their leaders.
- Leadership teams were visible and supportive to frontline community staff and demonstrated good knowledge and understanding of the services they provided.
- Managers involved staff in changes to services and actively sought feedback from local teams.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff mostly understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines management had improved since the last inspection and there was now system to ensure medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Multidisciplinary working was strong across the community services. Staff worked well together and with other organisations to deliver effective care and treatment.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.

However:

- Equipment was not always available in a timely way. For adults as well as children and young people there were delays with the provision of or repairs to wheelchairs.
- Electronic recording systems could not provide assurance about staff completion of mandatory training. The figures provided by the trust indicated that some staff were not meeting the statutory and mandatory training targets set by the trust.
- Health visiting performance was below the national average although had been risk assessed by the trust to focus on the families with the highest need.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there were missed opportunities for escalation to plan to eliminate or reduce them.
- Staff in some teams had limited understanding about the Freedom to Speak up Guardian role.
- Staff had variable understanding of their responsibilities towards the Duty of Candour legislation.



# Community health services for adults

Good   

## Key facts and figures

Solent NHS trust provides a range of community based services to adults in the Portsmouth, Southampton and Hampshire areas. Care is provided in a variety of settings including health clinics and home visits. Staff worked with health and social care teams in developing patient pathways that were integrated with health and social care into a single patient care record.

Services provided included community nursing, case management, palliative care in-patient rehabilitation wards and associated therapy support. A range of specialist nursing covered long term conditions including diabetes, tissue viability, cardiac, chronic obstructive pulmonary disease (COPD), bladder & bowel and stoma, Parkinson's disease, epilepsy and multiple sclerosis. The trust also provided general spasticity clinics, intrathecal baclofen services and a botulinum clinic.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We carried out an announced inspection over three days between 9th and 11th of October 2018.

Before carrying out the inspection, we reviewed a range of information submitted by the trust prior to the inspection. During the inspection we spoke with staff including community nurses, specialist nurses, doctors, physiotherapists, occupational therapists, community matrons, administrators, specialist nurses, managers and colleagues from social services.

We accompanied staff on home visits, attended team meetings and handovers, observed clinics and staff interactions with patients. We viewed patient records and spoke with or interacted with patients and their relatives in clinics and at home.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment
- Staff kept detailed electronic records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Community adults planned and provided services in a way that met the needs of local people. Services were delivered, made accessible and coordinated to take account of and meet the needs of different people, including those people in vulnerable circumstances.
- There was effective multidisciplinary working both across the community adults and with partner organisations. Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare and social care professionals supported each other to provide good care
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

# Community health services for adults

- Equipment was not always available in a timely way. Patients were subject to significant delays in the provision of or repairs to wheelchairs, which affected the safety and well-being of many patients receiving adult community services. Ordering procedures resulted in delays of equipment for some patients.
- While the service provided mandatory training in key skills for all staff the figures provided by the trust indicated that staff were not completing their training and were not compliant with statutory and mandatory training targets set by the trust.
- Staff we interviewed understood how to protect patients from abuse. The service provided staff with training on how to recognise and report abuse however, the data provided by the trust indicated that staff were not completing their training and were not compliant with statutory and mandatory training targets.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Comprehensive risk assessments were carried out for people who used the services and risk management plans were developed in line with national guidance. These were assessed, monitored and managed appropriately.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, staff turnover rates were higher than trust targets.
- Staff kept detailed electronic records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance.
- The service managed patient safety incidents well. Staff understood how to report incidents using the electronic reporting system and were encouraged to do so.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- While the service provided mandatory training in key skills for all staff the figures provided by the trust indicated that staff were not completing their training and were not compliant with statutory and mandatory training targets set by the trust.
- Equipment was not always available in a timely way. Patients were subject to significant delays in the provision of or repairs to wheelchairs, which affected the safety and well-being of many patients receiving adult community services. Ordering procedures resulted in delays of equipment for some patients.

# Community health services for adults

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare and social care professionals supported each other to provide good care.
- Care was delivered and reviewed by community adults in a coordinated way with different teams, services and organisations across the trust area.
- The trust supported national priorities to improve the population's health and staff had access to health improvement training included weight management intervention, drug and alcohol dependency intervention and smoking cessation.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Staff and managers told us they were up-to-date with staff appraisals and we were shown figures to that effect. However, data provided by the trust indicated that staff attendance at appraisals did not meet the trust target. Therefore, we could not be sure that the service made sure staff were competent for their roles.
- Staff we interviewed understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, the figures provided to us by the trust indicated that recorded training rates did not achieve the targets the trust had set itself. Accordingly, we could not be sure that staff were fully competent in this area.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

# Community health services for adults

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided services in a way that met the needs of people in their area, particularly those with long term or life limiting conditions.
- The service took account of patients' individual needs.
- Services were delivered, made accessible and coordinated to take account of and meet the needs of different people, including those people in vulnerable circumstances.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

- According to the trust's information, people who they were caring for did not always have timely access to initial assessment, test results, diagnosis, and treatment.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in community adults had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across community adults promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was centred on the needs and experience of people who used the services, and placed "patients at the heart of the trust", as outlined in the trust's vision and values.
- There were effective structures, processes and systems of accountability to support the delivery of good quality services.
- Community adults had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, including winter plans.
- Community adults collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Community health services for adults

- Community adults engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Community adults was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Community health services for children and young people

Good  

## Key facts and figures

Solent NHS trust provides a range of community based services to children, young people and families in the Portsmouth, Southampton and Hampshire areas. Care is provided in a variety of settings including schools, health clinics and home visits. Services provided include health visiting, school nursing, special school nursing, community children's nursing, children's continuing care nursing, community paediatricians, occupational therapy, physiotherapy, podiatry, orthotics, speech and language therapy, child protection nursing and medical services and Looked after Children's nurses.

The inspection was carried because the children, young people and family service was rated as requires improvement at the previous comprehensive inspection in 2016. A focused inspection in 2017 judged that improvements had been made in the safe domain, which resulted in the rating changing from inadequate to requires improvement in the safe domain. The other domains were not inspected in 2017. At this current inspection we inspected all domains for this service. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before carrying out the inspection, we reviewed a range of information submitted by the trust prior to the inspection. We carried out an announced inspection over three days between 9 – 11 October 2018. During the inspection we spoke with 76 staff including community nurses, doctors, physiotherapists, speech and language therapists, occupational therapists, community matrons, administrators, specialist nurses and managers.

We accompanied staff on home visits, attended team meetings and handovers, observed clinics and staff interactions with patients. We viewed 10 sets of patient records and spoke with or interacted with 12 children or young people and 16 relatives.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Children, young people and families were protected from poor care and abuse by staff who had the relevant skills and received appropriate support. This was by mandatory training, safeguarding awareness, competency assessments, supervision and appraisals. Where there were staff shortages the service took mitigating actions to reduce the level of risk to patients.
- The service had a culture of learning from where things had gone wrong, this included learning from incidents and complaints.
- The service mostly provided care and treatment based on national guidance. Staff followed processes to ensure management of medicines was carried out in a sure way that met national guidance.
- There was effective multidisciplinary working both across the trust and with partner organisations.
- The leadership of the service supported monitoring and improvements to the services they delivered. The service engaged well with patients, partner organisations and staff. Staff reported a supportive working environment that looked after their wellbeing as well as supporting them in their personal career development.

However,

# Community health services for children and young people

- Equipment was not always available in a timely way. Children and young people were subject to delays with the provision of or repairs to wheelchairs. Ordering procedures resulted in delays of equipment for some children.
- Electronic recording systems could not provide assurance about staff completion of mandatory training.
- Health visiting performance was below the national average
- Although the service had systems for identifying risks, not all risks were formally identified which meant there was no plan to eliminate or reduce them.
- Staff had limited understanding about the Freedom to Speak up Guardian role and their responsibilities towards the Duty of Candour legislation.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Most areas of the service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Risks to children, young people and families were assessed, monitored and managed appropriately.
- The service mostly had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Where issues with staffing were identified, mitigating actions were taken to reduce risks to patients.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed safety incidents well. Staff recognised incidents and reported them appropriately, Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However,

- Electronic systems did not evidence the service made sure all staff completed mandatory training and did not support staff to access training modules with ease.
- At a local level, there was a lack of assurance that staff who had not completed mandatory training in the previous year had completed mandatory training in the current year.
- Mixed use of paper and electronic recording by some staff meant records were not always made contemporaneously and increased risk of inaccuracy of records.
- Risks to patients associated with the process of ordering equipment provided by external providers were not mitigated.

# Community health services for children and young people

## Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

- The service mostly provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff in health visiting and school nursing, educated families and carers about nutritional health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There was joined up working with other organisations.
- Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity.

However

- Health visiting performance was below the national average and did not fully meet national guidance about timeliness of health visitor reviews of babies and young children.
- We were not assured that processes were effective to ensure all staff had an annual appraisal.
- Care plans in the special schools did not always detail the current care and support the student.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. We rated it as good because:

- The service planned and provided services in a way that mostly met the needs of local people.



# Community health services for children and young people

- The service took account of patients' individual needs. The service had taken steps to ensure vulnerable people were supported to use the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However,

- Commissioning arrangements resulted in level of service provided to children, young people and families differed depending on their home address and the location of some services did not fully meet the needs of the local population.
- There was no assurance that due to increase in the numbers of looked after children that all looked after children would receive health reviews that met the national guidance.
- Access to translation services was difficult in some geographical areas of the service.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve.
- Managers across the trust promoted a positive culture that supported and valued staff, treating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- Most staff were not aware of the Freedom to Speak up Guardian role. Most staff had a lack of understanding about their responsibilities towards the Duty of Candour legislation.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there was no plan to eliminate or reduce them and there was no assurance senior management were made aware of these risks.

# Mental health services

## Background to mental health services

Solent NHS trust provides mental health and learning disability services to all ages in Portsmouth. Adult mental health inpatient services are provided at St James hospital, Southsea and in community teams across Portsmouth.

The trust provide the following Mental Health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Long stay/rehabilitation mental health inpatient wards
- Mental health crisis and health-based places of safety
- Community-based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Older people community mental health teams
- Other specialist services (including community substance misuse services)
- Community Learning Disability services

At this inspection 16 to 18 October 2018 we inspected five mental health services. These were acute wards for adults of working age and psychiatric intensive care units (PICUs), long stay/rehabilitation mental health wards for working age adults, wards for older people with mental health problems, mental health crisis services and health based places of safety and community based mental health services for older people

## Summary of mental health services

**Good**  

- All the environments we visited were safe and clean. Furniture was well maintained and in good condition. Staff adhered to infection control principles.
- Staff understood what incidents to report and how to report them. Staff understood their responsibilities in relation to safeguarding. Managers identified learning from incidents. Staff demonstrated changes had been made as a result of learning from incidents.
- There was a high level of compliance with training and staff reported having received a thorough induction.
- There was enough staff employed in services with the correct skills to meet the needs of patients.
- Staff assessed patient risks and these were comprehensive.

# Summary of findings

- All staff were respectful, compassionate and kind towards patients. Staff were friendly, approachable and supportive. We saw positive interactions between staff and patients. Staff were highly motivated and provided care in a way that promoted patient's dignity.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Staff completed care plans with patients and these were updated as required. Care plans were holistic, recovery orientated and personalised. Staff completed full assessments of patients' mental and physical health needs. Patients had good access to physical healthcare.
- Staff received annual appraisals and regular supervision.
- Patients knew how to complain. Complaints were investigated by the trust and appropriate action was taken. Staff were familiar with the complaints process and could provide examples where complaints had influenced change.
- There was a range of information available to patients about rights, advocacy, local services and medication for patients. Staff could provide information in easy read and a variety of languages if needed.
- Patients were encouraged to engage in the wider community.
- Staff understood the trust's vision and embedded these in their work. There was an open culture and team morale in the majority of services was high. Staff were proud to work for the trust.
- Staff told us in all services that local leadership was strong and supportive. Staff felt valued by the trust. Staff told us senior leaders in the trust were visible and approachable.
- The majority of services had governance systems in place.

However:

- Medications management was not always safe in the acute wards for adults of working age. Governance systems relating to the prescribing and medicines management did not identify any prescribing risks to patients sufficiently.
- There was limited access to psychological therapies and interventions in the long stay/rehabilitation wards and wards for older people with mental health problems.

# Community-based mental health services for older people

Good ● ↑

## Key facts and figures

Solent NHS Trust community based mental health service for older people has one community mental health team (CMHT) in Portsmouth. The CMHT for older people provide mental health care for people with mental ill health and promote out of hospital care. The services are available Monday to Friday within working hours. Solent NHS Trust provides a crisis service for urgent out of hours care. The service provides specialist assessment, diagnosis and treatment for people over the age of 65 with organic or functional mental illnesses. The service has a mix of staff specially trained in the management of mental health problems in older people such as anxiety disorders, schizophrenia, dementia and depression.

At the last inspection we rated community based mental health services for older people as requires improvement in safe, effective, well led and good in responsive. Caring was not given a rating at this inspection as there was not enough evidence available.

This inspection was announced (staff did know we were coming) to ensure everyone we needed to talk to was available.

We inspected all five key questions: Safe, Effective, Caring, Responsive and Well led.

During the inspection visit, the inspection team:

- visited the team base
- checked the medicines storage facilities
- spoke with the team manager
- spoke with 11 members of staff including registered nurses, occupational therapists and doctors.
- reviewed eight patient care records
- observed five patient appointments
- spoke with five patients
- spoke with three carers
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service improved. We rated it as good because:

- All environments we visited were clean and comfortable. The team base had disabled access and toilets. Appropriate equipment was available to staff and regular checks were in place.
- All patients had high quality care plans in place with well documented patient and carer involvement. There was regular assessment of mental and physical health needs.
- Patients and carers told us they were happy with the care they received from the team.

# Community-based mental health services for older people

- The team was proactive in its approach to quality improvement and undertook regular audits to ensure quality of care. The team was also involved in quality improvement projects.
- There was a proactive approach to managing risk. Each patient had a high-quality risk assessment and the team held weekly risk meetings.
- There was evidence of good leadership within the team. The manager was visible and supportive and created a positive culture with good staff morale.

However;

- Ligature points identified in a risk assessment did not feature on the risk register. There was no mitigation in place for the ligature points which meant that staff may not be aware if a patient tied a ligature.
- Staff did not offer independent mental health advocates or independent mental capacity advocates to patients.
- There was no access to neuropsychology for patients.
- There was no clear discharge procedure or maximum caseload size for the memory monitoring service. This caseload number could potentially become risky in the future unless staffing levels are closely managed.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The team base was safe and clean. Interview rooms and patient waiting areas were well maintained and furniture was in good condition.
- Nurses triaged all initial referrals. They escalated any referrals to the crisis team that required an urgent response.
- Staff adhered to infection control principles, including handwashing. The manager completed hand hygiene audits and posters on hand hygiene were visible throughout the base.
- The team had safe lone working procedures and included the use of a portable alarm system on home visits, which tracked their location and had an emergency alarm.
- The manager held weekly meetings for the team to review patient risks and required actions. Patient risks were also reviewed in regular multidisciplinary team meetings.
- Staff reviewed the effects of medication of patient's physical health. Doctors undertook physical health screening for patients before starting and whilst receiving antipsychotic medication, including screening blood tests. Staff also completed necessary physical health checks for patients prescribed anti-dementia drugs.
- Nurses checked patient's physical observations before administering depot medication and two nurses would check the depot prescription prior to administration.
- Nurses monitored the storage temperature of medicines and transported medication in lockable bags to patient's homes in line with trust policy.

However;

- Environmental risk assessments had been completed however the ligature points risk assessment did not contain any actions against several highlighted ligature points. The work required did not feature on the risk register.

# Community-based mental health services for older people

- Staff were not having discussions with patients about advanced decisions.
- The memory monitoring service caseload held 634 patients. Staff were managing this caseload well however there was no clear discharge procedure or maximum caseload size for the memory monitoring service. This caseload number could potentially become risky in the future unless staffing levels are closely managed.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff completed care plans with all patients at assessment and were updated as required. Care plans were holistic, recovery orientated and personalised. Staff documented patient involvement well and included concerns around mental capacity and best interests decisions.
- Staff completed and documented physical health assessments where required and communicated well with district nursing teams. All patients received physical health assessments at initial referral.
- The service offered a range of treatment options suitable for the patient group. The treatments were those recommended by, and were delivered in line with National Institute for Health and Social Care Excellence (NICE) guidance. These included medication and psychological therapies.
- Staff were trained in psychological therapies such as cognitive behavioural therapy and motivational interviewing. There was also access to a clinical psychologist.
- Staff were competent and confident in the key principles of the Mental Capacity Act. Staff clearly documented issues around capacity. Capacity assessments were regularly undertaken and were decision specific and of good quality.

However;

- The team was not routinely collecting information of patient outcomes.
- There was no patient access to neuropsychology. This would be of benefit to patients when routine cognitive testing does not clearly indicate whether a patient has a cognitive impairment or if it is not clear what the correct dementia subtype diagnosis is.
- Staff were not referring patients to independent mental health advocates or independent mental capacity advocates to patients.
- Staff were not trained in the Mental Health Act. We found that 50% of staff requiring training had completed it.

## Is the service caring?

Good 

We did not rate caring at our last inspection. We rated it as good because:

- Staff treated patients with dignity and respect. During our observations of patient's appointments, staff showed a caring and compassionate attitude towards patients.

# Community-based mental health services for older people

- Patients and carers told us they felt satisfied with the care they received. Staff were described as kind, caring and supportive and quick to respond in a crisis. One carer told us that a nurse went “above and beyond” to form a therapeutic relationship with her husband, showing persistence, patience and kindness.
- Staff routinely involved patients and carers in decision making. During our observations of appointments, staff communicated with people so that they understood their care, treatment and condition.
- Staff sought feedback from patients and carers about the service they had received. We found those with personal experience of using services had recently supported management in recruiting new staff.
- Staff identified and included patient’s views, aims and goals in care plans and risk assessments. Patient’s care plans were person centred.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Nurses triaged the referrals and patients would be seen in order of priority. Nurses were able to refer to the crisis team if necessary. There was no waiting list for the service.
- Staff made reasonable adjustments for patients with accessibility needs. There service had an automatic door and a ramp into the building for wheelchair access. There was an arrangement for patients with wide wheelchairs who needed to be seen in a clinic room to access a clinic room in an adjacent building.
- Staff were flexible in engaging with patients. Appointments were held in the consulting rooms or at the client’s home. Staff were proactive in attempt to re-engage patients who did not attend their appointments and would involve carers in this process.
- Staff used interpreters to support patient appointments and to translate written correspondence when required.
- Staff were responsive and made changes because of patient and carer feedback and complaints. Feedback was sought through the friends and family survey.
- The service responded to and thoroughly investigated complaints. Information on the patient advice and liaison service was displayed in the waiting area.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The team benefited from strong leadership. The team manager demonstrated the skills, knowledge and experience to carry out the role effectively. Staff spoke highly of the team manager and told us the manager was supportive and easily accessible.
- The manager and staff were aware of the trust vision and strategy and how it applied to their service. The team had developed their own team mission statement and team objectives.
- The manager implemented monthly staff surveys within the team to monitor staff morale and positive and negative comments staff had about the previous month.

# Community-based mental health services for older people

- The team manager held monthly governance meetings for the whole team. Feedback from incidents, deaths and risks were discussed and minutes were shared with the team. The manager escalated issues from the team governance meeting to the senior management governance meeting if required.
- Staff discussed risk in their monthly governance meetings. The team manager would take any risk items requiring further action to the senior management governance.
- Quality improvement projects that had taken place included a project about patient and carer involvement in their care and improvement to care plan and risk assessment documentation.

However;

- The governance systems in place did not track risks or ensure they were mitigated. The trust maintained a risk register but this did not include any entries for the team. The team manager did not hold a local risk register. The ligature points risk assessment did not feature on the trust risk register.



# Mental health crisis services and health-based places of safety

Good   

## Key facts and figures

Solent NHS Trust mental health crisis service and health-based place of safety is based at the Orchards, St James Hospital. There is one health-based place of safety suite and one crisis team.

The mental health crisis service provides assessment, care and treatment for adults aged 18 and above who are experiencing mental health crisis.

The health-based place of safety is next to a psychiatric intensive care ward.

At the last comprehensive inspection in June 2016 we rated the service as good overall with a rating of requires improvement in the well led domain.

We found improvements the trust needed to make. These were in relation to crisis staff completing mandatory training. This requirement was not met at this inspection. There were also improvements required in relation to the operating procedures, governance procedures, reporting of incidents and the safety of staff at the health-based place of safety. The trust had met these requirements at this inspection.

Before the inspection visit we reviewed information that we held about these services, and asked a range of other organisations for information.

During the inspection visit the inspection team:

- visited the crisis team and the health-based place of safety
- interviewed a manager of the crisis team, the health-based place of safety lead and a senior trust manager
- interviewed the police liaison officer for the health-based place of safety
- reviewed 16 care records
- spoke with four patients
- spoke with 12 staff, including nurses, social workers, administration staff, support workers and doctors
- reviewed policies, meeting minutes and assessments related to the running of the services.
- observed staff members working with patients on four occasions.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- There were robust systems in place to keep staff safe, including personal alarms. All staff knew how to report incidents on the electronic system and made safeguarding referrals as needed. The teams learnt from incidents and could show changes they had made to prevent similar incidents happening. Staff assessed and reviewed patient risk regularly.
- Staff completed assessments promptly after admission and developed treatment plans that were recovery focused. The teams followed national guidance and the crisis team offered appropriate psychological therapies.

# Mental health crisis services and health-based places of safety

- Staff were compassionate towards patients. Patients and carers were involved in decisions about their care and the development of the service. Staff signposted patients to other services that could support them and encouraged families to have carers assessments.
- Staff in the crisis team offered appointment times to suit patients, were flexible and actively worked to engage with patients. The teams worked to meet patients' needs; offering food and lifts home to patients.
- Managers were supportive, approachable and encouraged staff to review and improve their practice. The teams' vision reflected the trust's values. Senior trust managers supported the development of team manager's leadership skills. Team leaders encouraged staff to work towards improving quality. There were effective governance systems in place and managers acted to address any identified concerns.

However:

- The crisis team had low compliance with mandatory training and the manager did not keep a record of safeguarding referrals made by the team. The health-based place of safety did not follow the trust's seclusion pathway.
- The crisis team's care plans were not always up to date.
- Managers did not monitor when there was no health-based place of safety available to patients.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- There was a personal alarm system in place for staff to call for assistance in both the crisis team interview rooms and the health-based place of safety. There were staff safety protocols in place that staff followed.
- There was enough staff employed with the correct skills at both the crisis team and the health-based place of safety.
- Staff completed risk assessments for all patients and reviewed risk regularly.
- All staff understood and reported safeguarding issues, on the trusts electronic incident system and to the local safeguarding team.
- Managers identified learning from incidents and changed practice to prevent incidents reoccurring.
- The crisis team manager would be able to track the number of safeguarding referrals made by the team following changes to the incident reporting system.

However:

- There was low compliance with some mandatory training at the crisis team. Mental Capacity Act training, Mental Health Act training and information governance were all below 75%.
- The team manager did not keep a record of safeguarding referrals.
- Private ambulance crews did not have access to the electronic care record.
- Staff did not always sign when they had supplied medication to patients.

# Mental health crisis services and health-based places of safety

## Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We rated it as good because:

- All patients had an up to date assessment of their mental and physical health needs and all crisis team patients had a plan of care in place that was recovery focused.
- Teams followed guidance from the National Institute for Health and Care Excellence and psychological therapies were available for patients accessing the crisis team.
- All staff received a local induction and staff on the crisis team shadowed colleagues for a month.
- Staff reported that managers supported them and that team and peer supervision gave them the opportunity to improve practice.
- There were good working links with other teams and organisations including local GP's, local mental health community teams and approved mental health practitioners.
- The staff teams understood their responsibilities under the Mental Health Act and Mental Capacity Act and knew where to get advice when needed.

However:

- The crisis team did not always update care plans to reflect the current treatment plan.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff showed compassion and kindness in all interactions we saw. They signposted patients to other services and respected the patients' confidentiality.
- Patients were involved in decisions about their care. There was a patient forum, workshops and feedback forms to get patient and carers opinions.
- Staff referred carers to a local family centre where they could have a carers assessment.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The service was available to patients when they needed it and the crisis team rarely cancelled appointments. Staff worked flexibly to offer a service to patients who were difficult to engage.
- The crisis team and the health-based place of safety had enough suitable space to meet patients' needs.

# Mental health crisis services and health-based places of safety

- There was information available about patients' rights, advocacy, local services and medication for patients. Staff could provide information in easy read and a variety of languages if needed and could access interpreters.
- The crisis team provided food to patients and there were arrangements made to ensure patients were transported home from the health-based place of safety.

However:

- There was no system in place that recorded when there was no health-based place of safety available to patients and patients had to be taken by the police to the local emergency department.

## Is the service well-led?

**Good** ● ↑

Our rating of well-led improved. We rated it as good because:

- The managers of both the crisis team and the health-based place of safety were visible, approachable, and available when needed by their teams.
- There was leadership mentoring available from senior trust managers.
- Both teams were under taking initiatives to improve the quality of the service they provided.
- All staff understood the trust's values and how they related to their work place. There was an open culture and although team morale went up and down staff reported feeling proud of where they worked.
- There were robust governance systems in place at both the crisis team and health-based place of safety and senior managers responded quickly to any concerns.

# Wards for older people with mental health problems

Good ● ↑

## Key facts and figures

Brooker unit is a 22-bedded older persons ward for both men and women. The trust has divided the ward into two areas. One area cared for 14 patients with an organic illness. An organic illness is usually caused by disease affecting the brain, such as Alzheimer's. The other area with eight beds, cared for patients with a functional illness. A functional illness usually has a psychological cause, such as depression.

Brooker unit is located at St James Hospital.

We last carried out a comprehensive inspection of Brooker ward in June 2016, at which we found that the trust needed to make a number of improvements. In June 2016 we rated the service as Requires Improvement for Safe, Requires Improvement for Effective, Good for Caring, Good for Responsive and Requires Improvement for Well-Led.

This inspection was unannounced to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about this service and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- spoke with one ward manager
- spoke with 12 staff
- attended one team training session
- observed one well-being group
- observed one staff handover
- reviewed five patients' records
- reviewed a number of policies, meetings minutes, personnel records and supervision records

## Summary of this service

Our rating of this service improved. We rated it as good because:

- Staff assessed and managed risk well. Staff regularly risk assessed the care environment and gave strong consideration to observation of patients, potential ligature points and blind spots. Staff worked to reduce incidents on the ward including falls. Staff communicated information relating to risk effectively to the oncoming shift and wider multidisciplinary team. Staff made safeguarding referrals when incidents met the safeguarding threshold.
- Staff monitored patients' physical health. Staff used a range of tools and scales to assess and review patients' physical well-being. Staff supported patients to live healthier lives through education and well-being groups. Care records were mostly detailed, holistic and person centred.
- The trust had invested in creating a dementia friendly environment. Doors and walls had been painted with appropriate colours. There was pictorial signage with wording on doors and there was an orientation board for patients in communal areas.

# Wards for older people with mental health problems

- Staff received an effective induction and supernumerary period. Managers supervised staff and completed a yearly appraisal. Staff were encouraged to professionally develop and had access to additional internal or external training courses.
- Staff complied with the Mental Health Act and Mental Capacity Act. Detained patients received their rights in line with trust policy and were written up for section 17 leave. Staff assessed patients' mental capacity when there was doubt about their capacity to make a particular decision and made applications to the local authority to deprive patients of their liberty under the Deprivation of Liberty Safeguards when necessary. Staff had support and advice from the Mental Health Act administrator within the trust for issues relating to the Mental Health Act and Mental Capacity Act.
- Patients said staff were kind to them and treated them with dignity and respect. Patients were well orientated to the ward environment. Patients felt involved in their care.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- There was strong leadership on the ward and staff felt senior leaders were visible and approachable. Staff felt valued and respected and the trust supported them to develop within their role.

However:

- Patients did not receive psychological treatments to meet their needs. A psychologist had been employed by the trust but had not yet started. Patients who needed psychological therapy were referred to improving access to psychological therapies (IAPT) or supported by the occupational therapists with low level therapies such as mindfulness and breathing exercises.
- The local ligature audit did not update staff on the actions that had been taken to reduce ligature risks.
- Sterile equipment was not managed safely as we found a number of products that had dates expired.
- Capacity to consent to restrictive interventions such as bed sensors and sensor mats were not clearly recorded on the new care planning system.
- Patients could only make a private telephone call if they had their own mobile telephone. Patients could access the ward phone but had to do this under supervision.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff completed regular risk assessments of the care environment. Staff mitigated blind spots and ligature points on the ward through risk management plans and maintained work. Patients' individual risk assessments were up-to-date. Staff responded appropriately to changes in patients' risks.
- All staff knew what incidents to report and how to report them. All staff understood their responsibilities in relation to safeguarding. Staff demonstrated that changes had been made as a result of learning from incidents. The nursing team were keen to learn from incidents internally and externally.

# Wards for older people with mental health problems

- Medicines were managed safely. Staff administered medicines in line with the patients' prescription charts. Medicines were stored securely in locked cabinets and fridges within the locked clinic room. Medicines were only accessible by clinical staff.
- The trust ensured that staffing levels were sufficient to keep patients safe. Patients had regular one-to-one time with their named nurse because there were enough staff to ensure this happened. There was adequate medical cover day and night and staff had no concerns about accessing medical cover in an emergency.
- Staff were committed to reducing falls on the ward. Staff had completed a recent quality improvement project to reduce the number of patient falls on the ward. There had been a reduction in falls as a result of the project, outcomes were fed back to staff, patients and carers on communal notice boards.
- Staff training compliance was high. The trust had worked hard to ensure that staff received the right training to carry out their role.
- The ward was clean and tidy throughout and staff followed infection control principles. Staff completed regular checks on emergency equipment.

However:

- The local ligature audit did not update staff on the actions that had been taken to reduce ligature risks.
- Sterile equipment was not managed safely as we found a number of products that had dates expired.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- Staff completed a full assessment of patients' mental and physical health needs. Patients had good access to physical healthcare. There was a physical health lead within the trust who had supported staff to improve the physical healthcare pathway. Staff within the trust monitored and audited the completion of physical health tools.
- Staff were committed to quality improvement and frequently audited their practice. There was a full audit programme which supported staff to deliver high quality care. Results from audits were fed back to staff, patients and carers through team meetings and posters on communal notice boards.
- Staff received an annual appraisal or were booked in to receive one and received supervision frequently. Staff received a thorough induction and were supported to develop their skills and knowledge.
- Staff held effective weekly multidisciplinary meetings and communicated information in the team well. Daily handovers were thorough and provided staff with updates on patient risks and changes to plans of care.
- Staff on the ward complied with the Mental Health Act and Mental Capacity Act. Patients received their rights in line with the Mental Health Act. Patients were able to use their section 17 leave and informal patients knew they were free to leave the ward if they wanted to. The trust audited the use of the Mental Capacity Act and Mental Health Act.
- Staff supported patients to live healthier lives through well-being groups, facilitating light exercise groups and providing advice on smoking cessation and keeping active.

However,

# Wards for older people with mental health problems

- Patients did not receive psychological treatments to meet their needs. A psychologist had been employed by the trust but had not yet started. Patients who needed psychological therapy were referred to improving access to psychological therapies (IAPT) or supported by the occupational therapists with low level therapies such as mindfulness and breathing exercises.
- Capacity to consent to restrictive interventions such as bed sensors and sensor mats were not clearly recorded on the new care panning system. Staff told us they had risk assessed these and discussed with patients but not documented the outcome.

## Is the service caring?

**Outstanding**  

Our rating of caring improved. We rated it as outstanding because:

- All patients we spoke with told us that staff were kind and treated them with respect.
- Staff maintained patients' confidentiality. Records were kept securely in a locked office and on secure computers.
- Patients were orientated to the ward on admission. Staff gave patients an admission pack as part of the admission process to help settle them in.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Patients felt involved in their care. Staff involved patients in planning their care. Records showed evidence of discussion with patients about goals and aims for admission. Patients had choice over what they ate and said the food tasted good. Staff held a weekly patient forum where patients could share their views about their care.
- The two carers we spoke with told us that they were involved in treatment decisions and staff regularly updated them with the patients' consent.

## Is the service responsive?

**Good**   

Our rating of responsive stayed the same. We rated it as good because:

- Staff had committed to developing a dementia friendly environment. Doors and walls had been painted with appropriate colours. There was pictorial signage with wording on doors and there was an orientation board for patients in communal areas.
- All patients had their own bedrooms with en-suite shower rooms. Patients could personalise their bedrooms with their belongings and had designed their own door sign unique to them.
- Beds were available for patients living in the catchment area and made sure patients going on short-term leave could access a bed on the ward when they returned. Staff held weekly capacity and flow meetings which had improved issues with moving patients on to appropriate placements.



# Wards for older people with mental health problems

- There were a range of therapy rooms available for patients to use. Therapy rooms were spacious and well-stocked for therapeutic activities.
- The main site entrance and Brooker ward were fully accessible to people with physical disabilities. There was a disabled access toilet in reception, wide doorways and corridors and a disabled access bathroom and shower rooms on the ward.
- Staff supported patients where English was not their first language. Staff learnt short statements for patients whose first language was not English, some staff had a translator application on their phone.
- Complaints were investigated by the trust and action was taken. Outcomes from investigations where complaints had been made were thorough and feedback about actions was given to complainants.

However,

- The outside space was not suitable for the client group. The trust had signed off a bid to refurbish all three gardens to make them dementia friendly.
- Patients could only make a private telephone call if they had their own mobile telephone. Patients could access the ward phone but had to do this under supervision.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- There was strong leadership demonstrated on the ward. Staff felt supported and valued. Senior leaders were visible on the ward and available when staff needed them. The trust supported staff to develop their leadership skills. Leadership courses were available to staff internally and externally.
- Staff had developed thorough governance processes on the ward. Governance process included oversight of safeguarding, incidents and accidents, complaints and quality improvement. Staff were aware of outcomes from governance meetings and knew what the quality improvement priorities for the ward were.
- Staff had made significant changes as a result of complaints from patients and carers.
- All staff were referred to occupational health following long term sickness. Staff had access to an anonymous helpline if they were experiencing stress at work or at home and required support. Staff knew how to access the freedom to speak up guardians.
- The trust held monthly staff awards in recognition of staff success.
- The ward manager had access to all the information required to be able to carry out the management role and had a good understanding of the service they managed. Staff on the ward felt supported and felt the ward was well-led. Staff could access up-to-date information about developments within the trust on the trust intranet. The trust collected feedback through the family and friends survey.
- There was a clear statement of the trust's vision and values. The trust's vision and values had been incorporated into the appraisal process and a local vision had been developed with staff at ward level.

# Long stay or rehabilitation mental health wards for working age adults

Good   

See guidance note ICS 1 – then delete this text when you have finished with it.

## Key facts and figures

Solent NHS Trust has one long stay/rehabilitation mental health ward for working age adults. Oakdene ward is a fifteen bedded, single storey ward for men and women co-located with other services on the St James Hospital site.

Oakdene ward admitted male and female patients from acute mental health ward, from male low secure services or supported living. Oakdene is a high dependency rehabilitation unit. The service aimed to provide rehabilitation treatment to enable the patient to live independently or in supported accommodation.

We last inspected the service in June 2016. At that time, we rated the service as good overall but told the provider it must:

- Remove non-collapsible curtain rails and other anti-ligature work identified in its audit is completed.

We found this issue had been addressed during this inspection.

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients and staffs at focus groups.

Our inspection on the 18 October 2018 was announced. We looked at all five key domains; safe, effective, caring, responsive and well led.

During this inspection, the inspection team:

- visited Oakdene ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the modern matron
- spoke to deputy ward managers
- spoke with 19 other staff members; including a psychologist, an occupational therapist, an occupational therapy technician, an activity co-ordinator, a physiotherapist, nurses and health care assistants and a student nurse.
- attended and observed one hand-over meeting, one morning planning meeting and four therapy groups.
- looked at seven treatment records of patients
- reviewed five medicine prescription charts
- reviewed six staff records
- reviewed three incident reports
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

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# Long stay or rehabilitation mental health wards for working age adults

- Staff had built good relationships with patients. Staff gave patients information about the service and what treatments were available. The information was provided in a number of formats and was available to patients and upon their request at any later date.
- The service had regular fortnightly ward rounds that focused on multi-disciplinary and multi-agency working. There had been recruitment on the ward to improve staffing numbers since our last inspection in 2016. New staff were provided with induction and a personal development program with regular reviews with managers and supervisors.
- The ward used regular bank and agency staff to cover sickness and vacancies. These shifts were block booked ahead with same bank or agency staff to provide continuity of care and familiarity for patients.
- Staff assessed the needs of patients. Assessments were comprehensive and updated regularly in fortnightly reviews.
- Patient care plans were holistic and patient centred. Staff sought patients' views and involvement in their care plans.
- Staff assessed and managed physical health through weekly monitoring.
- Staff carried out risk assessments of the care environment. The team risk register included a comprehensive record of environmental risks and how they were mitigated.
- Staff completed a comprehensive risk assessment for all patients on admission and updated them regularly in fortnightly multi-disciplinary meetings.
- Patients said that staff were kind and caring. They said they felt safe on the ward.
- Staff had access to services in the trust and external services to help meet patients' needs. These included regular visits by an independent advocacy service.
- Staff understood and knew when to report safeguarding. Staff were familiar with and followed the trust's safeguarding policy.
- There was good leadership from the ward manager, the modern matron and the ward psychiatrist.

However:

- Provision of psychological therapies and intervention were limited. For example, specialised risk assessment such as Historical, Clinical, Risk Management-20 (HCR-20) which were usually completed by the psychologist were not always done for patients who required these specific risk assessments.
- Staff supervision was not documented and recorded every month in line with trust policy.
- Staff appraisals were not documented and recorded yearly in line with trust policy.
- Staff did not routinely check T2 and T3 forms when administering prescribed medicines.
- Sterile equipment was not managed safely as we found a number of products that had passed their expiry date.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff completed risk assessments for all patients and these were regularly updated.
- Environmental risks were assessed and managed by good infection control tools and assessments. Environmental assessments and audits, regular checks of furniture and bedding and mattress audits.

# Long stay or rehabilitation mental health wards for working age adults

- The ward environments were clean, the furniture was in good condition.
- Staff had a good understanding of the needs of patients. Where they identified that a vulnerable person was at risk, they knew how to raise a safeguarding alert, and information on how to raise concerns was displayed on the ward.
- Staff mitigated ligature risks adequately by working closely with patients, knowing their individual risks and observations.
- Staff completed a risk assessment prior to a patient using community leave to assess patient`s risk and mental state before leaving the ward.
- Managers were able to increase staffing numbers in response to clinical need for example is a patient`s observation were increased.
- When incidents occurred, staff reported them and we saw examples of learning from incidents.
- The level of restraints and restrictive practice was low taking into account the complexity of patients group and the complexity of their needs.

However:

- Staff did not routinely check T2 and T3 forms when administrating prescribed medicines.
- Sterile equipment was not managed safely as we found a number of products that had passed their expiry date.

## Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The ward had a good multi-disciplinary team and were working collaboratively in delivering patients care.
- Patients had access to a wide range of meaningful activities on the ward. They were also encouraged to access groups and activities in the community.
- The ward had a system in place to allow patients to self-administer medication.
- Staff assessed their performance using a variety of audits. Staff responsible for completing audits were named and the results were shared.
- Patient`s needs were assessed in order to plan their care effectively.
- Patient`s care plans were holistic and patient centred. Staff sought patient views and involvement in their care plans.
- Staff worked individually with patients to help them achieve their recovery goals, as well as providing a basic activities timetable. Patients could access art therapy, cooking and baking groups.
- The ward had a range of experienced staff. There had been a period of recruitment and new staff were receiving an induction appropriate to their role. Staff said they could request specialist training to help them meet the needs of their clients.
- Staff met as a team regularly. They reported positive working relationships with other clinical teams in the organisation, as well as with the Mental Health Act office.
- Staff were knowledgeable about the need for consent to treatment, both within the remit of the Mental Health Act, but also working within the principles of the Mental Capacity Act.

# Long stay or rehabilitation mental health wards for working age adults

However:

- Staff appraisals were not recorded in line with the provider`s policy.
- Staff supervisions were not always recorded in line with the provider`s policy.
- Psychological therapies and intervention were limited. Psychological input such as specialised risk assessments are delivered and conducted for patients who require these assessments.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Patients said that staff treated them with respect and courtesy. They said that staff genuinely cared for them and were welcoming when they were admitted.
- Patients said the induction process to the ward was helpful.
- Ward staff ran daily planning meetings, which enabled patients to plan their day and make requests for leave and any activities they wanted to attend or participate in.
- We saw evidence in care plans that staff had sought the views of patients, and these were recorded in care records and care plans.
- Staff collected feedback about the running of the ward from patients weekly in “community meetings”.
- Patients had access to advocacy services.
- Patients could involve their family and friends in their care and staff promoted the triangle of care where it was possible.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- The service used referral criteria to ensure that patients were treated in a setting appropriate for their needs. Once admitted, staff kept patients` beds for them if they went on leave.
- Staff had worked to reduce delays in patients being discharged. However, these delays were due to a lack of suitable placements for patients in the wider community. The average length of stay for patients was 6-9 months.
- Senior managers and staff met weekly in “capacity flow meetings” to discuss discharges and to monitor the care pathway to ensure that patients were receiving appropriate care.
- Patients had access to facilities to help meet their needs. These included rooms for activities, lounges, secure storage in their rooms and access to outdoor space.
- The organisation had access to translation services for patients that did not speak English as a first language. Staff could request meals to meet dietary and cultural needs
- There was information on how to complain displayed in the ward and staff knew how to manage complaints.

# Long stay or rehabilitation mental health wards for working age adults

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Staff benefitted from strong local leadership. They said that the managers, the modern matron and the psychiatrists worked well together and provided stability to the ward.
- Staff felt comfortable in raising any concerns or complaints and felt these would be listened to.
- There were good governance systems in place to ensure that managers had access to up to date performance data. This helped them to monitor and improve performance on the ward.
- Staff on both wards embraced and delivered quality improvement work to the service and in the delivery of patient care, such as enhanced weekly physical health checks and monitoring, daily medicine chart checks and handover.

# Acute wards for adults of working age and psychiatric intensive care units

Good   

## Key facts and figures

Solent NHS Foundation Trust has two wards, Hawthorn and Maple. Both are at the Orchards, St James hospital in Portsmouth.

Hawthorns is a twenty-bedded acute admissions ward for both men and women. Maple ward is a 10-bedded psychiatric intensive care unit (PICU) for both men and women.

The wards provided 24-hour care and treatment and have therapy services from 9am to 5pm five days a week

At the last inspection in June 2016, we rated as Solent acute admission wards for adults of working age and psychiatric intensive care units good overall with requires improvement in the safe domain and a rating of good in the caring, effective responsive and well led domains domain. We found a number of improvements the trust needed to make. These were in relation to potential ligature points in both wards, safeguarding management, care plans and no clear segregation of male and female bedrooms in maple ward. These requirements were met at this inspection.

Before the inspection visit we reviewed information that we held about these services, and asked a range of other organisations for information.

During the inspection visit the inspection team:

- visited Hawthorn and Maple wards
- interviewed a manager for each ward and the service manager.
- reviewed 12 care records.
- spoke with three carers
- spoke with nine patients.
- spoke with 12 staff, from all the teams,
- reviewed a number of policies meeting minutes and assessments related to the running of the services.
- observed staff members working with patients in a therapy session.
- observed staff members in a handover session and in a reflective practise meeting.
- Completed a specific check of the medication management on both wards.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The managers across all teams ensured that staff had access to regular team meetings to share information and develop learning.
- The managers promoted a positive culture that supported and valued staff.

# Acute wards for adults of working age and psychiatric intensive care units

- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff told us that they learn from incidents on the ward and hold regular debriefs Staff received feedback for investigations of incidents through individual supervision.

However;

- The service did not ensure that the management of patient's medicines was safe.
- The governance systems in relation to prescribing and medicine management did not pick up polypharmacy (many medications) prescribing for patients that may be detrimental to their health and wellbeing. They did not also pick up or patients on doses of medications that were higher than the recommended in BNF (British National Formulary that provides advise on prescribing and pharmacology).

## Is the service safe?

**Requires improvement**   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not ensure that the management of patient's medicines was safe.
- The governance systems in relation to prescribing and medicine management did not pick up polypharmacy (many medications) prescribing for patients that may be detrimental to their health and wellbeing. They did not also pick up or patients on doses of medications that were higher than the recommended in BNF (British National Formulary that provides advise on prescribing and pharmacology).

However:

- The wards were clean, tidy and well maintained throughout. Staff followed infection control principles.
- The service provided mandatory training to all staff. Statutory and mandatory training levels were high.
- Staff completed risk assessments for patients on admission or within 72 hours of admission. Risks assessments were updated regularly if the risks changed.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Both teams had enough staff with the right qualifications, skills, training, and experience to keep patients safe and provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

## Is the service effective?

**Good**   

Our rating of effective stayed the same. We rated it as good because:



# Acute wards for adults of working age and psychiatric intensive care units

- Care plans and crisis plans were up to date and comprehensive which supported the teams to deliver safe care and treatment to patients. Staff carried out comprehensive assessments on admission, including safety risks, physical and mental health needs. The duty doctors completed physical health assessments on admission. These assessments were ongoing following admission and were included in care plans.
- Staff across all teams had access to regular team meetings to share information and develop learning.
- Staff used recognised assessment tools to measure progress made by patients following treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain patients' rights to them. Staff followed the Mental Health Act code of practice, including access to advocates, reading patients their rights and paperwork associated with the Mental Health Act.
- Staff received regular one to one managerial supervision and appraisals.

However:

- The service had not fully addressed the relationship and communication issue within the multidisciplinary team.

## Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion. Feedback from patients who patients, who were supported and treated by the crisis teams, confirmed that staff treated them well and with kindness.
- Staff involved patients in decisions about their care and treatment.
- Staff members ensured patients had access to advocacy services
- Staff ensured patients were involved in the recruitment of staff.
- All patients spoken with told us staff members described treatment options and gave them choices.

## Is the service responsive?

Good   

Our rating of responsive stayed the same. We rated it as good because:

- Staff members investigated and learnt from informal complaints from patients or their representatives.
- Staff members ensured there were no delayed discharges of patients.
- Patients had their own areas/rooms where they could keep personal belongings safely. There were quiet areas for privacy and where patients could be independent of staff.
- All wards had access to quiet rooms and family rooms that allowed patients to maintain relationships with their loved ones. Patients also had access to mobile phone in accordance with their individual risk assessments and there were private spaces for patients to make phone calls.
- Staff supported patients with activities outside the service such as work, education and family relationships.

# Acute wards for adults of working age and psychiatric intensive care units

- Staff supported patients to access the wider community. This was done through escorted and unescorted leave. Local voluntary agencies attended the wards to engage in educational and training opportunities for the patients.
- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Senior managers in the service promoted a positive culture that supported and valued staff. There was a clear statement of vision and values, staff knew and understood the values of the provider.
- Staff morale was good in both teams and overall staff felt positive about their team and senior managers. Staff were enthusiastic and motivated. They were aware of the whistleblowing policy and were confident they would use it if needed.
- Both wards had introduced systems to check the team's performance and make changes when necessary at a local and trust level. Staff had implemented recommendations from reviews of deaths, complaints, and safeguarding alerts. They undertook or participated in clinical audits and acted on the results when needed.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

# Our inspection team

Helen Rawlings, Interim Head of Hospital Inspection for South London and South Central (Oxford, Bucks, Hampshire and Isle of Wight) chaired this inspection and Joanne Ward, Inspection Manager led it. Executive reviewers supported our inspection of well-led for the trust overall.

The team included inspectors, executive reviewers, specialist advisers, and experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee/Panel:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	02 April 2019
<b>Title:</b>	CQC Hampshire Local System Review
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Graham Allen

**Tel:** 01962 847200

**Email:** graham.allen@hants.gov.uk

#### Purpose of this report

1. The purpose of this report is to provide an update on the Care Quality Commission (CQC) Local System Review action plan following the local system review which took place in early 2018.

#### Recommendation

2. That the Health and Adult Social Care Select Committee:
  - notes this update of the Care Quality Commission's Local System Review Action Plan that has been jointly developed by Hampshire's health and care system leaders to respond to the Review's findings.
  - receives a progress update on the Action Plan due for completion in July 2019.

#### Executive Summary

3. CQC published its [findings](#) on 21 June 2018, following a summit with health and care system leaders, partners and other stakeholders on 20 June 2018. Please also find attached a link to the recently published CQC [Beyond barriers - How older people move between health and social care in England](#) report. This report was published by CQC on completion of the review cycle and shared their findings of the 20 reviews undertaken.
4. The Hampshire Health and Care System was required to produce an Action Plan to address the findings of the Review by 20 July 2018. This process was led by the Director of Adults' Health and Care, liaising with system leaders in the NHS to ensure that all actions were jointly agreed, with leads assigned and clear arrangements in place to monitor progress. The Action Plan was signed off by the Chair of the Hampshire Health and Wellbeing Board and progress on implementing the Action Plan will be overseen by the Health and Wellbeing Board.
5. The Action Plan has now been updated at the six-month gateway as attached in Appendix A.

## **Contextual information**

6. In 2017, the Care Quality Commission (CQC) was asked by the Secretaries of State for Health and Social Care and Communities and Local Government to undertake a programme of targeted reviews in 20 local systems. The purpose of the reviews was to look at how well people move through the health and social care system in a particular area, with a focus on the needs of people over 65. CQC looked at the interfaces between social care, general medical practice, acute and community health services, and on delayed transfers of care from acute hospital settings.
7. Hampshire was selected as one of the 20 areas for review. CQC undertook Hampshire's Local System Review between February and March 2018 with an intensive fieldwork visit taking place between 12 and 16 March 2018.
8. A substantial self-assessment document and data library was prepared for CQC ahead of the Review, and CQC also sought information from organisations through two surveys to supplement national performance data and CQC's own data sets.
9. CQC Reviewers spoke to a wide range of individuals and groups as part of the Review, including:
  - system leaders from Hampshire County Council, including elected members, the Health and Adult Social Care Select Committee and the Health and Wellbeing Board;
  - Hampshire NHS Clinical Commissioning Groups;
  - NHS acute hospital and community provider trusts;
  - health and social care professionals including social workers, GPs, pharmacy leads, discharge teams, therapists, nurses and commissioners;
  - Healthwatch Hampshire and voluntary, community and social enterprise sector organisations;
  - providers of residential, nursing and domiciliary care; and
  - people who use services, their families and carers who attended focus groups, as well as people in A&E, on hospital wards and at residential and intermediate care facilities.
10. CQC also reviewed 24 care and treatment records and visited 20 services in the local area including acute hospitals, intermediate care facilities, care homes, GP practices, hospices and out-of-hours services.

## **Finance**

11. The Action Plan to address the recommendations of the CQC Review set out an extensive range of activities to take place over the following twelve months, some of which will have financial implications, such as the development of integrated intermediate care, more pooled funding arrangements and some joint leadership roles. New activity will be resourced using organisations' existing



business as usual budgets or transformation/cost of change budgets through closer alignment and coordination of roles and responsibilities.

## **Performance**

12. The CQC Review process did not result in a performance rating for the local area reviewed. The report identified many areas of strength across Hampshire's health and social care organisations. Hampshire was complimented by CQC on the logistics and organisation of the Review and this was the largest System Review undertaken. Strengths that were identified included:

- a consistent and shared purpose, vision and strategy across all organisations in support of people;
- strong performance in a range of outcome measures across health and social care responsibilities;
- a strong understanding of the health and social care needs of Hampshire's population;
- good examples of inter-agency work at a strategic and operational level;
- services and the experiences of residents are high in a number of indicators, when benchmarked against other comparable health and care systems nationally;
- a commitment to providing opportunities for people receiving services and their representatives and carers to influence service development; and
- an advanced use of digital tools to provide support to people and to enable staff in different organisations to share information, reducing unnecessary duplication.

13. Recommendations for improvements included:

- streamlining the hospital discharge processes across Hampshire to support people to leave hospital as quickly as possible once they are deemed medically fit to do so;
- improving the recruitment and retention of key groups of staff such as those who deliver home care;
- exploiting opportunities to pool funding and join up services more consistently; and
- improving strategic oversight, specifically through the HWB determining and agreeing its work programme, including how to make the system more coordinated and streamlined, and forming stronger, more coordinated links with the STPs.

## **Areas of Improvement**

14. Progress has been made in a number of areas, with specific progress in those areas identified for improvement, as set out below:

- Oversight of patient flow and onward care is now improved through the creation of the role of a Director of Transformation – Patient Flow and Onward Care. This post is supported by a Clinical leadership role. These roles are working across all system partners to ensure consistency of

approach and, most importantly, an improvement in outcomes and systematising best practice in patient flow and onward care. Much work is underway within each acute hospital system and indeed more generally across the whole health and social care economy and much more work will be required to continue improvements system-wide into the next year and beyond. However, from a social care perspective there has been a 75% reduction in the reported Delayed Transfers of Care (DToc) in the period December 2017 – December 2018. Work continues to establish greater collaboration and integration of service delivery. It is intended to develop work with Healthwatch Hampshire to support and drive this work.

- A revised Health and Wellbeing Strategy has been developed in partnership with key representatives from statutory agencies and stakeholder groups. This will provide the strategic direction for all organisations and agencies across Health and Social Care, with a Business Plan to support delivery to be agreed by the Board in June 2019.
  - The Health and Wellbeing Board Executive has been replaced by an improved arrangement which brings together adults' and children's social care and NHS partners (providers and commissioners) in the form of an Improvement and Transformation Board. This is supported by an Integrated Commissioning Board which allows for improved governance related to the commissioning responsibilities of the Local Authority and Clinical Commissioning Groups. Work is also underway to establish, in due course, a wider "public sector board" of senior officers in the county to which health chiefs will be a party.
  - A workforce development programme has been established to address recruitment retention and skills development for social care organisations. This is in collaboration with domiciliary care providers, care associations and NHS colleagues.
  - A communication workstream has brought greater integration and alignment between communications strategies and shared arrangements are now in place.
15. Winter resilience plans confirmed in each system have contributed to wider system capacity planning. The improved planning for this winter has meant that through additional capacity being generated much earlier in the season the system(s) have been in a safer position through December and the first half of January. Based on work undertaken throughout the year, the strength of relationships across organisations is supporting our collective effort with many of our staff and teams receiving regular plaudits from NHS partners. However, this is not to say that further work will not be required and continued risk in the overall health and care system remains, particularly around system resilience, financial and workforce in particular.

### **Consultation and Equalities**

16. CQC Reviewers met with groups of service users, carers, and patients, as well as a number of voluntary and community sector partners, as part of the main Review, and also during a two-day pre-Review visit that took place between 21 and 22 February 2018.

17. The intention will be to continue to involve users, carers and patients through the various workstreams that are ongoing and as part of the process of implementing the Action Plan to address the Review's findings.

### **Future direction**

18. The CQC Local System Review has been beneficial in that it has provided an opportunity to improve collaboration across the system, and to accelerate service transformation to the benefit of residents. This together with the analysis work undertaken by Newton Europe has enabled clarity of focus. However, despite national additional funding to support the continued sustainability of NHS services, which is welcomed, and whilst awaiting publication of a Social Care Green Paper the health and social care system remains fragile overall.
19. The Hampshire Health and Wellbeing Board, under the leadership of its Chair (the Executive Member for Adult Social Care and Health) and Vice Chair (Chair of the South East Hampshire Clinical Commissioning Group) is responsible for overseeing the delivery of the Action Plan.
20. The Hampshire County Council Health and Adult Social Care Select Committee will also receive regular updates as to the progress being made, in line with the finalised Action Plan.

**CORPORATE OR LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	yes

**Other Significant Links**

<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u> The Review was carried out under <a href="#">Section 48 of the Health and Social Care Act 2008</a> .	<u>Date</u> July 2008

<b>Section 100 D - Local Government Act 1972 - background documents</b>	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

#### **Due regard in this context involves having due regard in particular to:**

- The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

### **1.2. Equalities Impact Assessment:**

There are no equalities impacts arising from this report.

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**CARE QUALITY COMMISSION LOCAL SYSTEM REVIEW**  
**HAMPSHIRE**  
**HEALTH AND WELLBEING BOARD**  
**ACTION PLAN**  
**Progress Update – February 2019**



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## Introduction

This document forms the high level updated action plan in response to the [CQC Local System Review for Hampshire](#) (published 22 June 2018).

The action plan is a system response to the recommendations made for improvement and addresses the range of findings contained in the review report. It is intended as an evolving iterative action plan with a completion date of July 2019.

For the purpose of the action plan, actions are ordered and grouped by theme as follows:

1. Strategic Vision, Leadership and Governance
2. Communication and Engagement
3. Access and Transfers of Care
4. Partnerships
5. Workforce Planning

See **Appendix 1** for how each theme relates to the review recommendations.

## Governance of this plan

This action plan is governed through the Hampshire Health and Wellbeing Board (HWB).

To improve and support system wide delivery of a number of areas including actions arising from this CQC Local System Review, new governance arrangements have been introduced for the Hampshire system. This includes the development of an Improvement and Transformation Board (ITB) which holds accountability for the delivery of this plan through associated cross-cutting work streams.

See **Appendix 3** for Terms of Reference for the ITB and related governance. The ITB is a subgroup of the HWB.

The action plan has been updated in February 2019 taking account of existing work streams and plans currently in existence.

In order to deliver this ambitious action plan over the 12 month period, the following working principles have been adopted:

1. We will adopt an ethos of asking what we should as a system 'start, stop or continue' to ensure that our activities are aligned and co-ordinated with these core themes.
2. We will wherever possible share best practice and lessons learned across the system.
3. We will ensure that we have system representation leading each of these core themes.
4. We will ensure that we engage with residents, providers, carers, independent and voluntary sector and other stakeholders to ensure we are putting our efforts into those areas that will have the maximum impact for them.
5. We will promote a collaborative working approach across our transformation and operational teams.
6. We will adopt a system approach to support the principle of 'Why Not Home, Why Not Today'.

The interim national report, final national report, *Breaking Barriers*, and each of the local system reports, including Hampshire's, can be found here: <https://www.cqc.org.uk/publications/themes-care/our-reviews-local-health-social-care-systems>

## 1. Strategic Vision, Leadership and Governance

<p><b>Report Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The HWB must determine and agree its work programme, how to make the system more coordinated and streamlined and form stronger more coordinated links with the Sustainability and Transformation Partnerships (STPs).</li> <li>• The system must work with partners to develop a consistent approach to the evaluation of health and social care initiatives and their feasibility at a strategic and local level and communicate this information system wide.</li> <li>• All elements of the high impact change model must be introduced and the impact evaluated system-wide.</li> </ul> <p><b>Aim:</b></p> <ul style="list-style-type: none"> <li>• To align the STPs' and HWB work, by ensuring that partners work together differently to make the best use of resources and increase efficiency.</li> <li>• Only commence new pilots and initiatives after a feasibility study, measurable outcomes and impact on the system have been undertaken and established.</li> <li>• Measure progress across the Hampshire system by the eight elements of the high impact change model.</li> <li>• Improve the governance below HWB level.</li> <li>• Ensure single multi-agency plans at both a strategic and local level.</li> </ul>	<p><b>Leads</b></p> <p>Graham Allen, Director, Adults' Health and Care (AHC), Hampshire County Council, Maggie Maclsaac, Chief Executive, Hampshire and Isle of Wight CCG Partnership, Heather Hauschild, Chief Operating Officer, West Hampshire CCG</p>
<p><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>• The HWB role and responsibility in monitoring and supporting initiatives could be better defined</li> <li>• HWB direction and leadership when endorsing reports needs to improve</li> <li>• System wide governance needs improvement</li> <li>• There is scope to improve the framework for inter-agency collaboration and reduce fragmentation</li> <li>• The system appeared multi-layered and complex to some leaders with no single multi-agency plan at strategic or local delivery level</li> <li>• Strategic work was constrained by frequent leadership changes</li> <li>• Limited ambition around financial risk taking and integration</li> <li>• Difficult to track actions in existing plans, due to a lack of consistent and outcome focused performance measures</li> </ul>	

- Collaborative mechanisms for sharing learning across organisations and between integrated care initiatives were not fully developed

**Existing Work Being Undertaken (at the time of the Review):**

- Shared senior leadership structure in existence focused around the HWB
- More stability in senior roles with the frequent coming together of this group
- The Health and Wellbeing Strategy refresh is in progress – to be launched early 2019
- Proposal to establish an ITB is being progressed
- Partnership days for senior staff and joint recruitment in existence

**1. Strategic Vision, Leadership and Governance**

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
1.1 Vision	<p>a) We will develop one strategic vision to be shared across the STP and HWB.</p> <p>b) The Vision articulated by system leaders will be cascaded and introduced through all levels of organisations so that it is fully understood by staff and stakeholders, particularly middle management layers.</p>	Graham Allen, Maggie Maclsaac, Heather Hauschild, Richard Samuel	3 months	A common vision that can be articulated at all levels of organisations	<b>Amber</b>

**Progress Update**

**October 2018**

a) **Partially Achieved** – strategic vision developed as part of the STP plan (see attached)

However, need to ensure its fully understood by all staff

There has been some cascade through organisations, but this needs to be ongoing and revisited.



HLOW STP Delivery  
Plan 21Oct16 FinalDr

**February 2019**

a) STP strategy and plan to be revisited in 2019/20 following the publication of the NHS long term plan. The opportunity will be taken to refresh staff communications on the strategy.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
1.2 Health & Wellbeing Board (HWB)	<p>a) The Health &amp; Wellbeing Strategy will be revised and monitoring arrangements introduced to measure progress against themes identified.</p> <p>b) We will identify the best way to involve patients, service user and carer representatives in the HWB work programme.</p> <p>c) The terms of reference and membership of the HWB will be refreshed.</p>	<p>Health &amp; Wellbeing Board Members</p> <p>Kate Jones</p>	6 months	A HWB board that is representative of all systems' stakeholders and takes ownership for delivering this action plan	<b>Green</b>

**Progress Update**

**October 2018**

- a) The HW Board received a presentation of progress on 11<sup>th</sup> October 2018, with a draft Strategy being prepared for the Board.
- c) Membership refresh: **Achieved:** This has been completed and was reported to County Council on 20<sup>th</sup> September 2018

**February 2019**

- a) This is on track. The draft Strategy was considered by the HWB on 13<sup>th</sup> December 2018 and they endorsed circulation of the draft to a wider audience of partners and interested organisation for wider comment. The designed draft was circulated on 18<sup>th</sup> January 2019, with feedback requested by 22<sup>nd</sup> February 2019. A revised strategy will be presented to the HWB on 14 March for sign-off.
- b) A small group, including two service users, has now met to begin designing the coproduction workshop and to consider how to embed co-production and involvement into the HWB Board's work programme. This work will link with wider coproduction activity planned to take place, particularly for older adults. The date of the workshop has not been fixed yet, but work is in progress to plan the content/aims.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
1.3 Financial management	<p>a) We will create more opportunities for shared and pooled funding arrangements</p> <p>b) Monitor use of the Better Care Fund and financial management through the ITB.</p>	Graham Allen, Maggie Maclsaac, Heather Hauschild	6 months	Pooled budgets aligned to priority initiatives	<b>Green</b>

**Progress Update  
February 2019**

a) **In progress** – iBCF core programme on the Integrated Commissioning Board (ICB)

Opportunities for further pooling of resources being explored through ICB, first priority for Learning Disabilities and Mental Health placement funding.

b) **In progress** - Better Care Fund monitored through ITB.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
1.4 Governance	<p>a) Introduce ITB</p> <p>b) Facilitated development of HWB</p> <p>c) Review form and function of HWB Executive with development of a Senior Leaders group to increase membership and engagement of</p>	<p>Graham Allen</p> <p>Kate Jones</p> <p>John Coughlan</p>	<p>3 months</p> <p>6 months</p> <p>6 months</p>	<p>ITB initial meeting by September</p> <p>Development programme for the HWB</p> <p>Broader public service engagement in the Health and Wellbeing Executive Group</p>	<b>Green</b>

	partners such as Hampshire Fire and Rescue and Hampshire Constabulary.				
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**Progress Update**

**October 2018**

a) **Achieved** – an Improvement and Transformation Board has been established with all system leaders represented.

New governance arrangements to feed into the HWB have been established, with the first meetings of the Improvement and Transformation Board and the Integrated Commissioning Board in September 2018 with reporting mechanisms up to the HWB to improve the HWB’s ability to shape and monitor progress on key activities.

**February 2019**

a) Update on ITB activity was received at the December HWB Board meeting, with a particular focus on DToC, to ensure that the HWB Board is able to monitor progress on key work areas.

b) Further development of the Board and its architecture will be considered as part of the implementation of the new Strategy

Once the high level HWB strategy priorities are agreed, we will be developing a business plan for the Board’s activities, to be agreed by the Board in June 2019. We will consider any further revision to governance at this stage, to ensure alignment with the business plan.

c) The Health and Wellbeing Board Executive has now been stood down as it is generally agreed it has served its purpose in bringing together chief officers from health and the local authority on broader issues. It has been replaced by an arrangement which is specific to the management of patient flow and related activities this is the Improvement and Transformation Board, made up of adult’s and children’s social care and NHS partners (providers and commissioners) and an Integrated Commissioning Board between the Local Authority and CCGs. Work is also underway to establish a wider “public sector board” in the county to which health chiefs will be a party.



Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
1.5 Leadership	a) Introduce key joint leadership roles including the Improvement and Transformation Lead.	Graham Allen, Maggie Maclsaac, Heather Hauschild, Richard Samuel	12 months	Joint leadership assigned to key initiatives	<b>Amber</b>
	b) Ensure Local Delivery System Boards, A&E Boards and New Models of Care take account of CQC Review findings.	Heather Hauschild, Alex Whitfield, Sue Harriman, Rachael King, Zara Hyde-Peters, Alison Edgington	12 months	A coordinated system plan, with all underpinning activity aligned, in order to reduce the number of people in acute and community hospital settings awaiting onward care	
<p><b>Progress Update February 2019</b></p> <p>a) Partially Complete – Director of Transformation – Patient Flow and Onward Care appointed to 18-month secondment</p> <p>Other joint roles to be considered through work programmes emerging from the Integrated Commissioning Board.</p> <p>b) Every system has a local DToC reduction plan with a clear trajectory for improvement. Local system plans are aligned to the eight high impact changes for effective discharge and flow, and 2019/20 local delivery ambitions for these are currently in preparation. In addition, each local system conducted capacity analysis specifically to maintain patient flow through Winter and additional capacity was put in place. An evaluation of Winter Resilience is underway and a whole system workshop is scheduled for 18<sup>th</sup> March which will help to inform the collaborative approach next year.</p>					

## 2. Communication and Engagement

<p><b>Report Recommendation:</b></p> <ul style="list-style-type: none"> <li>A comprehensive communication strategy must be developed to ensure health and social care staff understand each other's roles and responsibilities and all agencies are aware of the range of services available across Hampshire.</li> </ul> <p><b>Aim:</b></p> <p>Improve communication across the organisations which operate within the health and social care system in Hampshire. To provide information to the people of Hampshire on the roles and responsibilities within each organisation and the services they provide.</p>	<p><b>Leads</b></p> <p>Graham Allen, Sarah Grintzevitch, Communications Lead, Hampshire and Isle of Wight STP, Kaylee Godfrey, Communications Lead, CCGs</p>
<p><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>A lack of understanding by staff in different agencies of each other's roles leading to unrealistic expectations of each other</li> <li>Discharge to Assess (D2A) and Trusted Assessor models at different stages across the county and staff had very different levels of understanding</li> <li>Staff feel that organisational and personnel changes have slowed progress towards integration</li> <li>Staff feel that financial pressures have had a detrimental effect on relationships in the system</li> <li>Poor communication is thought to have created misunderstanding and ill-informed decisions</li> </ul>	
<p><b>Existing Work Being Undertaken (at the time of the Review):</b></p> <ul style="list-style-type: none"> <li>Models of engagement are in place with frontline staff across the system but are at different stages in different places</li> <li>Public engagement forums and events are in existence across all services</li> <li>Publicity and information is provided using different means and points of access – opportunities for increased use of countywide resources</li> </ul>	

## 2. Communication and Engagement

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.1 Communication Strategy	<p>a) The two STP communication and engagement plans will be reviewed to establish the additional work required to create a system wide communication strategy for internal and external audiences.</p> <p>b) The strategy will confirm how staff, residents and partners can expect to receive information and provide feedback. Communication will be by various channels.</p> <p>c) The strategy will outline how organisations should work together to achieve one online source of information for the public and one online source of information for staff across health and social care.</p> <p>d) The strategy will provide a narrative that adheres to the health and social care vision and strategy with clear common messages to the public that staff can echo on the frontline.</p>	Richard Samuel	6 months	<p>A single system wide communication and engagement strategy to support engagement and involvement externally, as well as broadcast developments internally</p> <p>To achieve consistency and clarity in messages and narrative in order to reduce public and staff confusion</p>	<b>Amber</b>

	e) The strategy will direct organisations towards one online site that will guide people to the best sources of information for them, regardless of whether they have health or social care and support needs. Staff to feed in and use the information to inform and signpost.			To empower people to make informed choices	
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**Progress Update  
February 2019**

a-e) Activity is taking place on the actions noted. There is a draft communications and engagement strategy which is currently being further developed by the Hampshire and Isle of Wight wide communications and engagement network. This work will involve how we use digital channels to involve and communicate with local people.

Work will also take place with Nicky Millard and Jane Vidler to understand how we can best use Connect to Support Hampshire (CTSH) to facilitate some information sharing in the first instance.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.2 Promoting roles	a) Greater transparency and visibility will be provided concerning the roles that staff undertakes across the system. This will be driven through the online tools that we have available e.g. Connect to Support Hampshire – pages to include roles a person will come across in all the settings they may encounter.	Nicky Millard, Kaylee Godfrey	3 months	An understanding of roles and responsibilities across the system	<b>Green</b>
	b) We will also explore the opportunity to share insight into a ‘day in the life of...’ different roles using	Sandra Grant	6 months	Greater awareness of how partner	

	<p>different media (video, podcast, fact sheets etc.)</p> <p>c) We will review our service level induction processes to ensure that new employees are aware of the roles and responsibilities that exist and know where to go to obtain further information.</p>			<p>organisations work together</p>	
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**Progress Update  
October 2018**

a) **In progress.** An interactive map on CTSH is being considered that has key buildings etc. on it from health and social care; identifies roles/services and provides links to more details about the role/service on other organisations websites.

New page on CTSH have been introduced with details of health and social care roles, linked from the main interactive map on the home page of the site. In addition, there is also a new hospital page on CTSH which gives a wide range of information. [Hospital page](#).

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.3 Sharing information	a) We will work together across health and social care, to establish a 'top down' and 'bottom up' approach to sharing information through our existing internal communication channels (online, newsletters, briefings, e-surveys etc.)	Jane Vidler, Kaylee Godfrey	6 months	Effective information sharing arrangements  Better decision making	<b>Amber</b>
	b) The Local Authority and CCGs will engage with our partners in a timely and a relevant way using PaCT as the core communication method to independent and voluntary sector providers.	Maria Hayward, Tracy Williams Matthew Richardson, Louise Spencer	6 months	Effective and coordinated communication	

**Progress update  
February 2019**

a) We are in the early stages of planning the communications support for the range of partnership projects being led by Debbie Butler. An engagement lead has been appointed within the programme and is working closely with the County Council's communications team who in turn have begun engagement with NHS partners.

b) **Partially achieved.** The system has agreed that the PaCT newsletter and webpages will be the hub and main source of sharing information and resources with providers. Governance structures are being signed off and the first newsletter will be sent out in November 18.

A new 2-year post within Adults' Health and Care Workforce Development team has been established, funded by IBCF to focus on our work with external providers. Person appointed through a recruitment process in partnership with Hampshire Domiciliary Care Association & Hampshire Care Association. The role will focus on working with Hampshire providers to develop the PaCT workforce development programme and communication pathways to identify the priority skills and capacity needed to improve recruitment, retention and skills development for current and future ways if working. The programme is working with Hampshire Domiciliary Care Providers (HDCP), Hampshire Care Associations (HCA) and colleagues across the STP to host two workshops:

Workshop 1 - Stakeholders & Partners (October 2018)

Aim: to come together to focus on the work stakeholders are offering to develop capacity or workforce skills within the private and independent sector (residential, nursing and domiciliary care)

Workshop 2- Providers (November 2018)

Aim: To bring together providers to explore the workforce development support and resource currently offered from stakeholders across Hampshire and establish opportunities to shape and develop the offer to support the 'actual' needs of providers, exploring ideas for future working and delivery.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.4 Stakeholder engagement	<p>a) Review HWB engagement strategy and identify leads to further develop and maintain stakeholder engagement with the following groups:</p> <ul style="list-style-type: none"> <li>• Providers</li> <li>• Carers</li> <li>• Voluntary and independent sector</li> <li>• Residents</li> <li>• Representative Associations</li> <li>• Charitable organisations</li> <li>• People who fund their own care and support</li> </ul> <p>Explore joint messaging and joint campaigns to feed into the strategy.</p>	HWB Members	6 months	<p>Effective stakeholder engagement</p> <p>Greater opportunity for design by experience</p> <p>Single point of contact for each stakeholder group</p>	<b>Amber</b>
		Sue Pidduck,	6 months		

	b) Ensure all engagement work is linked with the AHC Demand Management & Prevention Strategy and Carers Strategy.	Sallie Bacon		Joined up and coordinated engagement	
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**Progress Update  
February 2019**

a) Joint messaging and campaigns are already happening across Hampshire, coordinated through the HLOW Comms and Engagement Network.

As part of the development of the new HWB Strategy, the Board Manager will look to build on this existing joint working.

b) Carers Strategy:

Two engagement events have been held with users, carers and other agencies in the last quarter. Strategy subgroups are currently being set up for the next quarter and will include actions to improve the support that is available to link carers to services and to manage their health and wellbeing.

Demand Management and Prevention (DM&P):

The DM&P Programme Team will be providing feedback on the HWB Strategy and development plans, following a briefing by Kate Jones at the full programme team meeting on 9 October 2018. Currently, as part of our locality focused work, DM&P colleagues are working closely with stakeholders via the existing structure of the Health and Well Being Board and local Partnerships Forums. This is supporting engagement and identification of prevention and demand management priorities at a local level and being used as a channel to enable collaborative working. The team are therefore in a position to share their experience of working within the existing structure to inform their feedback on the HWB development plans. The Director of Public Health and Public Health Lead for DM&P are engaged in conversations about the overall direction and content of the strategy. The update from the Carers Strategy is that the Carers Strategy subgroups have now commenced with Adults' Health and Care representatives, NHS and voluntary sector reps and carers involved. One of the key areas of engagement is to ensure the Carers Charter is adopted throughout organisations across the county who have a role in supporting carers. This is a priority piece of work for the Strategy group and a communications plan is being developed.



Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
2.5 Accessibility of information	a) The communication strategy we adopt will be inclusive with agreed messaging across a range of channels e.g. webinars, podcasts, intranet site, service locations, community teams, my-Hampshire app. We will continue to provide written information to be shared with providers, carers and services so that people who use services are helped to navigate the system.	Jane Vidler, Sarah Grintzevitch, Kaylee Godfrey, Nicky Millard	6 months	<p>Accessible communication strategy</p> <p>Greater use of multi-media to inform good decision making</p> <p>Less confusion with one key source of information for all practitioners</p>	<b>Amber</b>
<p><b>Progress Update February 2019</b></p> <p>a) Greater use of multi-media to inform good decision making – the continual development of CTSH, building on the recently launched app, other multi- media and tech are being explored on the site including Artificial Intelligence – all of which are being designed to ensure good quality access to information.</p> <p>Less confusion with one key source of information for all practitioners.</p> <p>A professionals workshop is now taking place on 2 dates in February, the output from these workshops will be used to scope ongoing site development and engagement to ensure that CTSH becomes the key source of care and support related information for all practitioners.</p> <p>In addition work will be commencing with one of the GP clusters in the New Forest so that GP’s can input and help shape the development in order that it not only delivers a strength based approach but also ensures that it meets the needs of the social prescribing agenda and therefore becomes a useful tool for GPs in the delivery of social prescribing.</p>					

### 3. Access and Transfers of Care

<p><b>Report Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The system must ensure safe discharge pathways are in place and followed for people leaving hospital.</li> <li>• The system must ensure that the enhanced GP offer is implemented to all care and nursing homes across Hampshire.</li> <li>• The system must streamline discharge processes across Hampshire; this needs to include timely Continuing Healthcare (CHC) assessment and equipment provision to prevent delayed discharges from hospitals.</li> </ul> <p><b>Aim:</b>          To ensure that the people of Hampshire are supported at the right time, and in the right place, by the right services.          To avoid unnecessary admissions and extended stays in hospitals.          To ensure people in residential and nursing homes receive the right primary and secondary care and support.</p>	<p><b>Leads</b></p> <p>Improvement and Transformation Lead (appointment in progress)</p> <p>Rachael King, Zara Hyde-Peters, Mark Allen, Head of Commissioning, AHC</p>
<p><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>• The system lacks effective discharge pathways for people leaving hospital</li> <li>• The system must streamline discharge processes across the County</li> <li>• The system is too reliant on bed based solutions</li> <li>• There are inconsistencies in practice and differing processes across the system</li> </ul>	
<p><b>Existing Work Being Undertaken (at the time of the Review):</b></p> <p>There is now a shared understanding of the delayed transfers of care challenges and an agreed set of principles set out by the system leaders.</p> <p>Focused work has been undertaken by Newton Europe resulting in a clear system wide action plan to accommodate local delivery variations</p> <p>Leaders have agreed to introduce a single reporting route so that performance information is collectively agreed and accurately reflects the system position</p> <p>Revised discharge pathways are being introduced through the new 'Home First Project' (Hampshire County Council area)</p> <p>A Revised Help to Live at Home framework will be operational by July 2018 (Hampshire County Council area).</p>	

### 3. Access and Transfers of Care

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.1 Safe discharge pathways	a) Appoint an Improvement and Transformation Lead (role to be sponsored by all NHS organisations and Hampshire Adults' Health and Care) supported by Clinical Leadership to: <ul style="list-style-type: none"> <li>• Manage a system wide delayed transfers of care improvement plan</li> <li>• Monitor system performance</li> </ul>	HWB Executive Group	3 months	System wide co-ordination of delayed transfers of care activity  Reduction in delayed transfers of care across the system	<b>Amber</b>
	b) All actions arising from the Newton Europe work will be undertaken. Overarching action plan has the following strategic aims: <ol style="list-style-type: none"> <li>1) To implement and align mindset</li> <li>2) Introduce improvement cycles and dashboards</li> <li>3) Ensure early referral to the right setting</li> <li>4) Adequate reablement availability</li> <li>5) Timely and effective CHC Processes</li> </ol>	Debbie Butler, Julie Maskery, Jane Hayward, Paul Bytheway, Barry Day, Jo Lappin,	6-12 months	More patients managed in the right setting of care  Integrated discharge pathways.	

	<p>c) Integrate pathways and align with other local authorities operating across boundaries through empowering Integrated Discharge Bureau leads to act on behalf of all organisations</p> <p>d) Reduce reliance on bed based solutions and adopt a 'Home First' policy to improve the discharge flow through the hospital system by embedding a home first approach using a reablement pathway</p> <p>e) Social work expertise will be utilised to support people with more complex care and support needs</p>	<p>Steve Cameron, Paula Hull, Sarah Austin,</p> <p>Jo Lappin</p>	<p>3 months</p> <p>6 months</p>	<p>Embedding of a Home First approach</p> <p>Initial target to increase the % of users who go through reablement from 15% to 30%</p> <p>Stretch target for following 6 months to be established using learning from implementation</p> <p>Improved use of social work capacity targeted to reduce length of stay</p>	
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**Progress Update  
October 2018**

a) **Achieved** – the appointment of an Improvement and Transformation Director and Clinical Lead has taken place and both post holders confirmed.

**February 2019**

a) Within-system trajectories for decreasing delays (DToCs/MFFD) are in place and actively monitored.

**b) In progress -**

The system effective flow action plan is evolving made up of the following work streams aligned to the Newton Europe themes:

1. Implementation of aligned mindset, values and communication plans
2. Development and Implementation of system-wide dashboard and local operational processes for improved flow with clear accountability and governance.
3. Implementation of Integrated Intermediate Care service, with full rollout of Integrated Intermediate Care offer (Reablement/ Rehabilitation) county-wide and standardisation of assessment processes
4. Embedding of early discharge planning from point of admission applying the principle of 'Why Not Home Why not today'
5. Clear system demand and capacity modelling to better match onward care need to available provision
6. Full implementation of Discharge to Assess model beyond current pilot for CHC D2A

Local Delivery Systems are working towards clear ambitions for improvement /delay reduction through implementation of the 8 High Impact Changes for effective flow and discharge. This is alongside ongoing commitment to specifically reduce the numbers of superstranded and stranded patients in acute beds. Assurance for delivery of the system flow plan is via the Integrated Commissioning Board and the Improvement and Transformation Board.

c) and d) Remodelling of social care teams in hospital settings in progress.

Linked to development of IIC service model.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.2 Enhanced GP offer	<p>a) We will develop clusters around GP Practices through:</p> <ul style="list-style-type: none"> <li>- Increased multidisciplinary working</li> <li>- Engagement of voluntary sector</li> <li>- Building relationships between Primary and Secondary Care</li> </ul> <p>This will increase the care people receive at home and provide consistent quality and access.</p> <p>The result will be integrated community based services.</p>	Rachael King, Ros Hartley	12 months	<p>Care to be more preventative, proactive and local for people of all ages</p> <p>Creation of natural communities based on GP practice populations through groups of professionals working together with their local communities</p>	<b>Amber</b>
<p><b>Progress Update February 2019</b></p> <p>a) Clusters are now in place across the whole of Hampshire with the vast majority of GP Practices agreed on cluster membership, final practices finalising discussions. A stocktake of progress on cluster development is due to at the end of March 19, A number of clusters already have integrated care teams in place. A working group has been established with Southern Health Foundation Trust and Hampshire County Council and commissioners to agree how networks will work. A metrics dashboard is to be produced.</p>					

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.3 Capacity and quality in the market (domiciliary, residential and nursing care)	a) Commissioners of domiciliary, residential and nursing care will work collaboratively to ensure adequate capacity and availability of suitable care and support including for people with complex needs and/or for people experiencing a crisis	Rachael King, Zara Hyde-Peters, Mark Allen	12 months	Existing 4 million plus hours currently planned across the system to be reviewed to establish a clear understanding of probable future demand	<b>Amber</b>
	b) This will include joint commissioning and brokerage arrangements and implementation of the market position statements				
	c) Resources will be pooled to address the quality in the market and establish robust jointly agreed quality assurance mechanisms	Tracy Williams, Matthew Richardson, Louise Spencer	12 months	Joint approach to market shaping	
	d) Implement the new Help to Live at Home framework (Hampshire County Council area) to commence July 2018	Mark Allen	12 months (with regular review points)	Revised framework in place	
<b>Progress Update February 2019</b> a) Task and Finish group for joint commissioning of integrated intermediate care formed in August 2018. Significant progress has been made with advances of forerunner projects and commencement of the operating model design.					

b) Opportunities have been identified for joint commissioning which include access to the Hampshire County Council Home Care framework and brokerage resources and processes. Further work is continuing to support CHC D2A with both access to external market resources and flow management via Hampshire County Council brokerage. Joint Bed based and Home care specifications have been approved to support the delivery of Integrated Intermediate Care.

c) AH&C have identified a lead to attend the HIOW Quality Board. The board is responsible for the provision of strategic leadership and oversight of the development of quality assurance and improvement across HIOW health and care providers, commissioners and other key stakeholders. Together we are developing strategic approach to monitoring quality through the Hampshire County Council Quality Outcomes Contract Monitoring process and the CCG quality review process, ensuring duplication is prevented across teams.

Hampshire County Council and CCGs are working together to develop a common framework regarding capacity and quality in the market (domiciliary, residential and nursing care).

A paper will be presented to HIOW Quality Board in January 19 regarding mapping and proposals, including strategic and operational structure and process.

At an operational level the Local Authority and CCG quality leads meet regularly. A key aim of this group is to reduce duplication of visits to residential and nursing home providers and to use a joined up approach to assessing the quality and identifying a county risk profile. Safeguarding and quality leads from across the system came together at a planned workshop in October 18.

d) New Framework in place, contract relationship managers established, brokerage waiting lists reduced.



Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.4 Continuing Health Care	a) We will review the CHC process end to end to ensure alignment with system wide priorities. This will include a review of good practice and lessons learned from experience to date and implementation work from current CHC pilots	Ciara Rogers,	3 months	85% of CHC checklists and assessments taking place outside of acute hospital settings	<b>Amber</b>
	b) Design an education support programme to increase competency and capability so that requests for CHC consideration are realistic and appropriate to reduce unnecessary waste	Jess Hutchinson, Debbie Butler,	6 months	Reduced resource needed for unnecessary activity	
	c) Through this education improve efficiencies and reduce unrealistic referrals		12 months		
	d) Review and update CHC measures including performance and outcomes		3 months		
	e) Consider CHC risk share resource across the Hampshire system				
<b>Progress Update October 2018</b> a) Learning from pilots has taken place. A workshop in June 2018 reviewed the current pathways and agreed the future state pathway b) Phase 1 CHC Discharge to Assess programmes are currently available in all systems					

- c) An education programme will be developed once the new pathways are agreed across all stakeholders
- d) The length of time at each stage of the CHC pathway from checklist to decisions is being monitored.
- e) Time to source care and time to discharge are also being monitored. Time to source care and time to discharge are also being monitored. Outcomes of the CHC assessment are recorded and reported on. Funding has been identified from iBCF and CCGs to continue CHC D2A Phase 1 until March 2019. A demand and capacity gap analysis is taking place. Additional staff are being recruited for the D2A CHC assessor roles. A longer term funding agreement is being actively progressed. A paper was taken to November 2018 ICB setting out the CHC D2A pathway and requesting approval for the funding arrangements.

**February 2019**

- a) An agreement signed until the end of March and a Business case will be going through in principle in the middle of March for full roll out of the CHC D2A Pathway.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.5 Equipment	<p>a) Following a review of our hospital discharge process and flow, revisit the range of equipment and scope of services provided through our Equipment Services and sub stores (69)</p> <p>b) This will include:</p> <ul style="list-style-type: none"> <li>• Reviewing the processes that will ensure the right equipment is delivered to the right setting at the right time</li> <li>• Ensuring we are able to track, monitor and recover equipment when required</li> </ul>	Steve Cameron, Ellen McNicholas,	12 months	Future joint commissioning approach clarified	<b>Amber</b>

	<ul style="list-style-type: none"> <li>• Recycling used equipment appropriately</li> <li>• Ensuring that we are able to share information across all system partners about equipment we have available, and are able to capture information about future requirements in an effective way</li> </ul>				
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**Progress update**

**February 2019**

a) Commissioning meeting scheduled for 11<sup>th</sup> October 2018 to begin long term approach planning re S.75 Professional User Group (PUG) task & finish work in place to review equipment catalogue (Ongoing)

b) TCES System (Equipment Service stock management system) development underway to allow capability for full stock check. Current recycling rates at 90%. No further action required.

TCES System provides equipment availability information at prescriber level. Improved reporting capability at HES Partnership Board under development with Hampshire County Council Business Improvement team.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
3.6 Integrated Intermediate Care	a) Develop our ambition to provide an Integrated Intermediate Care offering and continue at pace: <ul style="list-style-type: none"> <li>• Appoint a single commissioner and agree commissioning intentions</li> </ul>	Graham Allen, Maggie Maclsaac, Heather Hauschild  Debbie Butler, Karen Ashton, Jo Lappin/Steve Cameron, Barry Day/ Jane Williams	3 months	A Hampshire wide Intermediate Care Service with equitable outcomes that meets the needs of individuals	<b>Amber</b>
			6 months		

	<ul style="list-style-type: none"> <li>Further develop operational integrated working arrangements between Hampshire County Council &amp; SHFT community services</li> </ul>	Integrated Intermediate Care Operational Delivery Board		Integrated working arrangements in place	
<p><b>Progress Update</b>  <b>October 2018</b>            a) <b>In progress</b>—joint commissioner and governance arrangements in development. Joint commissioning specifications agreed</p> <p>Operational development ongoing to fully embed large scale change of an agreed single operating model, management structure and interfaces with whole system partners. Strategic development of the future model of integration is in progress.</p> <p><b>February 2019</b>            a) This has been achieved – the single commissioner related to the NHS CCGs – North CCG was given that remit it acted to chair a task and finish group and completed the specifications in December 2018. The department has seen these and is working with them pending decisions at a later point of what they will actually mean in practice.</p>					

## 4. Partnerships

<p><b>Report Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The system must undertake further work to transform the trust and commitment in partnership arrangements and deliver tangible products that will improve services and should be undertaken and developed at pace</li> <li>• The health and social care system must work with the independent sector, nursing home, care home and domiciliary care to improve relationships and develop the market to provide services that meet demand across Hampshire</li> </ul> <p><b>Aim:</b> Systems partners work towards developing a single vision for Hampshire that aims to keep people in their own communities and homes living independently.</p>	<p><b>Lead</b></p> <p>Graham Allen</p>
<p><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>• There is scope to improve the framework for inter-agency collaboration</li> <li>• Further development in respect of integrated commissioning</li> <li>• Work needed on developing relationships and improving communication between commissioners, the voluntary sector and providers</li> </ul>	
<p><b>Existing Work Being Undertaken (at the time of the Review):</b></p> <ul style="list-style-type: none"> <li>• Joint commissioning and brokerage arrangements in development</li> <li>• Jointly developed market position statements with intentions supported through market engagement</li> <li>• Integrated Intermediate Care business case development in progress</li> </ul>	

#### 4. Partnerships

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.1 Building strong relationships based on trust	a) We will review the strong relationships that already exist to identify good practice: establish why the relationships work well and plan how to use this learning	Sandra Grant	3 months	Partnership working recommendations	<b>Amber</b>
	b) There will be development of a shared understanding of the ways different partners work. This will include; <ul style="list-style-type: none"> <li>• the challenges/outcomes different partners are striving to achieve</li> <li>• And identify synergies and a better understanding of where the differences exist</li> </ul>	Ros Hartley, Ellen McNicholas	6 months	Closer understanding and appreciation of one another's role/challenges	
	c) Identify opportunities for wider partner participation and engagement in all system initiatives – e.g. assign roles to different partner organisations as part of a programme of work		3 months	Governance for relevant existing initiatives includes system wide representation, with roles clearly defined	
	d) Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention				



Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.2 Independent sector partnerships	a) We will forge a close working alliance with the independent sector influencers/organisations and agree working principles to ensure their views are heard by the system leaders	Mark Allen, Rachael King, Zara Hyde-Peters	6 months	Independent sector engagement plan  Joint viewpoint/forum	<b>Amber</b>
	b) Agree the issues that we want to work on collectively e.g. strengths based approach, workforce development, technology enabled care and set up the right channel(s) to promote collaboration on these issues.		6 months	Greater understanding of the market place  Alignment with outcomes for workforce (section 5.1)	

**Progress update  
February 2019**

a) There is a detailed programme on market engagement taken forward under the CHC/LD/MH placement commissioning work programme and this has made significant progress this year.

b) The LCPs are used to strengthen wider engagement with the voluntary sector, borough and town councils and community networks. The independent sector are key members of the local HWB board.



Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
4.3 Collaborative working	<p>a) We will support more flexible working across the entire system estate, by ensuring that IT is accessible to all</p> <p>b) Promote greater information sharing: e.g. Hampshire Knowledge Hub</p>	Andy Eyles	12 months	Flexible working enabled by appropriate infrastructure	<b>Amber</b>
<p><b>Progress Update February 2019</b></p> <p>a) We are developing plans and implementing a range of solutions to support more flexible working and to improve information sharing across the STP. We are deploying WIFI across our entire GP practices estate. Our partners in Southern Health are piloting the use of video consultations to enable both citizens and professionals to access services at a time and place convenient to them.</p> <p>b) We continue to build on the success of our shared Health and Care record programme (CHIE, formally known as the Hampshire Health Record). We have been awarded Local health and Care Record Exemplar (LHCRE) status, one of only 5 in the country. This will enable us to safely share more data more widely and with partners to the benefits of our citizens and professionals.</p>					

## 5. Workforce Planning

<p><b>Report Recommendation:</b></p> <ul style="list-style-type: none"> <li>System leaders must develop a comprehensive health and social care workforce strategy for Hampshire in conjunction with the independent sector. This should work in synergy with financial, housing and transport strategies</li> </ul> <p><b>Aim:</b> Develop a collaborative system wide workforce strategy</p>	<p><b>Lead</b></p> <p>Paul Archer, Director of Transformation and Governance &amp; Deputy Director, AHC</p>
<p><b>CQC Report Highlighted:</b></p> <ul style="list-style-type: none"> <li>There was no independent sector or voluntary sector representative on the STP group</li> <li>Funding to support actions of the workforce sub-group was not defined</li> <li>STP workforce planning group had not yet addressed system-wide problem of recruitment and retention of domiciliary and care home staff</li> <li>System lacked clear pay and reward strategies</li> <li>No plans to support unpaid workforce of carers and volunteers or to make better use of technology</li> </ul>	
<p><b>Existing Work Being Undertaken (at the time of the Review):</b></p> <ul style="list-style-type: none"> <li>STP have recognised workforce capacity to be a root cause issue and have formed a group to address this</li> <li>Organisational workforce leads are engaged in development work</li> <li>Plans to collaborate, involve and design with all key stakeholders including providers and advocates</li> </ul>	

### 5. Workforce Planning

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
5.1 Workforce Strategy	a) Establish a system-wide strategy forum involving the STPs, CCGs, City Councils, AHC and the Care Associations which are the voice of Hampshire providers (including Hampshire Care Association, HCA and Hampshire Domiciliary Care Providers, HDCP)	Sandra Grant, Nikki Griffiths, Mark Allen	6 months	Forum in place and fully operational	<b>Amber</b>
	b) Review the workforce insight/learning currently available to establish what is/isn't working well and identify what the independent sector believes is needed to support a sustainable workforce across the system		6 months	Shared view of what the problem is that we need to address	
	c) Share knowledge and insight about initiatives which have been undertaken across the County, to: <ul style="list-style-type: none"> <li>• understand the successes</li> <li>• inform our future strategy and identify the early priorities</li> <li>• include learning from other Counties e.g. Surrey</li> </ul>	Sandra Grant, Nikki Griffiths, Mark Allen	6 months	Shared learning and relevance to Hampshire	
	d) Work in collaboration with the independent sector to agree a strategy that we will jointly own and implement. Scope likely to include:		12 months	An agreed Workforce Strategy and implementation plan.	

	<ul style="list-style-type: none"> <li>○ Workforce supply and capacity: how to attract, develop and retain the optimum workforce (including links with the further education sector and economic regeneration team)</li> <li>○ Workforce efficiency: by adopting new ways of working, supporting staff and equipping them with the right skills and knowledge</li> <li>○ Trusted Professionals: improving the quality of carers and provision of care</li> <li>○ Technology as an enabler: to improve efficiencies, workforce engagement and delivering care</li> <li>○ Engagement with education providers.</li> </ul> <p>e) Agree the tangible measures/outcomes that will track success of the strategy (e.g. financial, efficiency, delivery, user satisfaction)</p>			<p>Stronger relationship with education providers</p>	
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**Progress Update February 2019**

a) A Workforce Strategy paper has been presented to the ITB, with a focus on development of a strategic system wide relationship with the independent sector. A work programme will emerge which will deliver the key outcomes in the CQC action plan.

b) and c) a workshop took place in October 2018, the programme was developed with HCA and HDCA, and jointly hosted with Hampshire County Council. The session scoped and mapped existing activity provided to support the sector by STP, CCG, NHS Trusts and Las.

Key Area	Action	Lead/Owner	Timescale	Outcome	Rag Status Feb 2019
5.2 Workforce Engagement	a) Identify the sector representatives that we will form a closer working alliance with, including <ul style="list-style-type: none"> <li>o Mental Health – Solent Mind</li> <li>o Voluntary Sector – Communities First Wessex</li> <li>o Independent Sector – HCA, HDCP</li> <li>o Carers Groups</li> <li>o Housing – District Councils</li> <li>o Transport</li> </ul>	Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon,	3 months	Stakeholder Engagement Plan	<b>Amber</b>
	b) Engage these parties in the development and deployment of the strategy		6 months		
<b>Progress Update</b> <b>October 2018</b> a) We have engaged and made progress with a number of the groups that we need to form closer working alliances with; HCA, HDCP, CVSs, Carers. A wider stakeholder engagement plan is in development to ensure that key groups are worked with ahead of the implementation of the strategy (as outlined in 5.1).  <b>February 2019</b> b) As outlined in the updates provided for section 5.1.					

5.3 Finance	a) Evaluate the opportunity to pool financial resources to achieve our strategic objectives and identify funding initiatives which will support workforce development	Graham Allen, Maggie Maclsaac, Heather Hauschild	12 months	Joint funding approved and performance measures agreed	<b>Amber</b>
<p><b>Progress Update</b>  <b>February 2019</b>  a) <b>In progress</b> – Workforce development being progressed as a core priority in the ITB.</p> <p>Elements including shared / joint development activities are underway across management and clinical tiers.</p>					

## Appendix 1

Recommendations from the review	Matched to key group
1. The HWB must determine and agree its work programme, how to make the system more coordinated and streamlined and form stronger more coordinated links with the STPs.	1. Strategic Vision, Leadership and Governance
2. System leaders must develop a comprehensive health and social care workforce strategy for Hampshire in conjunction with the independent sector. This should work in synergy with financial, housing and transport strategies.	5. Workforce Planning
3. The system must undertake further work to transform the trust and commitment in partnership arrangements and deliver tangible products that will improve services should be undertaken and developed at pace.	4. Partnerships
4. The system must work with partners to develop a consistent approach to the evaluation of health and social care initiatives and their feasibility at a strategic and local level and communicate this information system wide.	1. Strategic Vision, Leadership and Governance
5. The health and social care system must work with the independent sector, nursing home, care home and domiciliary care to improve relationships and develop the market to provide services that meet demand across Hampshire.	4. Partnerships
6. The system must ensure safe discharge pathways are in place and followed for people leaving hospital.	3. Access and Transfers of Care
7. The system leaders must revisit all service provision to ensure the delivery of more equitable services across Hampshire.	1. Strategic Vision, Leadership and Governance
8. The system must ensure that the enhanced GP offer is implemented to all care and nursing homes across Hampshire.	3. Access and Transfers of Care
9. The system must streamline discharge processes across Hampshire; this needs to include timely CHC assessment and equipment provision to prevent delayed discharges from hospitals.	3. Access and Transfers of Care
10. A comprehensive communication strategy must be developed to ensure health and social care staff understand each other's roles and responsibilities and all agencies are aware of the range of services available across Hampshire.	2. Communication and Engagement
11. All elements of the high impact change model must be introduced and the impact evaluated system-wide.	1. Strategic Vision, Leadership and Governance

## Appendix 2

The system representatives listed below are named individuals representing organisations with key roles in respect of the Hampshire Local System Review and summit and have played a core role in developing the action plan.

<b>Graham Allen</b> (graham.allen@hants.gov.uk) – Director of Adults’ Health and Care, Hampshire County Council
<b>Mark Allen</b> (mark.allen@hants.gov.uk) – Head of Commissioning, Adults’ Health and Care, Hampshire County Council
<b>Karen Ashton</b> (karen.ashton@hants.gov.uk) – Assistant Director, internal Provision and NHS Relationship Manager, Adults’ Health and Care, Hampshire County Council
<b>Sarah Austin</b> (sarah.austin@solent.nhs.uk) – Chief Operating Officer and Commercial Director, Solent NHS Trust
<b>Sallie Bacon</b> (sallie.bacon@hants.gov.uk) – Director of Public Health, Hampshire County Council
<b>Nick Broughton</b> (Nick.Broughton@southernhealth.nhs.uk) – Chief Executive, Southern Health NHS Foundation trust
<b>Paul Bytheway</b> (paul.bytheway@portshosp.nhs.uk) – Chief Operating Officer, Portsmouth Hospital Trust
<b>Steve Cameron</b> (stephen.cameron@hants.gov.uk) – Head of Reablement, Adults’ Health and Care, Hampshire County Council
<b>John Coughlan</b> (john.coughlan@hants.gov.uk) – Chief Executive, Hampshire County Council
<b>Mark Cubbon</b> (Mark.Cubbon@porthosp.nhs.uk) – Chief Executive, Portsmouth Hospital Trust
<b>Alison Edgington</b> (a.edgington@nhs.net) – Director of Delivery, SE Hampshire and Fareham and Gosport Clinical Commissioning Group
<b>Penny Emerit</b> (penny.emerit@portshosp.nhs.uk) – Portsmouth Hospital Trust, Director of Strategy and Performance
<b>Andy Eyles</b> (andy.eyles@nhs.net), Digital Programme Director, Hampshire and Isle of Wight Sustainability and Transformation Partnership
<b>Councillor Liz Fairhurst</b> (liz.fairhurst@hants.gov.uk) – Executive Member for Adult Social Care & Health and Chair of the Health and Wellbeing Board

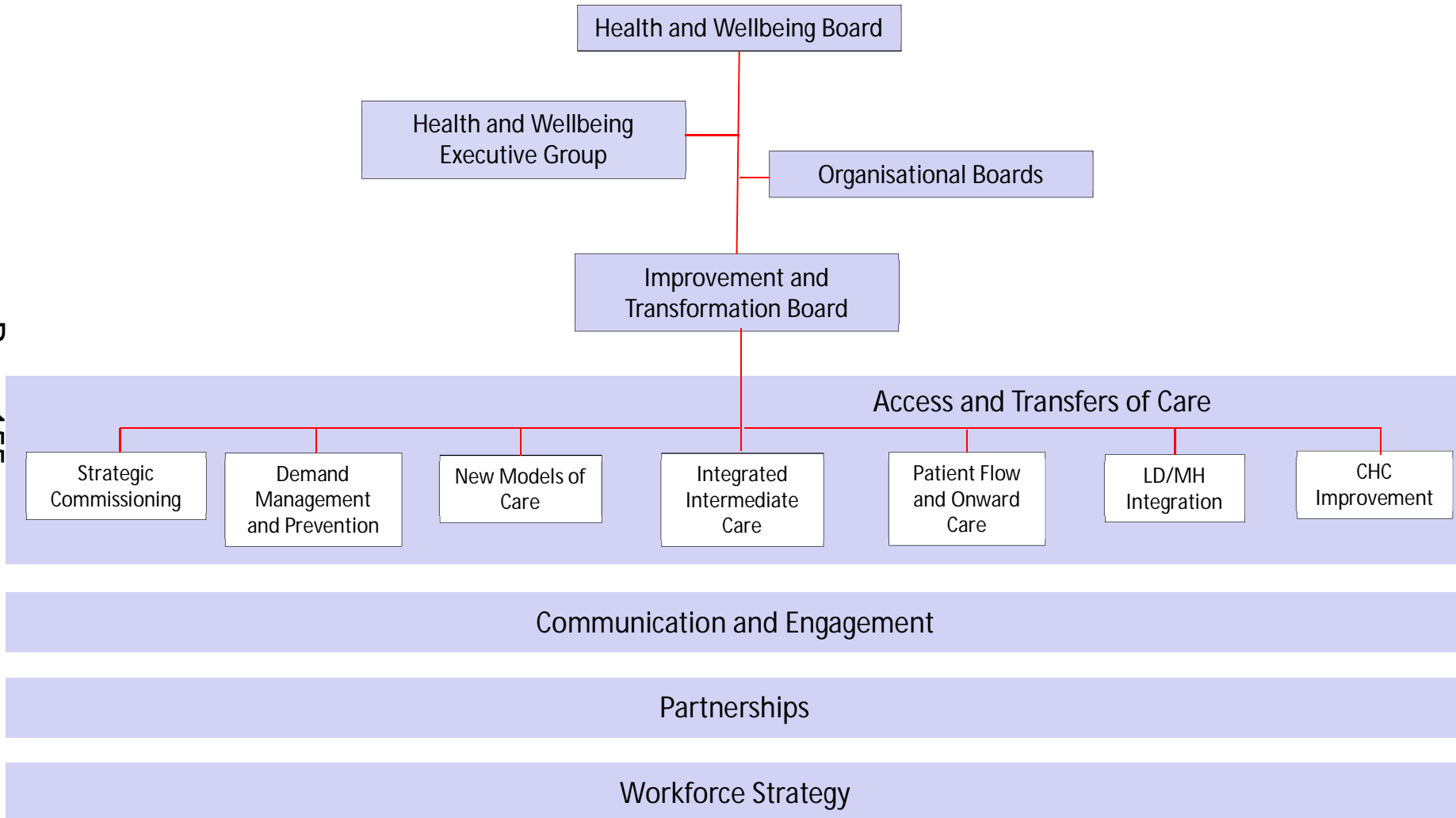


<b>Martha Fowler-Dixon</b> (Martha.fowler-dixon@hants.gov.uk) – Head of Demand Management and Prevention, Hampshire County Council
<b>David French</b> (David.French@uhs.nhs.uk) – Interim Chief Executive Officer, University Hospital Southampton NHS Foundation
<b>Kaylee Godfrey</b> (kaylee.godfrey@nhs.net) – Communications Lead, West Hampshire Clinical Commissioning Group and Hampshire and Isle of Wight Clinical Commissioning Group Partnership
<b>Sandra Grant</b> (sandragrant2@nhs.net) – Hampshire and Isle of Wight Sustainability and Transformation Partnership
<b>Nikki Griffiths</b> (Nikki.griffiths@hants.gov.uk) – Head of Workforce Development, Adults’ Health and Care, Hampshire County Council
<b>Sarah Grintzevitch</b> (s.grintzevitch@nhs.net) – Communications Lead, Hampshire and Isle of Wight Sustainability and Transformation Partnership
<b>Will Hancock</b> (will.hancock@scas.nhs.uk) – Chief Executive, South Central Ambulance Service NHS Foundation Trust
<b>Sue Harriman</b> (Sue.Harriman@solent.nhs.uk) – Chief Executive, Solent NHS Trust
<b>Ros Hartley</b> (ros.hartley1@nhs.net) – Director of Partnership, Hampshire Clinical Commissioning Group Partnership
<b>Heather Hauschild</b> (heather.hauschild@nhs.net) – Chief Officer, West Hampshire Clinical Commissioning Group
<b>Jane Hayward</b> (jane.hayward@uhs.nhs.uk) – Director of Transformation, University Hospital Southampton NHS Foundation Trust
<b>Maria Hayward</b> (maria.hayward@hants.gov.uk) – Strategic Workforce Development Manager, Adults’ Health and Care, Hampshire County Council
<b>Paula Hull</b> (paula.hull@southernhealth.nhs.uk) – Director of Nursing, Southern Health NHS Foundation Trust
<b>Jessica Hutchinson</b> (jessica.hutchinson@hants.gov.uk) – Assistant Director, Learning Disabilities and Mental Health Services, Adults’ Health and Care, Hampshire County Council
<b>Zara Hyde-Peters</b> (zara.hyde-peters@nhs.net) – Director of Delivery, Hampshire and Isle of Wight CCG Partnership
<b>Kate Jones</b> (kate.jones@hants.gov.uk) – Policy Adviser and Hampshire Health and Wellbeing Board Manager, Hampshire County Council

<b>Rachael King</b> (rachael.king4@nhs.net) – Director of Commissioning, West Hampshire Clinical Commissioning Group
<b>Jo Lappin</b> (jo.lappin@hants.gov.uk) – Interim Director of Older People and Physical Disabilities, Adults’ Health & Care (CQC Review Lead), Hampshire County Council
<b>Maggie MacIsaac</b> (Maggie.macisaac@nhs.net) – Chief Executive, Hampshire and Isle of Wight Clinical Commissioning Group Partnership
<b>Julie Maskery</b> (julie.maskery@hhft.nhs.uk) – Chief Operating Officer, Hampshire Hospitals NHS Foundation Trust
<b>Ellen McNicholas</b> (ellenmcnicholas@nhs.net) – Director of Quality and Nursing, West Hampshire Clinical Commissioning Group
<b>Sarah Olley</b> (sarah.olley@southernhealth.nhs.uk) – Strategic Programme Manager, Southern Health NHS Foundation Trust
<b>Sue Pidduck</b> (sue.pidduck@hants.gov.uk) – Head of Transformation, Design and Implementation, Adults’ Health and Care, Hampshire County Council
<b>Matthew Richardson</b> (matthew.richardson2@nhs.net) – Deputy Director of Quality, West Hampshire Clinical Commissioning Group
<b>Ciara Rogers</b> (ciararogers@nhs.net) – Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West Hampshire Clinical Commissioning Group and Hampshire and Isle of Wight Clinical Commissioning Group Partnership
<b>Richard Samuel</b> (richardsamuel@nhs.net) – Senior Responsible Officer, Hampshire and Isle of Wight Sustainability and Transformation Partnership
<b>Louise Spencer</b> (louise.spencer2@nhs.net) – Associate Director Quality and Nursing, South Eastern Hampshire/Fareham and Gosport Clinical Commissioning Group
<b>Jane Vidler</b> (jane.vidler@hants.gov.uk) – Communications Manager, Hampshire County Council
<b>Alex Whitfield</b> (Alex.Whitfield@hhft.nhs.uk) – Chief Executive, Hampshire Hospitals NHS Foundation Trust
<b>Tracy Marie Williams</b> (tracy.m.williams@hants.gov.uk) – Provider Quality Service Manager, Adults’ Health and Care, Hampshire County Council

# Governance Framework

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**Improvement and Transformation Board**

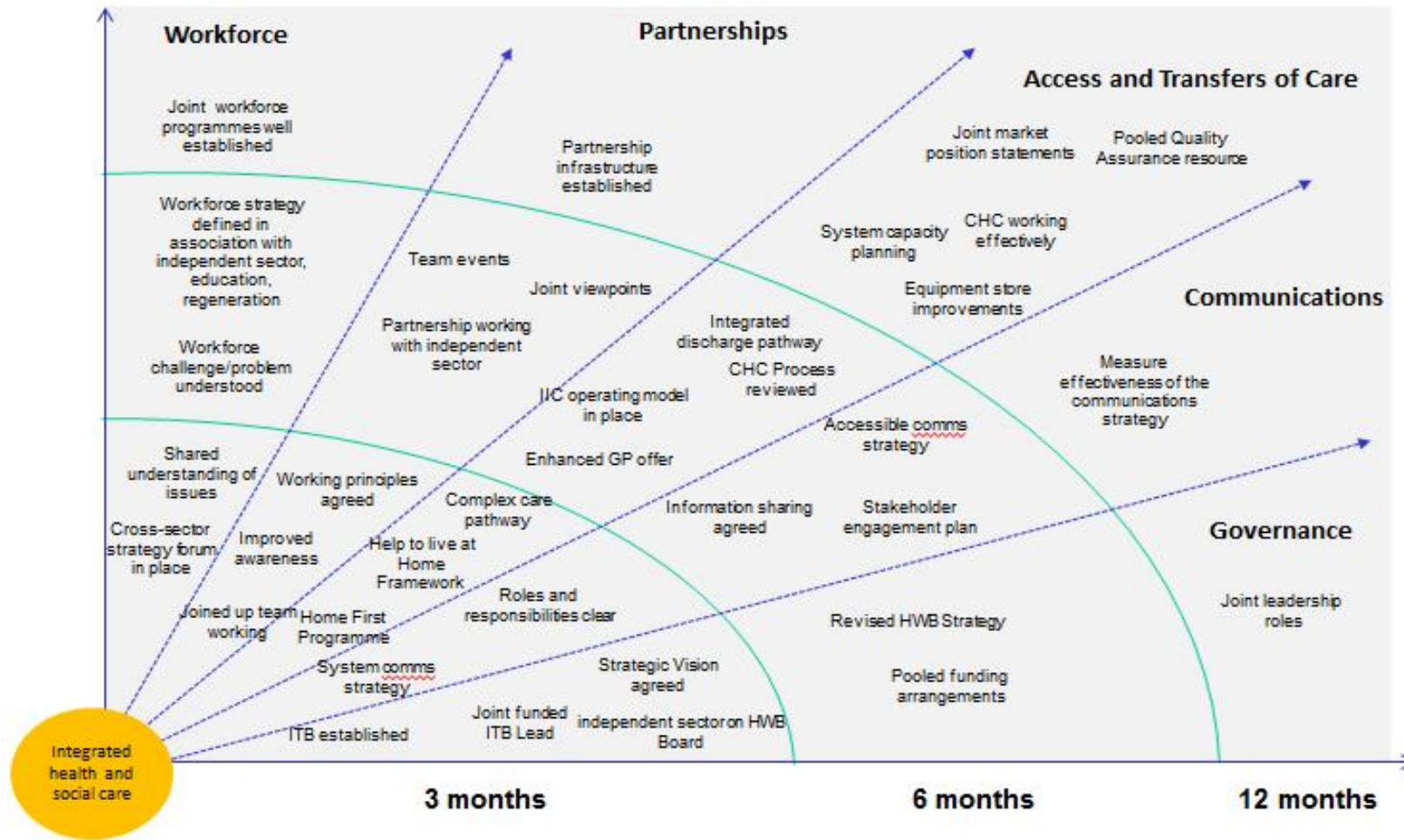
**Description:** The Hampshire Improvement and Transformation Board (ITB) will bring together the main commissioning and provider elements of the Hampshire health and social care economy in order to drive transformational improvement, in line with the published strategies of the Board's membership organisations, published improvement actions following external review and in keeping with the overarching ambitions of the HIOW and Frimley ICSSs. The ITB will remove duplication, at a strategic level, and add value to the collective delivery arrangements through the Local Delivery Systems across all of the programmes within the purview of the Board. The ITB will report to the HWB Executive Group and HWB, as well as individual organisational boards / arrangements as required.

Terms of Reference	Membership & Frequency	Agenda	Inputs and outputs
<p><b>The role of the Improvement and Transformation Board is to:</b></p> <ul style="list-style-type: none"> <li>Be a collaborative, strategic forum for senior leaders across the health and social care community across Hampshire to drive improvement and transformation of services.</li> <li>Oversee, provide assurance and challenge delivery progress for a range of programmes underway across the health and social care sector, Hampshire-wide – see identified programme areas.</li> <li>Provide updates and exception reports on system progress to the Hampshire Health and Wellbeing Executive Group and the Hampshire Health and Wellbeing Board, as well as individual organisation progress reports as required.</li> <li>Act as a strategic decision-making body in order to progress the work programme reporting to the Board.</li> <li>See separate sheet for Governance architecture.</li> </ul>	<p><b>Chair:</b> Director of Adults' Health and Care, HCC*</p> <p><b>Members:</b> <i>CEX / Executive Directors of;</i></p> <ul style="list-style-type: none"> <li>West Hampshire CCG*</li> <li>Hampshire CCG Partnership*</li> <li>Hampshire Hospitals NHS Foundation Trust</li> <li>University Hospital Southampton NHS Foundation Trust</li> <li>Portsmouth Hospitals NHS Trust</li> <li>Southern Health NHS Foundation Trust</li> <li>Salent NHS Trust</li> <li>The Director of Public Health, HCC</li> <li>Deputy Director, AHC, HCC</li> <li>Assistant Director – OPPD, HCC</li> <li>Director of Improvement and Transformation – Patient Flow and Onward Care</li> </ul> <p><i>Meeting Quorate when * plus three other members present</i></p> <p><i>Additional attendees to report on programme areas as required, others by invitation/as appropriate.</i></p> <p><b>Frequency:</b> Monthly 2 hour meeting</p>	<p><b>Typical agenda items:</b></p> <ul style="list-style-type: none"> <li>Welcome / apologies</li> <li>Action notes from last meeting</li> <li>Patient flow and onward care programme delivery</li> <li>New Models of Care programme delivery</li> <li>Demand Management and Prevention programme delivery</li> <li>Integrated Intermediate Care programme delivery</li> <li>Learning Disability / Mental Health integration programme delivery</li> <li>Continuing Healthcare programme delivery</li> <li>Workforce strategy development</li> <li>Better Care Fund / finance delivery</li> <li>Strategic Commissioning</li> <li>Communications / engagement</li> <li>Any other (urgent) business</li> </ul>	<p><b>Inputs:</b></p> <ul style="list-style-type: none"> <li>Key performance data</li> <li>Key finance information</li> <li>Programme Management Office dashboards / updates for each programme area</li> <li>Future planning considerations, for example use of Winter Pressures or other ad hoc funding streams</li> </ul> <p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>Confidence in delivery timeline and achievement for each programme area</li> <li>Escalation and update to HWEG and HWB, where necessary</li> <li>Consistent and aligned tactical and operational delivery across organisations in all programme areas</li> <li>Improved performance across all named programme areas of activity.</li> </ul>

DRAFT TERMS OF REFERENCE

Appendix 4

# 12 month action plan in summary



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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
<b>Date of meeting:</b>	2 April 2019
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Director of Transformation and Governance

**Contact name:** Members Services

**Tel:** (01962) 845018

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### **Purpose of Report**

1. To consider the Committee's forthcoming work programme.

#### **Recommendation**

2. That Members consider and approve the work programme.

**WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE: 2019**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	11 Feb 2019	2 April 2019	14 May 2019
<p align="center"><b>Proposals to Vary Health Services in Hampshire</b> - to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.</p>							
<p><b>Andover Hospital Minor Injuries Unit</b></p>	<p>Temporary variation of opening hours due to staff absence and vacancies</p>	<p>Living Well  Healthier Communities</p>	<p>Hampshire Hospitals NHS FT</p>	<p>Updates on temporary variation last heard in Nov 2018</p> <p>Next update to be considered March 2019, inc UTC developments (invite West CCG to joint present with HHFT)</p>		<p>Update to be considered</p> <p align="center"><b>(M)</b></p>	
<p><b>Dorset Clinical Services review</b></p> <p align="center"><b>(SC)</b></p>	<p>Dorset CCG are leading a Clinical Services review across the County which is likely to impact on the population of Hampshire crossing the border to access services.</p>	<p>Starting Well  Living Well  Ageing Well  Healthier Communities</p>	<p>Dorset CCG / West Hampshire CCG</p>	<p>First Joint HOSC meeting held July 2015, CCG delayed consultation until 2016.</p> <p>Last meeting August 2017 to consider consultation outcomes. Decision made by CCG in line</p>	<p>Verbal update to be received once next meeting has been held.</p> <p align="center"><b>(M)</b></p>		



Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	11 Feb 2019	2 April 2019	14 May 2019
				with Option B 20 September, which HASC supports.			
<b>North and Mid Hampshire clinical services review (SC)</b>	Management of change and emerging pattern of services across sites	Starting Well Living Well Ageing Well Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14.  Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.			
<b>Move of patients to Eastleigh &amp; Romsey Community Mental Health Team</b>	Patients in Eastleigh southern parishes historically under Southampton East Team moving to Eastleigh and Romsey team	Living Well Ageing Well	Southern Health	Briefing note presented at Sept 18 meeting. Supported as not SC. Requested update in March 2019.		Update due <b>(M)</b>	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	11 Feb 2019	2 April 2019	14 May 2019
<b>Spinal Surgery Service</b>	Move of spinal surgery from PHT to UHS (from single clinician to team)	Living Well Ageing Well	PHT and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Update on engagement received Sept 2018. Implementation update timing tbc.			Update?
<b>Chase Community Hospital</b>	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider	Living Well Ageing Well	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Latest update Feb 2019 (health hub developments update due later in year, when CCG has reviewed options. Pencil in for July meeting)	Update received (M)		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	11 Feb 2019	2 April 2019	14 May 2019
<b>Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.</b>							
<b>Temporary Closure OPMH Ward</b>	Southern Health NHS FT – reported in Oct temporary closure to admissions to Poppy and Beaulieu wards.	Living Well Ageing Well	Southern Health NHS FT	Last Update received at Jan 2019 meeting. Beaulieu temp closed for up to 6 months. Requested further update May 2019.			Update due (M)
<b>Care Quality Commission inspections of NHS Trusts serving the population of Hampshire</b>	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary.  PHT last report received Sept 2018, requested update in 6 months (March 2019).  SHFT – latest full report received Nov 18. Requested update March 2019.  HHFT latest report received Nov 18. Requested update Feb 2019.		PHT update  (M)  SHFT update  (M)	
					HHFT Update (M)		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	11 Feb 2019	2 April 2019	14 May 2019
				Solent – inspected late 2018, expect report Feb 2019, for March meeting.		Solent report (M)	
<b>CQC Local System Review of Hampshire</b>	To monitor the response of the system to the findings of the CQC local system review, published June 2018.	Ageing Well  Healthier Communities	AHC at HCC	Update received at Nov 2018 meeting on progress 3 months in to Action Plan. Further update requested in March for 6 month milestones.		Update due (M)	
<b>Sustainability and Transformation Plans: one for Hampshire &amp; IOW, other for Frimley</b>	To subject to ongoing scrutiny the strategic plans covering the Hampshire area	Starting Well  Living Well  Ageing Well  Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this.  Next update at formal meeting March 2019.		General STP update due	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	11 Feb 2019	2 April 2019	14 May 2019
<b>Overview / Pre-Decision Scrutiny</b> – <i>to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</i>							
<b>Budget</b>	To consider the revenue and capital programme budgets for the Adults' Health and Care dept	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care  (Adult Services and Public Health)	Considered annually in advance of Council in February			
<b>Orchard Close</b>	To consider proposals to close Orchard Close Respite Service, Hayling Island	Living Well Ageing Well	HCC Adults' Health and Care	Workshop held 4 Dec 2018. Pre scrutinised at additional Feb 2019 HASC prior to Feb EM decision. Call In meeting 14 March 2019 recommended EM re-consider.	Pre scrutiny	Consider Working Group	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	11 Feb 2019	2 April 2019	14 May 2019
<b>Scrutiny Review</b> - to scrutinise priority areas agreed by the Committee.							
<b>STP scrutiny</b>	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads  All NHS organisations	ToR agreed September 2017. Met Dec 2017, March 2018, Sept 2018, Dec 2018	Verbal updates to be received when appropriate		
<b>Real-time Scrutiny</b> - to scrutinise light-touch items agreed by the Committee, through working groups or items at formal meetings.							
<b>Adult Safeguarding</b>	Regular performance monitoring of adult safeguarding in Hampshire	Living Well  Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee.  Update Nov 18, next due Nov 19			
<b>Public Health</b>	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well  Living Well Ageing Well  Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018.  0-19 Nursing Procurement pre scrutiny Jan 2019			

**Key**

- (E)** Written update to be received electronically by the HASC.
- (M)** Verbal / written update to be heard at a formal meeting of the HASC.
- (SC)** Agreed to be a substantial change by the HASC.

**Other requests not yet scheduled:**

Sept 2018: CAMHS assessments of children in schools and change in provider

Gosport Independent Review - overview of response of system partners tbc

NHS 10 Year Plan – overview of what this sets out and how this is being taken forward locally tbc

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	no

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None



## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

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