

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on
Wednesday, 4th March, 2020

Chairman:

* Councillor Roger Huxstep

- | | |
|-----------------------------|--------------------------------|
| * Councillor David Keast | * Councillor Pal Hayre |
| * Councillor Martin Boiles | * Councillor Neville Penman |
| * Councillor Ann Briggs | * Councillor Mike Thornton |
| Councillor Adam Carew | Councillor Rhydian Vaughan MBE |
| * Councillor Fran Carpenter | * Councillor Michael White |
| Councillor Tonia Craig | * Councillor Graham Burgess |
| * Councillor Alan Dowden | Councillor Lance Quantrill |
| * Councillor Jane Frankum | * Councillor Dominic Hiscock |
| * Councillor David Harrison | Councillor Martin Tod |
| * Councillor Marge Harvey | |

*Present

Co-opted members

Councillor Alison Finlay

Also present at the invitation of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Judith Grajewski, Executive Member for Public Health.

190. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Tonia Craig, Rhydian Vaughan, and Adam Carew. Councillors Graham Burgess and Dominic Hiscock attended as deputies for Councillors Rhydian Vaughan and Tonia Craig respectively.

Apologies were also received from Co-Opted Members, Councillors Diane Andrews, Trevor Cartwright, and Rosemary Reynolds.

191. 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.

Councillor Dominic Hiscock noted that his wife is a consultant radiologist at University Hospital Southampton. The Trust were attending to present items 7b and 8a.

192. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 15 January 2020 were confirmed as a correct record and signed by the Chairman.

It was noted that when meetings have “Moved” after the date listed online, it can be confusing for the public and press. This is a known issue and currently being addressed.

193. **DEPUTATIONS**

Deputations were received from:

Item 6 (Orchard Close) --

Mr David Humphries (Carer)

On behalf of parent carers at Orchard Close, David Humphries returned to address Members. He thanked Member for listening and unanimously making the right decisions. Carers save millions of pounds by continuing caring but continue to need the support of vital services. They are happy to work together with Hampshire County Council to protect these services and provide very good value for money.

Some carers were confused about the wording on the consultation which may be reflected in the percentages. While running with reduced services, carers want to better understand the impact on levels of service. Selling beds at other sites is a cautious estimate but can generate more revenue. Flexible staffing and using social care students could help further with staffing. Carers would like to build trust and transparency with management and the Council as work has begun setting up Friends of Orchard Close to secure a longer-term future and improve the already excellent services being provided. David thanked the Members for their time and their efforts.

Item 8b (Southern Health Foundation Trust) --

Mr Geoff Hill

Mr Hill wished to speak on Item 8 and specifically 8b, the Southern Health CQC Inspection Report. He drew attention to the independent report and limited public investigation, which led to NHS Improvements engagement. He felt the CQC had not accurately reported the work with families affected and that the family liaison officer had not been in touch with bereaved families. Mr Hill was offered an opportunity to act as a critical friend but direct engagement with the Trust stopped soon afterwards. He does not believe the Trust is well-led, that the Trust conducts needs reassessment and has concerns about issues

remaining unresolved and the leadership distancing itself from Trust failures. He noted systemic problems and the lack of following recommendations and learning from the Trust's failings.

Mrs Teresa Skelton

Mrs Skelton spoke about her negative experiences and concerns about the Police and psychiatric care provided by Southern Health. She had received help from Geoff Hill.

The Chairman noted her statement.

Item 9 (Adult Safeguarding) --

Mr Russell Stevens

Mr Stevens provided a deputation on behalf of himself and his wife regarding the safeguarding of vulnerable adults who need to be kept safe from harm. He had tried to raise concerns with individuals and agencies with little understanding or assistance, which included failure to adequately provide protection from abuse by the Hampshire County Council and appropriate action not being taken to understand and address concerns. He noted that a lack of adequate resources was being used as a defence. He noted that an independent regulator rather than self-auditing and regulation would better manage risks. Mr Stevens noted that he is standing in the Southern Health elections to be a public governor to help and do further work in this respect. He thanked Members for their time.

The Chairman noted that one other statement was emailed to Members directly as the deputation request was not received in time.

194. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:

- A. Written Updates on Whitehill & Bordon Health and Wellbeing Hub and Details on Current Fiscal Arrangements for Out of Area Beds

Written updates had been shared via email on Whitehill & Bordon Health and Wellbeing Hub from South Eastern Hampshire CCG and details on current fiscal arrangements for out of area beds by Southern Health. Members did not raise any questions or concerns about these written briefings.

- B. Dr Nick Broughton Leaving Southern Health

The Chairman noted that Dr Nick Broughton would be moving on from his leadership at Southern Health to his new role at Oxford Health NHS Foundation Trust.

C. Coronavirus Update

The Director of Public Health provided an update about COVID-19 being contained in Hampshire and the UK. Hand hygiene, where handwashing is more effective than using an alcohol-based gel and using disposable tissues and throwing them away, remains the main advice. Public Health is working closely with partners in emergency planners and critical authorities on this dynamic situation in Hampshire and the Isle of Wight.

195. **OUTCOME OF THE CONSULTATION AND RECOMMENDATIONS ON PROPOSED CHANGES TO HAMPSHIRE COUNTY COUNCIL'S LEARNING DISABILITY RESPITE SERVICES**

The committee received a report from the Director of Adults' Health and Care. Mr Humphries and the Orchard Close group were thanked for their deputation.

Members received a brief history of the proposals and overview of the report to the Executive Member of Adult Social Care and Health. Secondary consultations for considering other options for the future of Orchard Close were undertaken as well as extensive engagement and coproduction with the two working groups (included Members and carers) and Healthwatch, Carers Together and Speakeasy advocacy involvement.

Members heard that the two proposals outline a reduction of beds at Orchard Close and market capacity at 3 other respite services. Savings of £140million are still required with a reduction of 19% across service and a £55.9million reduction in addition to previous rounds of transformation. The findings of the 8-week public consultation and recommendations are before Members for scrutiny.

The target occupancy is 85% with safe levels of staffing at all times and reductions worked out on that basis. In addition to reducing beds, attracting more service during slower months is a priority. Based on the underoccupancy at 3 other sites, 25% of capacity will be marketed with an estimated income of £126,000 per annum. For equitable access at Orchard Close occupancy will be temporarily increased over 85% for summer months and booking groups together will be encouraged in quieter months.

With regards to the future of Orchard Close beyond March 2020, services will need to be reassessed regularly and no assurances of any respite services can be given beyond that date, given the current Covid19 pandemic. Changes to how respite is taken may be required as part of the process, matching requests against availability in an equitable manner while continuing to maintain a personalized and fair approach. In relation to the loss of expertise in terms of losing staff, only two members of staff would be impacted – one with a reduction in hours, another redeployed to fill another internal vacancy. There would be no staffing implications at any of the other locations and staffing impact would be mitigated because several posts are currently vacant.

The same rules and practices would be in place by Hampshire County Council care services for any external service users. The Council is being cautious and there will be minimal effect on Hampshire respite users. If the change is agreed,

it would commence on 1 October 2020. Respite will be spread more proportionately but remain the same amount and there will be no difference felt for any service users. Usage will be continually monitored with minimized impact for Hampshire residents. Equality Impact Assessments were completed for each individual proposal. Some shortfall would remain.

The Chairman thanked the officer-team for their ongoing efforts. Members appreciated all the work being done but noted the lack of funding from the central government. Going forwards, including autistic service users in the proposals was requested by Members and noted by Officers.

In response to questions, Members heard:

For understanding the disruption of summer months, the 3-bed change has been modelled for minimal disruption and would not have a significant impact. Fair, equitable access and incentives would encourage bookings for low-season accommodation. For planned respite, bookings are made considerably in advance. There may be occasions with having higher requests than availability, not unlike other organizations but the impact would be managed, and other alternatives considered.

Hampshire County Council Care are Care Quality Commission regulated and managers are very familiar with looking at compatibility and person-centred care with similar needs and would only be commissioned from a different authority or provider. This already happens and is business as usual. There are no additional security concerns or escalation of risks by using market capacity.

A huge amount of work, thought, and care has gone into these recommendations and the impact will continue to be monitored.

Safeguarding responsibilities would remain the same and retained by Hampshire.

With regards to increasing bed occupancy sales, subject to getting there and establishing interest, this would continually be reviewed moving forwards. The department is deliberately cautious to mitigate the impact.

Officers are continuing to work closely with carers and making positive developments with the Friends of Orchard Close group. It has been a long process and engagement, and the recommendations do reflect it – the safety of loved ones have not been compromised and will not be. Some facilities replaced older estates to reflect the needs of respite users who could not be accommodated elsewhere.

Members noted that in cuts to budget and further savings the most vulnerable people who need looking after can be affected. Members thanked the officers and wished to reiterate the lack of adequate funding to the central government, prioritizing fair, rather than equal funding reduction.

RESOLVED -

That the Health and Adult Social Care Select Committee:

Supported the recommendations being proposed to the Executive Member for Adult Social Care and Health in section 2 of the report.

196. **PROPOSALS TO VARY SERVICES**

Items for Monitoring

a. Orthopaedic Trauma Modernization Pilot (Hampshire Hospitals Foundation Trust)

Representatives from Hampshire Hospitals Foundation Trust confirmed that the pilot is 12 weeks into the changes and reported on progress to date from the 2 December reconfiguration due to end in March 2020.

Members heard:

The Trust is working closely with South Central Ambulance Service (SCAS) for transporting patients safely to sites.

There have been changes to processes and pathways to cope with additional demand and capacity. Models have been successful in predicting bed capacity.

Consultation exercises with staff highlighted concerns such as disruptions or changes to work location which have been addressed. The feedback now is positive with good working conditions, as well as supervision and training opportunities for junior work force. Successful recruiting of new staff has led to the highest staff in post for trauma staff.

A comprehensive dedicated system with specialist nurses, Hampshire County Council community partners, and Integrated Intermediate Care services has allowed for moving patients who need supported discharge and improvements have been noticeable.

The general election purdah effect was taken into consideration during the consultation. Outcomes of further consultation and engagement surveys will continue to be considered alongside collaboration with Healthwatch.

Transport was a concern and actions taken on that front, making sure up to date information is available to patients, carers, and families regarding changes in travel between Winchester and Basingstoke with clear signposting and robust ambulance coverage.

Previously, the quality of trauma and orthopaedic care and fatality rate was higher than the national average. There were long wait time issues, longer stays in hospitals, and cancellations during winter pressure periods.

Centralization was undertaken to address these issues. People can be treated quickly with access to the right surgeon for the right, timely treatment with better outcomes. A dedicated rehabilitation unit provides further benefits returning patients to pre-trauma condition with reduced time in hospital.

Those in pain have not had planned operations cancelled as those beds have been ring-fenced. Emergency departments continue to carry on and only a small number of people need to be moved.

Looking at patient outcomes, times, and quality of care, data for the test period has been collated and reviewed with partners. The Trust is grateful for the support of patients, staff, and partner organizations.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the implementation update, engagement data, and current challenges as well as any recorded issues addressed and/or resolved
- b. Requested a further update on outcomes in September 2020

b. Spinal Surgery Service Implementation Update (University Hospital Southampton)

Representatives from University Hospital Southampton provided an update on the transfer of elective spinal services from Portsmouth Hospital Trust in December 2018 and changes in the pathway.

In response to questions, Members heard:

Access to operation theatres remain a problem and one additional theatre has been added to manage the volume. Trauma has doubled since December and affects getting elective cases into the theatre. More work remains to be done.

Out of hours scanning allows more timely movement and care of patients but is not universal. Scans to confirm diagnoses are not always accessible or affordable.

Centres of excellence providing better care outweighs the distance travelled for care.

A new surgical colleague coming on board in March will help alleviate workload pressures and help address surgical capacity. Less complex cases will be directed to Salisbury.

GPs are the first call and have guidelines of service recommendations. While accessible services like physiotherapy would be a useful investment in prevention to reduce the need of operations, time with therapist is short but the patient must do the exercises. An education program is ideal, but many patients don not use the exercises. There are first lines of treatment available and people are told if they do no need operations.

Recruitment and retention of surgeons are not currently issues, but balancing nursing staff across departments can be. There is a level of autonomy with running a spinal practice and recruitment and retention are positive but varies in other parts of the organization. Overseas hiring, other incentives, valuing staff, and maintaining the education budget have had a positive impact.

Audits are considered business as usual and the staff score high on sending their friends and family to the hospital.

RESOLVED --

That the Health and Adult Social Care Select Committee:

- a. Noted the progress update and current operational challenges as well as any recorded issues addressed and/or resolved
- b. Requested a written update on outcomes in September 2020

A 10-minute comfort break was taken at this time.

197. **ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES**

a. CQC Inspection Update from University Hospital Southampton Foundation Trust

Representatives from University Hospital Southampton provided an update on the action plan, must do items, and range of actions to be completed by April 2020.

Members heard that the Trust's overall rating was "Good", and areas of improvement are being addressed by working differently and prioritizing patient driven care. Posts are being filled timely and updates made to the facility.

In response to questions, Members heard:

Wait time for consultants is being addressed alongside keeping patients informed so they are aware.

Improvements in outpatient care requires more work to be done and expected to be addressed by next year's inspection.

Infection control remains above national average and assurances are easier for newer estates.

Nursing leadership been updated, and exemplary committed teams are in place with the best interests of patients in mind and are being nationally recognized with awards.

Members commended the improvements in service provisions for the ophthalmology department. Monitoring of services continue, and efforts are being made to not shift the bottleneck into surgeries.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the findings of the latest CQC inspection report for the Trust and the improved rating of “Good”
- b. Noted the approach of the Trust to respond to the findings
- c. Requested a further update in September 2020

b. CQC Inspection Report from Southern Health NHS Foundation Trust

Representatives from Southern Health NHS Foundation Trust provided an update regarding their October 2019 CQC inspection and the four core services reviewed.

Members heard:

The most recent report reflected positive changes, but the Trust are not complacent and a lot more work remains to be done. Workstreams are being led by Trust leadership and clinicians with an equality improvement plan in place. Listening to feedback from service users, patients, and families and with their support, improvements can be made with the efforts of compassionate and passionate staff for better services.

Members noted:

While mental health services do not receive adequate services as their physical counterparts, serious issues such as patient notes, infection control, access, etc. should not be on this list. These must-dos should have already been addressed.

Certain concerns are not systemic but can stem from individual cases on individual wards, but some are issues across the NHS. In some cases, the errors are administrative, and policies are not updated in a timely manner before inspections.

In response to questions, Members heard:

There is a constant process of learning, training, evidence-based practice, and taking feedback seriously. The Trust follow up with individuals and update processes as needed.

The Trust use a proactive program where to engage with users and community services to listen to people’s views and opinions.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the findings of the latest CQC inspection report for the Trust and the improved rating of “Good”
- b. Noted the approach of the Trust to respond to the findings
- c. Requested a further update in September 2020 with specific attention to engagement and addressing concerns with the Chief Executive in attendance

c. CQC Inspection Report from Portsmouth Hospitals NHS Trust

Representatives from Portsmouth Hospitals Trust presented their improved rating and noted that they were experiencing similar challenges faced by other Trusts. Members heard that meeting required issues on a timely basis has been a Trust priority and further work continues.

In response to questions, Members heard:

There has been less dependency on agency staff and international hiring from countries with similar training programmes has helped though currently it is less attractive to work in the UK.

Services for children and young people were not inspected but work to address concerns from 2018 has taken place.

Approximately a third of the most dos are isolated incidents rather than systemic issues. A high level of reporting and low level of harm is ideal with over 95% of staff having had statutory mandatory training packages.

Further information and details can be found on Trust website.

Members commended the improved rating, appreciated responsiveness to resident concerns and noted the excellent work being done even under great pressures.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the findings of the latest CQC inspection report for the Trust and the improved rating of “Good”
- b. Noted the approach of the Trust to respond to the findings
- c. Requested a further update in September 2020

The Chairman invited the Chief Executive to attend the September HASC.

d. CQC Inspection Update from Frimley Health NHS Foundation Trust

The presenter for this item was unable to attend due to an emergency Covid19 planning meeting.

RESOLVED -

That the Health and Adult Social Care Select Committee:

Noted the update from the Trust and requested a further update in September 2020.

198. ANNUAL HAMPSHIRE SAFEGUARDING ADULTS BOARD REPORT

The Director of Adults Health and Care, interim chair of the Hampshire Safeguarding Adults Board, provided an annual update for the 2018-19 business year.

Members heard:

The report sets out details regarding delivery against the necessary elements.

An independent scrutiny function is being put in to oversee and challenge the work undertaken by the board which will address the concerns noted by one of the deputations. The Board is keen to take this action and this independent scrutiny function will add another level of audit to the process.

Lower numbers of referrals are being maintained, but there has been a higher percentage of Section 42 investigations. Slightly fewer referrals have been converted into formal inquiries and 2 out of 10 referrals go to a formal review.

The Board is working to review and challenge multiagency arrangements and prevent multiagency failure. Learning across the partnership continues while collectively and individually providing support and challenge to each other.

Concerns are addressed by the original organization and they are held to account. Safeguarding is everyone's business.

Hampshire Constabulary act proactively and diligently in terms of learning and addressing issues that need to be taken forward.

The Board must provide a vital safety net and are working to respond better, earlier in the process - upstream and in collaboration with service providers.

Hampshire remains marginally above the national average.

Cllr Grajewski left the meeting at 13:36.

In response to questions, Members heard:

The goal remains seeking to prevent the thing that did happen, but there is often media attention when organizations get this wrong. Positive messages and stories are often not shared to protect identities.

There are civil, criminal, and reputational consequences from media attention that can damage relationships with partners and public trust.

Neglect or act of omission is failure to do something that could have been done.

It's possible that comes cases are not reported as they remain private matters.

Patterns of service delivery are looked at and work with partners continue from all vantage points and activities to get a view to ensure there is no stone left unturned.

Adults Health and Care, Police, and CCGs are statutory members but there are a large number of associate members (including advocacy, carer organizations, and key delivery partners) and all have an equal opportunity to speak.

Members commended the work of the Board and the steps taken to be independently scrutinized. Annual reports going forwards would include a statement from independent scrutineer.

RESOLVED -

That the Health and Adult Social Care Select Committee:

- a. Noted the content of the annual report, and
- b. Endorsed the further work in support of the HSAB strategic plan

199. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme.

The Chairman requested any suggested items be emailed in for consideration.

RESOLVED -

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

The meeting closed at 13:45.

Chairman,