AT A MEETING of the Health and Adult Social Care Select Committee of HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Thursday, 17th May, 2018

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor David Keast

p Councillor Martin Boiles
p Councillor Ann Briggs
a Councillor Adam Carew
p Councillor Fran Carpenter
p Councillor Charles Choudhary
p Councillor Tonia Craig
p Councillor Alan Dowden
p Councillor Steve Forster
a Councillor Jane Frankum
p Councillor David Harrison
p Councillor Marge Harvey
p Councillor Pal Hayre
p Councillor Mike Thornton
p Councillor Jan Warwick

Substitute Members:
p Councillor Neville Penman

Co-opted Members:
p Councillor Tina Campbell
a Councillor Trevor Cartwright
a Councillor Alison Finlay

In attendance at the invitation of the Chairman:
p Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health
p Councillor Patricia Stallard, Executive Member for Public Health

58. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Adam Carew and Jane Frankum.

Apologies were also received from co-opted members Councillors Trevor Cartwright and Alison Finlay.

59. 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.

60. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 27 February 2018 were confirmed as a correct record and signed by the Chairman.

61. DEPUTATIONS

The Committee did not receive any deputations.

62. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made three announcements:

Care Quality Commission Review

The final report from the Local System Review held in March would be available in June. A summit was due be held, to which HASC Members would be invited. Details would follow in due course.

Working Groups update

The two working groups of the HASC, on social inclusion and sustainability and transformation partnerships, had both met. Cllr Keast, who Chairs the Social Inclusion working group, provided a summary updating Members on the progress of this review, and Members would receive a fuller version of this briefing following the meeting.

Briefings

An update on the move of the Kite Unit had been received and would be circulated following the meeting.

63. PROPOSALS TO VARY SERVICES

Hampshire Hospitals NHS Foundation Trust: Outpatient, X-Ray and Community Midwifery Services in Whitehill and Bordon: Re-provision of Services from alternative locations or by an alternative provider

The Chief Executive of Hampshire Hospitals NHS Foundation Trust appeared alongside a representative from Hampshire CCG Partnership in order to speak to a report on service in Chase Hospital, Whitehill and Bordon (see report, Item 6 in the Minute Book).

Members heard that the Trust had chosen to appear before the Committee at this early stage, as the proposals had caused some concerns locally, and it was important to outline the reasons for proposing the withdrawal of some services from Chase Hospital. The report considered these reasons in detail, but primarily they related to a reduction in the use of Hampshire Hospitals by those in the Whitehill and Bordon area as their preferred provider of acute secondary care services, which had reduced the number of outpatient and other specialty appointments being attended. Most of the population in this area chose instead to receive services from the Royal Surrey, Frimley Park or Portsmouth. The report covered travel times to these hospitals, showing that these services tended to be chosen because the acute services were closer to home than those offered by Hampshire Hospitals in Winchester and Basingstoke.

The reduction in the number of referrals was leading to reduced efficiency in clinical staff time, since they needed to travel from acute service sites in order to attend clinics in Chase. The report showed that approximately 1.5 hours per session were lost through clinician travel, which could better be used at other sites to tackle rising waiting times and an increasing number of patients. The Chase Hospital had a number of different providers operating from the same building, duplicating the same services, which was also inefficient; further thought needed to be given by the CCG, working in conjunction with providers, to see how the mix of providers could be adjusted to reduce these inefficiencies. It was too early at this stage to report on whether any of the services that Hampshire Hospitals proposed to withdraw from the Chase could be replicated by another provider.

In relation to maternity appointments, expectant mothers were currently receiving antenatal appointments from Hampshire Hospitals midwives but choosing to have their babies at an alternative provider. It was proposed that as most of these individuals were choosing to give birth in Royal Surrey County Hospital, it would make clinical sense for their maternity appointments to be supported by the Royal Surrey's midwives.

The Chief Executive of the Trust noted the five tests of service change that the HASC needed to consider in coming to a view on the nature of a service change, and accepted that in relation to GP support, engagement and patient choice more work needed to be completed before the full picture was available. It was also recognised that transport options from Bordon to Alton were limited and further work would need to take place around this.

The CCG and Hampshire Hospital's clinical staff had been supportive in drawing the proposals together, and more work would need to be completed before the final impact of the proposals were known. It was highlighted that the services impacted were a very small percentage of those offered by Hampshire Hospitals, and 13% of those available at the Chase Hospital.

The CCG provided a brief overview of the longer-term plans for the future of services in Whitehill and Bordon, and noted that it was not possible to provide all specialties and outpatient services in each town across Hampshire given the finite resources and funding available for NHS services, but the commitment of commissioners was to provide as many services locally as it was viable and

affordable to do. Chase Hospital was not a natural satellite location for providers, so securing specialist consultant time was difficult, but discussions were ongoing and could be reported to a future meeting. It was also reported that services in Haslemere were changing and some services from there may move back to the Chase, such as physiotherapy, speech and language therapy and podiatry.

In response to questions, Members heard:

- That the midwifery proposals would see Royal Surrey community midwives continuing antenatal clinics at Chase. All expectant mothers who were on a maternity pathway would continue to receive a service from the Trust.
- That modelling around Whitehill and Bordon's future health needs had been undertaken, being mindful of future housing developments, which might make increased outpatient provision in Chase more appealing to Royal Surrey Hospitals.
- Engagement with GPs had shown that they understood the rationale for withdrawing from Chase but wished to see a range of health services in the town. They were working closely with the CCG to look at the future options for Chase, and the future direction on health services in the town.
- There were three elements to patient transport; those who self fund their transport, those who are eligible for patient transport, and those who use the voluntary network of drivers. As part of patient and stakeholder engagement, the CCG would need to understand what sort of transport people would need should they be required to travel farther to access secondary care.
- If analysis work were to show a travel time impact, then this is something the Trust and CCG will need to engage on, in order to understand how to minimise impact. However, it may be that CCG discussions will result in the same services being provided but by a different provider, which would have less impact.
- That the CCG have been working on services in the Chase site for a number of years, working to align the right local health and wellbeing services. The CCG were mindful of the housing being built locally, but this would be closer to the centre and is likely to make the Chase site unviable, as health services will likely need to be built where the majority of the population reside. Work on this was progressing, with a business case for a future health hub due to be submitted in July.
- Part of the rationale for the proposals was to increase the amount of consultant time in other locations by decreasing the travel time needed to access satellite clinics. This would be part of the plan to tackle waiting times; it was much more efficient to provide clinics in larger sites with higher patient numbers.
- Of those accessing the Chase site for outpatient appointments, 75% already use Royal Surrey, and 25% use Hampshire Hospitals. Most of these individuals already access outpatient appointments elsewhere in Hampshire, with approximately 1% of these being provided in Whitehill and Bordon.
- That once the CCG had completed work to see what services could be re-provided in Chase, the next steps would be to review any subsequent impact on other providers in terms of absorbing additional activity, but this

was thought to be minimal given the small number of services being discussed.

The Chairman read out a short statement from Councillor Adam Carew, a Member of the HASC and local member for Whitehill, Bordon and Lindford, who was not able to attend the meeting. In this statement, Cllr Carew outlined his opposition to the withdrawal of some services from Chase Hospital.

The Chairman moved to debate, where Members noted their concerns about the lack of engagement and the additional work that would need to take place before a view could be taken by the Committee on the nature of the service change. Some Members raised concerns about the range of services that would be left in Whitehill and Bordon. Discussion was also held on the need for the NHS to work smarter, and that should the data show that services are underutilised, and that resources are not being used in the most efficient way, that proposals should be brought forward that considered these issues. It was agreed that whilst it was helpful to have early notice of the Trust's proposals, they were not yet developed enough for Members to take a view on them.

RESOLVED

That Members agreed:

a. **That as the proposals for community midwifery services at Chase Hospital would see no change to how expectant mothers will access and attend services, that the HASC agrees that this area does not constitute a substantial change in service.**

b. **To defer making a decision on whether the remaining proposals constitute a substantial change in service and would be in the interest of the service users affected, until the July meeting of the Committee.**

c. **That the Trust and CCGs undertake a period of engagement on the proposals and bring the outcomes of this work to the next meeting of the Committee. That such engagement does not take place until the CCG is clear on what the future of services provided from the Chase Hospital site would look like, should the Trust withdraw from this site.**

d. **To request the following additional information as part of the July report on this issue to the Committee:**
   - **The outcomes of the CCG's discussions with alternative providers.**
   - **The views of local GP referrers.**
   - **The outcomes of engagement work.**
   - **Travel times, public transport options and the cost of these, as well as support available to vulnerable service users.**

- **Further analysis of the impact of the service change on patients once it is clear what services will be based in Chase Hospital in future.**

The Chairman agreed to take the agenda out of order.

NHS North Hampshire Clinical Commissioning Group and NHS West Hampshire Clinical Commissioning Group: Transforming Care Services in North and Mid Hampshire

Representatives of North Hampshire and West Hampshire CCG’s attended alongside the Chief Executive of Hampshire Hospitals NHS Foundation Trust in order to update Members on the Transforming Care Service in North and Mid Hampshire (see report and presentation, Item 6 in the Minute Book).

Members considered the presentation, noting the progress made in relation to this work stream since the Committee last considered the topic in January 2018. The integrated care model previously outlined had five key components which centred on:

- Supporting people to stay well
- Improved access to care when needed
- Proactive joined-up support for those with on-going or complex needs
- Better access to specialist care
- Effective step up / step down care, nursing and residential care

Progress had been made against all of the five components, including:

- Work with GPs across the geography to review patient cohorts and to bring primary care together to provide more joined-up services.
- Rolling out extended hours across GP surgeries.
- Redesigning the 111 service to reduce unnecessary attendances to urgent care.
- Reviewing care pathways to ensure that they meet best practice and are accessible to patients.

Options for the centralisation of acute services were still being considered, and these were due to report later in the year once clinicians had completed their appraisal of the different potential pathways, including the potential impact on other acute hospitals. The aim of these work streams would be to increase the sustainability of services in the longer term, and therefore the Trust and CCGs were keen not to rush this work, as it was important to get it right, and there were no safety concerns in providing services in the short term. The Trust were also progressing cancer care and hospice discussions.

Since the last meeting, the Hampshire Hospitals estate survey had now been completed, which highlighted a c£100m need for capital funding to improve the estate across the three hospital sites. The next step would be to draft this work into a business case for the funding required, which would be entered as a bid into the next wave of capital fund allocations.

In response to questions, Members heard:

- That once the acute services reconfiguration work had been completed it would be important to test this with partners and the public, in order to measure the impact such proposals could have if implemented, and to understand the public's support for proposed changes.
- There was a finite amount of capital funding available nationally, which was significantly less than the demand across the country. There was a growing recognition that backlog maintenance is a significant issue. The CCG was working closely with the Trust to prioritise building works and identify those areas that would have the highest impact through improvements to the estate or make available estate that was fit for the future. The next bidding round would be in July.
- That extended hours for primary care didn't necessarily mean longer working hours for GPs. The focus was on providing a range of specialties based on the new model of primary care, such as physiotherapy, mental health workers, and community pharmacists. For example, GP signposting had already freed up 5% of GP time to spend on clinical work. The use of e-consult as a tool for patients to connect with their GP or health professional had also had a significant impact for those surgeries who had rolled out this way of working; the future of primary care would focus more on how technology can assist individuals to both better manage their own health, and to access health services.
- Significant progress had been made in the Trust's aspiration to open a hospice in Winchester, and it was hoped that the remaining capital funds would be raised within the next 12 months. This service would have 10 beds serving the wider North and Mid Hampshire population, but also providing a range of outreach services in a range of settings.

RESOLVED

That Members agreed:

a. **To note the progress on developing the agreed options for 'transforming care services in North and Mid Hampshire'.**

b. **To request a further update in the autumn once the proposals for the future of acute reconfiguration are available to be consulted upon.**

64. **PUBLIC HEALTH: SUBSTANCE MISUSE SERVICES**

Councillors Steve Forster and Jan Warwick left at this point in the meeting.

The Chairman agreed to take Item 8 out of order on the agenda.

Representatives of the Director of Public Health attended before the Committee in order to present an overview of the future Substance Misuse model in Hampshire (see presentation, Item 8 in the Minute Book).

The scope of the substance misuse service and the prevalence of alcohol and drug use in Hampshire were outlined to the Committee, as well as the impact such misuse has on families and communities. The aim of the new Hampshire Substance Misuse Strategy was to prevent and reduce the harm associated with

substance misuse (to individuals, their families and communities) and to increase the opportunities for recovery for those dependant on drugs / alcohol.

The priorities of the new service were outlined, including the key work stream of prevention and early intervention. The key elements of the new model were highlighted, which included an adult substance misuse service, a specialist young people's substance misuse service, and a pharmacy drug-treatment service. Within these services would be a range of programmes and elements designed to provide an holistic service. To this end, the successful partner providing the service, Inclusion, who were a Staffordshire-based service who held a number of substance misuse contracts across the country, had entered into a partnership arrangement with a number of other key providers who could provide support to those accessing substance misuse services.

The procurement of the new service had taken place throughout the summer and autumn of 2017 and would be operational from 1 July 2018. As part of the re-commissioning of this service, work had been undertaken with service users and stakeholders to find out what had been working well, what the barriers were to accessing services, and what could be done differently. These thoughts had been incorporated where possible in the new service model. The new model also included a number of best practice tools, such as the 'Don't Bottle It Up' alcohol test which helped individuals to identify personal substance abuse, and the provision of Naloxone in pharmacies and substance misuse services, which had anecdotally helped to reduce the number of opioid-related deaths in Hampshire by approximately 70 to date.

In response to questions, Members heard:

- That Public Health work with licencing authorities and make recommendations on restrictions on licencing, in order to tackle issues such as binge drinking and premises that sell alcohol inappropriately.
- Substance misuse during pregnancy is a key issue picked up through the substance misuse service, and Public Health work closely with health commissioners to secure these service, and to tackle how women with drug and alcohol issues can be supported throughout their pregnancy and postnatally.

RESOLVED

That the update is noted.

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

Councillor Tonia Craig left at this point in the meeting.

<u>Portsmouth Hospitals NHS Trust; Care Quality Commission Re-Inspection – Monitoring of Quality Improvement Plan</u>

The Chief Executive of Portsmouth Hospitals NHS Trust and his representatives attended alongside a representative from Hampshire CCG Partnership in order

to speak to the Quality Improvement Plan and related issues (see report, Item 7 in the Minute Book).

Members heard that a number of papers had been sent to the Committee including progress against the quality improvement plan, which was a detailed overview of all the actions being undertaken by the Trust. This overview provided an indication of those actions that are on track and those where delivery required further action. This spreadsheet was the same document made available to the internal Trust review group considering progress made against recommendations. Also included within the papers were the outcomes and Trust statement on the Care Quality Commission (CQC) investigation into radiology services.

In response to questions, Members heard:

- That the Trust received an unannounced inspection of its urgent care services in February which focused on the Trust's response to winter pressures. The Trust had been one of a number of Trusts inspected due to its status as a 'high risk' system.
- The CQC's urgent care inspection report highlighted some areas of positive progress but was also clear on areas for definite improvement. All the recommendations from this report had been picked up through both the quality improvement plan and the wider system improvement plan. The Chief Executive was confident that those recommendations requiring urgent action had been implemented, and that the comprehensive inspection that had been undertaken in April and May would see improvements.
- It had been three years since the Trust had last been subject to a comprehensive CQC inspection; the reports published since had focused on areas of the Trust's activity but had not provided overall ratings. The inspections were considering all elements of the Trust's business, with the exception of gynaecology. The inspection elements had finished in the last week, with the most recent visit focusing on whether the Trust was a well-led organisation. It was expected that an initial draft report would be available towards the end of June.
- The CCG had been involved in the oversight process, with a significant role in ongoing quality committees, and the Director of Quality and her team actively involved in assisting the Trust. Meetings and the sharing of information took place both weekly and monthly, in order to ensure that actions are being completed. The CCG continued their view that improvement was being evidenced in the Trust, and the new Board were committed to leading the Trust through its improvement journey.
- At the last meeting where Portsmouth Hospital Trust appeared before the Committee, the issue of the urgent care department and acute medical unit's estate was raised and discussion was held on whether works could be undertaken to improve the flow and layout of this area of the hospital. This estate issue remained difficult to resolve, as capital funding for works was a national issue and all NHS bodies requiring finance to support building works were required to enter a bidding process, competing against other bids. The Trust had detailed what an amended urgent care estate model would look like, including what changes would be required and how much this would be likely to cost. A local project team had been appointed

to work on this, and it was hoped that an outline business case would be ready by the end of June for submission.

- The other two major issues previously raised in relation to urgent care were staffing, policies and processes. Since this time, the Trust had made significant investment in staffing, increasing the amount of consultant and doctor support, and ensuring that staffing rotas matched the busiest times in the urgent care department. The Trust also felt that positive improvements had been made in implementing policies around patient flow, but it was recognised that there was still more to do in relation to this, some of which had been highlighted in the most recent CQC inspection report.
- The Trust were content with the progress made around GP triage and treatment in urgent care, with approximately 50 to 60 patients a day being diverted from urgent care.
- There also remained significant issues around finding the most appropriate place for patients once they no longer required acute medical care. Significant progress had been made around these delayed transfers, with the past nine weeks seeing the lowest escalation levels across the system in the past five years. Work was ongoing across the geography with Newton Europe to identify what other actions could be undertaken to continue to improve this position.
- A year ago, the Trust were positioned 136th out of 137 acute hospital trusts for its urgent care performance. Currently, the Trust were performing 76th out of 137, a significant improvement. The current year-to-date figures showed an average 88% performance against the four hours arrival to treatment target, against a national average of 89% against a national 95% target. A year ago, this was sitting at approximately 72%. The Trust still had further improvements to make, but the trajectory was the right one.
- The MRSA rate had seen a slight increase over the previous year, with cases seen showing increased complexity and severity. The Trust were putting actions in place to mitigate the risk of acquiring MRSA in the hospital, but there was an increasing rate of MRSA being acquired in the community. Six cases had been seen in the previous year; each case was reviewed by a panel and investigated in conjunction with the CCG to identify learning.
- There had been discussions previously about accountability at Board level, and the need for every individual to take responsibility for the Trust's improvement journey. The Chief Executive remained very clear about the need for the Board to both hold each other to account, and for this to happen from Board to Ward.
- The issue of accountability was also topical, with NHS Improvement's new Chair making comments on the need for firmer fit and proper person tests, and for the procedures around poor performance and misconduct by leaders to be reconsidered and toughened. The Chief Executive of the Trust noted that the fit and proper person test had been applied to everyone on the Board.
- The changes required to improve the governance of the radiology service had been implemented as soon as the Trust were alerted to them, with all images now reviewed by appropriate clinical staff. The report commissioned by the Trust had recognised that the improved governance processes were now stronger.

RESOLVED

That Members:

a. **Note the progress against the quality improvement plan of the Trust, and the response to the radiology inspection findings.**
b. **Request that a further update is heard at the November Committee meeting or following the publication of the Care Quality Commission's comprehensive inspection, whichever is soonest.**
c. **Request that an update be received at this time on the progress of the capital programme funding for estate works to the QA Hospital site's urgent care and acute medicine units.**

Councillors Alan Dowden and David Harrison left at this point in the meeting.

66. PROPOSALS TO VARY SERVICES

Southern Health NHS Foundation Trust: Plans to develop Secure Forensic Mental Health and Learning Disabilities Services

Representatives from Southern Health NHS Foundation Trust presented a report on the plans to develop a secure forensic mental health service, and associated proposals relating to learning disabilities services (see report, Item 6 in the Minute Book).

The programme manager leading the project provided Members with an overview of the proposals, noting that the learning disability service building plans had been co-designed by a group of engineers and architects, with input from service users, in order to ensure that the purpose-built unit met the needs of those using them. In particular, service users had been involved in the interior design of the building, with elements of their art work being incorporated in to decorations and the functional design of the building, following the suggestion of 'must haves' and 'nice to haves' by this group and their carers/families.

In relation to the forensic mental health unit for young people, this Trust were leading on work to modernise these pathways, providing places in Hampshire so that the number of out-of-area placements could be reduced.

In response to questions, Members heard:

- That the capital funding for the projects had been secured, and the Trust had allocated the remaining funding for the building works internally.
- By the time the building works begin, three patients are expected to be affected by the temporary move of the learning disabilities service from Woodhaven to Ravenswood. These service users and their families have been involved in the plans and had been shown pictures of the temporary accommodation and of the designs for the final building on the Tatchbury Mount site. Service users and their families were excited by the new building and were therefore satisfied with the temporary move whilst the new accommodation was being built. All staff who worked with this cohort of service users would also temporarily relocate to Ravenswood, so there would be no change in the personnel supporting these individuals.

- The same range of therapies and services would be available in Ravenswood. As the temporary accommodation was medium secure, rather than low secure, some additional safeguards would be put in place, including an increased staffing model.
- The representatives felt that the Trust were now better at engaging, involving and working closely with service users and their families. The Trust had been open about the plans from an early stage, and this had enabled real and early engagement.
- A public meeting had been held to discuss all of the proposals, and a Facebook page also existed to engage with local stakeholders on the works.

RESOLVED

That Members agreed:

a. **That the proposal does not constitute a substantial change in service.**

b. **That the proposals would have a positive impact on service provision and were therefore in the interest of the patient groups affected.**

c. **To request:**
   - **The outcomes of service user and family engagement.**
   - **An interim update on the building works.**
   - **An update once the works have completed.**

Councillor Mike Thornton left at this point in the meeting.

67. **WORK PROGRAMME**

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

RESOLVED:

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

Chairman, 10 July 2018