

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on
Wednesday, 15th March, 2017

PRESENT

Chairman:

p Councillor Roger Huxstep

Vice-Chairman:

p Councillor Chris Carter

Councillors:

p Ann Briggs
p Graham Burgess
p Rita Burgess
p Adam Carew
p Charles Choudhary
p Alan Dowden
p Jacqui England
p David Harrison
a Marge Harvey

p David Keast
a Chris Lagdon
p Martin Lyon
p Fiona Mather
p Chris Matthews
p Floss Mitchell
p Frank Rust
p Bruce Tennent
p Martin Tod

Substitute Members:

Co-opted Members:

Councillors:
a Tonia Craig
a Alison Finlay
p Dennis Wright
VACANT

In attendance at the invitation of the Chairman:

Councillor Jackie Porter, County Councillor for Itchen Valley
Councillor Patricia Stallard, Executive Member for Health and Public Health

181. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Marge Harvey. The Conservative standing deputy was not available to attend in her place. Apologies were also received for Councillor Chris Lagdon, and Co-opted Member Councillor Alison Finlay.

182. 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 Jacqui England declared a general Personal Interest, as she is the Chairman of the Lymington Hospital 'League of Friends'.

Councillor Martin Lyon declared a general Personal Interest in Item 7, as his wife is an enhanced nurse practitioner employee of the Friarsgate Practice.

Councillor Jackie Porter, attending for Item 7, declared a Personal Interest as she is registered at the Friarsgate Practice.

Councillor Frank Rust declared a general Personal Interest as he is a Member of the Wessex Clinical Senate, and undertook research in hospitals on behalf of the Nuffield Trust.

Councillor Martin Tod declared a general Personal Interest, as he is the Chief Executive of the Men's Health Forum, which receives funding from Public Health England and the Department of Health, and a Personal Interest in Item 7, as he is registered at the Friarsgate Practice.

183. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 17 January 2017 were confirmed as a correct record.

There were two matters arising in relation to the Minutes:

- Minute 175-177: The Public Health strategy had been circulated to Members, and the budget detail was being finalised and would be with Members shortly. The information on the use of agency staff by Adults' Health and Care had been circulated.

The Director of Adults' Health and Care provided a brief update on the capital programmes at Bulmer House and Cornerways. For Cornerways, it was heard that day opportunities continued to be supported for older people at this site, with this service transferring to the new extra-care scheme facility at Chesil Lodge, Winchester in October 2017. For Bulmer House, Petersfield, procurement was underway for a new development partner, with an aim for a new site to be open in 2020.

- Minute 178: the Sustainability and Transformation Plan engagement plan had been requested and would be circulated to Members once finalised.

184. **DEPUTATIONS**

The Committee did not receive any deputations for this meeting.

185. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made three announcements:

Briefings and Updates

Updates would be shared with the Committee on:

- The report relating to the recent CQC inspection of Solent NHS Trust, for information, as the Portsmouth and Southampton HOSPs were taking the lead for the scrutiny of the Trust
- Kingsley Ward, Melbury Lodge reopening (*Southern Health NHS FT*)
- Stefano Olivieri Unit – update on model of care, to include detail of work undertaken with nursing homes on timely discharge from mental health inpatient beds (*Southern Health NHS FT*)
- System resilience update (*lead: West Hants CCG*)

Stroke Care

Members had received information on stroke care for patients who cross the border from East Hampshire into Surrey. As the consultation was still ongoing, it would not be appropriate to consider this issue today as a final proposal had not been agreed. The Chairman had instead requested that this topic be added to the work programme for consideration in the summer, once the outcomes of the consultation were known. In the meantime, the Chairman had established contact with the two Hampshire CCGs affected and would discuss with them the likely impact of the proposals.

Dorset Clinical Services review

The Chairman had attended the most recent meeting of the Joint HOSC on the Dorset clinical services review on 23 February with Cllr Harrison, where an overview of the consultation to date was given, and details provided on the preferred option. Discussion was heard on the preferred option, for which Hampshire was supportive, as it would result in enhanced care for the population that use these two hospitals, and would have the least impact in terms of travel time. A consultation response was drafted following the meeting which encapsulated discussion. The next meeting would discuss the outcomes of the consultation and next steps. In the interim, the JHOSC continues to meet to discuss the mental health work-stream which does not affect the Hampshire population.

Councillor Harrison provided his view of the meeting, noting his support for the proposals and his contentedness with the consultation to date.

The Chairman noted to Members that this would be the last meeting of the Committee before the upcoming elections on 4 May, and thanked Members, officers, NHS colleagues and the scrutiny officer for their contributions to the work programme over the previous four years.

186. PROPOSALS TO VARY SERVICES

Solent NHS Trust: Proposals to Move the Kite Unit

Representatives of Solent NHS Trust presented a report on the proposed move of the Kite Unit (see report, Item 6 in the Minute Book).

A summary of the report was provided. In response to questions, Members heard:

- For most Hampshire patients and their families/carers, there would be a shorter distance to travel to the Unit in Western Community Hospital, Southampton. Public transport links were also better. For those who might financially struggle to travel to Southampton, funding had been identified through 'Headway', which would see individuals reimbursed if criteria were met.
- A formal consultation with staff had not yet been held as the Trust wished to gain support for the proposed move first, but through informal discussions and engagement it was thought that most staff would be willing to transfer to Southampton. Those who had signalled their intention to leave the service had noted this to managers, and a recruitment exercise was being held to fill these posts.
- Should the Kite Unit move to Southampton, staff would have protected travel costs reimbursed for a four-year period at 79p* per mile.
**Post-meeting, this was corrected to 28p per mile.*
- The majority of clinical staff were supportive of the proposals, with the only concerns raised relating to how the new Unit would be staffed, and what support would be offered in terms of travel. All staff were supportive of the clinical strategic direction and agreed that the Kite and Snowdon wards should be co-located.
- The low level of GP feedback to the proposals was likely due to only a minority of doctors being aware of the Unit, as most would not have referred patients into the neurological rehabilitation pathway. Those who had responded had been positive about the proposals, alongside responses from acute and commissioning colleagues.
- Currently the Snowdon Unit is a stand-alone ward in Western Community Hospital and would remain unchanged. The Kite Unit would occupy a vacant ward in the hospital, which would be renovated and adapted to suit the requirements of a neurological rehabilitation ward.
- It was hoped that by co-locating the two Units, staff on Snowdon would improve their skills around acuity, and staff on Kite would be able to improve their physical therapy skills.
- It was additionally hoped that by being located on the Western site, conversations could be held with the major provider of mental health services in Hampshire, Southern Health NHS Foundation Trust, about a shared out-of-hours psychiatric rota given that the two providers would be in close proximity.

Members held discussion after questions which indicated their support for the proposals, particularly noting the positive indication of the two mental health trusts located on the Western Hospital site working together on shared rotas.

The Chairman moved to the recommendations.

RESOLVED

That Members:

1. Support the proposal to move the Kite Unit from St James' Hospital, Portsmouth, to the Western Community Hospital, Southampton.
2. Request an update on this service three months after the move has been completed. That this update includes information on the staffing of the Kite Unit post-move, and details of travel arrangements made with staff, patients and their families/carers.

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

Friarsgate Surgery and West Hampshire Clinical Commissioning Group: Update on Closure of Kings Worthy branch surgery

Representatives from West Hampshire Clinical Commissioning Group (CCG) and the Friarsgate Practice presented an update on the closure of the Kings Worthy branch of the Friarsgate surgery, Winchester (see presentation, Item 7 in the Minute Book).

The local County Councillors for the area covered by the Friarsgate Practice, Cllrs Jackie Porter and Martin Tod, spoke to the update. Cllr Porter noted local concerns raised relating to long patient journeys from Kings Worthy to Weeke, as well as access to medical appointments and the use of e-consult. Some negative feedback had also been received by Cllr Porter from patients regarding the availability of the patient transport service operated for a short time after the closure of the branch surgery. Cllr Porter also made the Committee aware that the structure of the Health and Wellbeing Café had changed to one focused around patient cohorts, rather than just the frail and elderly.

In response to Cllr Porter's concerns, the Practice's representatives noted that the Health and Wellbeing Café was always expected to evolve to best meet patients' needs, as there was no 'one size fits all' approach to this model, with each GP surgery finding what worked best for them. The patient participation group had been active in shaping the café through discussions with those who used them. It was still too early for a full evaluation of the café, but the Practice were aware that the café wasn't fully reaching its potential to date, and further evolution would be required.

In terms of the patient transport operated by the Practice, despite changing the hours of the service and promoting it to all registered Kings Worthy patients, there had been very little take-up of the service and therefore it had been decided to discontinue this. However, fares at a discounted rate were still available through the Dial-A-Ride service.

In response to questions, Members heard:

- That demand for same-day appointments and sessions with own-GPs would always outstrip supply, and similar Practices in Winchester and other urban areas were experiencing the same issues with waiting times. This required innovative thinking to resolve, especially as many GPs nationally are due to retire within the next five years, and not enough medical students were choosing General Practice as their specialty.
- The e-consult system, which was mobile-enabled, had been recently launched by Friarsgate and this was being used by approximately 180 patients per week, with a number more using the advice to self-diagnose and treat without making contact with the Practice.
- That the Practice were not aware of specific parking issues for patients visiting the site in Weeke; the Waitrose car park provided two hours of free parking, and although there were some peak times of year when the car park was busy, there hadn't been any significant issues raised by patients regarding this.
- That public transport availability and parking for staff remained an issue for those travelling to the Weeke Practice. Some staff had made agreements with local homeowners to use their driveways, and other solutions had been found. This issue was likely to escalate with the plans to make the area permit-controlled.
- At the June 2016 Committee meeting the Practice had noted that they had actively met and lobbied local bus services in order to change routes to ensure that those travelling from the Worthies could access services Weeke without having to change buses in the centre of Winchester. The Committee had also written to the Executive Member to discuss this issue, but to date Stagecoach, the primary operator of bus services in the City, had not agreed to introduce a new route or to change an existing route to take Kings Worthy patients to Weeke.

The Chairman moved to debate. Members discussed the issues relating to travel and transport to the Weeke site and agreed that it would be helpful to write to the Executive Member for Environment and Transport to understand if there were Community Infrastructure Levy funds available to support a travel plan for staff and patients travelling from the local geography to the Friarsgate Practice.

Members also agreed that in considering a future update on this item, further information on the demographics of the Kings Worthy patient group being discussed would be helpful, as well as details of the patient survey referred to in the presentation.

The Chairman moved to proceed to recommendations.

RESOLVED

That Members:

1. Note the evaluation update following the closure of the Kings Worthy branch of the Friarsgate Surgery, Winchester.

2. Request that the Chairman write to the Executive Member for Environment and Transport to suggest that work be undertaken in conjunction with Winchester City Council, in order to explore the feasibility of using Community Infrastructure Levy monies to support a plan for staff and patients travelling to the Friarsgate Practice in Weeke.
3. Request the following additional information:
 - Details of the GP patient survey results for the Friarsgate Practice, once available.
 - A breakdown of the demographics for the Kings Worthy population registered at the Friarsgate Practice.
 - A wider evaluation of the closure of the Kings Worthy branch surgery, in order to provide assurance that patients are able to access and receive appropriate pathways of care.

Southern Health NHS Foundation Trust: Antelope House – update on urgent temporary closure of beds

Representatives from Southern Health NHS Foundation Trust presented an update report on the urgent temporary closure of the Psychiatric Intensive Care Unit (PICU) located at Antelope House, Southampton (see report, Item 7 in the Minute Book).

Members were provided with a summary of the report. It was heard that the PICU was now open to admissions on a phased basis, but there still remained concerns in relation to the recruitment and retention of staff that the Trust remained focused on and committed to.

In response to questions, Members heard:

- The issue of staff retention in mental health services remained a significant issue, and particularly impacted Antelope House due to the complexity of the services it housed.
- The percentage of exit interviews completed was now significantly higher than when last reported to the Committee, with staff having the option to share feedback with senior officers and non-Line Managers if preferred. The data captured from these had helped to shape staff policy.
- Some staff who may have previously have left the Trust have managed to be retained due to greater flexibility with working locations.
- Success had been found by the Trust by upskilling current staff and enabling people to progress through the service by supporting them to access education and training.
- A number of non-registered roles had also been developed by the Trust aimed at supporting clinical staff in a number of specialties.
- There was an issue with mental health trusts poaching workers from each other, as well as the costs paid to agency workers, and to this end the Mental Health Alliance workstream of the STP would focus on staffing as a priority, following similar work undertaken in relation to social workers by the South East network of County Councils.
- The most recent National Staff Survey had shown general improvement across the board for the Trust, which was a reflection of the work undertaken to support and retain workers.

The Chairman moved to proceed to recommendations.

RESOLVED

That Members:

1. Note the progress by Southern Health NHS Foundation Trust to reopen the Hamtun Ward, Antelope House, and to recruit to staff vacancies.
2. Request a future update on staffing in six months' time.

188. **FRIMLEY SUSTAINABILITY AND TRANSFORMATION PLAN**

A representative from North East Hampshire and Farnham CCG attended to provided Members with an overview of the Frimley Sustainability and Transformation Plan (STP) and its delivery (see Item 8 in the Minute Book).

Members received a presentation which provided the background, challenges and work streams of the Frimley STP. The key work-streams and financial gaps were highlighted to Members, which required the NHS and partners to think differently and innovatively to meet these challenges.

In response to questions, Members heard:

- That work was beginning with local communities to better engage them on the STP and what it means for patients and the public. In North East Hampshire and Farnham, local delivery is being supported through eighty community ambassadors who are local patient and public representatives, of which 50 were currently active, who support us in our programmes of engagement and would be involved with the implementation of the work streams. Thought was being given on how to get as many people actively and appropriately involved in the work streams as possible, to give local people a voice in the Plan.
- The patient was at the centre of STP plans and this needed to be better communicated; the desire of the Plan was to get services right first time for patients, recognising that resources are limited and should be used in the most effective way possible.
- Currently the STP was in the 'process' phase, agreeing what the work streams look like in practice and how they will be delivered.
- There remained a significant amount of variation across the Frimley area for how pathways worked; part of the aim of the STP was to bring organisations together to share what works, both in terms of effectiveness and efficiency.
- Prevention was a key work stream of the Frimley STP, recognising that the cost of prevention was in most cases significantly less than treatment. An example of diabetes care was shared, which highlighted different approaches to this long-term condition.
- Local resilience work was taking place locally with GPs, balancing the demands of the public for access to primary care at a time that suits them, with the finances and limited staff resource of GP practices. Greater levels

of collaboration were being sought in the Frimley area in order to meet a move towards a 12-hours a day, 7 days a week offering to local people.

- The issues seen nationally with A&E attendances had impacted Frimley but they had managed to return to an above-95% statistic for those waiting less than four hours to be treated or admitted.
- The Government had recognised that STPs would require financial investment upfront. Currently, not all the investment lines had been clarified, although they were expected to be released incrementally.
- Partnership work between STPs was ongoing and Frimley was a close partner of the Hampshire and IOW footprint given their overlapping geographies, with representatives from each attending executive group meetings of the two Plans.

The Chairman noted that at the January 2017 meeting Members had discussed the possibility after the election of the HASC taking forward a specific working group on the STPs.

RESOLVED

That Members:

1. Add the ongoing scrutiny of the Frimley STP to the work programme.
2. Receive a further update on progress against the STP's work streams in six months' time.

189. **WORK PROGRAMME**

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

The following topics were suggested by Members as potential areas for scrutiny by the new administration:

- Scrutiny review of health scrutiny.
- An update on the use of Section 136 of the MHA.
- Nursing roles.
- Stoke services.
- Health service in Whitehill and Bordon.

RESOLVED:

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

Chairman, 20 June 2017