

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday, 14th
May, 2019

Chairman:

* Councillor Roger Huxstep

* Councillor David Keast	Councillor Marge Harvey
Councillor Martin Boiles	* Councillor Pal Hayre
Councillor Ann Briggs	* Councillor Neville Penman
Councillor Adam Carew	* Councillor Mike Thornton
* Councillor Fran Carpenter	* Councillor Jan Warwick
* Councillor Tonia Craig	* Councillor Graham Burgess
* Councillor Alan Dowden	Councillor Lance Quantrill
Councillor Steve Forster	Councillor Dominic Hiscock
* Councillor Jane Frankum	Councillor Martin Tod
* Councillor David Harrison	Councillor Michael Westbrook

*Present

Co-opted members

Councillor Trevor Cartwright MBE

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

131. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Steve Forster, Ann Briggs, Martin Boiles and Marge Harvey. The Conservative deputy, Councillor Graham Burgess, was in attendance. Apologies were also received from co-opted members, Councillors Alison Finlay and Tina Campbell.

132. 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 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 Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 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.

Councillor Jan Warwick declared a personal non-pecuniary interest in items 6A and 7A, as a CQC Specialist Advisor in the Hampshire Hospitals CQC report follow up and as her husband is on staff at the Southampton Hospital, in the Spinal Unit transfer from Portsmouth to Southampton.

133. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 2 April 2019 were confirmed as a correct record and signed by the Chairman.

134. DEPUTATIONS

The Committee did not receive any deputations.

135. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:

A. Gosport War Memorial Hospital Deaths – New Police Investigation

Following previous announcements on this topic over the past year, regarding deaths that occurred at Gosport War Memorial Hospital between 1987 and 2001, this follows the publication in June last year of the Gosport Independent Panel Review into these events and a subsequent response from the Government in November. Since September 2018, a dedicated team of staff from the Eastern Policing Region have been assessing the panel's findings, to establish if there is sufficient new evidence to support a further police investigation. On 30 April 2019 a statement was issued on behalf of the Eastern Policing Region, confirming that a new, full police investigation will be carried out. The HASC will continue to monitor this situation, to consider if there is any further learning or follow up for the Hampshire health and care system as a result of this issue.

B. Dr Sallie Bacon's Retirement

Dr Sallie Bacon the Director of Public Health is retiring in June and attending her last HASC meeting. The Chairman, on behalf of the committee, thanked her for her years of service and in wishing her all the best for the future. Simon Bryant her deputy will be stepping up as interim Director of Public Health, while the appropriate process to replace this role is undertaken.

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

a. Hampshire Hospitals Foundation Trust - CQC Inspection Update

The Chief Nurse and Program Lead for Quality from Hampshire Hospitals NHS Foundation Trust reported back on progress and provided an update on action taken by the trust in response to the areas the Care Quality Commission (CQC) had

identified as requiring improvement, following the inspection of the trust's services in 2018 (see report, Item 6a in the Minute Book) and new 2019 inspections against the 29a warning notice. Members heard that the:

- CQC Winter Pressures team saw a “sea change” in culture, improved flow, and positive verbal feedback.
- New paediatric assessment units and rapid assessment treatment bays now in use at both sites.
- Continued improvements in patient safety checklists, compliance, and timely assessments.
- Updates to policies, schedules, departmental responsibilities, equipment maintenance, risk management processes, mandatory training, and accessible information.
- Mental Health Act implementation, training and recruitment of mental health staff.
- Progress to 159 actions completed but some issues due to delays and ensuring continuance of care.
- New inspection against warning notice on a particularly pressurized winter's day with record number of patients.
- Significant improvement noted in terms of issues resolved or in the process of being resolved but final report not yet prepared.
- 3 new divisional chief nurses to assist with areas of vulnerability.
- Improvements to annual reviews and day to day procedures.
- Equipment maintenance now at 80% compliance and cleaning issues being addressed.
- Retention of staff is high, staff training implemented with support from Solent, as well as a peer review program.
- 72% progress towards completion of outstanding actions (although short of 80% target)

In response to questions, Members heard:

- Support is needed to train emergency staff on the Mental Health Act and a new joint appointment made for a mental health nurse and educator.
- New rooms in both ER waiting areas for patients needing mental health care.
- In terms of addressing staff morale for such a large organization, whilst it was been a challenge, morale is now improving as there are monthly meetings to discuss concerns, feedback, areas of improvement, and how staff are feeling.
- Peer reviews have been very helpful with ward visits in terms of setting clear expectations whilst reviewing internal teams and identifying improvement areas.
- Feedback from Members was being taken back in terms of ensuring patients feel cared for and the need for wait times to be shorter, which are both monitored through a check list used by staff.
- The critical role of effective appraisals in health care and the need to address and improve cultural and leadership issues of the organization to promote

better understanding of expectations, engaging staff, capturing meaningful feedback, and tracking improvements against measurable metrics.

- Ensuring the completion of mandatory training, strengthened cleaning protocols, improved theater capacity, adequate equipment, as well as equipment maintenance, labeling, and monitoring as they are central to diagnosis and treatment of patients.
- Engaging users and carers to gather further feedback regarding improvements in treatment and care.
- Effective management and leadership plan in place to help staff successfully navigate a high-pressure environment with professional development and support.
- Current hiring challenges in the medical field and steps taken to attract qualified staff.
- Encouraging intercommunication and shared learning, tools, resources, best practices, and strategies between hospitals.

RESOLVED

That the Committee:

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

b. Portsmouth Hospitals NHS Trust– Update following CQC focused inspection of Emergency Department in February 2019

Members heard from Director of Governance & Risk regarding the report and summary of the CQC inspection. The 25 February inspection was presented in the context that there were 1300 more patients in 2019 than the previous year was indicative of the significant pressure, sicker patients, and increased footfall through the department.

A number of improvements were noted as being implemented in April and May. There has been increased efforts with commitment, transparency, and collaboration. Whilst there were distressing “Must Do” items in the report, plans have been put into place to tackle specific issues building on the framework already in place.

A sprints approach has been taken to address improvements in people flow through the department, as well as looking at physical layout and redevelopment. Embedding the Trust’s values in staff and working together for patients with compassion and promoting those messages is key. Staff has also engaged in “Sit and See” and watching from an objective perspective to better understand the implications for the department. Daily equipment checks have had a practical solution with a dedicated nurse to follow up. The requirements are now leading the way to the Trust’s ambitions and aspirations.

In response to questions, Members heard:

- In order to spread leadership focus across the operation, a new development program was implemented for all clinical and non-clinical leaders over 9 months.
- Emergency teams also had feedback from other trusts with learning exchange and the NHS improvement regulatory body with support and mentorship with organizational development team.
- Attracting staff (nurses and junior doctors) to the emergency team to staff the department to the desired level.
- The trust is working to understand the demands, times, attendance patterns, locations, and needs from different areas to work with CCGs to better understand the disproportionate statistics for certain postcodes to address local issues.
- Further recruitment and training, embracing values, Sit and See observations, increased audits, and a cultural shift all facilitate better patient care.
- Physical redevelopment will be critical but also systems, culture, and improving pathways from patients' homes to urgent care in the widest sense of the pathway – not just bricks and mortars – and changing the whole approach to care, including finding care in other settings.
- Collaborating across departments even under pressure to maintain effective care, cleanliness, and dignity for all patients is key.
- Quality reviews, peer reviews, working together, and challenging each other to improve care, believing that “The care you walk past is the care you endorse”.
- The emergency department is highlighted because it was the focus of the inspection, but comprehensive review will also follow to address changes in standards, regulations, demands, designs, health and social care settings.
- Working with colleagues to diffuse staff pressure and better the urgent care pathway to assess and treat users in a timely way in the right setting.

RESOLVED

That the Committee:

- a. Noted the update on action taken by the Trust in response to the February 2019 CQC inspection findings.
- b. Request a further progress update for the July or November 2019 meetings.

137. PROPOSALS TO VARY SERVICES

Items for Monitoring

a. Portsmouth Hospitals Trust: Spinal Surgery Service Implementation update

Members received a brief update regarding the transfer of the Elective Spinal Service from Portsmouth Hospitals NHS Trust to University Hospital Southampton

NHS Foundation Trust on 31 October 2018. No specific patient feedback or concerns had been noted but Members drew attention to the difficult nature of recovery from surgery.

RESOLVED

That the Committee:

- a) Note the progress on transitioning the Elective Spinal Service from Portsmouth to Southampton.
- b) Request a further update from University Hospital Southampton for the November 2019 meeting.

b. Southern Health NHS Foundation Trust: Update on Temporary Closure of Older People's Mental Health Ward (Beaulieu)

Representatives from Southern Health updated Members on the reopening of Beaulieu Ward with a new dementia friendly environment, a significant cultural shift, and multidisciplinary recruitment that will benefit all new patients. The facility is now updated, environmentally friendly, and single sex compliant. While the ward is reopening with 3 fewer beds (17 to 14), this will have no impact of patients and allow for improved patient service and innovative care. This very first frailty friendly ward will be staffed with providers who have all necessary qualifications to improve outcomes and keen, positive ward managers providing a positive experience for patients and carers in the long run.

In response to questions, Members heard:

- Members had an invitation to visit and walk through the ward before it is open to patients.
- The reduction in beds will improve quality care without adverse impact.
- The staff make an effort, when possible, to get patients to enjoy the outdoors and there is an outside space as well.
- There is a meaningful plan to make sure patients' days are varied and engaging.
- Effort is made to accept patients, brought in by carers, from the entire county but with proper and prompt admission and only for as long as needed.
- Demand and availability of beds will be monitored.

RESOLVED

That the Committee:

- a) Note the update of the improvements and reopening.
- b) Request a further written update statement be circulated to HASC Members for the November 2019 Meeting

Items for Information

a. Southern Health NHS Foundation Trust: Planned Changes to West Hampshire Learning Disability Service

Members heard from Southern Health NHS Foundation Trust that due to enduring logistical challenges, a change in base for the staff would make possible a more efficient and effective range of services for users. Users and carers had been engaged and the change was positively received. The new location will be easily accessible with better technological connectivity that will allow for better and more effective use of time. It is anticipated to be short term move.

In response to questions, Members heard there will be:

- Dedicated NHS connection in the building
- Two dedicated disability parking spots which will be adequate for users
- Public transportation will not be an issue because users are often reliant on family member driving them

RESOLVED

That the Committee:

- a) Note the update of the change in service base and determined it not a substantial change.
- b) Request a further update be provided to HASC Members for the November 2019 Meeting

138. INTEGRATED INTERMEDIATE CARE

The Committee considered the report of the Director of Adults Health and Care. This collaboration is a large-scale program for key findings and improvements in with health and social care partners. It is fully signed off by all CCGs in Hampshire and offers several key recommendations and an operational model. It has had an April 1st, 2018 launch and testing, considering outcomes against very specific metrics.

In response to questions, Members heard that:

- This is a complex and comprehensive venture that will allow for a cohesive program with transparent goals with collaboration from different organizations with a single shared goal.
- It allows for a streamlined service, shared learning, and better care managed in patients' own homes whenever possible with optimized resources and benefits.
- With local access points and a hub and spoke framework, there will be a great deal of flexibility and skill in the first responder's response.
- At this time this service will help Hampshire residents, but the model may be developed further out in the future as needed.

- Existing relationships with other hospitals are well defined and the pathways will be further enhanced.
- Understanding the demand against the current bed stock to ensure optimal levels and positive bed use.
- Communication between organizations and partners will be key to efficiency and better outcomes for patients in managing interdependencies of care
- Setting expectations, transparency, and consistency in developing communication tools to align key messages focused around the user's pathway.
- Staff will need to be able to manage cultural and organizational challenges and complexities.
- Availability and optimized use of equipment will be a key service investment.
- Case studies and information to clarify the benefits for patients and providers from forerunner projects will be included in the October presentation.
- Funding available will follow the individual and allow the service to evolve with increased capacity and less duplication (Cllr. Craig left at this point)
- Bringing services together under Section 75 will lead to better outcomes and reduce downstream expenditures because users can be supported at the right time and collaboratively be provided better care and prevention
- Staff are currently working together in Totton to deliver exactly this kind of service and the next step is fully functional hub referrals.
- Having a single point of contact will make it easier for the patient to be assessed and have the service user history and information available and data protected for care navigators and collaboration with primary care network GPs
- Collaboration between community assets, voluntary sector, and interdisciplinary meetings will create shared use of resources and support
- Users and carers can be involved in their care and support through transitions
- Integrated intermediate care is already established in many parts of the country and this provides many successful models that are platforms for delivering better care, outcomes, and opportunities (Cllr Warwick left at this point with apologies)

RESOLVED

That the Committee:

- a) Notes and supports the project approach and the direction of travel in seeking to create an integrated health and social care service.
- b) Notes the managerial, service and legal options available in creating an integrated health and social care and endorse the preferred route to organizational alignment and integration.
- c) Requests a further update in October 2019.

139. HEALTH AND WELLBEING STRATEGY 2019-2024

The Committee considered the report of the Director of Adults' Health and Care on the Health and Wellbeing Strategy and development of the business plan.

The Health and Wellbeing Board has a statutory requirement to produce a joint strategy and has worked closely with colleagues in Public Health, CCGs and other partners to look at the areas that most need focus, based on evidence in the Joint Strategic Needs Assessment. It is a broad document covering a range of different areas and is an overview strategy including an increased focus on prevention to alleviate the pressures on services. Over the next 5 years, as resources get scarcer there is a need to be sophisticated in targeting areas in order to reduce inequalities.

In addition to focusing on physical health, this new strategy now has a stronger focus on addressing mental health in children and young people as well as for all other age groups. There is a new focus on system leadership to manage the key challenges for the system and to ensure oversight of significant new programmes of work, such as Integrated Intermediate Care. "Dying Well" has also been added to the current themes and well received. A clear annual business plan to support delivery of the strategy will be put in place to evaluate success in the priority areas. The focus of the business plan each year may change, to tie in with new Government developments and emerging priorities.

The next step for the Board is to develop its year 1 annual business plan, to define the activities it will do, monitor and observe and how it will measure success.

RESOLVED

That the Committee:

- a) Notes the high-level strategy document provided at Appendix A which has been signed off by the Chairman of the Health and Wellbeing Board.
- b) Considers the Health and Wellbeing Board's business plan for 2019/2020 at a future Select Committee meeting, once the plan has been agreed by the Board.
- c) Requests an annual update from the Health and Wellbeing Board to report on progress with delivering the Strategy.

140. WORK PROGRAMME

For the next HASC on 9 July it is proposed to add an item on:

Hampshire Suicide audit and prevention strategy was scheduled for May but deferred until July

RESOLVED:

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

Chairman,