

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Tuesday,
20th June, 2017

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
a Councillor David Keast

p Councillor Martin Boiles
p Councillor Ann Briggs
p Councillor Adam Carew
p Councillor Fran Carpenter
p Councillor Charles Choudhary
a Councillor Tonia Craig
p Councillor Alan Dowden

p Councillor Steve Forster
p 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 Barbara Hurst
p Councillor Alison Finlay
VACANT
VACANT

In attendance at the invitation of the Chairman:

a Councillor Liz Fairhurst, Executive Member for Adult Social Care
a Councillor Patricia Stallard, Executive Member for Health and Public Health

1. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor David Keast. The Conservative standing deputy, Councillor Neville Penman, attended in his place. Apologies were also received from Councillor Tonia Craig.

As the Vice Chairman was absent, Councillor Marge Harvey would be assisting the Chairman for the duration of the meeting.

2. **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 Personal Interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 4 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 Martin Boiles declared a general Personal Interest, as he is the Chairman of the Andover Patient Committee.

Councillor Steve Forster declared a general Personal Interest, as he is a Governor at Surrey and Borders Partnership NHS Foundation Trust.

Councillor Mike Thornton declared a general Personal Interest, as he occasionally works for a private care provider, 'Home Instead Senior Care', although this company does not currently have a relationship with Hampshire County Council.

Councillor Jan Warwick declared a Personal Interest in Item 9, as she is a specialist consultant advisor for the Care Quality Commission, although this role does not cover Hampshire providers of services.

3. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 15 March 2017 were confirmed as a correct record.

There was one matter arising from the Minutes:

- Minute 187: The Chairman had written to the Executive Member for Environment and Transport at the end of March, and had followed up a response from his Department. The outcomes of this would be shared with Members once received. The additional information requested had been submitted to the CCG and this information would also be shared once available.

4. **DEPUTATIONS**

The Committee did not receive any deputations.

5. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

New Administration

The Chairman welcomed new and returning Members, and gave thanks to those who had sat on the HASC during the previous administration for their contribution to the work programme of the Committee.

The Chairman offered a special welcome to Councillor Barbara Hurst, the new HIOWLA co-opted member representing the north of Hampshire. It was noted

that Councillor Dennis Wright had resigned his HIOWLA co-opted member position on the Committee, to whom the Chairman noted his gratitude for his contribution to the work programme. The Chairman also highlighted that Councillor Tonia Craig, previously a HIOWLA representative, was now a Hampshire County Council representative on the Committee. This resulted in there being two co-opted member vacancies on the Committee, which would be requested (in line with proportionality) from HIOWLA.

Briefings and Updates

Updates would be shared with Members after the meeting on:

- Andover Minor Injuries unit (*Hampshire Hospitals NHS Foundation Trust*)
- Transforming Care Partnership (*lead: West Hampshire CCG*)

6. INTRODUCTION TO SCRUTINY

A presentation was heard from officers in Legal and Governance which set out to the Committee the role and purpose of scrutiny, including the powers of health scrutiny, the terms of reference for the Health and Adult Social Care Select Committee, and how Members could best engage in the overview and scrutiny process (see presentation, Item 6 in the Minute Book).

In response to questions on how to raise local issues or queries relating to Adult Social Care and Public Health, it was heard that the Director of Adults' Health and Care, Graham Allen, and the Director of Public Health, Dr Sallie Bacon, were happy to be contacted directly on these. All queries relating to health scrutiny, or where Members were not sure how to direct their issues, should be raised with the Scrutiny Officer or through Democratic and Member Services.

7. INTRODUCTION TO ADULTS' HEALTH AND CARE

A presentation was heard from the Director of Adults' Health and Care, together with the Director of Public Health, which provided a baseline of information for Members in relation to the Department and the variety of services it offers, as well as the challenges faced (see presentation, Item 7 in the Minute Book).

The Committee heard that Members would be welcome to request any further information they felt they needed in relation to their divisional areas, and conversely to raise with the Department any issues that they receive to enable the Department to respond to them.

The Chairman thanked the Directors for an informative and educational presentation.

8. INTRODUCTION TO THE NHS LANDSCAPE IN HAMPSHIRE

A presentation was heard from the Chief Executive of Hampshire CCG Partnership and Chief Officer of West Hampshire CCG, which provided an overview for Members of the NHS commissioning landscape in Hampshire, as well as the key challenges facing the NHS which were likely to feature on the

Committee's work programme over the next four year period (see presentation, Item 8 in the Minute Book).

Members noted that previously there were five CCGs in Hampshire, but from April 2017 four of these had formed the Hampshire CCG Partnership (Fareham and Gosport, North Hampshire, North East Hampshire and Farnham, and South East Hampshire CCG), with West Hampshire CCG unaffected by these changes. This furthered the CCG's continued approach to working in partnership, and enabled more efficient working with partners such as local authorities. Those CCGs forming the Partnership would continue to work as local geographies and would maintain their own Board arrangements, but on wider issues would work collaboratively as one CCG. Between all CCGs in Hampshire, the approximate spend was £1.8bn, with all NHS services (except highly specialised acute services) commissioned by CCGs on behalf of the population of the County.

An overview was provided of the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP), which was an ambitious plan to reform services across the two Counties, Portsmouth and Southampton (overlapping with the Frimley STP in the North East of the County), and to meet the challenges facing those contributing to the health of the population. A number of significant issues faced the NHS locally, and those specifically relating to urgent and emergency care, the future of primary care, and staffing sustainability were discussed in detail.

The four health systems in Hampshire were outlined to the Committee: Frimley, North and Mid Hampshire, Portsmouth and South East Hampshire, and Southampton and South West Hampshire. The work ongoing in each of these areas, including the specific issues faced by each system, were highlighted. A number of these issues, and the challenges outlined for the future, already featured on the HASC's work programme, and the CCGs looked forward to a challenging and supportive working relationship with the Committee going forward.

In response to questions, Members heard:

- That the proposals on the future of services in North and Mid Hampshire were likely to be ready for scrutiny by the Committee in September, once the detail of out-of-hospital services had been configured.
- That the main driver for the CCGs working together as a Partnership was to meet the challenges faced by the NHS as a larger being, bringing together talented individuals across organisations to work collaboratively. The financial picture was different for each CCG – some ended the last financial year with a surplus, others a deficit – so money was not the main driver for the change.
- The challenge of accessing GPs was a problem in some localities, and there was a wider issue of how primary care should be delivered in future. Firstly, primary care needed to be more accessible and delivered when needed to stop individuals accessing care from other routes which may be inappropriate (i.e. attending at urgent care facilities), and secondly, the types of role practised in primary care needed to adapt to suit need (as not all patients requesting to see a GP need to).
- One of the key STP work streams was 'New Models of Care', and this in part focused on how primary care could be organised differently, such as

through integrated out-of-hospital hubs. This would be a huge programme of change, and would require innovation and new ways of thinking to implement across Hampshire. It would also need a programme of engagement to help the public to understand where to go, and to have confidence in accessing it.

- Some of the innovations already being practised across Hampshire include a programme in Yateley where paramedics are employed as part of primary care services to carry out home visits and see patients in need of care who aren't able to get to the GP.
- The CCGs were cognisant of housebuilding programmes in Hampshire and the need to develop health infrastructure to support these new communities. New developments of the size of the proposed new town of Wellborne would also enable innovation to be applied, such as the development of integrated care.

The Chairman thanked the Chief Executive and Chief Officer for their attendance and contribution towards the induction of the new Committee, and for an informative and thought-provoking presentation. Members agreed that a future briefing on the future of primary care in Hampshire would be helpful to the Committee, and agreed to request this from the CCGs.

Councillor Briggs left the meeting.

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

The Interim Chief Executive and representatives from Southern Health NHS Foundation Trust presented a report providing an update on the progress made against actions recommended by Mazars and the Care Quality Commission (CQC) (see report, Item 9 in the Minute Book).

An overview of the history to these issues was provided by the Interim Chief Executive for the benefit of the new HASC Members, with the reasons for the Mazars report and subsequent CQC inspections provided. The Trust had been subject to a significant amount of public scrutiny since this time, including through regulators, commissioners, the media and the HASC, but feedback has shown that the Trust were improving and were in a much more positive position than the one reported at the time of the Mazars publication. The Trust were continuing to implement a number of recommendations and actions from regulators, as well as those from internally commissioner reports, such as how Southern Health involve service user families in the investigation of the death of their loved ones.

The Trust had received a further CQC inspection in March 2017, following up previous reviews of adult mental health services, and additionally reviewing physical health services which hadn't been inspected since 2014. There was still a lot of progress to be made, but it was felt that the latest inspection by the CQC would highlight that the direction of travel was a positive one. From the draft report, the Trust were satisfied that the issues likely to be recommended for action by the CQC were those reported by the Trust at the beginning of the inspection. It was hoped that the main headlines from the report would be that the culture within the Trust is different, with a more visible senior leadership,

greater staff engagement, and positive feedback from service users. It was expected that the report would be published within the next few weeks.

The Trust continued to meet with commissioners monthly to scrutinise in detail actions outstanding, in conjunction with NHS Improvement. A strong group of families also continued to work closely with the Trust to aid its journey of improvement, with feedback from these being embedded into the quality improvement programme.

A new Chair had been recruited to the Trust, who had a wealth of experience in mental health, and had previously been a Director of Nursing. Currently recruitment was ongoing for a permanent Chief Executive, as well as a number of Non-Executive Directors, with positions likely to be offered in July. Further recruitment would take place to secure a permanent Medical Director and Director of HR to complete the Board.

In response to questions, Members heard:

- That the 95% target for all deaths receiving an initial review within 48 hours was one set by the Trust, and was more ambitious than those for other providers. This related to anyone in contact with Southern Health prior to their death, expected or unexpected, and was approximately 50 per month.
- Of the three months in the previous six where this target was missed, the review had usually taken place within a day of the target, with the underlying cause tending to be resilience during bank holidays (as these still formed part of the 48-hour window). The Trust tracked the timescales for all initial reviews, and were able to understand when these were missed, how much they were missed by and what the cause of the delay was. Historically, these review targets would be regularly missed, and missed by a long period of time
- The implementation of the strategic direction of the Trust would be monitored by the Steering Group set up for this purpose. Commissioners had signed up to the principles contained within it, and the next stage was to turn the strategy into an implementation plan, for agreement by the Board. The Trust would need to give thought to how service users and staff would be engaged in this work, as well as ensuring clinical leadership had a strong voice in the plans.
- Plans were in place to continue to work with 'outstanding' mental health trusts across England, learning from their quality improvement methodology, and how they staff mental health services to respond to crisis, especially overnight.
- Public engagement and education were important factors in the improvement of the Trust, building confidence in those accessing services and sharing messages about how best to access care when it is needed. Patient feedback was assisting with this, and the Trust was using usual communication methods to try and get the journey of improvement into the public domain. The HASC continuing to actively monitor implementation of the CQC and Mazars actions was a part of this.

The Chairman highlighted that specific issues or concerns relating to a Member's constituency should be raised through the scrutiny officer or with the Trust in the first instance, in order to protect confidentiality.

The Chairman thanked the Trust for their attendance and welcomed the continued positive direction of improvement. In discussion, a plea was made to the Trust by one Member that when referring to services aimed at people with Learning Disabilities and those with Autism, that they not always be referred to together, as those with Autism might not have a Learning Disability, and vice versa, which the Trust took on board.

RESOLVED

That Members:

- a. Note the update from the Trust.
- b. Request the outcomes of the most recent Care Quality Commission report on the Trust, once available.
- c. Request a further consideration of progress made against the recommendations of the Care Quality Commission and Mazars report at the November 2017 meeting. That this include detail on work ongoing with partners, both to improve processes and to share information between providers.

10. PROPOSALS TO VARY SERVICES

Representatives of NHS Guildford and Waverley CCG, together with colleagues from Hampshire CCG Partnership, provided an overview of the report and presentation on the future of West Surrey Stroke services (see report, Item 10 in the Minute Book).

Members heard that a consultation had been carried out earlier in the year, with some initial findings available, which raised some concerns relating to ambulance times, early supported discharge, and stroke rehabilitation in Hampshire. A summary of stroke services, the proposals, and how these were reached were summarised from the papers, as well as the impact that this would have on a small population principally in South East Hampshire who would usually be conveyed to Royal Surrey County Hospital to receive stroke care.

It was heard that nationally there was a 40% vacancy rate for stroke consultants, which made it difficult for major hospitals to provide seven days a week hyperacute stroke medicine and care. Staff rota sustainability had been one of the drivers for the current stroke pathways in West Surrey being reviewed, presenting an opportunity to design proposals which would see the service specification for stroke care in Surrey being met.

It was explained that it would have been preferable for the 'status quo' of current stroke services to have remained over the period of the consultation and proposals being considered, but with one of the two consultants providing stroke care in Royal Surrey County Hospital resigning to take up a new position in London, it was mutually agreed by the provider and commissioners that the stroke unit would temporarily close due to unsustainable staffing levels, with those suspected to be suffering a stroke instead being conveyed to Frimley Park

Hospital or St Peter's Hospital depending upon where in Guildford, Waverley or South East Hampshire the stroke occurred..

Commissioners had been working to engage the public and service users, and had held a number of sessions with focus groups. In addition, commissioners had collaborated with the stroke association and HealthWatch on the proposals. The NHS Transformation Unit (a not-for-profit NHS organisation independent of all parties affected by the plans under consultation) were working to analyse the outcomes of the consultation, which would be considered at the 'Committees in Common' meeting on 4 July. This meeting would also take decisions on the future model of care, taking on board feedback from the consultation.

The issues with South East Coast Ambulance (SECAMB) NHS Foundation Trust were well known to commissioners and had been raised through the consultation. An improvement plan was in place to assist the Trust to meet performance targets. Both Ambulance providers, SECAMB and South Central Ambulance (SCAS) NHS Foundation Trust, had been involved in the development of the proposals, and would be working with commissioners to finalise pathways and handover arrangements should the proposals be agreed. SCAS had advised commissioners that once the proposals were more firmly developed, it could convey patients in line with proposals in a safe and timely manner.

In response to questions, Members heard:

- In terms of the impact of the proposals on the Hampshire population, of the 344 recorded strokes in the South Eastern Hampshire area in 2015/16, approximately 30 to 40 of these patients would have previously been conveyed to Royal Surrey County Hospital. Of those living in the North Hampshire and North East Hampshire and Farnham areas, approximately one person per area would be impacted.
- That all providers of stroke care in West Surrey are supportive of the proposals, and the proposals have clinical leadership support.
- That ambulance travel time analysis, reported by SCAS, had shown that it would take approximately an additional four minutes from the area of Whitehill and Bordon to reach Frimley Park Hospital, as opposed to the previous journey to Royal Surrey County Hospital. Currently, the average time for call to treatment was one hour 20 minutes, so an additional four minute conveyance would still be within the two hour target time, and outcomes would be better should services be centralised at Frimley due to the availability of seven-day care.
- A full 12 week consultation had been held and this had included the areas of Hampshire affected. A public event was held in Liphook, and details of the consultation and events were sent to all GP surgeries and Parish Councils affected, but feedback that an event should have been held in Whitehill and Bordon would be taken on board for future engagement. All Members of the HASC in the previous administration were notified of the consultation and were welcome to engage directly with the CCG.
- Further work would be undertaken with the two Ambulance Trusts to continue to improve response times, although it was expected that improved handover once a patient has been conveyed to the hyperacute stroke unit would see ambulance times reduce, and there would be direct

handover to stroke teams. In addition, it was emphasised that SCAS had some of the best conveyance times in the country.

- That improved outcomes for stroke patients are at the core of the proposals, with clinical evidence supporting the notion that centralising stroke care, and increasing the number of cases clinicians treat per year, leads to decreased rates of disability and mortality.
- Prevention of stroke was also an important stream of the stroke review in West Surrey, and work was ongoing through the Hampshire and Isle of Wight STP to better target prevention at those at risk of having a stroke through primary care services.

In discussion, it was agreed by the Committee that although the proposals constituted a likely substantial change in service for the 32 to 42 patients per year who would have previously been conveyed to Royal Surrey County Hospital, the four tests of service change had been met and the proposals would result in an improved model of care for those suspected of having a stroke in North East Hampshire. Therefore the Committee were content to support the proposals at this stage in the process, with the exception of Councillor Adam Carew, who abstained from voting on the recommendations.

RESOLVED

That Members:

- a. Support the proposals for stroke services in West Surrey.
- b. Request an update on this service in September 2017. That this update includes information on the work undertaken to date with Hampshire's two Ambulance providers to ensure that the proposals can be fully supported, as well as the full outcomes of the public consultation and the actions the CCG will take to meet feedback from this exercise.

Councillor Mike Thornton left the meeting.

11. **WORK PROGRAMME**

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

The following topics were suggested by Members as potential areas for scrutiny, with an agreement that they be followed up by email to the Chairman, with an overview of why the topic should be reviewed:

- GP services and the future of primary care
- Autism and the personal independence payment
- Social housing
- Chase hospital

RESOLVED:

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

Chairman, 21 July 2017