

## HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Tuesday, 6 December 2016 at 9.30 am in The Executive Meeting Room - Third Floor, The Guildhall

### Present

Councillor Jennie Brent (Chair)  
Councillor David Tompkins  
Councillor Alicia Denny  
Councillor Leo Madden  
Councillor Gemma New  
Councillor Lynne Stagg  
Councillor Mike Read, Winchester City Council  
Councillor Elaine Tickell, East Hampshire District Council  
Councillor Philip Raffaelli, Gosport Borough Council

#### 1. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillors Brian Bayford, Gwen Blackett and David Keast.

#### 2. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

#### 3. Minutes of the Previous Meeting (AI 3)

**RESOLVED** that the minutes of the meeting held on 4 October 2016 were agreed as a correct record.

#### 4. Solent NHS Trust - Kite Unit, Falcon House and update on CQC inspection (AI 4)

##### Kite Unit

Sallyann Smith (Clinical Manager, Solent Neurological Rehabilitation Services), Dr Caroline Hutchings (Clinical Lead, Regional Neuro Rehab Services) and Tre Daughtery, (Matron for the Kite Unit) introduced the report and added that:

- The Kite Unit is a 10 bedded unit that provides specialist care for neuropsychiatric and neuro behavioural services to people from a very wide area.
- Following the CQC inspection in 2014 it was found that the building is not fit for purpose.
- The unit can currently only take two females at a time to ensure that it is compliant with the single sex regulations.
- The option that provides the maximum benefit to service users and staff is to relocate the unit to the Western Community Hospital (WCH) in Millbrook, Southampton. This would co-locate with the neurological

rehabilitation services currently at WCH and it was felt that this would enhance the experience for patients.

- Meetings have taken place with families and carers and all said they were happy to travel for specialist treatment and everyone has been very supportive of the proposal.
- Solent has also engaged with Healthwatch and with patients where possible.

In response to questions they clarified the following points:

- WCH is on a main bus route from Southampton station and is easily accessible.
- Staff spoke to all those who would be effected by this proposal before they were written to. A questionnaire has gone out to current patients to obtain their views. Staff did try to hold a focus group with them however this was unsuccessful. Current residents and carers did attend a meeting however this was not well attended. The proposal has also been discussed at the monthly engagement meeting for patients. All the feedback is documented.
- Alternative options were looked at with one being to extend onto the side of the building to provide improve facilities, however this was refused planning permission.
- Patients are currently safe where they are however the unit is not offering the best care that it could. There is no flexibility to take more than two females due to the regulations and there is a waiting list for females who currently have to attend a unit on the outskirts of London.
- There is not currently anything in place to help make the journey easier for families visiting but this is something that Solent will consider. In terms of financial support, Solent work closely with voluntary organisations to secure funding to help families with the journey.
- Sarah Austin (Chief Operating Officer and Commercial Director) added that this proposal is not specific to the STP but makes sense in its own right. The STP is looking at other opportunities. There is very poor neuropsychiatric and neuro behavioural provision in the wider Hampshire area so this relocation would serve the wider area.
- There is currently only one patient in the unit from Portsmouth and the rest are from the wider area including Dorset and Romsey. If the unit moved the Portsmouth patient would see their family less however the other patients would likely see more of their families.

**RESOLVED that the update be noted and the panel supported the recommendation to relocate the Kite Unit from St James' Hospital Site to the Western Community Hospital site in Southampton.**

#### Falcon House

Sarah Austin (Chief Operating Officer and Commercial Director) and Mark Paine (Service Transformation Manager Child and Families) introduced the report and added that:

- They had completed some early engagement work with staff but had not yet engaged with the public. This will shortly take place.

- They are considering whether the proposal is commercially and economically viable.
- Mark advised he had attended a CAMHS meeting the previous day to obtain their views on the potential relocation.
- Neither Falcon House nor Battenburg Avenue sites are being used to their full capacity.
- It is logical to bring both sites together to work in a more multi-disciplinary way.
- Solent is looking at launching stakeholder engagement in January 2017. The timetable in the report needed to be adjusted and the stakeholder engagement period would be from January -March and the launch of the new integrated centre would likely now be October 2017.

In response to questions the following points were clarified:

- The alterations to Battenburg Avenue site would all be internal and no planning permission would be necessary.
- A car parking audit of the Battenburg Avenue site had taken place. There are currently 60 spaces including 4 disabled spaces. The car park could be re-organised to increase the number of spaces to 79. The average number of cars a day at both sites was counted. At Battenburg Avenue the average was 36 and at Falcon House the average was 25 a day. Therefore it looks like this will work however more work is needed.
- There will be engagement with existing stakeholders as part of the next phase which will include focus groups and transport routes for parents and users will be discussed as part of that.
- Room usage audits have been completed. There is a lot of 'down time' in rooms and Solent is looking to make the rooms more multifunctional and will be revisiting the timetabling of rooms. It is essential that the waiting environments are calming.
- There are currently 94 staff across both buildings. Solent is moving to a hot desking environment and is removing partitions to create an open plan environment at the Battenburg Avenue Site.
- Experience suggests that the reasons why staff are reluctant to change is because they haven't yet seen the actual plans/drawings on how it would work and have not had time to think through the patient benefits. Sarah and Mark were confident that once staff have seen the plans and had time to think through the benefits the majority will support the proposal, however there will always be staff who do not like change.

**RESOLVED that the update be noted and an update on the engagement be brought back to the March HOSP meeting.**

#### CQC inspection

Sarah Austin introduced the slides and informed members of the overall rating for each of the services and the areas that the CQC had requested are improved. She advised that the asterisks against some of the actions denote actions that the CQC have said must be completed. She added that:

- The inspection took place at the end of June and 17 services were inspected. Although the CQC inspection covered both Portsmouth and Southampton, she had focussed on Portsmouth in her slides.
- The Quality Summit took place on 18<sup>th</sup> November where the CQC informed Solent of the main areas to focus their improvements.
- The Trust were very pleased that the learning disability service was rated as outstanding - this is an integrated Solent and PCC service and the CQC had been impressed with the level of integration and with the feedback from parents and carers.
- Vacancies for nurses was at 46% last summer this has now significantly reduced to 7% after a significant recruitment drive. Vacancy levels will continue to be monitored.
- Sarah was particularly pleased that the acute wards for adults of working age and psychiatric intensive care units had received an overall rating of good. These are the wards at the Orchards, Hawthorn and Maples and are services under pressure due to the increasing acuity of patients.
- The CQC's rating that the community health services for children, young people and families was not safe related to CAMHs in Southampton and a special school in Portsmouth. One of the issues was the administration of medicines already prepared by the nurse, but given by non-nursing staff.
- The other issue was concerns about delivery of Health Visiting and school nursing in light of budget reductions. Solent is working closely with PCC under the Healthy Child Programme to reorganise how this programme is delivered.
- Ongoing work is needed for the community based mental health services.
- The inspection had been a massively valuable exercise and following this a number of improvements have been made although there is more to be done.

In response to questions the following points were clarified:

- Solent has a good relationship with the CCG and PCC and they are supportive of the investment needed especially in mental health services however this is problematic in the economic circumstances.
- Nationally the presentation of people has changed and there is an increase of people with complex dual diagnosis. Solent is working closely with the Director of Children's Services to ensure work is done in schools to help primary age children recognise the signs of anxiety, express their feelings and help them to understand coping behaviours.
- Sarah said she had not expected the findings of the CQC in a couple of areas including the special school and the older people mental health outcomes. All other areas where the CQC had requested changes, Solent had been actively working towards improving.
- The CQC can return at any time to follow up on the inspection and have already completed three follow up visits. Solent must respond to all of the CQC's 'must do' actions by 15<sup>th</sup> December. They must report back to the CQC on a monthly basis and the CQC will come back and do a further inspection at some point.

- The CQC are an independent regulator however they will assist when there are still areas of improvement that have not yet been met and will provide guidance.
- The quality improvement programme is more extensive than the 'must' and 'should do' from the CQC inspection. The organisation is heavily focused on governance, staff engagement and safety.
- Even where actions relate to Southampton based services it is important that the services in Portsmouth learn from these as well.

**RESOLVED that the update be noted.**

## **5. Learning Disability Transforming Care (AI 5)**

Beverley Meeson, West Hampshire CCG introduced the report and added that:

- The Transforming Care Partnership (TCP) is central to the NHS 5 year forward view and is 1 of 4 key priority areas working on along with cancer treatment, mental health and diabetes.
- The partnership includes Hampshire, IOW, Portsmouth and Southampton, 11 district and borough council's, 8 CCG's and 235 GP practices along with NHS England, Solent and Southern who are working together to build local community provision/services as better alternatives to hospital. There are 44 partnerships across the country.
- They are focussing on Children, Young People and Adults with a Learning Disability and/or autism.
- Three aims of the TCP are:
  - (1) Bringing people home if want to come home from hospital
  - (2) Improving community services and providing something earlier for people. Aim is to have learning disability liaison services for when people go into hospital and improve their experience when they go into primary care.
  - (3) Improve individual held budgets for learning disability patients.
- National ambition is that by end of 2016 all patients who have been in hospital for more than three years particularly those out of area will be discharged to local community services.
- Less reliance on in-patient services so that the right people are receiving hospital care between now and the end of 2019 by 20%
- Community rehabilitation / support/relapse prevention service for people who have been in specialist hospitals.
- Community Learning Disability Health and Social Care Teams reconfigured to support people earlier.
- Increase in the extent of personalisation, including personal budgets for people with individual funding packages.
- Progress monitoring physical health checks every year by their GP.
- Training and development for LD care staff and personalised assistants and better support for people who are complex or whose behaviour is challenging (positive behaviour support).

Mark Stables, Service Manager Integrated Learning Disability Service then

introduced his report on the transformation programme in Portsmouth. He added that:

- The LGA is very clear that the only way the budget will reduce is by helping people in the community.
- There are currently seven people in hospital within Portsmouth and anticipate that by March this will have reduced to two.
- The intensive support team focusses on people at risk and works with providers.
- There has been a liaison service within QA for a long time and every GP has a link nurse which is working very well.
- Day services is a key area and staff try to think of activities that they would find interesting. There are 4 key outcomes. This works well and people aged from the age of 14 are supported with a health and education plan to support their transition.
- The Learning disability team has a fantastic relationship with the housing team and meet 1-2 times a week.

In response to questions the following points were clarified:

- The day services are a mixture of social enterprises and there are two health and independent services. To achieve their outcomes they all have an individual support plan and each have a named social worker.
- As people are surviving longer with learning difficulties and the population is growing, there is not enough money available for this. There are 65-70 people in Portsmouth who meet the criteria for a learning disability. The team are not losing staff however there are always budget pressures on the service.

**RESOLVED that the updates be noted.**

## **6. Southern Health - update (AI 6)**

Julie Dawes Interim CEO and Mark Morgan, Director of Operations for MH, LD and Social Care introduced the report and added that:

- The Trust is working hard to respond to the concerns raised in the Mazars report from December 2015.
- In August/September 2016 the CQC undertook a follow up inspection with 60 inspectors. Their report found that significant progress had been made and they were informed that the CQC intend to lift the warning notice.
- The serious incident report process is now significantly different and the quality of investigations has improved.
- Southern Health are currently undertaking a review of their clinical service strategy and looking at services to see whether they are operating under the right model. It is anticipated that this will be available for January/February next year.
- Alan Yates is the new Interim Chairman of the Trust and has a background in mental health and learning disability. Julie advised that she is working closely with him.

- There is a long way to go although significant improvements have been made. The Executive team has been strengthened.

In response to questions the following matters were clarified:

- Southern Health is a big trust with lots of services. There is not a solution that meets every area. Listening events with staff are being held and they are looking at mechanisms to understand the issues. They have taken the opportunity to get help from the HR Manager at QA who is working with Southern two days a week.
- A 'speak up guardian' has recently been appointed who is there for staff to contact and Julie advised she meets with her every week to discuss the issues that staff are reporting to her. There is also a 'Your Voice' initiative where staff can ask Julie a question and she has made a commitment to respond to these within 24 hours. The responses to these are published online for all staff to read.
- Julie advised that she wants to know when things are going wrong so she can ensure that these are investigated.
- Julie advised that she will be in post until spring 2017. Within her first two weeks of being in post she had reviewed the background of all the executives and moved people around so that their expertise is being used to full effect. The executive team positions will not be changing further.
- Julie advised that she is aware that there are a number of vacancies on the older people mental health ward at Gosport Memorial Hospital which is an issue and is affecting staff morale. Southern are looking to move people around other wards to better staff this area.

**RESOLVED that the update be noted.**

## **7. Portsmouth Safeguarding Adults Board Annual Report (AI 7)**

The report was introduced by Robert Templeton, PSAB Chair. He explained that this was his first annual report as Independent Chair of the PSAB. The strength for Portsmouth is that it has great partnership working, however the challenge is that the Board is a small resource and getting partners involved is a challenge.

In response to questions the following points were clarified:

- The PSAB is jointly funded by PCC, PCCG and Hampshire Constabulary. There is a commitment to continue funding until 2017 and the PSAB are looking at other ways to secure funding.
- The Care Act says that each LA must have an arrangement in place and a PSAB. The costs are small but have lots of good will from partners and an administrator and co-ordinator support Robert in his role.
- There are a lot of changes with PSAB's happening nationally and some boards are combining due to budget pressures.
- The budgets for PSAB's in other LA's varies quite significantly and not all areas publish their budget.

**RESOLVED that the PSAB Annual report be noted.**

**8. CQC update (AI 8)**

The report was introduced by Anne Davis, Inspection Manager. She explained that the new CQC Strategy was needed due to the use and delivery of regulated services changing. The CQC aim to become more efficient and are constantly looking for feedback. Going forward the CQC will be focussing more on core services that require improvement and there will be more focussed inspections.

In response to questions, the following points were clarified:

- The CQC do not regulate LA's and only inspect services that they regulate.
- With regard to the article in the Times today about whistleblowing, Anne said that this was very disappointing as over the past year the CQC have worked hard to deal with whistleblowing. They are working hard on this issue but as always there is always room for improvement.

**RESOLVED that the report be noted.**

**9. Dates of Future Meetings. (AI 9)**

The Panel agreed the dates of future meetings for 2017 as follows:

24 January  
7 March  
6 June  
19 September  
21 November

All meetings will start at 9:30am.

The formal meeting ended at 12.45 pm.

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Councillor Jennie Brent  
Chair