

REPORT OF THE  
Health Overview and Scrutiny Committee  
PART II

**247. INQUIRIES RECEIVED AND TAKEN**

The Committee continues to receive and respond to inquiries about NHS services from County Councillors and partners. At the meetings on 29 November 2011 and 24 January 2012 the following key items were considered:

**A. Portsmouth Hospitals Trust – Nurturing Maternity Service development in South East Hampshire**

1. The Head of Midwifery at Portsmouth Hospitals Trust summarised the two year development programme taking place in the South East of Hampshire. This review would focus on improving clinical outcomes and access to antenatal and postnatal care, and maintaining choice of place of birth.

2. Through these outcomes, the services aims to provide one to one midwifery care in labour to maintain all options for place of birth, to develop and support efficient and effective obstetric and midwifery led antenatal services, and to provide additional care for vulnerable women with complex social and medical needs.

3. The Committee were informed that parts of the model had been implemented early due to the high demand experienced in recent months. It was felt that it had thus far been effective due to the focus on placing midwives in the right place at the right time, supported by maternity support workers where appropriate and by consultant obstetricians in more complex cases. Early signs were that initial steps towards the new 'nurturing' model had shown an increase from 20% home births to over 35% in October 2011.

4. The Chairman highlighted that there was strong evidence of support for the new approach. The Committee were very satisfied with the engagement and involvement activities in support of the 'Nurturing Maternity Services' work; thus in the view of the Committee it did not constitute a substantial change in service. Members requested Portsmouth Hospitals Trust to attend the May 2012 Committee meeting to provide an update on the performance of the new model.

**B. Winchester and Eastleigh Healthcare Trust – Andover Birth Centre – update to confirm outcomes of consultation**

1. The acting Chief Executive and Head of Midwifery for the Winchester and Eastleigh Healthcare Trust reported on the outcome of the consultation on midwife-led birth services for mid Hampshire.

2. Of the three options consulted on, 84% of responses supported the option to 'maintain midwife-led births at the Royal Hampshire County Hospital and introduce

Domino services at the Royal County Hospital and Andover Birth Centre'. The Trust indicated their commitment to taking forward this option, with the support of Basingstoke and North Hampshire Foundation Trust, whom the Trust would be merged with from January 2012. However, until the merger had been completed, timescales for the implementation of this model would not be known.

3. The Committee were satisfied that there had been appropriate engagement and involvement of local people and key stakeholders in developing the preferred way forward, and were satisfied that the proposal was in the interests of the population affected. The Committee asked that a further update on progress be provided to the May 2012 Committee meeting, by which stage greater clarity should exist about timescales for taking this matter forward.

### **C. Calleva Clinical Commissioning Group: Odiham Cottage Hospital – progress with development of model of care**

1. Representatives of the Calleva Clinical Commissioning Group apprised the Committee of the good progress achieved with the new 'hybrid' model of care for Odiham Cottage Hospital. The model had been developed with input from commissioners, providers, and a range of local stakeholders, and a business plan had been agreed in principle which would see the Clinical Commissioning Group working initially with the local Integrated Care Team, St. Michael's Hospice and Odiham Consolidated Charities.

2. Local stakeholders had expressed their support and satisfaction with the engagement process and the progress being achieved. Clarity around defining the unique role that the hybrid model of care would provide was being developed carefully by the Clinical Commissioning Group against the need profile of the Odiham/wider Hart area.

3. The Committee congratulated the Clinical Commissioning Group on the progress and their role in achieving it. It was requested that the local Member, Cllr Jonathan Glen, be fully engaged as a stakeholder in taking work on the hybrid model forward, and that the Clinical Commissioning Group update the Committee in May 2012 by which time it was anticipated that services would be in place.

### **D. Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster: Fast Track Continuing Health Care**

1. The Director of Hampshire County Council Adult Services and the Director of Nursing for Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster summarised the progress made with Continuing Healthcare 'Fast Track' services following the Committee's seminar on the subject held in November 2011.

2. It was reported that the Primary Care Trust Cluster and Adult Services had jointly commissioned an independent review of Continuing Healthcare services which had started in November 2011. The first phase had focused on Fast Track and the findings correlated with the outcomes of the Committee's seminar. It was highlighted

that an action plan had been established in order to consolidate the actions to be taken as a result of the recommendations of the Committee and the independent review.

3. Members were satisfied with the response received to the Committee's recommendations, and with the Primary Care Trust Cluster's plan to take actions relating to these forward. Representatives were asked to return to the July 2012 meeting of the Committee to provide an update on the impact of the changes initiated, and the findings of the further phases of the Independent Review.

#### **E. Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster: Fordingbridge Hospital Buildings**

1. Representatives of the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster gave a summary to the Committee of the latest position regarding buildings at the Fordingbridge Hospital site. Members were informed that plans were in place to replace the heating and water system that served the hospital buildings, and that this decision had led to a review of which buildings on the site were suitable and fit for purpose going into the future. Following this, plans were in place to re-locate the services currently in an older workhouse building to other parts of the hospital site.

2. It was highlighted to Members that the future of the radiology service currently provided at Fordingbridge was also under review, in order to consider its sustainability for the future.

3. The Committee agreed that the local Member, Cllr Edward Heron, be asked to alert the Committee if any concerns arise from the Fordingbridge community in relation to the proposed service moves. The Primary Care Trust Cluster were asked to attend the May 2012 meeting of the HOSC to report back on the preferred option for the future of the radiology service.

### **248. PROPOSALS TO VARY OR DEVELOP NHS SERVICES**

The Committee is continuing to receive proposals from the NHS that may substantially vary or change the provision of health services. At its last two meetings on 29 November 2011 and 24 January 2012 consideration was given to the following items:

#### **A. Southern Health NHS Foundation Trust: Improving Outcomes for Hampshire's Adult Mental Health Services**

1. The Chief Executive and various representatives of Southern Health NHS Foundation Trust attended the November 2011 and January 2012 Committee meetings to report on the outcomes of the consultation on the development of Adult Mental Health services in Hampshire, and to seek support for the proposed way forward.

2. It was noted that feedback provided during the consultation had indicated broad support for the direction of travel. However, a number of issues had been raised

around the transition, and a desire was expressed to see evidence prior to the withdrawal of inpatient beds which supported the assertion that the community model would be effective. Concerns had also been expressed regarding the impact on carers, for example in cases where they may need to travel further to visit patients if local inpatient beds were reduced. The Committee sought further clarification on these points following the November 2011 meeting, and received this information at their January 2012 meeting.

3. Members spent considerable time debating the proposals at both the November and January meetings, and were assured that the majority of service users and carers supported the proposed way forward. The Committee were satisfied that additional support would be in place to provide appropriate treatment to service users in a community setting, and were reassured that inpatient beds would still be available to those service users requiring acute care if clinically appropriate. Members understood that stakeholder groups, which included service user and carer representatives, had addressed the concern of travel to alternative inpatient facilities, and would continue to meet in order to address issues raised during the implementation of the service changes.

4. At its November 2011 meeting, the Trust asked the Committee to support plans to close Copper Beeches, a small eight-bedded re-ablement unit in New Milton. It was reported that all existing service users would have progressed on from the unit by the end of January 2012, and that the nature of the support required by patients requiring intensive rehabilitation would be more effectively provided in a home setting. The Trust proposed to increase community support in order to meet these needs and cease inpatient admissions to Copper Beeches.

5. At its January 2012 meeting, the Trust asked the Committee to support plans to take a phased approach to the reduction of beds at Woodhaven, a 24-bedded inpatient adult mental health facility in the New Forest, and The Meadows, a similar inpatient unit in Sarisbury Green. A phased reduction would allow time for additional community support to be put in place to enable patients to be treated in the community instead. Members were informed that a proposal for the alternative use of the Woodhaven unit was progressing, and requested sight of the business case at a future meeting.

6. The Committee resolved at their November meeting to support the closure of Copper Beeches, and at their January meeting to support the direction of travel for Adult Mental Health services provided by Southern Health, which included the phased approach being adopted by the Trust to reduce the numbers of vacant beds at The Meadows and Woodhaven. The Committee concluded that the changes were in the interests of service users and their carers. Southern Health were asked to provide an interim update on implementation at the Committee's March 2012 meeting, and a full update to the July 2012 meeting.

## **B. Southern Health NHS Foundation Trust: Older People's Mental Health Services**

1. The Chief Executive and other representatives of Southern Health NHS Foundation Trust attended the January 2012 meeting of the Committee to update Members on the current provision of Older People's Mental Health services in Hampshire. It was reported that, as with Adult Mental Health services, there was a drive to move to a community-based system, as national evidence suggested that service users fared better if supported in a non-inpatient setting. Members were assured that inpatient beds would still be available to those service users requiring acute care if clinically appropriate.

2. The Committee asked that Southern Health bring a report to a future meeting of the HOSC in order to provide a paper on proposals for the future of Older People's Mental Health, as well as details of any early engagement undertaken.

## **C. National Specialist Commissioning Board: Consultation on the Configuration of Children's Heart Surgery Services**

1. The Committee were informed that, following the judicial review requested by the Royal Brompton Hospital in London, the 'Safe and Sustainable' consultation had been ruled unlawful and therefore quashed. Most of the Hospital's complaints against the consultation were rejected, but one was upheld on the claim that the Joint Committee of the Primary Care Trusts had failed to meet the Hospital's expectation that its capacity for research and innovation would be assessed fairly.

2. The Joint Committee of Primary Care Trusts had subsequently decided to appeal the Judicial Review decision, and therefore the outcome of this process would not now be known until 2012. If the appeal was unsuccessful it would be necessary to re-consult, which would further delay a final decision in relation to the children's congenital heart unit in Southampton.

3. The Committee agreed that the Panel that had been assigned to look at this topic on its behalf continue to oversee the response of the national team on this issue, working with other Health Overview and Scrutiny Committees as necessary, and reporting back to the full committee as appropriate.

## **D. Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster: Review of Stroke and Vascular Services.**

1. Representatives of the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster were in attendance at both the November 2011 and January 2012 meetings to provide an update on the current position in relation to the review of both vascular and stroke services.

2. In relation to changes to vascular services in Hampshire, the Committee heard details of the two possible proposals, which had been discussed by the clinical expert panel convened by the Primary Care Trust Cluster. The first option would see a network formed between Southampton and Portsmouth hospitals, where the majority of

urgent and complex vascular surgery would be moved to Southampton, with routine and day cover vascular work retained at Portsmouth. This option had been subject to many amendments and clarifications, and negotiations were still ongoing at the time of the January 2012 Committee meeting. The second option would see two standalone models, with both Southampton and Portsmouth providing full vascular surgery cover for their surrounding populations. This option had been agreed as viable by the clinical expert panel, but 'borderline' given that Portsmouth would need to recruit extra clinical staff, including vascular surgeons, and make additional changes, in order that they would meet the national Vascular Society's standards for a standalone centre.

3. Urgency for a resolution on the preferred options for vascular services in Hampshire has been compounded by the NHS Sussex Primary Care Trust's decision to move all vascular surgery to Brighton from Chichester. As Portsmouth and Chichester hospitals had previously operated a networked system of surgery cover, this decision would result in the loss of a vascular surgeon from Queen Alexandra Hospital/St Richard's Hospital to Brighton from 1 April 2012.

4. It was noted at the November 2011 meeting that the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster wished to launch a public consultation in January 2012 in order to address the significant local concerns about these services generated in the engagement phase and additional press reporting. The Committee were therefore disappointed that the consultation had not begun by their 24 January 2012 meeting, as negotiations were still ongoing between clinical staff, providers and commissioners in relation to the possible proposals that would be out for consultation.

5. The Committee requested that details of the proposed consultation regarding Vascular Services were brought urgently to a future meeting of the Committee.

6. The Committee also received information at their January 2012 meeting in response to queries from Members concerning changes to stroke pathways in Hampshire, specifically in relation to any effect the Basingstoke acquisition of Winchester and Eastleigh Healthcare Trust might have on the proposed way forward. Members were assured by the responses received, and thus in the view of the Committee it did not constitute a substantial change in service.

Further details can be found at [www.hants.gov.uk/councilmeetings.htm](http://www.hants.gov.uk/councilmeetings.htm) by typing in the relevant reference number:

- Inquiries received and action taken (search item reference 3492 and 3644)
- Proposals to vary or develop NHS services (search item reference 3494 and 3645)

**COUNCILLOR PAT WEST**  
Chairman