

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 24 May 2011.

**PRESENT**

Chairman:  
p Councillor Pat West

Vice-Chairman:  
p Councillor Liz Fairhurst

**Councillors:**

p Ray Bolton	a David Harrison
p Ann Buckley	p David Keast
p Graham Burgess	p Roz Muschamp
p Rita Burgess	p Pam Mutton
p Keith Chapman	p Angela Roling
p Brian Collin	a John Wall
p Phryn Dickens	
p Peter Edgar	

**Co-opted Members:**

Councillors:

p Ray Love  
p Tim Southern  
p Dennis Wright

In attendance at the invitation of the Chairman: Cllr Felicity Hindson, Executive Member for Adult Services, Cllr Carol Leversha, and Martin Cox representing Hampshire LINK.

69. **DECLARATIONS OF INTEREST**

Members were mindful that, where they believed that they had a personal or personal prejudicial interest any matter to be considered at the meeting, they should normally, at the time of the debate, declare their interest, and having regard to the circumstances described in paragraphs 9, 10, 11 and 12 of the County Council's Code of Conduct, consider whether to leave the meeting whilst the matter was discussed save for exercising any right to speak in accordance with Paragraph 12 of the Code.

The following members declared a personal interest:

Cllr Brian Collin	Wife employed by NHS
Cllr Phryn Dickens	Husband and son employed by NHS
Cllr David Harrison	Employed by NHS
Cllr Pam Mutton	Daughter employed by NHS
	Member, League of Friends, Andover WMH
Cllr Pat West	Daughter-in-law employed by NHS

70.      **MINUTES**

The Minutes of the Meeting of the Committee held on 29 March 2011 were confirmed as a correct record, and signed by the Chairman.

71.      **CHAIRMAN'S COMMUNICATION**

a.      **Apologies**

Councillors David Harrison and John Wall tendered their apologies.

b.      **Welcome**

The Chairman welcomed Cllr Graham Burgess who replaced Cllr Keith Chapman on the Committee.

c.      **Additional announcements**

***G5 Ward***

The Chairman briefly summarised for Members the outcome of the Independent Reconfiguration Panel's conclusions which upheld the closure of the ward on grounds that it was not sustainable but recommended improvements in the way the Hospital Trust engaged with the public. A fuller consideration of the Panel's report and recommendations would be considered more fully at the HOSC on 26 July.

***SHIP PCT cluster appointments***

Details of SHIP PCT cluster appointments had been circulated to members setting out arrangements and appointments to date.

***Redesign of adult mental health services***

Southern Health had indicated that it is working with commissioners to redesign adult mental health services. Engagement with stakeholders is underway. Additional information about these proposals will be made available to the HOSC at the July meeting.

72.      **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 5 in the Minute Book).

Annual Report of the Health Overview and Scrutiny Committee for 2010/11

**RESOLVED:**

a. That the Committee's Work Programme be approved.

b. That the Committee accept the Annual Report as a representation of the work undertaken by the HOSC during 2010/11.

### 73. INQUIRIES RECEIVED AND ACTION TAKEN

The Chief Executive presented a report on enquiries received, the source of each enquiry and the action taken (Item 6 in the Minute Book). The enquiries related to:-

- **Basingstoke and North Hampshire Foundation Trust**

The Chief Executive of Basingstoke and North Hampshire FT gave a presentation on progress with its 'acquisition' of Winchester and Eastleigh Healthcare NHS Trust. Acquisition was the formal way in which a Foundation Trust could be integrated with an NHS Trust that had not obtained that status.

The Chief Executive emphasised that they envisage that this would enable the two Trusts to:

- retain and develop local services for local people
- provide integrated services across two acute hospitals
- deliver services as close to people's homes as possible

It was recognised that for many staff and patients this would be a culture change – a different way of thinking about how health care was delivered. Progress to date was good with planning well underway. It was hoped to be able to begin the integration process early in 2012. The Chief Executive recognised there were uncertainties and issues around timing and that risk would increase if the process were to take too long.

Members asked a number of questions about the integration/acquisition process, including:

**Q:** How would the two acute hospitals working as one service be different to how each worked separately now?

**A:** Each acute Foundation Trust needed to serve at least a population of 500,000 people. Across Basingstoke and North Hampshire and WEHT there is a population of more than 600,000. This would support, for example a specialised service like liver cancer care to be provided in one hospital, but gall bladder surgery, obstetrics or A&E might be offered at both. Highly specialised services would still be provided at centres such as Southampton. The HOSC Chairman added that delays at the national level about the integration process could make local planning difficult. The Chief Executive agreed.

**Q:** How would culture change issues be managed?

**A:** The Chief Executive indicated that she spent time every week in each hospital talking to different groups of staff, explaining about the vision and the Foundation Trust model, listening to concerns, questions and suggestions. She said that they wanted staff at every level to understand what was happening, what challenges and opportunities existed and that they would be anxious to know how the changes might affect them. She was working with managers to ensure that they were in a position to set realistic expectations for their staff. It was likely that

the impact would be more on where back office services had potential to be shared by both hospitals.

**Q:** Several questions were raised about public engagement.

**A:** Public engagement was considered very important and that the Foundation Trust often tried to engage its public in multiple ways. The Chief Executive believed that because there was no intention to change services, no formal consultation would be necessary but would take advice from the HOSC as this process rolls forward. She believed that the focus of engagement should not be so much about the plans of the Trust, but rather asking people how or whether their needs were being met.

**Q:** It was asked whether the key to successful integration was the clinical model and how it related to what must be a structural imbalance

**A:** The Chief Executive responded that it was important to achieve structural balance, however with regard to the clinical model and planning, this was being taken forward with great care and very much in conjunction with considered discussion with clinical staff around clinical safety, financial and cost effectiveness and patient outcomes. One of the challenges was that currently Winchester was unable to cover its costs, therefore a business case would have to ensure its financial viability and that hard questions around focus, cost savings, income, and cost effectiveness had to be asked and resolved.

**Q:** A question was asked about where Andover WMH would fit into plans

**A:** The Chief Executive said that she had been very impressed with the services provided at the hospital and that there was discussion about piloting new work in the local area based on the hospital. She expected the hospital to play a full role in future plans.

#### **RESOLVED:**

That the Basingstoke and North Hampshire Chief Executive return to the HOSC in September with an update on progress.

- **NHS Hampshire – Odiham Cottage Hospital: Notice to withdraw inpatient beds**

Representatives of NHS Hampshire led by the Chief Executive and including a representative of the Shadow GP Commissioning Consortium were asked to apprise the Committee on progress to date. Following that, the Secretary to the Trustees of Odiham Cottage Hospital and the Odiham Member on Hart District Council addressed the Committee presenting the views of local stakeholders. The Chairman also drew the attention of Members to the motion from Hart District Council asking that the HOSC continues to work with the NHS to find a way forward.

The Chairman requested each set of presenters to focus on where potential existed to move on from the difficulties and genuine differences of perspective that had accompanied the engagement process to date. Although not initially involved in the process, it became clear that the Calleva Commissioning Consortium had been instrumental in producing the sixth option that was a hybrid of models of

care previously discussed with local stakeholders. The 'hybrid' model as a potential solution was recognised by both NHS Hampshire and the local community. As yet the model comprised a sketch of what might be and was not detailed enough for stakeholders or the HOSC to formally comment on. In essence the model comprised:

- The provision of a number of re-ablement beds provided via HCC Adult Services
- A number of inpatient beds provided at local community hospitals
- A number of continuing healthcare beds provided in the local area
- Community nursed hours from a community nursing provider for the delivery of care in patients' own homes

It was not clear whether the option would mean that inpatient beds at Odiham Cottage Hospital would be provided in the future. Members were disappointed that after all the meetings and discussions that had taken place the options for services in the area remained tentative. There were no substantial proposals to be considered in terms of formal consultation.

The local stakeholder representatives were concerned about the planned cessation of inpatient services at Odiham Cottage Hospital in July and hoped that the NHS would extend the current service until Calleva had developed their full hybrid proposal and were in a position to put it into effect. Members of the Committee requested that the PCT give further consideration to an extension of at least some services at the Cottage Hospital, highlighting the importance of end of life care in particular. The PCT indicated that the NHSH Board would be unlikely to consider that this would be appropriate although two further reports relating to patients safety were awaited from South Central SHA and Calleva respectively.

The Chairman confirmed that, as a lay body, there was limited scope to challenge a decision based on clinical care and patient safety, although the option existed to refer the matter to the Secretary of State for Health. The local representatives believed that until the hybrid option was fully developed the future use of the hospital would remain unclear, however it was important that whatever the ultimate decision, it should be local people and local GPs who make it. Members noted that the current process, with all the criticism it had attracted, had made progress. A referral at this juncture would not halt the notice period on the beds and would take the decision out of the hands of local people. It could also result on delay to the development of the hybrid model. Members agreed this would not be the correct action at this point in time.

Members had a number of questions and comments about the clinical safety issues raised and the alternative providers that had been approached. It was confirmed that local GPs and consultants had admitting rights to the hospital but were not made aware of Southern Health's concerns about patient safety. It was agreed this did not reflect good governance.

Solent Healthcare had not been approached as an alternative provider as there was an on-going dispute with the Trust. The local hospice was not able to provide the right model of care. Contingency plans had been put in place to support patients once the beds closed although it was noted that there car parking issues at one of the alternative community hospital facilities. Members asked that the two further reports relating to patient safety at the hospital are shared with the HOSC at the earliest opportunity.

Calleva confirmed their firm commitment to progressing the development of the 'hybrid' model as quickly as possible, working with local people and GPs. It was anticipated that the model and business case would be available by the time the HOSC met in September.

In response to a question about their engagement with stakeholders, the LINK was of the view this had been satisfactory. They believed that the hybrid model appeared to suggest a promising way forward, but like the HOSC they wanted a firmer understanding of what it would actually mean in practice.

*RESOLVED:*

- That the HOSC writes to NHS Hampshire confirming the views of Members as discussed at the meeting. .
- That the 2 independent assessments of patient safety at Odiham Cottage Hospital be provided to the HOSC as soon as possible.
- That the final form of the 'hybrid' model of care and supporting business case being progressed by Calleva CP Commissioning Consortium be provided to the HOSC upon completion, and at the latest by 17 September.
- That NHS Hampshire be requested to attend the HOSC in September to give a view on the proposed model of care and the way forward.
- **East Hampshire: NHS Hampshire. Update on progress with identification of options for developing local community hospitals**

Cllr Adam Carew has been kept up to date with developments by NHS Hampshire as options are developed to meet the health needs of the area.

*RESOLVED:*

That the HOSC continues to monitor progress with this work.

- **Winchester and Eastleigh NHS Trust: Andover Birth Centre – cessation of inpatient service**

Members were referred to a recent exchange of correspondence between the HOSC and the Trust in Appendices five and six of the agenda papers. A more in-depth update was to be provided at the July HOSC meeting.

*RESOLVED:*

That Members be provided with an in-depth update on the Andover Birth Centre at the HOSC meeting in July 2011.

- **NHS Hampshire: Proposed closure of Locks Road GP surgery**

Plans to close the Locks Road GP surgery were currently in abeyance pending continuing discussions between the practice, NHS Hampshire and affected patients to explore all feasible options for providing GP services to local people in Locks Health. Members questioned the extent of the repairs needed in order for the surgery to meet the minimum standards as required to meet the 2009 requirements. The PCT's estimated costs in early 2009 were put at £113,000, but since then new standards had been issued by the Department of Health which would come into force in 2012; these have been said to be unachievable in the current building.

*RESOLVED:*

That the local Member, Cllr Keith Evans continues to be kept apprised of progress with this work and an update is provided to the HOSC as appropriate.

- **NHS Hampshire: Closure of Highview Surgery, Bordon**

Members were apprised of the contingency arrangements put in place for patients registered with the practice concerned.

*RESOLVED:*

That Members note the information provided

74. **PROPOSALS TO DEVELOP OR VARY NHS SERVICES**

The Chief Executive presented a report on proposals to develop or vary health services in the area of the Committee (Item 7 in the Minute Book). He presented the report in two parts which comprised items for information which alerted the Committee to forthcoming proposals from the NHS to vary or change services, and items for action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services.

***Under Items for action he gave details on:***

**a. Hampshire Partnership NHSFT: consultation on older people's mental health services**

Hampshire Partnership (Southern Health) NHS FT commenced its formal consultation period on 9 May. The Trust provided information about the five consultation events that were taking place during May at different venues in Southampton and areas within the south of the county. Early feedback has indicated some concerns about transportation for services users, relatives and carers and as a result the Trust had accepted an invitation to work with Eastleigh Borough Council to discuss options to improve the situation. Another issue of concern to the public was that of early diagnosis of dementia and other mental health conditions.

The consultation period was due to conclude on 17 June.

***RESOLVED:***

That the Committee be apprised of the outcomes of the consultation at its meeting on 26 July

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

The Chairman told the Committee how helpful it had been for Review Panel Members to visit the heart surgery unit at Southampton earlier in May. She gave an open invitation to members of the Committee to attend an evidence day that would explore this issue in more depth on 26 May, two days after the HOSC meeting. She said that given the complexity and importance of this service and the significance attached to HOSCs by the National Specialist Commissioning Group that a decision had been made to extend the period given for Overview and Scrutiny Committees to respond by 4 months. An initial response by the Panel was required by 1 July. The key lines of inquiry being considered by the HOSC Panel were:

- The evidence base supporting the proposals
- The need for quality of care to take precedence over access in agreeing the configuration of surgical centres
- The need for case mix and complexity to be taken into account
- The importance of parents' choice in the surgical centre they attend, not the post code area in which they live.

**RESOLVED:**

That Members be invited to attend the evidence day on 26 May.

That the Panel provides an initial response to the consultation by 1 July, based on the key lines of inquiry. The response was provided on 17 June and copied to all members.

***Under items for information he gave details on:***

**c. South Central Strategic Health Authority: Proposal to Fluoridate Drinking Water**

Members noted the letter to the SHA. A response was still awaited.

**RESOLVED:**

That Members be apprised of any further information.

**d. NHS Hampshire: Progress with the redevelopment of Oak Park**

NHS Hampshire provided an update on progress with developments in relation to Oak Park which were delivering changes to services earlier than expected. These included:

- Full planning permission for the redevelopment work at the Oak Park Children's Centre.

- Relocation of Children's Services clinical and administrative staff to Fort Southwick
- Early introduction of the Rapid Assessment Unit 18 months ahead of original plans
- Enhancing resource in A&E at Queen Alexandra Hospital through funding for additional nurse practitioners
- Additional resource being provided at Park School for the collocation of a health resource for the local community there
- A business case developed in conjunction with Adult Services and Havant District Council for the agreed model of care to be delivered on the Oak Park Campus which was due to go to the PCT board on 26 May. Subsequent to the meeting, the HOSC was notified that approval by the PCT and SHA boards had been granted, and HOSC Members were notified.
- The provision of minor injuries services to be provided by 6 practices in the Havant area. Following questions about which practices were involved, the PCT subsequently identified those providing the enhanced service and addresses were later distributed to Members of the HOSC.

NHS Hampshire expressed thanks for the co-operation and assistance of Adult Services through the process and was pleased to affirm that it had demonstrated that it was fulfilling all that it had said it would do.

The Chairman commented that all this was positive news; however clarity would be sought by Members over a number of issues. A question was then asked about the potential closure of Havant War Memorial Hospital (HWMH); originally the HOSC was told that any monies from the sale of the building would be ring-fenced and reinvested in the Oak Park development, and was this still the case? In response the PCT acknowledged that had been the original commitment, however it was difficult to be sure that under the new arrangements that it could be delivered.. A concern was raised regarding the re-provision of beds that would be lost when the hospital closed, particularly beds not being available to local GPs. However a local GP present said that the current model was limited to too few local GPs and that there could be difficulties in admitting patients even when capacity was available. There were particular problems out of hours. Under the new more flexible arrangements beds would be provided at the Oak Park Campus. In the interim alternative provision would be provided in designated care homes in the vicinity. It was not anticipated that there would be difficulty identifying suitable care home accommodation locally. The Chairman asked that the GP consortium feed back what it believed would be the best workable model.

Adult Services, who were present at the meeting confirmed that in the short to medium term there should be adequate inpatient provision for

the expected levels of demand, and that the proposed development on the campus would go ahead.

*RESOLVED:*

- That Members would be provided with details of the practices providing minor injuries under 'local enhanced services' contracts.
- That Members would be informed of the outcome of the submission of the Oak Park development business case for approval at the PCT and SHA boards.

(note that members were informed of the practice details (24/5/11) and the approval of the business case at the PCT and SHA meetings (27/5/11))

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Chairman, 26 July 2011