

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 26 July 2011.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

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

Co-opted Members:

Councillors:

p Alison Finlay
p Ray Love
p Tim Southern
p Dennis Wright

In attendance at the invitation of the Chairman: Cllr Sandra Hawke, Portfolio Holder for Housing, Health and Communities, Test Valley Borough Council

75. **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

76. **MINUTES**

The Minutes of the Meeting of the Committee held on 24 May 2011, subject to a few spelling error amendments, were confirmed as a correct record, and signed by the Chairman.

77. **CHAIRMAN'S COMMUNICATION**

a. **Apologies**

Councillors Ann Buckley and Rita Burgess, and Frank Rust, Chairman of the Hampshire LINK tendered their apologies.

b. **Welcome**

The Chairman welcomed two new Members to the HOSC. Councillor Jenny Radley would be joining the Committee as an additional Hampshire County Council representative, and Councillor Alison Finlay would be attending as a District Council nominee from Hampshire and Isle of Wight Local Authorities (HLOWLA).

c. **Additional announcements**

Reports in the Health Service Journal

Members of the Committee had been in contact with the Chairman regarding reports by the Health Service Journal on alleged plans by Southern Health NHS Foundation Trust to close two community hospitals in Hampshire before January 2012. The Chairman had raised this with Southern Health and confirmed the reports were not accurate. The Trust was clear about its duties when varying services and that community hospitals would continue to feature on the HOSC agenda.

78. **WORK PROGRAMME**

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

RESOLVED:

That the Committee's Work Programme be approved, subject to additions made at the meeting, including the definition of the 'hub and spoke' model of care.

79. **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:-

- **Winchester and Eastleigh Healthcare Trust: Andover Birth Centre**

The Chief Executive of Winchester and Eastleigh Healthcare Trust gave a presentation on progress with the Andover Birth Centre (Item 6 in the Minute Book).

Recent stakeholder involvement and engagement relating to the Andover Birth Centre has taken place in the catchment area, where the 'DOMINO' model has proved a popular choice in terms of midwife led care.

Four possible options for providing midwife led care to the Andover population had been identified. These were:

1. Maintain inpatient midwife led birth services at Andover Birth Centre and at RHCH
2. All inpatient midwife led care takes place at RHCH using the existing service model. Andover Birth Centre closes for inpatient births but maintains all other maternity services
3. 'DOMINO' service offered at RHCH in addition to midwife led service. Andover Birth Centre closes for inpatient births but maintains all other maternity services
4. 'DOMINO' service offered at both Andover and RHCH alongside current services.

An options appraisal event took place on 18 July with local stakeholders and healthcare professionals, where four possible options were presented and weighted based on quality, access, choice, affordability and sustainability. Of the four options considered, option 4 was preferred, and option 2 was second choice.

Wider engagement with the local people and key stakeholders in and around Andover showed a preference for option 3 and 4.

The Trust was now seeking the support of the HOSC to go to formal consultation on three of the four options. Option One would not be included as it was not clinically safe or substantially viable and had not been identified as a preference in engagement activity undertaken by the Trust. One of the three options proceeding to formal consultation did include the choice for mothers to give birth at the Andover Birth Centre supported by the 'DOMINO' model of care. It was proposed that, taking account of the extent of involvement of local people to date, the public consultation would take place between 1 September and 31 October 2011,

The Trust was clear that this was not a predetermined exercise.

Members stressed the need for all options subject to public consultation to be clinically and financially sustainable.

Members asked a number of questions about the Andover Birth Centre, including:

Q: Are you planning to close inpatient beds at Andover Birth Centre based on cost grounds only?

A: The primary reason for reviewing the services at the Andover Birth Centre is that the current model of maternity provision is not safe and sustainable. Any future options must be safe, sustainable in terms of staffing, and sustainable in terms of finance.

Q: Do you plan to follow the model in South East Hampshire of increasing the number of birth centre beds, and increasing home births?

A: Winchester and Eastleigh Healthcare NHS Trust have been working in cooperation with Portsmouth Hospitals Trust to develop a similar model of care.

Q: Do the commissioners support the reasons for changing the maternity service at Andover Birth Centre?

A: Yes, on the grounds that patients in Andover and the surrounding catchment area need to have a sustainable maternity service that is equitable across the patch. Although staffing in the Trust is beginning to improve, the number of births needed to sustain inpatient beds at Andover is not likely to occur. Commissioners are supportive of the Trust and expect to see a safe and sustainable service in place within the next year.

Q: Why have the costs of births increased since figures were last provided to the HOSC?

A: Previous figures supplied to the HOSC were historic and based on previous birth rates. The new figures reflect the cost and need for 24/7 staffing, buildings and equipment, divided by the number of births occurring.

Q: What strategic plans are in place to increase the number of maternity staff to support the models suggested?

A: The Trust has increased the number of midwives training annually from 7 to 12, and plans to offer in 2011 a post for all midwives graduating. The Trust is also looking at investing in maternity support workers, freeing up the time of midwives to concentrate on tasks that only qualified clinicians can undertake.

Q: How do you plan to reinvest the £150k saving from the options proposed?

A: It has already been reinvested into staffing.

Q: How have you taken into account potential increases in Andover population following planning permission for thousands of new homes?

A: There would need to be a doubling of the number of births into Andover to make the current model sustainable. Population increase predictions will be taken into account.

Q: How have GPs and Clinical Commissioning Groups been involved in discussions?

A: GPs engaged with in the catchment area are supporting of the suggested options. Proposals have gone before the local clinical commissioning group and discussions are ongoing.

Q: Why haven't you chosen to consult on all four options?

A: The current model is option 1, the status quo, and this option is neither safe nor sustainable.

RESOLVED:

That the HOSC agreed to the proposal to consult the population of Andover and the surrounding area on the three options identified.

That the Trust confirms that each of the three options is both clinically and financially sustainable.

That the preferred option is explicitly supported by local GPs

That the Trust attends the November meeting of the HOSC to confirm the outcome of the consultation process and proposed next steps.

- **NHS Hampshire: Odiham Cottage Hospital safety reviews SC SHA**

An update on communications that had taken place since the May 2011 HOSC, as well as a evaluation report on clinical safety at Odiham and a briefing on plans for re-provision following removal of services from Odiham on 31 July 2011 were presented to Members (Item 6 in the Minute Book).

RESOLVED:

That Calleva presents details of the 'hybrid' option and supporting business case at the September HOSC.

- **NHS Hampshire: East Hampshire Community Hospitals update**

The Committee received an update paper (Item 6 in the Minute Book) on progress made on the East Hampshire Communities Hospital Project, especially relating to the Chase Community Hospital engagement work.

Members asked the NHS Cluster representative for the South East of Hampshire a number of questions about the Chase Community Hospital engagement work, including:

Q: Has the Health Needs Assessment for the local area been conducted?

A: Yes, this has now been completed.

Q: Have all of the relevant community and voluntary groups in the area been consulted?

A: This is currently being undertaken, but any further suggestions would be considered.

Q: What engagement with GPs has taken place?

A: Representatives have had a successful meeting with practices in the locality, and comments from such organisations have been appreciated. Generally local people are happy with general practice services in their area. Engagement activities have indicated a desire for a minor injuries unit, and the way forward is now to look at how primary care can provide such a service.

RESOLVED:

That the report is noted.

That NHS Hampshire continues to work closely with local members and other key stakeholders in taking this work forward.

That the concerns raised by the local member are shared with NHS

- **Portsmouth Hospitals Trust: Support for people who are terminally ill**

Representatives of Portsmouth Hospitals Trust gave a presentation on progress with the recommendations of the Independent Review Panel (IRP) following the closure of the G5 Unit.

Work had been ongoing since the release of the IRP's report in May 2011, when it was found that although it wasn't sustainable to reopen the G5 ward; other improvements could be made in relation to Portsmouth Hospitals Trust's end of life care services.

Following the closure of the G5 unit, staff trained in end of life care are peripatetically travelling between wards where palliative patients are stationed. This staff and service model change has seen an increase in customer satisfaction levels and a reduction in the number of complaints. It has also been shown, due to increased data collection, use of surveys and a rolling programme of review, that quality of care has increased, and staff are better informed, have increased knowledge and are therefore more confident, and communicate better between departments.

The Trust is currently using the Liverpool Care Pathway version 11, and is due to begin using version 12 from January 2012. A monthly audit is undertaken on those on the Liverpool Care Pathway. Currently Portsmouth Hospitals Trust are overachieving on commissioner targets set around end of life care, with over 40% of patients deemed at the end of their lives on the Liverpool Care Pathway, and over 40% of healthcare professionals who may come across palliative patients aware of it. Targets in 2011 increase these percentages to 50%, but it should be noted that putting a patient on the Pathway does not necessarily equate to better care, and that patients choice and clinical decision making may mean the Pathway isn't suitable.

Healthcare agencies in Portsmouth, of which the Trust is the lead, are setting up a locality register for those with an end of life care plan, so that various providers are able to see a patient's diagnosis, prognosis and preference for care.

NHS Hampshire and NHS Portsmouth are working collaboratively to author an overarching strategy for the South East region on end of life care. The first meeting of these commissioners will take place on 1 August 2011. Portsmouth Hospitals Trust is writing its own local end of life care strategy, which will feed into the overarching document.

Members asked a number of questions about support for people who are terminally ill, including:

Q: Are the issues picked up in the IRP report unique to Portsmouth, or do they also reflect the national picture?

A: The changes suggested by the IRP reflect the direction of the national end of life care strategy. Patient choice and quality of care are of paramount importance and these values are reflected nationally. Nationally there aren't clear definitions of when the end of life starts for non-cancer patients.

Q: Is there enough side-room capacity in the hospital for patients to move to at the very end of their life, if they so wish?

A: Although it is not always appropriate to move patients at the very end of their life, side rooms are available throughout the hospital to those who wish for privacy. This choice is made available and at all stages of the end of life care pathway family and support should be made aware of decisions surrounding such elements of care.

Q: Are community services robust enough to support patient's preference to die at home?

A: There needs to be a better understanding in the community of end of life care. Having such an understanding would reduce the need for individuals to be admitted to hospital and would promote preference on where to die. However, it is thought that 30% – 40% of all individuals will die in an acute setting, likely to be the most elderly and vulnerable, as the support and care they need will only be able to be provided in this setting.

Q: How has knowledge of the Liverpool Care Pathway amongst staff been tested?

A: Training on the Liverpool Care Pathway is given to all junior doctors and medical staff training at the Trust. Knowledge is monitored on a regular basis. When the new version goes live in January 2012, facilitators will be on hand to guide staff through the new Pathway.

RESOLVED:

That the Trust had demonstrated how this work was being taken forward to meet the needs of patients requiring end of life care and ensure staff are suitable trained.

That a workshop takes place for HOSC members on end of life care, to include details on the Liverpool Care Pathway version 12, and the management of 'do not resuscitate' orders.

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

An update was provided in the papers on the proposed closure of Locks Road Branch Surgery, Locks Heath.

RESOLVED:

That the update is noted.

- **NHS Hampshire: Fitness for Surgery initiative**

The Director of Public Health outlined the briefing in the papers on the 'fitness for surgery' initiative, aimed at supporting patients to stop smoking before referral to surgery.

Members asked a number of questions about the 'fitness for surgery initiative', including:

Q: Can patients be denied referral to surgery because of a lifestyle choice such as smoking?

A: No, this would be discriminatory. Patients can decline to quit and the GP would still be able to refer to surgery. It would be the decision of the hospital consultant as to whether the benefit of the surgery would outweigh the risk of smoking.

Q: Is the 'fitness to surgery' pathway applicable to patients who are clinically obese?

A: Not currently, although this is a future ambition. Services will need to be built which provide support for those advised to lose weight before surgery. Work is currently ongoing with GPs around this.

RESOLVED:

That the report is noted.

- **NHS Hampshire / Adult Services: Continuing Care services follow-up**

Representatives of NHS Hampshire and Hampshire County Council Adult Services gave a presentation update (Item 6 in the minute book) on Continuing Health Care.

It was acknowledged that there had historically been tensions around continuing health care, and NHS Hampshire and Hampshire County Council had been working in close partnership to try and minimise these.

The need for continuing health care is likely to increase, owing to an ageing population, and an increase in demographics and complexities. The criteria for providing an individual with continuing health care has changed multiple times since its inception, and can often be difficult to apply.

Members asked a number of questions relating to Continuing Health Care, including:

Q: How does the fast-track element of continuing health care work?

A: Traditionally fast-track has been used for those reaching the end of their life, although some service users have remained on such packages for a few years. As those requiring a fast-track application usually require services to be implemented quickly, it has been noted that not all service users receiving care have met the full continuing health care criteria.

Q: Who makes the decision as to whether someone can have fast-track continuing health care services?

A: The decision on initial criteria is made by the clinician assessing the patients. Should the patient need a fast-track service, the commissioner will make a decision about whether the care to be provided in the home is suitable and sustainable. The commissioner decision is made by a multi-disciplinary team of clinicians. If the commissioner decides that care in the home is not suitable or sustainable, then alternative methods of care would be arranged.

Q: What is the main tension in continuing health care?

A: The main tension will always be funding – discussions are often complex and lengthy, and both NHS Hampshire and Adult Social Care have limited budgets that are currently under severe pressure. However, increased partnership working, co-location and increased communication have resulted in improved relations.

Q: What are the issues locally for continuing health care?

A: There are a few issues locally, but these are not insular to Hampshire – they are reflected nationally. These include having multiple agencies involved in care, and a system that often seems designed to create conflict. The backlog of cases is now starting to be cleared locally, and the service of the future will have greater transparency and a more robust dispute resolution process.

RESOLVED:

That Members note the information provided.

80. **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. **Southern Health:**
 - i. **Older People's Mental Health consultation outcomes**

Representatives of Southern Health presented their report (Item 7 in the Minute Book) and updated the Committee on progress made since September 2010.

The consultation undertaken on the future of Older People's Mental Health (OPMH) services in Hampshire had now drawn to a close, with the main outcome being that the plans and options presented were supported.

Issues had been raised as part of the consultation exercise, and therefore greater emphasis would be placed on aspects of OPMH including early diagnosis, training for GPs and other healthcare

professionals and awareness of care pathways. Fears had been allayed during the consultation regarding the future of the Tom Rudd Unit on the Moorgreen Hospital site, as stakeholders were informed that this building would continue to provide other services.

The matter of travel was brought to Southern Health's attention during the consultation, with some patients likely to have the additional burden of longer travel times to reach an appropriate mental health facility. Southern Health will be working with these patients to provide a solution regarding access, with advice from Eastleigh Borough Council.

Members were informed that changes to services resulting from the consultation would be implemented in August 2011.

RESOLVED:

That Members are advised of the next steps of the Trust in taking this work forward.

ii. Adult Mental Health Care – changes to services

Members heard from representatives of Southern Health, who presented the Committee with their intention to go to consultation on outcomes following a review of adult mental health services (Item 7 in the Minute Book).

That Southern Health has been formed due to a merger of Hampshire Partnership Trust and Hampshire Community Health Care. Its boundaries cover most of Hampshire, with the exception of Portsmouth and a small pocket of the north-east of the County.

Adult mental health services are provided from age 14 up to those at the end of their life. Currently the service relies on acute beds, with over 300 scattered around the County.

A change in the service would focus primarily on recovery, concentrating on a holistic approach that looks at the service user and their life outside of their mental illness. Change in the way care for adult mental health patients is delivered has been in need of review historically, and although financial constraints are part of the drive for a simplified service, they are not the primary reason for it.

Services that are currently provided in an acute setting will now be provided through day services, hospital in the home, or in the community. Inpatient beds for those requiring such services will still be available

Engagement activities around changes to adult mental health services provided by Southern Health have been ongoing since Spring 2011, and the Trust was also involved in consultation activities on the Joint Hampshire Mental Health Strategy. Hampshire Adult Services had been involved in the development of the proposal.

Members asked a number of questions about changes to adult mental health services, including:

Q: How have voluntary and community groups been approached regarding involvement in adult mental health treatment, especially around peer support?

A: Peer support is an incredibly important part of adult mental health treatment, and a recent pilot in the Fareham and Gosport area has led to a new understanding of how peer support can be better utilised.

Q: How have local authorities been involved in options for changing the adult mental health service, especially in relation to housing support?

A: That this is part of the daily business of adult social care, but care has been taken to have a partnership approach to housing – e.g. a strategic group has recently been created, co-chaired by Adult Social Care and Southern Health, which focuses on strategic housing, including provision for those with mental health needs.

Q: How will those services accessed through detainment under the Mental Health Act change?

A: These will not change, although under the revised act some Mental Health Act orders require community outreach access rather than/in addition to inpatient stays.

Q: What plans do you have for public consultation?

A: So far engagement has taken place over the last four to five months. Southern Health would like to take proposals out to consultation from early September to mid October, over a period of six weeks. Consultation will focus on the suggested changes to acute care.

RESOLVED:

That taking account to the extent of stakeholder engagement a six week period of formal public consultation takes place, commencing in September 2011.

That any additional questions raised by the HOSC be addressed by the Trust.

That the Trust attends the November HOSC to provide an update on the outcome of the consultation process.

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

The HOSC Panel convened to look at this issue on behalf of the HOSC, and made the attached response (Item 7 in the minute book) to the Committee of Primary Care Trusts (JCPCT). The Committee agreed this response.

RESOLVED:

- That the Panel, working with other HOSCs as appropriate, continues to oversee the response of the national team to the recommendations and the additional information to be provided.

- The Panel provides a briefing on progress with this work for the September HOSC.

Under items for information he gave details on:

c. South Central Strategic Health Authority: Proposal to Fluoridate Drinking Water in Southampton and South West Hampshire update

Members noted the letter from the SHA.

RESOLVED:

- That the SHA provides the additional information relating to the capital and revenue costs of implementing the scheme.
- That the views of Southern Water about the feasibility of the proposed scheme and timescales for implementation are invited.

d. NHS SHIP PCT Cluster: Review of Vascular Services

Members stated their desire that they consider any developments relating to the review of vascular services.

RESOLVED:

That Members are kept apprised of progress with this development.

Chairman, 27 September 2011