

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 24 July 2012.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

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

Co-opted Members:

Councillors:
p Alison Finlay
p Tim Southern
p Dennis Wright

119. **APOLOGIES FOR ABSENCE**

Apologies were received on behalf of Councillors Roz Chadd, David Harrison and Angela Roling, and Frank Rust, Chairman of the Hampshire LINK.

120. **DECLARATIONS OF INTEREST**

Members were mindful that, where they believed that they had a personal or personal prejudicial interest in 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, son works at Queen Alexandra Hospital in Portsmouth
Cllr Peter Edgar	Shadow Governor of Queen Alexandra

	Hospital in Portsmouth, Health spokesperson for Gosport Borough Council and Co-opted Member of Portsmouth Health Overview and Scrutiny Panel
Cllr Pam Mutton	Daughter employed by NHS Member, League of Friends, Andover WMH and member of her GP patient reference group
Cllr Pat West	Daughter-in-law employed by NHS. Trustee of Countess of Brecknock Hospice.
Cllr Dennis Wright	Wife is a GP Practice Manager. Member of Fareham and Gosport Clinical Commissioning Group.

121. **MINUTES**

The Minutes of the Meeting of the Committee held on 22 May 2012 were confirmed as a correct record, and signed by the Chairman.

122. **CHAIRMAN'S COMMUNICATION**

The Chairman reported that approval had been given for the move of the radiology service at Fordingbridge Hospital to the Arch Clinic, keeping this service situated on the same site. Once funding had been confirmed, it was anticipated that the service would open at its new location by November 2012.

The Chairman also informed Members that the Leader of Hampshire County Council had recently written to the Secretary of State for Health on the topic of fluoridation. The Leader requested that the Secretary of State enact part of the Health and Social Care Act 2012 which would give Local Authorities responsibilities for fluoridation of the drinking water supplies, informing that should the Strategic Health Authority fluoridate the water supplies before this time, and subsequently the County Council request the scheme be terminated, then this would be wasteful of taxpayer monies. The Chairman noted that a copy of the letter had been forwarded to Committee Members.

123. **WORK PROGRAMME**

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

Councillor Brian Collin reported that Hampshire and Isle of Wight Local Pharmaceutical Committee had requested to bring an item to a future HOSC meeting regarding the 'healthy living pharmacy' initiative. The Chairman agreed to consider the request of Hampshire and Isle of Wight Local Pharmaceutical Committee, and confirmed that this would be an item for information only.

RESOLVED:

That the Committee's Work Programme be approved.

124. **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:-

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster: NHS 111 update on award of contract

Representatives of Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster updated the Committee on NHS 111, the nationally driven new three-digit telephone service replacing NHS Direct and aiming to improve access to NHS urgent care services.

The Department of Health were introducing a single telephone number for the public to access urgent, non-emergency NHS care, and the Secretary of State for Health had committed to rolling out NHS 111 nationally by 1 April 2013. In Hampshire, the contract for providing this service had recently been awarded to South Central Ambulance Foundation Trust.

A 'soft launch' was due to take place on the 2 October 2012 in South Hampshire. There would be no 'active' publicity surrounding the soft launch. A second 'soft launch' will commence two weeks later covering North Hampshire. The public launch would take place in Hampshire on 6 November 2012, supported by both local and national publicity. A communications strategy had been drafted locally for this.

In response to questions on NHS 111, Members heard:

- Clinical Commissioning Groups in Hampshire had been heavily involved in the procurement plans and process.
- That the Primary Care Trust Cluster were confident that a marketing campaign would help avoid confusion with the non-emergency crime telephone service 101. Work was ongoing to ensure that GP practices are fully aware of NHS 111, and signpost patients to the service appropriately.
- Existing out of hours phone numbers would cease to exist once NHS 111 was in operation.
- NHS 111 would be a freephone number. It was assumed that this would include calls from mobile phones, but this would need to be confirmed with the Department of Health.
- All call handlers will undertake specialised training lasting six weeks, and will also be required to pass an exam.
- South East Coast Ambulance Service covered parts of North and North East Hampshire, and had won the contract for NHS 111 in the Surrey area. It was understood they planned a soft launch for February 2013 and a public launch in March 2013.

RESOLVED:

That the Committee receive details of the local communications strategy for the roll out of the NHS 111 service.

The Chairman proposed to take Item 7 – ‘University Hospital Southampton NHS Foundation Trust – Relocation of Elderly Care Beds’ out of order, to which the Committee agreed.

125. **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). The report was presented in two parts which comprised items for action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services, and items for information which alerted the Committee to forthcoming proposals from the NHS to vary or change services.

Under items for information details were provided on:

University Hospital Southampton Foundation Trust: Relocation of Elderly Care Beds

Representatives of University Hospital Southampton Foundation Trust provided the Committee with an update on plans to relocate 24 elderly care beds from Southampton General Hospital to the Royal South Hampshire Hospital, which is provided by Solent NHS Trust.

The Chairman of the Committee had received correspondence from both Trusts informing of the change (see Item 7, Appendix 3 in the Minute Book). The change was proposed in order to free up beds at Southampton General Hospital for planned elective surgery, as there had been demand pressures in this area arising from an extended period of high urgent care demand.

In response to questions on the Relocation of Elderly Care Beds item, Members heard:

- That the driver for this move in ward had been to increase the number of surgical and flexible beds available at the General Hospital, and to increase the number of services available in a community setting.
- That Southampton General does have a large bed deficit and issues with increases in demand for urgent and non-elective care; a pattern repeated across the South of Hampshire. Although this ward change was anticipated to ease pressure on surgical beds, the General Hospital and local health economy would need to take other steps to meet the greater challenges.
- That it was anticipated that the ward at the Royal South Hampshire Hospital would be fully operational by October 2012.
- The re-located ward was currently an empty ward, which would be re-opened. Clinical staff from University Hospital Southampton had inspected the ward to be re-opened, and were satisfied that the facilities available would provide a more appropriate setting for elderly care patients that that currently provided at Southampton General.

- Patients would be triaged to determine if their care could be provided from the ward at Royal South Hampshire. Members were assured that should patients potentially require urgent access to other acute services, then they would not be transferred from the General Hospital.
- A junior doctor would be on-call at the Royal South Hampshire Elderly Care ward 24/7, and in core hours patients would receive a daily consultant visit.
- The ward would still be treated as an acute ward and discharge would continue to be managed as at present, it was therefore not anticipated that length of stay would increase
- Arrangements were being put in place with South Central Ambulance Foundation Trust so that patients could be transferred to the General Hospital if there was concern that their condition was deteriorating or required other acute interventions.
- It was intended the ward would predominantly be used for Southampton based patients.
- It was noted that if patients from the Hampshire area were on this ward, consideration would need to be given as to how discharge to a social care setting would be arranged.

RESOLVED:

That:

1. The proposals do not constitute a substantial change in service, as the move in service will predominantly affect service users in the Southampton area, and there will be no change to the service to be provided.
2. The Chairman to write to the Trust to request further information as appropriate.

126. **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:-

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster and Hampshire County Council Adult Services: Fast Track and Continuing Healthcare – update on internal review

Representatives from Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster and Adult Services attended in support of the action plan provided (see Appendices two and three to Item 6 in the Minute Book). It was reported that the operational policy for continuing healthcare had been updated, developed jointly by the Primary Care Trust Cluster and Adult Services.

Feedback indicated that access to fast track had improved. It was noted that a joint operational board had recently been established to provide continuing oversight of joint working in this area. A joint commissioning

post had also been created, due to commence from the end of summer 2012. Continuing Healthcare would be part of this role and it was envisaged this would assist with maintaining effective joint working between the NHS and the Local Authority.

Members inquired regarding the involvement of clinical commissioning groups, given that they would be commissioning these services in future. It was responded that future arrangements were not yet clear. It was acknowledged that this needed to be resolved shortly, in order to facilitate a smooth transition to the new commissioning arrangements.

RESOLVED:

That the topic of Continuing Healthcare remains on the work programme in order that the Committee can remain apprised of progress whilst commissioning of the services transfers to clinical commissioning groups.

South Central Ambulance NHS Foundation Trust: Estates Strategy Briefing

The Head of Operations (East Hampshire) for South Central Ambulance Service NHS Foundation Trust provided an update on the future location of ambulances and ambulance stations in South East Hampshire (presentation slides available in Minute Book). The Chairman reminded Members that this briefing was for information only.

The Trust had recently reviewed its estates strategy in the Portsmouth and South East Hampshire area, with proposals being ratified by the Trust Board in March 2012. It was anticipated that the project would progress over the next 12-18 months.

It was planned to close four ambulance stations across the South East Hampshire and Portsmouth area, as they were no longer fit for purpose. The Trust intended to replace them with a new centralised station, the preferred location for which was North Harbour, north of Portsea Island. This location had a number of benefits including improved road network connections and accessibility to all areas of South East Hampshire.

It was noted that as well as Ambulance Stations, the service used standby points at strategic locations, where ambulances would wait for calls. The placement of standby points enabled access to all parts of South East Hampshire in less than six minutes. Part of the changes planned would include developing six to eight standby points which also offered facilities for staff such as a toilet and refreshments (an improvement on current non-serviced stand-by points) allowing crews to remain in the area being covered at break times. These facilities would be set up prior to the closure of the existing stations.

Coverage of the area would not be affected by the station closures as ambulances would continue to be deployed at standby points. The service had implemented ten-hour overlapping shifts across the whole of

Hampshire, ensuring that there would not be a gap in service when ambulances returned to the central station at the end of a shift.

Response times were constantly monitored and it was anticipated that they would improve following the planned estates changes, as the ambulance resources could be deployed more flexibly.

In response to questions on the 'Estates Strategy Briefing', Members heard:

- That the Trust would be looking to have rapid response vehicles in place at standby points in South East Hampshire.
- The Trust reassured the Committee that Gosport ambulance station would not close until a suitable standby location in Gosport had been identified. Gosport Borough Council were supportive of the estates strategy and would work with the Trust on this.
- Consideration was being given to locations for standby points; these had yet to be finalised
- The Trust would continue to provide quarterly performance data to the committee, so the HOSC could monitor whether the changes had any impact on response times.

RESOLVED:

That no further information is required.

NHS Dorset and NHS Bournemouth and Poole: Extension of choice of provider for community endoscopy and dermatology service.

The Chief Executive updated Members of the Committee regarding plans of NHS Dorset, and NHS Bournemouth and Poole Primary Care Trusts to make changes to the current Endoscopy and Dermatology services.

The Chairman had received correspondence from the collective Chief Executive Officers of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, which raised concerns about the decision of NHS Dorset and NHS Bournemouth and Poole (see Appendix 4 to Item 6 in the Minute Book).

Following correspondence with the Chief Executive of the Primary Care Trusts, the Chairman noted that the primary objective of the endoscopy and dermatology plans was to increase the choice of services, in line with the national initiative Any Qualified Provider. It had been clarified that the services were provided to Dorset patients and this would not impact on Hampshire residents.

The Chief Executive reported that the Poole Borough Council Health Overview and Scrutiny Committee had recently referred the issue to the Secretary of State, and the outcome of this would be monitored for information.

RESOLVED:

That:

1. The correspondence is noted.
2. The proposal does not constitute a substantial change in service, and will not warrant further exploration, given that the Hampshire population will be unaffected by changes to the community endoscopy and dermatology services in Dorset.

127. **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). The report was presented in two parts which comprised items for action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services, and items for information which alerted the Committee to forthcoming proposals from the NHS to vary or change services.

Under Items for action details were given on:**Southern Health NHS Foundation Trust: Adult Mental Health Services – update on implementation**

Southern Health NHS Foundation Trust's Clinical Director for Adult Mental Health presented the Committee with an update on the implementation of changes to Adult Mental Health Services in Hampshire (Item 7 Appendix 1 in the Minute Book). Southern Health last updated the Committee at its meeting on the 27 March 2012.

As a result of the previous update, the Committee had set up a working group to explore concerns raised at the March meeting, which were then reported to the Committee at their meeting on the 22 May. Whilst there were no significant concerns, the Committee did make a number of recommendations and requested Southern Health present additional information to the Committee.

It was reported that the Woodhaven Unit was now closed to new patients, and was scheduled to close the last of the remaining inpatient beds on the 31 July 2012. Seven inpatients remained at the Unit, three of which would finish treatment and be discharged prior to this date, and four of which would be transferred to alternative acute inpatient units. Southern Health confirmed that the closure of the Meadows unit was completed on schedule at the end of March and services relocated to the Elmleigh unit, apart from the Electroconvulsive Therapy Service which had transferred to the Sarisbury Green unit until Elmleigh was able to accommodate the service (subject to building works due to be completed by October).

It was noted that the Trust intended to maintain the stakeholder groups, established to provide feedback during the changes, as a useful forum for ongoing engagement.

The Committee received information detailing figures for acute bed occupancy since December 2011 (item 7 annexe 1 to appendix 1). The figures show that the number of beds used had not exceeded the number of beds available in this time. Figures detailing male and female bed availability were also presented, which demonstrated that there were fluctuations in demand for beds by gender. Southern Health reported that they were continuing to manage the demands on female and male beds successfully. There were five beds which were able to “swing” from male to female occupancy depending on demand.

Southern Health reported that feedback regarding the new model of care had been positive. A review of the redesign programme and a clinical service evaluation will be undertaken.

In response to questions on ‘Adult Mental Health Services – update on implementation’, Members heard:

- Southern Health reassured Members that the needs of carers were recognised – carer support workers were in place, and a project group including representation from Solent Mind was working on improving how carers and mental health staff work together.
- The recent appointment to the post of Medical Director would ensure that mental health would be represented at the Trust at Board level.
- The new access and assessment teams were being used by GPs and were in place across Hampshire, with the exception of Petersfield, which would be in place by Autumn 2012.
- There were currently two units which had single bedded rooms with en-suite facilities (Elmleigh in Havant and Antelope House in Southampton). Melbury in Winchester and Parklands in Basingstoke each have one en-suite facility within each unit.
- Consideration was being given to opportunities to develop the remaining Units, including provision of swing beds. However, creating further en-suites in units like Melbury could risk sacrificing existing valuable space used for therapeutic purposes.
- The Trust’s evaluation of the adult mental health service change would be available by January 2013.
- Discharge rates were slower around bank holidays due to the availability of consultants to approve discharge. A review of out-of-hours clinical staffing was ongoing, and changes had already been implemented to ensure that two consultants were available to cover each Unit 24/7.
- A Mental Health Act Section 136 place of safety was available at each of the remaining adult mental health units. An action plan had been developed jointly through the Criminal Justice Liaison group with relevant partner organisations in order to improve section 136 mental health assessment processes to utilise places of safety in preference to police cells and improve assessment times.

- The place of safety currently at Woodhaven would not remain following the withdrawal of acute inpatient beds. The low secure service to be provided from Woodhaven would be run by the forensic service, and not Southern Health. Building works were required to adapt the site, and the new service at Woodhaven was not anticipated to be operational until April 2013.

RESOLVED:

That:

1. Members are satisfied with the Trust's responses to the supplementary information requested by the Working Group, but wish to add the topic of Mental Health Act Section 136 assessments to the work programme for future scrutiny. The Committee requested that this item be heard at its 27 November 2012 meeting.
2. Members are satisfied with the progress of implementation reported by the Trust for the new Adult Mental Health model of care in Hampshire.
3. The Committee requested that they receive a further implementation update at its 27 November 2012 meeting, to include details of the plan for the evaluation programme, and at its 29 January 2013 meeting, to include the results of the evaluation programme.

Under items for information details were provided on:

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster: Vascular Services Update

Representatives from the Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster updated Members of the Committee on the vascular services seminar which was held by the Primary Care Trust on 11 June 2012 in Winchester.

The seminar was attended by both Portsmouth and Southampton Hospital Trusts, commissioners – including the Primary Care Trust Cluster, specialised commissioning and clinical commissioning groups, LINK representatives, independent experts and Members of the affected Health Overview and Scrutiny Committees. The Chairman and Vice Chairman of the Hampshire Committee were in attendance.

The seminar aimed to review progress with the development of local vascular services, clarify future commissioning arrangements, clarify the position on outcomes data and receive an independent national perspective on the future of this service, provide an opportunity for Trusts to share their perspective on the opportunities and challenges of working in a network model, and to agree next steps. Members of the Committee who had attended were supportive of the seminar, and felt it had been a positive session.

It was reported that a Strategic Planning Group had been established to take forward planning for vascular surgical services in Hampshire. This Group comprised vascular clinicians (both surgeons and interventional radiologists) from Portsmouth Hospitals Trust, University Hospitals Southampton Foundation Trust and Frimley Park Hospital Foundation Trust.

It was noted that a draft national service specification had been developed, which was anticipated to be finalised by September. The only significant difference compared to the local specification for vascular services was the addition of a requirement that each vascular surgeon perform a minimum of ten procedures per year. It was anticipated that all local Trusts would be compliant with this requirement. The Strategic Planning Group would be aiming to ensure Hampshire was compliant with the new national service specification for 2013/14. It was noted the Primary Care Trust Cluster was continuing to monitor outcomes data locally.

RESOLVED:

That the Chairman, on behalf of the Committee, write to SHIP PCT Cluster outlining any further information or updates required.

National Specialist Commissioning Board: Children's Congenital Heart Surgery Update

The Chairman was pleased to report to Members that Southampton General Hospital was one of the children's congenital heart surgery centres selected by the Joint Committee of Primary Care Trust's to be designated a Specialist Surgical Centre within the future configuration (see Item 7 Appendix 4 in the Minute Book). The decision had been taken at a meeting held in public on 4 July 2012, at which the configuration described as Option B during the consultation was selected, which involved seven surgical centres leading congenital heart networks.

RESOLVED:

That:

1. Members welcome the JCPCT decision to retain Southampton General Hospital as a specialist surgical centre in the South Central network model for Children's Congenital Heart Surgery.
1. Members confirm that the outcome of the 'Safe and Sustainable' review is considered to be in the best interests of the Hampshire population affected, and therefore does not constitute a substantial change in service.
2. The Committee monitors the Adult Congenital Heart Disease national review, and working with other HOSCs as appropriate, provides a full response to proposals, as and when they are available.

Chairman, 25 September 2012