

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	25 September 2012
Report Title:	Inquiries Received and Action Taken
Report From:	Chief Executive

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1. Summary and Purpose

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through which Local Involvement Networks (LINKs) and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in Table One of this report.

- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/inquiry	Source	Action Taken	Comment
Implementation of the NHS reforms in Hampshire	SHIP PCT Cluster	Representatives from SHIP PCT Cluster will attend to update Members on progress with the transition of commissioning to CCGs etc resulting from the Health and Social Care Act 2012.	
<p>Recommendations:</p> <p>1. Members confirm if they require any further update on the changes to the healthcare system.</p>			
Joint Health and Wellbeing Strategy Consultation	Health and Wellbeing Board/HCC Adult Services	Representatives from HCC Adult Services will attend to inform Members of the Joint Health and Wellbeing Strategy Consultation being undertaken by the Hampshire Health and Wellbeing Board (see Appendix 1 , page 7).	
<p>Recommendations:</p> <p>1. Members confirm if they require any further information on the Strategy out to consultation.</p>			
UHS relocation of Medicine for Older People Beds to RSH.	UHS FT	Following the July meeting of the HOSC the Chairman wrote to UHS seeking clarity on a number of points in relation to this move (Appendix 2 , page 15). A response to this letter has been received (see Appendix 3 , page 17).	
<p>Recommendations:</p>			

Topic/inquiry	Source	Action Taken	Comment
<p>Members confirm:</p> <ol style="list-style-type: none"> 1. If they continue to support the proposed move of beds to the Royal South Hants Hospital. 2. If they require any further information or a further update in relation to the planned move of these beds. 			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

Equalities Impact Assessment:

No implications arising from this report

Impact on Crime and Disorder:

No implications arising from this report

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?
No implications arising from this report

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?
No implications arising from this report

Hampshire Health and Wellbeing Board

Hampshire's Joint Health and Wellbeing Strategy



Consultation

Hampshire's Joint Health and Wellbeing Strategy

Introduction

Hampshire's draft joint Health and Wellbeing Strategy has been written by the Health and Wellbeing Shadow Board, which brings together health, social care, local government and public health. It outlines how we will work together to improve people's health and wellbeing, by providing health and social care, treatment and support that meets the current and future needs of Hampshire residents. We have identified four priority issues to work together on, to make our shared vision a reality.

The strategy recognises that everyone should have the opportunity to be more involved in making decisions about the care they receive and have improved opportunities to be supported to take greater responsibility for their own health. It also identifies the challenges facing people who live, work and visit Hampshire and explains how services will be developed and provided in the future.

Our ambition

Our ambition is to make Hampshire a place where people of all ages who live, work and visit the county, can be supported to take responsibility for their own health and wellbeing and their health can be protected. The people of Hampshire should have the life chances and opportunities to succeed.

Children, young people and adults should be safe and have opportunities to reach their full potential. Older adults and vulnerable people need to be able to live as independently as possible. We want everyone to have timely access to the right care, in the right place at the right time, with more support provided for the more vulnerable people.



What do we already know?



Health and wellbeing issues and challenges for Hampshire have been identified through information that we have collected. This forms a report called the Joint Strategic Needs Assessment (JSNA), which tell us what we need to plan for, how we are doing compared to other parts of the country and what we need to improve.

Current challenges and issues

- There are differences in people's health and opportunities across Hampshire.
- People's expectations are rising and this is increasing the need for more personalised services, so individuals can make choices and have more control over their care
- The need for services is rising and there is less money available.
- Hampshire has an increasing number of older people, who are living longer than the national average. The needs of people being supported in their own homes are becoming more complex.
- The birth rate is also rising and nearly a quarter of residents are under the age of 20. There are significant difference in opportunities and achievements for some children in Hampshire, particularly children in care and those with learning difficulties/disabilities. The number of children living in poverty is also increasing.



- People are more likely to live in a single person household and away from their extended family.
- Due to advances in medical care, there are a significant number of people in Hampshire living with long term conditions, such as diabetes, heart

disease, lung disease, cancer, dementia and mental health problems.

- People's lifestyle choices are affecting on their health and wellbeing – poor diet, lack of physical activity and substance misuse are having a significant impact on the rise of avoidable disease. We need to improve how people manage their health, through healthy lifestyles and choices and early detection and treatment of illnesses. There are a variety of challenges related to shortages in the workforce and skills, alongside the availability of appropriate accommodation to deliver services.

Our priorities

Starting well – *supporting every child in Hampshire to thrive and achieve their full potential*

For children to have a safe and secure childhood and to grow up to be resilient adults, requires building the right foundations. In Hampshire, children and young people generally enjoy good health and wellbeing and standards of educational attainment are high.

However, there are some issues that remain a challenge in the county. These include:

- one in seven children living in poverty
- the percentage of children achieving a good level of development at age five remains below the English average
- a rising number of children with complex problems.

To combat these issues a more joined up, targeted approach is needed, including:

- supporting families with multiple problems to help children thrive by focusing on socio-economic issues, educational attainment, parenting skills, as well as health related behaviours
- better co-ordination of services for children with disabilities and those requiring treatment, care and support, particularly as they make the transition into adulthood.

Healthy choices – *creating the right conditions so that everyone has the opportunity to make informed choices about their own health and wellbeing*

Poor diet, lack of physical activity, being overweight and obesity, excessive alcohol consumption, substance misuse and smoking are associated with increased rates of type 2 diabetes, heart disease, mental ill health, dementia, various cancers and early death.

In Hampshire there are rising levels of obesity and low levels of physical activity. Reducing the number of people who smoke remains a challenge and around one in five people living in the county are putting their health at risk through excessive drinking (exceeding the recommended levels for alcohol consumption). Addressing these issues requires people to be better informed about the choices they make and the consequences of their actions on their health and wellbeing. This will be done by:

- using new technologies and social marketing to reach a wider range of people
- taking a lifelong approach to education through schools, work places and targeted communities
- tackling physical inactivity and increasing opportunities to use Hampshire's natural environment, such as green spaces.
- using existing local authority and health powers and influence to shape and transform communities into healthy places.

Living well, ageing well – *empowering people to live well with a disability and enabling all adults and older people to be healthier for longer and able to live full lives.*

The number of people who become frail, have dementia and long term conditions, such as heart and lung disease, stroke, mental ill health and diabetes, increases throughout adulthood and into old age. Most adults and older people in Hampshire do not need intensive health and social care services. Their quality of life can be enhanced by a range of social and community based support, a 'little bit of help' at the right time and good quality joined up health and social care services when needed.

People in Hampshire are generally healthy in comparison to the rest of the South and England. However, as people are living longer, the number developing dementia is increasing and falls are the most common cause of accidental death or serious injury among older people. More adults are also living alone resulting in 26% of households in Hampshire having only one occupier.

Tackling these issues requires a concerted effort across health and social care, local government and public health. The aim is to reduce bureaucracy and duplication and provide accessible services that improve outcomes, by helping maintain independence, choice and control of treatment, care and support. A variety of locally based action is needed to:

- reduce falls and provide timely responses when someone does fall, so that they can return to their previous level of independence
- prioritisation of prevention and early intervention to support people to take action early in adulthood to secure a healthier old age and plan for the future
- giving people choices and treating them with dignity at the end of their life
- reduce social and geographic isolation
- support people with long term conditions so that they can be partners in their own care, to improve their lifestyle behaviours and receive treatment only when needed.
- Increased coordination of care, treatment and support across health, social care and housing, particularly for people with dementia.

Healthy communities – *developing resilient communities to address differences in health outcomes and improve quality of life for everyone*

Health inequalities in Hampshire and nationally continue to grow and have links to the major causes of death – heart disease, stroke and cancer. There is overwhelming evidence that people’s social and economic circumstances determine their health, adoption of risky health behaviours and life chances in terms of employment, housing and access to early intervention services.

There are pockets of deprivation in every District of Hampshire. People in the most affluent areas of Hampshire are currently expected to live longer than those in the most deprived areas. In order to reduce the 4 year life expectancy gap in women and 6 years in men will require joined up partnership action across sectors including:

- ensuring early detection and management of the major causes of death
- maximising personal financial resilience and reducing fuel poverty
- take a community development approach to working with local communities and building on their existing resources
- promoting community action, local networks and the participation of people in their local communities to improve health and wellbeing

Why have these four priorities been proposed?



The Health and Wellbeing Shadow Board has proposed these priorities, based on information collected for the JSNA and discussions with local organisations and individuals. A variety of views and opinions have influenced the development of these priorities. Membership of the Board includes Councillors, Clinical

Commissioning Group leads (GPs), Directors of service and the Hampshire Local Involvement Network and its role will be to work in partnership to improve health and wellbeing of Hampshire’s residents.

We want to hear your views on our proposed priorities. In particular, we would like you to answer the following questions:

- 1 Do you think that by focussing on these priorities, we can achieve the ambition of the strategy? Why?

- 2 Do you think that by focussing on these priorities, we can make significant improvements to people's health and wellbeing in Hampshire? Why?
- 3 What do you think are the key issues to tackle for each priority?
- 4 What contribution could you or your organisation make to the delivery of this strategy?
- 5 Are there any other comments that you would like to make?

If you choose to respond, you can answer as many or as few of the questions as you like. Your answers will be used to improve the strategy. You can respond anonymously if you wish. When we produce the report of people's responses we will not include your name or the name of your organisation in the report. Responses will be kept for one year.

You can respond to the questions online at

www3.hants.gov.uk/joint-healthandwellbeing-consultation

or email your responses to plum.garland@hants.gov.uk

You can also write to us or telephone us with your views:

Plum Garland

Hampshire County Council

Adult Services Department

Elizabeth II Court, 3rd Floor West

The Castle

Winchester

SO23 8UQ

Tel: 01962 847711.

Closing date: Friday 5 October 2012



25 July 2012

Mark Hackett
Chief Executive
University Hospital Southampton Foundation
Trust
(by e-mail)

**Room 105, Chief Executives Department
Hampshire County Council
The Castle, Winchester
Hampshire, SO23 8UJ**

e-mail: pat.west@hants.gov.uk

Dear Mark

Relocation of Elderly Care Beds

Please extend my thanks to Dr Derek Sandeman and Ali Ayres, Director of Communications and Public Engagement, who attended the 24 July HOSC in order to inform the Committee of the proposed relocation of elderly care beds from Southampton General Hospital to the Royal South Hants.

I can confirm that the Committee resolved the following in relation to this agenda item:

1. That 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 clinical change to the service to be provided.

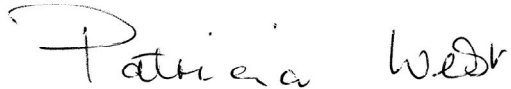
The Committee did however request further information and assurances around the following points:

- The number of Hampshire patients likely to be affected by this move.
- That the re-opened ward at the Royal South Hants Hospital is clinically and therapeutically appropriate, and that there will be adequate medical cover.
- How this move in beds will result in improved outcomes and patient pathways for:
 - a. Elderly care patients
 - b. Surgical care patients
 - c. Urgent and emergency care patients
- The engagement that will be undertaken with current and future service users, their families and carers.
- The consultation work undertaken with stakeholders who are involved in the elderly care pathway, specifically Southampton and Hampshire Council adult services, community health service providers, the ambulance service and patient transport services.

We understand from Dr Sandeman that this move is part of a wider strategic aim to tackle the issue of unscheduled / urgent care demand and the bed capacity deficit in the Southampton (and general South Hampshire) area. We would be interested to understand how University Hospital Southampton will be taking forward such work.

Please do not hesitate to contact me should you require any additional information about the comments above.

Yours sincerely

A handwritten signature in black ink that reads "Patricia West". The signature is written in a cursive style with a large initial 'P'.

Cllr Pat West

Chairman, Health Overview and Scrutiny Committee

cc Dr Ros Tolcher, Chief Executive, Solent NHS Trust

University Hospital Southampton 
NHS Foundation Trust

Chief Executive's Office
Trust HQ
Ground Floor, Trust Management Offices, Mailpoint 18
Southampton General Hospital
Tremona Road
Southampton SO16 6YD
Tel: 023 8079 6173

Our Ref: AA

5th September 2012

Pat West,
Chair – Hampshire OSC,
Elizabeth II Court, The Castle,
Winchester.
SO23 8UJ

Dear Pat,

re: Relocation of elderly care beds

We very much appreciate the contribution made by Members of your committee to the discussions we are having about the relocation elderly care beds to the Royal South Hants Hospital.

I am writing in response to your letter of 25 July 2012 which followed the attendance of Dr Derek Sandeman and Ali Ayres at your meeting. I would like to answer the further questions you have raised as directly as possible and suggest some times when your Members might be able to visit the relevant ward areas.

Firstly I would like to emphasise the extensive discussions that have been taking place across the health system in relation to this move. We have been working in very close partnership with Solent NHS Trust, the ambulance service and adult social services and have been providing robust assurances concerning quality of care for the patients involved to our CCGs. I am pleased to say that following this period of engagement we have commissioner support for this plan subject to the CCGs receiving an assurance from yourselves that you are satisfied in the level of engagement and partnership working associated with this project.

You raised a number of questions in your letter which I would like to answer in turn:

- **Number of Hampshire patients affected**

We expect that the majority of patients being cared for in the RSH ward will be resident within the boundary of Southampton City and our policy will be to prioritise these patients wherever possible. However we have agreed with our commissioners that up to 30 per cent of the beds (eight of the 24) could be occupied by a Hampshire patient. The view of our clinicians is that in reality the proportion of patients is likely to be far less, however given that there is a range of clinical criteria used to select appropriate patients for the ward you will understand that it is difficult to predict the precise numbers and these are likely to fluctuate according to demand.

- **Appropriate environment**

The ward at the RSH has been thoroughly assessed by clinical staff and nursing staff in particular are very positive about the clinical spaces it provides. It does allow more ample space for undertaking some rehabilitation with patients as your Members will be able to see if they join us on the visit. The hospital itself has been extensively refurbished following the opening of the Independent Sector Treatment Centre there some years ago and there is good provision for parking, catering and other services patients and relatives may require.

- **Adequate medical cover**

This is an area of concern for GP commissioners in particular and we have provided robust assurances on this issue. We will provide a resident junior doctor for this ward with the supervision of a medical consultant who will conduct a daily ward round.

- **Improved outcomes and patient pathways**

We believe there are some significant benefits to relocating these beds for a number of reasons. Principally as Derek has described there is intense pressure on acute beds in this health economy, particularly from patients requiring emergency or urgent care. At the same time the standards we need to meet for our patients are higher because the 18 week target is now applied to every clinical specialty rather than to the hospital as a whole. In order to meet our commitments to patients waiting for surgery as well as those requiring unplanned care we need to increase capacity at the Southampton General Hospital site.

This move directly benefits patients waiting for surgery as it releases 22 beds for this purpose so that we can ensure waiting times do not increase when there are high numbers of patients needing urgent care. With this transfer we will be able to continue providing high quality care for patients needing urgent and emergency treatment at Southampton General Hospital. For elderly care patients in medical beds, transferring to the RSH means we can offer the same level of clinical supervision and care but in an improved environment in a community setting with opportunities to develop more integrated care with the community provider.

We have a programme of communications for families, carers and patients and this will be on a one to one basis with nursing and medical staff. At the moment we do not

envisage producing any literature or engaging outside the patient group concerned – apart from our ongoing engagement with our LINKs.

It is anticipated that the ward will be filled over a period of three days. We have consulted extensively on this project and are working with both community providers, SCAS and adult social services. We are funding a combined social services post across Southampton and Hampshire councils specifically to support this ward.

To tackle the wider issue of demand for unscheduled care we are as ever fully engaged in the work streams being developed by CCGs in this area. As a Trust we are undertaking an intensive programme of service improvement and pathway review to ensure that lengths of stay are reduced wherever this is possible. In addition in order to meet the increased demand we are experiencing we are making a significant improvement to our surgical service in October with the opening of a new day of surgery unit to separate routine and planned surgery from the emergency and urgent cases.

I hope this information is useful and answers the questions that you have raised. Please do not hesitate to contact me again if I can be of further help to your Members.

With best wishes.

Yours sincerely,



Mark Hackett
Chief Executive.

ccs Alison Ayres
Jane Hayward