

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 25 September 2012.

**PRESENT**

Chairman:  
p Councillor Pat West

Vice-Chairman:  
p Councillor Liz Fairhurst

**Councillors:**

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

**Co-opted Members:**

Councillors:  
p Tonia Craig  
a Alison Finlay  
p Tim Southern  
p Dennis Wright

In attendance at the invitation of the Chairman:

Cllr Adam Carew, County Councillor for Bordon, Whitehill and Lindford  
Cllr Felicity Hindson, Executive Member for Adult Social Care  
Frank Rust, Chairman of the Hampshire LINK  
Cllr John West, County Councillor for Petersfield Butser

128. **APOLOGIES FOR ABSENCE**

Apologies were received on behalf of Councillors Peter Edgar, Alison Finlay and David Harrison.

129. **DECLARATIONS OF INTEREST**

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the

matter is discussed, save for exercising any right to speak in accordance with the Code.

The following members declared a disclosable pecuniary interest:

<u>Name</u>	<u>Item</u>	<u>Interest</u>
Cllr Phryn Dickens	Item 7 – Proposals to Develop or Vary NHS Services	Husband and son employed by NHS, son works at Queen Alexandra Hospital in Portsmouth

130. **DEPUTATIONS**

The committee received the following deputation in relation to Item 8 on the agenda (Proposals to Develop or Vary Services – Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster and South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital – proposals for future service provision):

Mrs Eileen Grinter, a member of the public from East Hampshire.

131. **MINUTES**

The Minutes of the Meeting of the Committee held on 24 July 2012 were confirmed as a correct record, and signed by the Chairman.

Under Matters Arising, attention was brought to Minute 124, where Members were informed that a briefing on the NHS111 local communications strategy had been circulated.

132. **CHAIRMAN'S COMMUNICATION**

The Chairman reported that Councillor Tonia Craig from Eastleigh Borough Council had been appointed through HLOWLA as a District and Borough Council co-optee, replacing Councillor Ray Love, who stood down in May.

The Chairman also reported that the decision on Children's Congenital Heart Surgery faced a new Judicial review threat from Leeds Teaching Hospitals Trust. In addition Leicester Health Overview and Scrutiny Committee had made a referral to the Secretary of State regarding ECMO services. The Chairman agreed to update the Committee once the outcomes of these referrals were known.

133. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 5 in the Minute Book). The Chairman had arranged for the Local Pharmaceutical Committee to brief Members on the 'healthy living pharmacy' initiative prior to the start of the 27 November formal meeting.

*RESOLVED:*

That the Committee's Work Programme be approved.

134. **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: Implementation of NHS reforms**

Representatives of Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster updated the Committee on progress with changes to commissioning responsibilities resulting from the Health and Social Care Act 2012 (see presentation to Item 6 in the Minute Book).

Members were informed that it had been confirmed that the Southampton, Hampshire, Isle of Wight, Portsmouth and Dorset areas would be included within the Wessex Local Area Team of the NHS Commissioning Board. Such Local Area Teams would be responsible nationally for directly commissioning Primary Care services, some elements of Public Health, Specialised services, Offender Health and Military Health across the four regions of England (Wessex would remain within the South region).

It had been confirmed that the Wessex Local Area Team would host a Specialised Commissioning team, as well as four Clinical Networks. Priorities had been set for the transitional period.

The five Clinical Commissioning Groups in Hampshire were now progressing through the authorisation process, and it was hoped that all decisions would be known by December 2012. All Clinical Commissioning Groups had in post a Chief Officer and Chief Finance Officer, and were being led by elected Clinical Cabinets.

Clinical Commissioning Groups would be supported in their role, if requested, by the Commissioning Support Unit, a relatively small clinically-focused organisation, which would be able to provide Communications and Engagement support, HR, IT and other back-office services.

In response to questions on the implementation of NHS reforms, Members heard:

- That the Local Area Teams would continue to be required to involve and engage local populations on changes to any directly commissioned services. Work would be ongoing to design processes to facilitate this.
- That it will be important for all organisations in the new health landscape to secure staff into new roles and restore a sense of stability. All new organisations have plans written to support staff during the transitional period.

- That all GP surgeries are members of their area Clinical Commissioning Group, and have a vote when electing GPs to Clinical Cabinets.
- That lay individuals, including members of the LINK, have been assisting Clinical Commissioning Groups during the transitional period.
- That Commissioning Support Units are expected to become commercial businesses by 2016, but are currently NHS organisations.

### **Hampshire County Council Adult Services (on behalf of the Hampshire Health and Wellbeing Board): Health and Wellbeing Strategy Consultation**

Representatives from Hampshire County Council Adult Services attended as representatives of the Hampshire Health and Wellbeing Board to inform Members of the live consultation on the Board's Health and Wellbeing Strategy (see presentation to Item 6 in the Minute Book). This strategy would ultimately set priorities for action in Hampshire, and would inform current and future commissioning decisions across Local Authorities and the NHS.

The Committee's attention was brought to the strategy's main priorities, which included:

- Starting well – supporting every child in Hampshire to thrive and fulfil their full potential.
- Healthy choices – creating the right conditions so that everyone has the opportunity to make informed choices about their own health and wellbeing.
- Living and 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.
- Healthy communities – developing resilient communities to address differences in health outcomes and improve quality of life for everyone.

The consultation would run until 5 October 2012, after which time the Health and Wellbeing Board would consider responses and draft a final strategy.

In response to questions on the Health and Wellbeing Strategy consultation, Members heard:

- That the Director of Children's Services in Hampshire had a place on the Health and Wellbeing Board, and the Children and Young People's Plan would be considered by the Board in future.
- That the strategy aimed to take a broad approach to health priorities for Hampshire, but there would also be a more targeted approach to areas of relative deprivation. The strategy would focus on long term sustainable changes and priorities over the next three, five and seven years.
- That opportunities would be explored to provide information on need in Hampshire at lower levels such as by Clinical Commissioning Group areas, District Council areas, and County Councillor wards.

### **University Hospital Southampton Foundation Trust: Relocation of Elderly Care Beds**

The Chairman brought the Committee's attention to the response received from University Hospital Southampton Foundation Trust clarifying details of the temporary Elderly Care ward move (Appendix 3 to Item 6 in the Minute Book).

The Committee agreed to accept the invitation to visit the Royal South Hants Hospital.

#### **RESOLVED:**

That:

1. Members confirm support for this temporary move in beds to the Royal South Hants Hospital.
2. Members invite University Hospitals Southampton Foundation Trust to report back to the 29 January 2013 meeting of the HOSC to update Members on the move of the Elderly Care ward, and the outcomes of the CCG requested review of this temporary measure.

### 135. **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: Older People's Mental Health Services – update on consultation**

The Committee heard from the County Councillor for Petersfield Butser, Councillor John West, who gave a personal account of his experience of individuals and families accessing Older People's Mental Health services. He asked NHS Bodies to ensure that any proposed service changes are discussed with the local County Councillors for the units affected.

Southern Health NHS Foundation Trust's representatives updated the Committee on the outcomes of the 12 week consultation held on proposals to close four Older People's Mental Health inpatient units in the East and West Hampshire areas (see Appendix 1 and presentation to Item 7 in the Minute Book).

Members heard that a Joint Commissioning strategy on Older People agreed in 2008 by NHS and Adult Social Care services in Hampshire had led to a three phase programme by Southern Health to move from bed-based services to those delivered in the community, as part of the personalisation agenda. The previous phases of this programme had led to changes to Older People's Mental Health services provided in the North (Andover) and South (Southampton) of Hampshire. The third phase proposed the closure of the inpatient beds in Willows Ward in Petersfield, Fernhurst Ward in Portsmouth, Summervale House in Park Gate, and the Becton Centre in Barton on Sea.

The Older People's Mental Health division of Southern Health had received the support of the Committee in March 2012 to go out to a 12 week formal consultation, following a period of engagement on the formation of the proposals. This consultation commenced from 4 May 2012, and ran until 27 July 2012. A consultation document had been published with support from partners, regular stakeholder meetings in both the East and West had been held, and public events had been attended, amongst other activities. Feedback was encouraged through written responses, telephone calls, public meetings and online surveys. Key themes emerged through the consultation, including:

- Transport – distance to alternative units, parking and inconvenience of access.
- Re-use of facilities – how Southern Health would be using important community buildings if inpatient beds were closed.
- Community services – how these would be resourced to provide appropriate support to those remaining within their own home, or in nursing/residential care.
- Finances – how savings would be reinvested.
- Respite care – how families and carers could access this in a tough economic climate.
- Primary care – how Southern Health work with GP services.
- Demographics – how services would be organised to cope with an increasing older population, and an increase in the occurrence of organic (dementia) illnesses.
- Bed use – how many beds were occupied and in regular use.
- Temporary closure of wards – which wards were currently occupied.

In response to this, the Trust gave the following assurances:

- That commitment would be given to finalising sustainable travel plans for both the East and West Hampshire areas, which would enable families and carers to access free transport to units.
- That commitment would be given to reusing the Willows Ward in Petersfield and the Becton Centre in Barton on Sea for alternative purposes.
- That community services would receive some reinvestment capital, but that it was felt that these services were currently appropriately resourced to meet the needs of service users.
- That reinvestment plans would be finalised.
- That Southern Health would continue to work in partnership with Adult Social Care and other commissioned providers of respite care to signpost families and carers on when appropriate.

- That plans would be finalised to work with GPs on early diagnosis of functional and organic Older People's Mental Health illnesses.
- That it was recognised that the number of people known to the Older People's Mental Health service would increase as the prevalence of illnesses increased. The proposals would ensure that resource was focused on community services where early intervention work could take place, and service users could be supported to stay at home rather than occupy acute psychiatric beds.
- That bed occupancy had continued to be on average 60 beds a day lower than the number available across the Older People's Mental Health directorate, and the proposals would involve removing 56 beds.
- That the Willows Ward had remained temporarily closed since December 2011, as demand for beds from the natural catchment area had not exceeded the number required for a therapeutic environment. That at the time of the Committee meeting, only one person remained at the Summervale unit.

Southern Health informed the Committee that they had provided information which they felt could evidence how the proposals met the 'four tests' of the Secretary of State for Health, stating that the proposals had support from GP commissioners, had a clear clinical base of evidence, had been subject to robust public and patient engagement and maintained or increased patient choice.

In response to questions on 'Older People's Mental Health Services – update on consultation', Members heard:

- That a breakdown of male vs female and swing bed data had not been provided, but this could be if requested. The Trust did not plan to remove more beds than were currently occupied, so problems should not be encountered in relation to single-sex ward bed availability.
- That the inpatient wards proposed to close were recently confirmed not to be of a suitable therapeutic environment for Older People's Mental Health service users.
- That learning from previous phases of the service redesign had ensured that appropriate community facilities were in place before beds were highlighted for possible closure.
- That letters from Members of the public had highlighted that not all public facilities had displayed the consultation information (such as libraries and GP surgeries). The Trust felt that their engagement and consultation activities had been robust, and could provide documentary evidence to show that such places had been sent the consultation information. The Trust had asked for an independent review of the results of the consultation and had received this. They stated that they would be willing to take back any learning from Members as to how to conduct their consultations more effectively in future.
- That the Older People's Mental Health service does not have the capacity to provide a 24/7 helpline for those requesting information or assistance, but many voluntary organisations provide such a service. The Trust would ensure that all known service user carers had an emergency contact and a contingency plan to cover what to do in a crisis out of hours. If clinical assistance was required out of hours this

could be accessed through generally through NHS Direct (in future to be replaced by NHS111), or if clinically appropriate, through the out of hours mental health emergency phone line.

- That currently electroconvulsive therapy suites were available at St James Hospital in Portsmouth and The Meadows in Sarisbury Green (soon to move to Elmleigh, Havant). A final decision had not yet been taken as to where service users would access such therapies if clinically appropriate.
- That the Hampshire LINK felt the consultation to have been adequate. They felt that the Trust would need to ensure that work was undertaken with GPs on early signs of mental health illnesses in the elderly, support for carers and travel plans.

*FOLLOWING A VOTE, IT WAS RESOLVED:*

That:

1. Members confirm that there has been appropriate stakeholder engagement and consultation in the development of the proposals for redesigning the Older People's Mental Health service in East and West Hampshire.
2. Members confirm that appropriate evidence has been provided to demonstrate that the phased closure of Older People's Mental Health beds in East and West Hampshire is in the best interest of the local population.
3. The Committee requested that they receive an update at the 27 November 2012 meeting, to include the following additional information:
  - How the Trust will be performance monitoring inpatient and community services throughout the transitional timetable.
  - Final travel plans for the East and West Hampshire areas, taking into account the concerns of stakeholders shared in the consultation.
  - Final plans for savings to be reinvested into Older People's Mental Health community services.
  - Outline business case for the future use of the Willows Ward, Petersfield Hospital, and the Becton Centre, Barton on Sea.
  - Confirmation of how the conclusions reached in the Concilio Associates review report will be taken into account for future consultations.
  - Confirmation of how Southern Health will ensure closer working with GPs and Primary Care services.
  - Final plans for access to ECT services for Older People's Mental Health service users.

**Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster and South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital – proposals for future service provision**

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster and South Eastern Hampshire Clinical Commissioning Group representatives updated the Committee on proposed options for future service provision at the Chase Community Hospital (see Appendix 2 to Item 7 in the Minute Book).

The Committee had received general proposals for the future of the Hospital in May 2012, and detailed proposals were now available. It was suggested that the Hospital and its services be redesigned to fully utilise the space available, and to meet the needs of local people. The main use of Chase Hospital in future was proposed to be a mix of community and acute outpatient clinics, using models already implemented in the Hythe (New Forest) and Oak Park (Havant) areas. This model would require the closure of the 12 available inpatient beds at the Hospital.

It was recognised that inpatient beds were an important service held in high regard by local people, and it was proposed that an alternative model of bed-based care be implemented whilst a provider was found for a new Nursing Home in the area. This bed-based model of care would include:

- Referral into a 'virtual ward', which would enable service users to be supported at home by specialist community teams.
- Beds commissioned from a residential home in the Whitehill Bordon area supported by the 'virtual ward' team.
- Beds commissioned from an approved nursing home providing 24 hour care, including end of life care.
- Admission to Petersfield or Alton Community Hospitals for short stays.
- Admission to acute hospitals for acute care needs, such as Basingstoke, Royal Surrey or Portsmouth.

Significant engagement had been undertaken with the local population on the future use of the Hospital, and regular stakeholder meetings had been held to progress discussions.

It was recognised that the next steps timeline was ambitious and a period of engagement would need to be undertaken before a final business case could be agreed.

The County Councillor for Bordon, Whitehill and Lindford stated that local people had reported concerns about the future use of the Hospital, in particular the bed-based model of care, and what services would replace current inpatient beds. He suggested that further engagement needed to be undertaken with the local community on the bed-based model of care. He questioned local GP support for the plans.

The County Councillor requested that the Committee ask to see a firm commitment and private sector interest in the building of a Nursing Home in the Bordon Whitehill area prior to any decision to close existing beds. He

stated that transport plans would need to be drawn together. He requested clinical evidence stating why the beds would need to close.

In response to questions on 'Chase Community Hospital – proposals for future service provision', Members heard:

- That the aim of the Hospital transformation would be to provide integrated community care.
- That transport plans would be written, and commitment had been given by providers to transport patients if needed.
- That well woman and well man clinics would continue to be commissioned from GP surgeries as these were public health services and not outpatient clinics.
- That commissioners were proposing a minor injuries service, rather than unit, as the population threshold in the Whitehill Bordon area did not meet that needed for a unit, and the population was unlikely to increase sufficiently in the medium term as a result of the eco-town development.
- That support for reinvestment in the Chase Community Hospital would ensure its future as a vibrant community hub.

*RESOLVED:*

That:

1. Members did not consider there to have been adequate stakeholder engagement with the wider local community on the detailed proposals, specifically on the bed-based model of care, for the future of Chase Community Hospital. The Committee therefore requested that this work takes place before it can consider providing support for the proposed way forward.
2. That SHIP PCT Cluster and South East Hampshire CCG are requested to appear before the Committee when appropriate once engagement work on the detailed proposals has been conducted with the wider local community. In addition, that the following information is provided:
  - How the wider local population in the Whitehill Bordon area have been consulted on the bed-based model of care, and the additional community services to be provided from Chase Community Hospital.
  - The outline business case for the future of Chase Community Hospital.
  - The level of local GP support for the proposals.
  - An outline business case and commitment from key stakeholders to the building of a Nursing Home in the Whitehill Bordon area.
  - Transport plans for access to those services featuring in the bed-based model of care for service users, and for families and carers.
  - The clinical case for change, to include why the inpatient beds are not proposed to continue.

***Under items for information details were provided on:***

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

The Chief Executive updated the Committee on the communication undertaken with Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster following their update to Members on vascular services at the 24 July 2012 meeting.

The Chairman had written to the Primary Care Trust Cluster outlining the Committee's continuing concern that a local resolution had yet to be found, and highlighting the risk that if progress was not made a solution could be imposed on Hampshire when national service specifications were published (Appendix 3 to Item 7 in the Minute Book). The Chairman also asked for clarification around co-location of services, referral pathways and requested that an independent clinician be involved in any ongoing network model discussions with the Hospital Trusts going forward.

The Primary Care Trust Cluster had responded to these points (Appendix 4 to Item 7 in the Minute Book) and provided the clarifications sought. The Committee were pleased to note that an independent clinician, Mr Jonothan Earnshaw, would help to facilitate future discussions on vascular services in Hampshire.

***RESOLVED:***

That the Committee continues to monitor the progress made in relation to vascular services in Hampshire.

**Department of Health: Health Scrutiny Regulations consultation**

The Chief Executive informed the Committee that the Department of Health had launched a consultation over the Summer recess on the regulations governing local authority health scrutiny. A response had been agreed by the Chairman to be submitted on behalf of the HOSC, as the closing date was prior to the next formal Committee meeting (Appendix 5 to Item 7 in the Minute Book).

Members understood that the government would respond to the consultation feedback before the end of 2012, and that the intention would be to put any new regulations before parliament in Spring 2013.

***RESOLVED:***

That:

1. The response is noted.
2. The Committee be updated on the impact of the final form of any new regulations affecting health scrutiny.

**National Specialist Commissioning Board: Adult Congenital Heart Disease**

The Chief Executive updated Members on the progress of this national review. Since the 24 July meeting of the HOSC the Chairman had responded to the engagement phase of the review on behalf of the committee (Appendix 7 to Item 7 in the minute book). Members attention was brought to the briefing note outlining the timescales of the review (Appendix 6 to Item 7 in the Minute Book).

*RESOLVED:*

That the Committee receives an update on the Adult Congenital Heart Disease review in 2013, in order to develop a response to the anticipated public consultation.

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Chairman, 27 November 2012