

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 27 November 2012.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

p Ray Bolton	p Peter Edgar
p Ann Buckley	p 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:

Tonia Craig
p 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

136. **APOLOGIES FOR ABSENCE**

No apologies for absence were received.

137. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate 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 was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it

was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

138. **MINUTES**

The Minutes of the Meeting of the Committee held on 25 September 2012 were confirmed as a correct record, and signed by the Chairman.

Under Matters Arising, attention was brought to Minute 134, University Hospital Southampton Foundation Trust: Relocation of Elderly Care Beds. It was noted that attempts had been made to arrange a visit, as agreed at the September meeting, however this had not yet taken place.

139. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman reported that there had been reports in the press earlier in November that the Parliamentary and Health Service Ombudsman had ruled against a complaint lodged by a local MP regarding the water fluoridation proposals affecting parts of Hampshire. The South Central Strategic Health Authority which took the decision to fluoridate will cease to exist in April 2013. At that time, powers regarding fluoridation schemes will pass to upper tier Local Authorities, along with other Public Health responsibilities. The Chairman indicated her expectation that the County Council would review the options available to it at that time, and committed to keeping Members of the Committee informed of any developments.

140. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 5 in the Minute Book). It was noted that the Committee would usually meet in May, but would not do so in 2013 due to the County Council elections. The Chairman proposed to identify a potential date for the Committee to meet in April, to only be used should there be sufficient business to require a meeting between March and June.

RESOLVED:

That the Committee's Work Programme be approved.

141. **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 6 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:

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

Representatives of Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster (SHIP PCT) and South Eastern Hampshire Clinical Commissioning Group (CCG), together with colleagues from Southern Health NHS Foundation Trust and MacMillan Cancer Support, updated the Committee on progress with the proposals for future service provision at Chase Community Hospital (see Appendix 1 to Item 6 in the Minute Book and accompanying presentation).

Members were informed that various forms of engagement with local stakeholders had been ongoing since 2009, and following the request at the September Health Overview and Scrutiny Committee (HOSC), further engagement had been undertaken in October 2012, including drop in events in the local area, and a survey. It was noted that feedback received during engagement indicated that local people were supportive of increasing the outpatient services available from Chase, but there was anxiety over the proposed loss of inpatient beds, and future plans for a nursing home in the area.

It was highlighted that a bed audit had been undertaken to review the health needs of patients who had been inpatients at Chase over the past year. This audit found that 94% of those inpatients reviewed could have been treated in a more clinically appropriate setting, and that on average patients were staying 5 days longer than those at other community hospitals in the County. A number of patients were recorded as needing end of life care, and had previously expressed a preference to die in a home setting. The proposed new model of care would mean that this preference could be better facilitated. The representative from MacMillan Cancer Care indicated that they were familiar with working closely with GPs, and supporting end of life patients both in their own home and in nursing homes.

The options considered for the future of the inpatient beds were outlined. Doing nothing was not considered viable as the current arrangements for the Hospital would not be sustainable in terms of continuity of inpatient care and staffing. Expanding the number of beds to around 20 would ensure provision of inpatient nursing beds in Whitehill and Bordon, but these would be at the cost of the opportunity to fully develop other services on the site, it would limit choice for patients as there would be less resource for community teams to support people in their own home, and patients would need to travel to the hospital from further afield to use the beds, which could destabilise the inpatient units at Alton and Petersfield Community Hospitals.

It was noted that the preferred model had the disbenefit that whilst a nursing home was being developed in Whitehill and Bordon, patients from the catchment area around Chase requiring 24/7 care would need to be transported to a nursing home seven miles away in Liss. However, the PCT Cluster and CCG considered this the preferable option as it enabled the opportunity to expand the range of outpatient services available within the

community, and to increase the number of patients that could be supported within their own home. Evidence suggested people had better outcomes if treated at home compared to a hospital stay, therefore commissioners and providers wished to move to this approach. It was stressed that the preferred model would not have any financial savings associated with it.

A map of the area around the Chase Hospital was presented, which demonstrated its proximity to two other community hospitals (at Alton and Petersfield), and the catchment areas for each hospital based on the GP practices that referred patients to each facility. Members heard that the coverage of the hospitals was not delineated by the PCT, but determined by GPs offering to sponsor a patient, as the GPs provided the medical cover for their patients whilst in a community hospital. It was indicated that the ambition of the PCT Cluster and CCG was to provide coverage of community beds equivalent to 24 per 100-200,000 population and within a 30 minute drive, to meet needs and provide sufficient economies of scale.

Commissioners understood that there would always remain a small proportion of patients who required an inpatient bed, and were committed to providing for this need. Under the proposed model this would be through the commissioning of four beds from a local nursing home. This was considered sufficient to meet needs, as many of those currently using inpatient beds at Chase could be supported in their own home instead. It was reported that positive discussions had been held with potential providers who had expressed interest in building a new nursing home in the Whitehill and Bordon area.

The number of beds purchased from a nursing home could increase in response to any expansion in the local population. If demand increased in future as a result of the development of the eco-town, additional sessions of the outpatient clinics that would be provided from the Chase as part of the proposals could take place. It was thought that by building strong enhanced community services now, acute admissions in future could be kept to a minimum.

The survey recently undertaken with local people had covered proximity of services, and 63% of respondents had indicated it was acceptable to travel seven to ten miles for an inpatient stay. However, it was acknowledged that public transport links were poor in the area concerned, and this distance would be an issue for people without the use of a car. A commitment had been given that for those patients requiring a stay at a nursing home during the period before a new nursing home was built in Bordon, the home would arrange transport for both patients and visitors. This would be provided free of charge, and would be offered until beds in any new nursing home in the Whitehill and Bordon area were available.

It was acknowledged that there was a range of views amongst local GPs on the proposals, with some expressing concern regarding whether the level of community services would be sufficient to support people in their own homes. To address this, community staffing had been increased by 45% and there was a programme of training to develop the skills of community based staff.

It was reported that as a result of the restructuring taking place in the NHS, ownership of the Chase Hospital building would transfer to a new national body called NHS PropCo in April 2013, which would be responsible for agreeing capital programmes for NHS estates in future. Therefore there was a risk that if the business case was not agreed by April 2013, PropCo may not consider investment in the Chase hospital a priority and the opportunity to develop services as proposed could be lost. If a final business case could be secured before April 2013 for capital investment totalling £2.5m, then PropCo might be more inclined to give the project the green light.

The Chairman highlighted to Members that a petition had been submitted to the County Council asking that the inpatient beds at the hospital do not close. The Chairman indicated that this was a decision for the commissioners of NHS services and not Hampshire County Council, and therefore the County Council was not the appropriate organisation to receive the petition. However, Members noted the strength of feeling from the local community. The PCT indicated that they had also received the petition.

Councillor Adam Carew, County Councillor for Bordon, Whitehill and Lindford was invited to address the HOSC as the local Member for the area affected by the proposals. He commented that local people supported the proposal to increase outpatient services at the Chase, in order to address its historic underutilisation. However, he indicated that there was strong opposition to the proposal to remove the inpatient beds.

It was explained that whilst there had previously been 24 inpatient beds at Chase, eight of those had been Older People's Mental Health beds and eight reablement beds. Those beds had been moved or reduced over time as a result of models of care for those services changing. There had historically been eight GP-led inpatient beds, which were the beds remaining at the current time.

The Director of Adult Services indicated that supporting people in their own home was in keeping with national best practice, however this presented a challenge for social care service providers due to increasingly complex needs. Improved co-ordination between the NHS and social care was required to enable this model to work effectively.

Members asked questions to clarify details, and debated what they had heard. Members were mindful of the transfer of the building to NHS PropCo in April 2013, as well as aware that some concerns remained regarding the proposed bed based care model and commitment to provide access to beds in the locality in future.

RESOLVED:

That:

1. Members support the proposal to finalise the business case for the redevelopment of Chase Community Hospital, and the intention to take this to PCT and CCG Boards for approval.

2. A working group of the Committee is formed on the future of Chase Community Hospital, which will meet to consider the development of the final business case.
3. Members request that South Eastern Hampshire CCG return to the 26 March 2013 meeting of the Committee in order to provide the final business case, and the risks and proposed risk mitigations of the service change.

Councillor John Wall left the meeting at this point in proceedings.

Under items for information details were provided on:

Hampshire County Council Adult Services, Hampshire Police and Southern Health NHS Foundation Trust: Mental Health Act Section 136

Representatives from Southern Health NHS Foundation Trust, Hampshire Constabulary and Hampshire County Council Adult Services were in attendance to report on the multi-agency work taking place in relation to the use of section 136 of the Mental Health Act (see Appendix 2 to Item 6 in the Minute Book and accompanying presentation). Section 136 of the Act provides the Police with the power to remove an individual who appears to be suffering from mental disorder to a designated 'place of safety', such as a police custody cell or an adult mental health suite, where a mental health assessment can be undertaken. A person can be detained in a place of safety for a maximum of 72 hours, or until completion of an assessment.

It was reported that in the Hampshire area, an average of three people a day are detained under Section 136, with 70% of individuals apprehended out of office hours. Benchmarking data had shown that of the 43 Police Forces in England and Wales, Hampshire was seventh highest for using Police custody places of safety for detention under Section 136.

It was recognised that Police custody suites are not the most suitable place for someone detained on the basis of their mental health, and that use of Police places of safety should be the exception rather than the rule. A multi-agency group had been formed to take forward work to improve the use of Section 136 powers in Hampshire, and since July 2012 data collected had shown a shift away from use of Police cells to use of Hospital places of safety.

It was highlighted that National Guidance recommends that individuals detained under Section 136 be assessed within three hours of reaching a place of safety. In order to meet this challenge, working practices of the Approved Mental Health Professionals and Consultant Psychiatrists required to jointly undertake assessments were being reviewed.

Southern Health NHS Foundation Trust were reviewing the provision of places of safety at their facilities, examining how resources were matched to demand.

In response to questions, Members heard:

- That although economic downturns can see an increase in individuals presenting with depression and anxiety-related disorders, it does not have a significant impact on those with a severe illness.
- There are not any designated places of safety in Hampshire's acute general hospitals.

RESOLVED:

That:

1. Members of the adult mental health working group monitor this workstream on behalf of the Committee.
2. An update is requested to a future meeting of the Committee once the option appraisal of the configuration of places of safety has taken place.

Councillor Pam Mutton left the meeting at this point in proceedings.

Southern Health NHS Foundation Trust: Adult Mental Health Services – details of Trust-led service redesign evaluation programme

Representatives from Southern Health NHS Foundation Trust were in attendance to provide an update on implementation of the adult mental health service changes (see Appendix 3 to Item 6 in the Minute Book) and to report on the planned service evaluation of the redesign (see presentation slides).

In terms of the evaluation, it was reported that this would be based on a six month before and after study, based on data from October 2011 to March 2012 prior to the changes, and October 2012 to March 2013 after the move to the new model was complete. The evaluation would consider a range of information, including questionnaires with service users and GPs, as well as data on re-admission rates and length of stay. It was anticipated the results would be available in the summer of 2013.

Regarding the update on implementation, the Chairman referred to the graph of bed usage for September 2012 provided in the report, and queried whether demand had in fact exceeded capacity during that month. It was acknowledged that demand had exceeded the beds available within the adult mental health division for a short time due to a refurbishment of another inpatient facility, and a higher-than-average number of Ministry of Justice sectioned patients requiring beds in the County. It was indicated that it was to be expected for demand to fluctuate, and the Trust continued to offer an assurance that a bed would always be made available to those requiring one. In this instance, additional beds had been purchased from a private provider for the duration of inpatient stays. The Trust were confident that robust plans were in place to manage any unexpected increases in demand, and that the number of beds available in Hampshire were sufficient to meet need. It was agreed that in future bed data graphs would reflect accurate bed occupancy figures.

RESOLVED:

That:

1. The Trust reflects in future reporting to the Committee an accurate and transparent picture of bed data through the use of bed data charts, to include, if the Trust have exceeded bed capacity:
 - a. an explanation of why this is so, and;
 - b. what additional beds have been utilised.
2. Members agree that Southern Health NHS Foundation Trust be invited to provide an update to the Committee on the outcomes of their review of the adult mental health service redesign programme and clinical service evaluation in Summer 2013.

Councillors Roz Chadd and Tim Southern left the meeting at this point in proceedings.

Southern Health NHS Foundation Trust: Older Peoples Mental Health Services – update on implementation and provision of additional information

Representatives from Southern Health NHS Foundation Trust were in attendance to provide an update on the information the Committee requested at the 25 September 2012 meeting in relation to proposals affecting Older People's Mental Health services (see Appendix 4 to Item 6 in the Minute Book).

In response to questions, Members heard:

- That money was ring fenced for implementing the transport plans, and the Trust had made a long term commitment to supporting them. As not all the beds earmarked for closure had yet closed, the full financing for the initiative was not yet available. However, those already travelling to alternative units, e.g. as a result of closure of the Willows Ward, were already being assisted with transport plans where required.
- It was planned to maintain the stakeholder groups in the East and West of the County in order to continue the helpful discussions on the future use of the wards, and to provide feedback on the implementation of the new model of care,
- Engagement was continually taking place with GPs and CCG leads.

RESOLVED:

That Southern Health NHS Foundation Trust are invited back to the 29 January 2013 meeting of the Committee to provide an update on implementation of the proposals.

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

The update provided in the report (see Item 6, page 5 in the Minute Book) was noted.

RESOLVED:

That the Committee be updated regarding the final report of the Independent Reconfiguration Panel, and any other developments that impact on the decision taken by the Joint Committee of Primary Care Trusts in relation to Children's Congenital Heart Services.

142. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Chief Executive presented a report on enquiries received, the source of each enquiry and the action taken (Item 7 in the Minute Book). The enquiries related to:-

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster: Alton Community Hospital – urgent temporary closure of inpatient ward

Members attention was brought to the correspondence received regarding the temporary closure of a ward at Alton Community Hospital for the purposes of maintenance works (Item 7, Appendix 1 in the Minute Book). The Chairman expressed disappointment that the Committee had not received prior notice of the closure, given that the works appeared to be part of a planned maintenance programme. Supplementary information on the bed closure was requested from the PCT Cluster.

RESOLVED:

That:

1. Support is given for the temporary closure of inpatient beds on the Anstey Ward, Alton Community Hospital, and that an update is circulated to Members once the ward re-opens in December 2012.
2. The Committee receive forward work-programmes of scheduled ward closures for maintenance works in future.

Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster: Fordingbridge Hospital – update following temporary closure for building works on the site

The representative of Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster updated the Committee on works at Fordingbridge Hospital. Work had taken place to move services out of the older buildings on the site (see Appendix 2 to Item 7 in the Minute Book) in to the newer refurbished section. It was reported that the main changes had taken place as planned, and the ward had reopened on time.

The radiology service was due to re-locate to another part of the site by the end of the March 2013, however this service had been temporarily suspended in recent weeks as a result of a heating failure. Patients requiring x-ray had attended Salisbury Hospital instead, and local GPs had been informed. It was anticipated that radiology services would be able to resume at Fordingbridge in early December.

RESOLVED:

That an update is circulated to the Committee once the radiology service has moved to the Arch Clinic on the Fordingbridge site.

Hampshire Hospitals NHS Foundation Trust: development of model of service provision across multiple sites

The Chief Medical Officer at Hampshire Hospitals NHS Foundation Trust presented to the Committee regarding the Trust's plans for the future provision of hospital care (see presentation in the Minute Book). It was indicated that in the medium term, both General Hospitals operated by Hampshire Hospitals (Royal Hampshire County in Winchester and Basingstoke and North Hampshire in Basingstoke) faced the challenge of having sufficient critical mass to provide services effectively.

The Trust's philosophy was to provide services 'local where possible, central where necessary'. It had been identified that approximately 15% of the work currently undertaken at both General Hospitals could only be sustained on one site in the future. Rather than pooling services at either Winchester or Basingstoke, which would be disproportionate in terms of the catchment area for the services provided by the Trust, the direction of travel being explored was the opportunity to pool critical care services on a new site in between the two major conurbations of Winchester and Basingstoke.

It was also planned to increase the availability of services closer to home, so that a wider range of outpatient services could be accessed without needing to attend one of the general hospitals.

Under the proposed model, the two general hospitals would still undertake the bulk of the work, in particular elective inpatient services, walk in Emergency Departments, and maternity units. The intention behind the creation of a 'critical treatment hospital' was that with the number of patients requiring these services it would be sustainable to provide 24 hour consultant cover, which resulted in the best outcomes for patients. The services provided at the critical treatment hospital would require a location which was easily accessible by ambulance.

It was also intended to co-locate a cancer treatment centre alongside the critical treatment hospital. Currently the Trust did not offer radiotherapy, which meant people from mid and north Hampshire had to travel to Southampton or Surrey for this treatment. Therefore it would improve choice for patients if the Trust provided this service in mid to north Hampshire.

Members commented that while the model sounded positive, there were a number of issues that would need to be considered such as how people would know which site to go to, and how patients would be transported between sites if required. It was acknowledged that planning was in the early stages, and the Trust were interested in discussing the proposals with stakeholders as they developed.

During the debate, Councillor Phryn Dickens declared a non-pecuniary interest that her husband was a Clinical Pathology Accreditation laboratory inspector working nationally.

Councillors Peter Edgar, Alison Findlay and Dennis Wright left the meeting at this point in proceedings.

Following questions, Members heard:

- The Trust did not have a 'catchment' area as such, as patients choose where to have their treatment.
- That it was anticipated the project would be financed by borrowing using the NHS Foundation Trust Financing Facility, and that based on the Trust's income and expenditure projections, it was considered affordable within 'business as usual'. The project would not be funded through a Private Finance Initiative.
- That most types of cancer care would still be available at both general hospitals, it would only be the very specialist treatments that would be provided from the new cancer treatment centre
- That the Trust believed in supporting choice in terms of preference of place for giving birth. The detail of how maternity services would be delivered under the new model was yet to be defined.
- That current expectations were for the transition to the proposed model to take between three and five years

RESOLVED:

1. Members invite Hampshire Hospitals Foundation Trust to provide a more detailed model of care to the 26 March 2013 meeting of the Committee.
2. The Chairman write to the Trust outlining what aspects of the model of care the Committee would wish to be presented at this meeting.

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust – temporary change in service for oncology inpatients

The Chief Executive brought Members attention to the briefing paper on a temporary change in service for oncology inpatients (see Appendix 3 to Item 7 in the Minute Book). It was reported that the Royal Bournemouth and Christchurch Hospitals Foundation Trust planned to temporarily admit oncology inpatients to Poole rather than Bournemouth, as it had been difficult to recruit sufficient medical staff to cover both sites. This would affect a small number of Hampshire patients who used oncology services in Dorset.

RESOLVED:

That the temporary move of inpatient oncology beds to Poole Hospital is agreed, but that the following details are clarified by the Trust:

- When the Bournemouth Hospital ward is due to reopen;
- How the Trust intends to move to a sustainable staffing model across both sites;
- How patients admitted to the inpatient ward following an attendance at the Bournemouth Hospital outpatient clinic will be transported to Poole Hospital.

Chairman, 29 January 2013