

REPORT OF THE
Health Overview and Scrutiny Committee
PART II

351. INQUIRIES RECEIVED AND ACTION TAKEN

The Committee continues to receive and respond to inquiries about NHS services from County Councillors and partners. At meetings held on 27 November 2012 and 29 January 2013 the following key items were considered:

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

1. The Committee heard in November from representatives of Hampshire Hospitals NHS Foundation Trust regarding the Trust's plans for the future provision of hospital care. It was indicated that both general hospitals operated by the Trust (Royal Hampshire County in Winchester and Basingstoke and North Hampshire in Basingstoke) faced the challenge of having sufficient critical mass to provide a full range of services effectively in the long term.

2. Under the proposed model, the two general hospitals would continue to provide the majority of acute services, such as elective care, and retain walk-in Emergency Departments and maternity units. It had been identified that approximately 15% of the work currently undertaken by both general hospitals could only be sustained on one site in the future. Rather than centralising services at either Winchester or Basingstoke, the option being explored was to pool critical care services on a new site in between Winchester and Basingstoke to form a 'critical treatment hospital'. It was indicated that planning for the new model of care was in the early stages, and the Trust welcomed discussion of the proposals with stakeholders as they developed. Current expectations were for the transition to the proposed model to take three to five years.

3. Members learned that it was also intended to co-locate a specialist cancer centre alongside the 'critical treatment hospital'. The Trust's philosophy was to provide services 'local where possible, central where necessary'; therefore the Trust also planned to increase their presence in local communities, so that a wider range of outpatient services could be accessed without needing to attend one of the general hospitals. It was resolved that the Trust provide a more detailed model of care to a future meeting of the Committee.

B. Southampton, Hampshire, Isle of Wight and Portsmouth Primary Care Trust Cluster and South Central Ambulance Service NHS Foundation Trust: NHS111 Roll out update

1. The Committee had previously heard in July 2012 that the Hampshire contract for providing the NHS111 service, the new national non-emergency health number, had been awarded to South Central Ambulance Service NHS Foundation Trust.

2. Members noted that '111' had been live in Hampshire since 22 January 2013, and a supporting publicity campaign would commence on 11 February for a four week period. Members were made aware that for some residents living in North East Hampshire, the service would not be live until 21 March, as this geographical area was

covered by a different provider. The Committee resolved to retain NHS111 on the work programme to monitor its operation in future.

C. Hampshire County Council: provision of short break services for children and young people with complex health needs

1. The Committee were informed in January by representatives of NHS Hampshire of the intentions of Southampton City Clinical Commissioning Group (CCG) to decommission the Westwood House short breaks service for children and young people with complex health needs. West Hampshire Clinical Commissioning Group also commissioned short breaks from Westwood House for Hampshire children, but indicated to the Committee that it would be unsustainable to continue to do so once Southampton City CCG had withdrawn from this service.

2. Members noted that 23 Hampshire families currently used Westwood House. Children's Services were working with the Clinical Commissioning Groups to offer equivalent short breaks elsewhere for the remaining families.

3. The Committee resolved that the topic of short break services be referred to the Children and Young People Select Committee for consideration of the broader picture of short break provision for Hampshire children.

352. PROPOSALS TO VARY OR DEVELOP NHS SERVICES

The Committee is continuing to receive proposals from the NHS that may substantially vary or change the provision of health services. At its last meetings on 27 November 2012 and 29 January 2013 consideration was given to the following items:

A. 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

1. The Committee received an update in November on progress with the proposals for future service provision at Chase Community Hospital. Following recommendations made by the Committee in September 2012, further engagement had been undertaken in October with local stakeholders. It was noted that feedback received during engagement indicated that local people were supportive of expanding the outpatient services available from Chase, but concerned over the proposed loss of inpatient beds, and the viability of plans for a nursing home in the area.

2. Regarding the options for the future of Chase Community hospital, the Primary Care Trust Cluster and Clinical Commissioning Group informed the Committee that the current model of care was not considered viable as the arrangements ensuring the continuity of inpatient care and staffing could become unsustainable. The suggestions of expanding the number of inpatient beds would secure future nursing provision in the area, but this would be at the cost of the opportunity to fully develop other services on the site. The Primary Care Trust Cluster and Clinical Commissioning Group were also concerned that expanding the beds 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.

3. It was noted that the preferred model had the disbenefit that whilst a nursing home was being developed in Whitehill and Bordon, patients requiring 24/7 care

would need to be transported to a nursing home seven miles away in Liss. However, the Primary Care Trust Cluster and Clinical Commissioning Group considered this the preferable option as it would result in the expansion of outpatient services available within the community, and would increase the number of patients that could be supported within their own home, in line with best practice nationally. It was stressed that the preferred model would not have any financial savings associated with it.

4. 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. 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 free of charge transport for both patients and visitors.

5. It was acknowledged that there was a range of views amongst local GPs on the proposals, with some expressing concern that there were insufficient levels of local community services 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.

6. It was reported that as a result of the restructuring taking place in the NHS, ownership of the Chase building would transfer in April 2013 to a new national body, NHS PropCo, who would be responsible for agreeing capital programmes for NHS estates in future. 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.

7. The Chairman highlighted that a petition had been submitted to the County Council requesting that the inpatient beds at the hospital did not close. Although it was agreed that this was a decision for the NHS and not Hampshire County Council, Members did note the strength of feeling from the local community. Councillor Adam Carew, County Councillor for Bordon, Whitehill and Lindford addressed the HOSC as the local Member for the area affected by the proposals.

8. The Committee resolved to 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. In addition a working group of the Committee was formed, which will meet to consider the development of the final business case. Members requested that the Clinical Commissioning Group return to the 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.

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

1. Following a recommendation from the Adult Mental Health working group, the Committee received an update from partners on Section 136 of the Mental Health Act. This Section 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 policy 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. Members heard at the November meeting 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. It was recognised that Police custody suites were not the most suitable place for someone detained on mental health grounds, and that the use of Police places of safety should be the exception rather than the rule.

2. The Committee heard that a multi-agency group had been formed to take forward work to improve the use of Section 136 powers in Hampshire. 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, the working practices of the Approved Mental Health Professionals and Consultant Psychiatrists required to jointly undertake assessments were being reviewed. Southern Health NHS Foundation Trust would also be reviewing the provision of places of safety at their facilities, examining how resources were matched to demand.

3. It was resolved that the Adult Mental Health working group monitor this topic on behalf of the Committee, and an update be presented to a future meeting once an option appraisal of the configuration of places of safety had taken place.

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

1. The Committee received an update in November on implementation of the Adult Mental Health service changes, which had resulted in increased community-based alternatives to hospital-based care, which enabled a reduction in the number of inpatient adult mental health beds provided in Hampshire. Presented alongside were details of the planned service evaluation of the redesign.

2. The Trust acknowledged that demand had exceeded the beds available within the Adult Mental Health division for a short time in September 2012 due to the refurbishment of an 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 the inpatient stays.

3. 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. In January, the Committee heard that bed data from November and December 2012 had been provided to the Members of the Adult Mental Health working group, who had confirmed that demand had returned below the number of available beds.

4. It was reported that the service evaluation 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 that results would be available in the summer of 2013.

5. The Committee resolved to invite the Trust to provide an update on the outcomes of their service evaluation when available.

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

1. The Committee received updates in November and January on implementation of proposals affecting Older People's Mental Health services. Members heard that patients requiring an inpatient stay from the areas previously served by the closed units at the Willows in Petersfield, Summervale in Southampton and the Becton Centre in the New Forest were almost all accommodated in their first choice alternative unit. In this time, three patients had required admission from the Petersfield area and six patients from West Hampshire.

2. Free travel arrangements in the east and west of the county were in place for relatives and carers to visit patients who were placed further afield as a result of the unit closures. A transport information leaflet had been produced detailing the timetable, and plans were in place to ensure the service remained sustainable for as long as the transport was required by visitors.

3. Bed usage was continually monitored to ensure that demand did not exceed supply. The Trust currently provided 124 beds in Hampshire to meet Older People's Mental Health needs. A further 10 beds were due to be removed by the end of March, with 40 taken out to date. The Trust reported that on the day of the meeting in January there were five vacant beds across the directorate, with the flexibility to increase this by six additional beds if the service experienced short term high demand.

4. Regarding future use of the units where inpatient beds had been closed, the preferred option of the Trust for the Willows Ward was for an expansion of the minor injuries clinic, and as a base and community hub for Adult and Older People's Mental Health teams. Members noted that the Trust were looking to maintain long term health provision at the Becton Centre, and potentially create a community hub for mental health services in the New Forest. The Trust did not own the land at Summervale and that site had been sold to housing developers.

5. It was resolved that a further update be provided to the Committee once all planned bed closures have taken place.

Further details can be found at www.hants.gov.uk/councilmeetings.htm by typing in the relevant reference number:

- Inquiries received and action taken (search item reference 4468 and 4638)
- Proposals to vary or develop NHS services (search item reference 4469 and 4637)

COUNCILLOR PAT WEST
Chairman

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