

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	22 March 2013
Report Title:	Proposals to Develop or Vary NHS Services
Reference:	4797
Report From:	Director of Policy & Governance

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1. **Summary and Purpose**

- 1.1. The purpose of this report is to alert Members to proposals from the NHS to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in November 2010. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006 and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website at <http://www3.hants.gov.uk/scrutinyfallsframework.pdf>
- 1.4. This Report is presented to the Committee in 2 parts:
 1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services.
 2. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with

an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire and therefore support the delivery of the Corporate Strategy aim of maximising well being.

Items for Action

2. South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital – proposals for future service provision

- 2.1 Since 2009 discussion has been ongoing regarding the future provision of services from Chase Community Hospital (in Whitehill and Bordon, East Hampshire), as use of the inpatient beds has been declining and other space available at the Hospital is under utilised. The Primary Care Trust (PCT) have undertaken various forms of engagement with local people and stakeholders over what they would like to see provided from Chase in the future. During 2012 discussions moved into a phase of defining proposed service changes. The PCT and later the South Eastern Hampshire Clinical Commissioning Group (CCG) have presented to the Health Overview and Scrutiny Committee (HOSC) on multiple occasions over the past year.
- 2.2 In September 2012 the PCT/CCG presented outline proposals to the HOSC. In summary the following has been proposed:
- The closure of the remaining eight inpatient beds and the introduction of a new bed-based model of care, which would include the introduction of a 'virtual ward' to the area, with the majority of patients being supported in their own home or a nursing home bed by community teams (if clinically appropriate).
 - An expansion of outpatient services and clinics provided from Chase, including the move of community-based teams into the hospital, following the reorganisation and refurbishment of existing ward space.
- 2.3 The HOSC has previously received evidence of community concern relating to the potential loss of inpatient beds at the hospital. In response, the HOSC has previously recommended that the NHS undertake further engagement with local stakeholders specifically on the proposed bed-based model of care, in order for the PCT and CCG to better understand local concerns, including the views of local GPs. The November 2012 meeting of the Committee received the outcomes of this engagement, but determined that more work would need to be undertaken around this area before the HOSC could be satisfied that the NHS had evidenced how local community concerns had been met. It was therefore agreed in conjunction with the CCG that the final business case and proposals come back to a future meeting of the Committee.
- 2.4 In November the HOSC 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 early 2013. It was requested that the CCG 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. Please find attached at Appendix 1 the business case provided by the CCG.

- 2.5 In addition, the Committee resolved in November to set up a Working Group to scrutinise the proposals put forward by the CCG in further detail. The terms of reference for this group were approved by the Policy and Resources Select Committee in January 2013, and the cross party group of five Members of the HOSC met in February and early March to consider the matter. Stakeholders including the CCG, the local County Councillor as the local community representative, the community service provider and Hampshire County Council's Adult Services were invited to provide evidence and answer questions by Members of the Working Group. The findings and conclusions of the Working Group are provided at Appendix 2. The working group have made a number of recommendations for consideration by the HOSC.
- 2.6 It has previously been highlighted to the Committee that on the first of April 2013 ownership of the Chase Community Hospital Estate passes to the national organisation taking over property from Primary Care Trusts which cease to exist on 31 March (NHS PropCo). The CCG has previously argued that it would be preferable to have the business case for the future provision of services at Chase Community Hospital agreed by the end of March, to safeguard the capital resources required. Therefore, at this meeting the CCG are seeking support for taking forward their preferred option.
- 2.7 The NHS is required to seek the views of the HOSC as a statutory consultee on any proposed change under consideration which may be 'substantial'. If a HOSC determines that a proposal is a substantial change in service, then it must be satisfied that appropriate engagement has been undertaken in relation to the proposals, and that any changes are in the interests of patients, carers and the healthcare system as a whole.

Recommendations

- 2.8 Members confirm:
- Whether they consider that there has been appropriate stakeholder engagement in the development of the proposals for Chase Community Hospital
 - Whether they consider the changes to service provision are in the interests of the service users and their carers
 - If they are satisfied with the next steps proposed by the Trust
 - Any additional information or updates to be provided by the Trust

(giving consideration to the recommendations of the Working Group, see first 2 pages of Appendix 2)

Items for Information

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

- 3.1 The Committee last received an update on the National Specialised Commissioning Team's review of children's congenital heart surgery at the November 2012 meeting. At that meeting it was reported that while a decision had been taken in July 2012 by the Joint Committee of Primary Care Trusts (JCPCT) that would retain Southampton General Hospital as a surgical centre, this decision had been challenged by referrals to the Secretary of State by more than one Health Scrutiny Committee, and an application for Judicial Review by a campaign group based in Leeds.
- 3.2 The Judicial Review was heard in February 2013 and the view of the Judge announced on 7 March 2013. The Judge found in favour of the claimant on the basis that part of the consultation process was unjust. The JCPCT had not published the subscores that made up the scores awarded to each hospital by the Independent Expert Panel led by Sir Ian Kennedy that assessed the quality of service at each centre. The 'save our surgery' campaign group argued that this meant they could not challenge the basis on which Leeds General Infirmary had been ranked tenth out of eleven centres providing surgery.
- 3.3 The court has not yet announced whether the decision taken by the JCPCT will be quashed, or a new consultation process required. A further announcement is expected later this month (March 2013). An update will be provided at the meeting if available. In the meantime, the JCPCT is continuing to plan for implementation of their original decision, and intends to appeal the court's decision.
- 3.4 In addition, the Independent Reconfiguration Panel (IRP) is currently reviewing the JCPCT decision, as a result of a number of referrals from Health Scrutiny Committees. The IRP is due to make recommendations to the Secretary of State for Health by 28 March 2013. A decision on changes to services will then be made by the Health Secretary.

Recommendation

- 3.5 That the Committee be kept informed of developments in relation to the future provision of services for children with congenital heart disease.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

A. Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
B. Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
C. 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:

1. Equalities Impact Assessment:

a) *No implications arising from this report.*

2. Impact on Crime and Disorder:

a) *No implications arising from this report.*

3. 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.