

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	16 April 2013
Report Title:	Proposals to Develop or Vary NHS Services
Reference:	4832
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

There are no items for action for the Committee on 16 April 2013.

Items for Information

2. Southern Health NHS Foundation Trust: Older People's Mental Health services – update on implementation

- 2.1 Proposals to change Older People's Mental Health services in the East and West of Hampshire led by Southern Health NHS Foundation Trust were supported by the Committee in September 2012, where it was confirmed that Older People's Mental Health inpatient beds in Hampshire were underutilised, and the service should move from a focus on bed-based services to those delivered in the community, as part of the personalisation agenda.
- 2.2 The Committee last received an update from Southern Health NHS Foundation Trust on the implementation of changes to Older People's Mental Health services in January 2013. The Committee heard that the phased closure of inpatient beds was progressing as planned, and that patients, families and carers were being supported to travel to alternative inpatient units, if this had been agreed to be clinically appropriate. The Trust also reported additional information that had been requested by the Committee.
- 2.3 According to the timetable previously provided to the committee, the remaining inpatient beds earmarked for closure were due to close by the end of March 2013. Therefore, a further update on implementation was requested by the Committee to this meeting, which is attached in the form of a report at [Appendix 1](#), page 6.

Recommendations

- 2.4 That Members confirm if they are satisfied with the actions of the Trust in implementing the proposals to date.
 - 2.5 That the Committee delegates the ongoing monitoring of Older People's Mental Health services to the Chairman.
- #### **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

March 2013 meeting. At that meeting it was reported that on 7 March 2013 the High Court Judge considering the Judicial Review challenge brought by a campaign group supporting Leeds General Infirmary had found in favour of the claimants.

- 3.2 On 27 March the Judge gave further details about the ruling, confirming that the NHS would not be required to begin the whole consultation process again, as it is only one part of the decision that has been quashed. The aspect the Judge upheld as flawed was the fact that the subscores allocated by the expert Panel to each centre (used to determine each centres overall score and therefore ranking) were not published as part of the consultation documents.
- 3.3 The Independent Reconfiguration Panel (IRP) is also investigating the children's heart surgery review decision and was originally expected to make recommendations to the Secretary of State for Health by the end of March 2013. However, in order to take account of the findings of the High Court, the Secretary of State has now deferred this and asked the IRP to report back by the end of April 2013.
- 3.4 The Joint Committee of Primary Care Trusts that made the decision regarding which seven centres would continue providing this surgery last summer has put out a statement saying "We will give due consideration to the judgment and will advise people of the next steps in the process at the beginning of April. We will aim to reach a final decision in June 2013, pending the outcome of the separate IRP process." To complicate matters, as of 1 April 2013 Primary Care Trusts no longer exist, therefore it is anticipated that the decision making body in future on this will be the National Commissioning Board (NHS England).
- 3.5 In a further development, on Thursday 28 March 2013 children's heart surgery operations were suspended at Leeds General Infirmary due to data showing higher than expected mortality rates at the unit. At time of writing this remains in force while children's heart surgery services at the hospital are under investigation.

Recommendation

- 3.6 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.

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE PAPER –
16 April 2013**

Distribution:	Hampshire Overview and Scrutiny Committee [HOSC]
Submitted by:	Older People's Mental Health Division, Southern Health NHS Foundation Trust [SHFT]
Date:	2 April 2013
Purpose	This paper provides an update on the implementation of the OPMH In-patient redesign programme subsequent to the update delivered to the Committee at the end of January 2013.

Update:

Following the HOSC meeting on 29 January 2013 we were requested to provide an update on the implementation of our proposals. We undertook to update members following the closure of the final unit - Fernhurst, at St James Hospital in Portsmouth, and the implementation of our travel plans together with any further update with regard the re use of some of the vacated properties.

- **Bed closures.**

We can confirm that the remaining unit is now closed to OPMH in-patients:

- Fernhurst at St James in Portsmouth. New admissions ceased on 7 January 2013 and the last patient was discharged on 22 February 2013.

We wish to reassure the committee that despite the above closures, we continue to have empty beds within the system and therefore we remain confident in our assurance that should patients need admission, a bed will be available to them. Our most up to date bed data will be presented at the meeting. However, as at the date of this report, we are operating with 24 empty beds across the county.

- **Travel plans.**

As reported previously, our travel plans have been significantly influenced by the stakeholder groups in the East and West.

- Both mini buses are now fully operational although, despite offering information to carers, usage remains low.

- **Outline business case for the future use of The Willows Ward, Petersfield Hospital, and the Becton Centre, Barton-on-Sea**

The Willows Ward.

The Willows continues to be temporarily used to support AMH and ICS (Integrated Community Service) clinics. We are also continuing to explore a number of more permanent options at Petersfield.

As a reminder, potential use as follows:

- Expanding the space available to the minor injuries unit
- OPMH and AMH outpatient clinics and community bases

The Becton Centre.

We have a commitment to funding in principle for the development of the site and are continuing to liaise with colleagues and the stakeholder group with regard services from The Becton Centre. Options agreed for development are:

- AMH out-patient and staff base
- ICS (Integrated care services) working alongside OPMH colleagues
- TQtwentyone (Social Care Division of Southern Health)
- Voluntary Services e.g. Carer's Together, Alzheimer's Society

- **ECT (electro convulsive therapy) services for OPMH service users**

This service is now being provided from Elmleigh and patients are being transported from Gosport War Memorial Hospital using the mini bus from this area.

ECT is also available from the St James Hospital site for those who attend as out-patients and who might find this site more easily accessible.

We hope HOSC members will feel reassured by this update on our progress with the implementation of our proposals and that we will continue to monitor and review the impact of the changes.