

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 30 July 2013.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor David Keast

Councillors:

p Ray Bolton	p Tony Hooke
p Graham Burgess	p Martin Lyon
p Rita Burgess	p George Ringrow
p Charles Choudhary	p Frank Rust
a Jacqui England	p Bruce Tennent
p David Harrison	p Martin Tod
p Marge Harvey	a John Wall

Co-opted Members:

Councillors:

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

In attendance at the invitation of the Chairman:

Councillor Anna McNair Scott, Executive Member for Adult Social Care

1. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Jacqui England, Tim Southern and John Wall.

2. **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.

Councillor Martin Tod declared a non-pecuniary interest as he is the Chief Executive of the charity 'Men's Health Forum', which receives funding from NHS England.

3. **MINUTES**

The Minutes of the Meeting of the Committee held on 16 April 2013 were confirmed as a correct record, and signed by the Chairman.

4. **CHAIRMAN'S ANNOUNCEMENTS**

Mental Health

The Chairman reported to the Committee that the national mental health charity 'MIND' had recently published a report on the use of face-down restraints.

It was heard that the data associated with this report named Southern Health NHS Foundation Trust as an NHS provider who reported an above average use of this restraint. The Committee heard that following discussions with the Trust, assurances had been made that this type of restraint is only used as a last resort by trained staff, and only when there was an immediate and severe risk to people's safety. The Chairman reported that the Trust stated that their use of restraint was comparatively low compared to other organisations nationally, but for one exception, where restraint is used more frequently. This mental health unit was a highly specialised nationally commissioned forensic service and the Trust had assured the Committee that the use of restraint is consistent with the only other NHS provider of this care in England.

The Chairman informed the Committee that the Trust would be working with both commissioners and the Care Quality Commission to provide reassurance that the service is fully supported and face down restraint is used only when necessary. The Trust had also entered into discussions with organisations including MIND and the Royal College of Psychiatrists about contributing to a national debate on the use of physical restraint.

Members welcomed the review but highlighted the need for a balanced approach, inviting the views of both the service users and the staff trained in the use of physical restraint. The Chairman reported that the Committee would continue to seek reassurance from the Trust around this debate.

Adult Mental Health Working Group

The Chairman reported that the Vice Chairman would Chair an adult mental health working group to review actions undertaken by partners in relation to Section 136 of the Mental Health Act. The Chairman invited interest from Members to be involved in this work.

Updates

The Chairman reported that updated information would be circulated to Members after the meeting regarding work undertaken locally by Solent NHS Trust and Portsmouth Hospitals NHS Trust.

5. **NEW ADMINISTRATION: INTRODUCTION TO SCRUTINY**

The Chief Executive presented to the Committee an overview of scrutiny legislation and the terms of reference of the Health Overview and Scrutiny Committee (see presentation to Item 6 in the minute book).

Members received an overview of scrutiny functions and the remit of the committee. Members heard:

- That the role of health scrutiny was broader than reviewing potential substantial changes in service by the NHS and providers of health services. The Committee had the powers to hold the Executive to account for decisions made. Policy review and policy development were important ways in which the select committee could also influence and seek improvement.
- That it was important to prioritise topics for scrutiny to ensure the time the Committee spent was focused on areas where it was most likely to add value.

6. **HOSC WORK PROGRAMME AND ANNUAL REPORT**

The Chief Executive presented the Committee's work programme and annual report for 2012/13 (see Item 7a and Item 7b in the Minute Book).

Members requested that consideration was given to items on:

- Public Health and Health Inequalities
- Oak Park

The Chairman agreed that a copy of the annual report would be forwarded to each of the NHS Bodies in Hampshire and the surrounding areas for their information.

RESOLVED:

That:

1. The Committee's work programme be approved.
2. The Committee's annual report be approved.

7. **PROPOSALS TO DEVELOP OR VARY SERVICES**

The Chief Executive presented a report on proposals to develop or vary health services in the area of the Committee (see Item 8 in the Minute Book). The report was presented in three parts which comprised items for action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services, items for monitoring which

informed the Committee and items for noting which alerted the Committee to forthcoming proposals from the NHS to vary or change services.

Items for action:

None

Under items for monitoring details were provided on:

Southern Health NHS Foundation Trust: Adult Mental Health Services – outcomes of evaluation exercise

Representatives of Southern Health NHS Foundation Trust presented to the Committee details of the evaluation process held prior to and following the major service redesign of adult mental health services, which had taken place since April 2012 (see presentation, bed data and Appendix 1 to Item 8 in the minute book).

The Committee had monitored the implementation of proposals since May 2012, and had requested that the Trust report to the Committee on the evaluation of the changes, which would compare a number of outcome measures from before and after the implementation of proposals.

The aim of the evaluation project was to provide a robust and detailed independent review of the impact of the service redesign. The evaluation project had been led by the Research and Development department, and validated by the Mental Health Foundation. A number of questions were posed by the review, and key learning would enable the Trust to streamline pathways of care and improve access into the service for GPs. A significant workstream targeting staff had also been highlighted through responses to the evaluation.

In addition, the Committee received the most recent data figures for inpatient bed use in the system, which showed that demand had regularly exceeded capacity in the most recent months. The Adult Mental Health working group of the HOSC had previously recommended to the Trust that all breaches in bed capacity were notified to the Committee; therefore the Committee were disappointed that the Trust had not raised the issue of bed capacity with them prior to the July meeting.

The Trust reasserted its commitment that beds will always be found for service users that require them, through using contingency beds elsewhere in the service, or by purchasing private beds.

Representatives from the Trust explained to the HOSC that there was enormous pressure on acute services across the NHS, and the operation of the adult mental health service was sensitive to changes in the wider system. The Trust stated that they believed that bed blocking was a problem in the system, and that work was taking place to identify how services users could be enabled to vacate beds once they no longer had a clinical need for inpatient services.

Some Members of the Committee challenged the Trust on cost saving within the NHS, and asked whether changes to mental health services were driven by the need to save money rather than the improvement of services for patients. Representatives of the Trust were robust in stating that this change in service would have been proposed regardless of the economic climate, as clinicians within Southern Health were confident that these changes were best for patients, given that service users prefer to receive care within their own home.

In response to questions, Members heard:

- That the biggest piece of learning from the evaluation had been that the reorganisation of the service hadn't involved the Trust's workforce in a way that was acceptable to staff. The Trust accepted that staff – both clinical and administrative – had been through a massive change in a relatively short period of time, and the process could have been better for leading through this. Staff had been positive about the opportunity to be involved in the evaluation process and to inform the Trust of how change could be better managed in future.
- That figures on staff sickness related to two discrete periods of time, and as such the overall rate of sickness is less than that reported in the evaluation. Work was ongoing with the Trust's new occupational health provider to understand the increase in staff sickness, and to make available support to staff requiring it.
- That an emphasis has also been placed on staff training and a recovery college has opened in Southampton which focused on self management skills for living and working with mental health.
- That commissioners continued to monitor the service provided by Southern Health, including the access times to assessment or treatment to ensure that response times were in line with expectation.
- That regular forums and meetings were being held with partners to ensure that any perceived issues relating to the adult mental health service could be picked up by the Trust.
- That work was ongoing with Solent 'MIND' to evaluate the needs of carers in relation to adult mental health. The Trust would consider recommendations made from this review, but early learning indicated that 'confidentiality' and the need to keep carers informed was an issue to be addressed.
- That the Trust had been open about the cost savings expected through the redesign of the service and the requirement to release two thirds of this to commissioners (reinvesting one-third back in to the service).
- That criteria had to be met before a patient could participate in the evaluation exercise. If an individual lacked the mental capacity to undertake the exercise, then they were deemed unable to give informed consent.

RESOLVED

That:

1. The Chairman and Vice Chairman meet with Southern Health NHS Foundation Trust to review the most recent bed data associated with inpatient adult mental health services.
2. That this item remains on the work programme until such time as the Committee is satisfied with the new adult mental health model of care.

South Eastern Hampshire CCG: Chase Community Hospital – update on implementation of new model of care

Representatives of South Eastern Hampshire Clinical Commissioning Group, together with colleagues from Southern Health NHS Foundation Trust (the community service provider at Chase), provided the Committee with an update on the redevelopment of the Chase Hospital site (see Appendix 2 to Item 8 in the minute book).

The Committee last received an item on Chase Community Hospital at their meeting on the 22 March 2013, where they agreed to support the proposals to move to a new model of care as set out in the outline business case for the redevelopment of Chase Community Hospital. The Committee requested that the Clinical Commissioning Group return to the July meeting to update Members on the recommendation made in relation to the proposals, and to provide progress on the move to the new model of care.

Members heard that the Clinical Commissioning Group were confident that the target date of April 2015 to complete work on the hospital would be met. In addition to this, the Clinical Commissioning Group were pleased to inform the Committee that they had met, or were due to meet, all of the recommendations made by the HOSC at their meeting in March 2013.

The Committee heard that the Clinical Commissioning Group were committed to continuing dialogue with local GPs, and a recent GP workshop which had taken place on the 3 July evidenced this. The Trust would also continue to meet with GP practices on an individual basis. Communication was on-going with stakeholders, and copies of the 'Chase Times' newsletter were being published and distributed to key stakeholders. The most recent edition had featured an article written by Councillor Adam Carew, the local County Councillor for Whitehill and Bordon.

The Clinical Commissioning Group informed Members that there was some risk associated with the project, as the process by which the full business case would be approved had not yet been agreed nationally. However, discussions were on-going with NHS England and it was expected that the project would be delivered on time.

In response to questions, Members heard:

- That £2.9m had been allocated to the project, and the Clinical Commissioning Group were committed to the proposals being implemented.

- That task and finish groups were taking each of the work-streams associated with the project forward. One group had responsibility for outpatient services, and this would include reviewing x-ray.
- That the medical cover for the commissioned beds in the community would be provided by GP Alliance, staffed by doctors in South Eastern Hampshire.
- That the Trust were committed to continued engagement with local GPs, to ensure that GPs were involved in how the service will work.
- That discussions were taking place to facilitate outpatient maternity services at the hospital site.
- That the Trust were committed to organising transport to the beds commissioned at local nursing homes for relatives and carers.

RESOLVED:

That:

1. Members are satisfied with the response of the Clinical Commissioning Group to the recommendations of the Committee.
2. An update is provided to 24 September meeting of the Committee following the implementation of the new bed-based model of care, and the closure of the inpatient beds at Chase Community Hospital.

Under items for noting details were provided on:

National Specialist Commissioning Board/NHS England: Children's Congenital Heart Surgery Update

The update provided in the report (see Item 8, page 5 in the Minute Book) was noted.

RESOLVED:

That:

1. That the Committee be kept informed of developments in relation to the future provision of services for children with congenital heart disease.
2. That the Committee contribute to any future review of children's congenital heart surgery proposed by NHS England.

National Specialist Commissioning Board/NHS England: Adult Congenital Heart Disease Services National Review Update

The update provided in the report (see Item 8, page 7 in the Minute Book) was noted.

RESOLVED:

That the Committee provide a response to the anticipated Adult Congenital Heart Disease public consultation, when available.

NHS England (Wessex): Vascular Surgical Services – Portsmouth and South Hampshire

The Chief Executive updated the Committee regarding a letter recently sent to the Chairman from the Area Director of NHS England (Wessex) which provided stakeholders with an update on the progress of a network model for vascular surgical services locally (see Appendix 4 to Item 8 in the Minute Book).

Members noted that as the letter did not provide detailed proposals, it was not an appropriate time for the Committee to review the item or to reach a decision on the nature of the change.

The Chairman informed Members that the national specification of vascular standards would be re-circulated to them after the meeting.

RESOLVED:

That:

1. The Committee note the update from NHS England (Wessex) in relation to vascular surgical services.
2. The Committee engage with HOSC colleagues across Southampton, Isle of Wight and Portsmouth in order to explore the feasibility of a Joint Health Overview and Scrutiny Committee, which would examine any proposals for the future of vascular services from NHS England (Wessex).

8. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Chief Executive presented a report on enquiries received, the source of each enquiry and the action taken (see Item 9 in the minute book). The enquires related to:-

Surrey and Borders Partnership NHS Foundation Trust – Adult Mental Health Services – proposals to move service location

A representative from Surrey and Borders Partnership NHS Foundation Trust attended the Committee to respond to questions from Members following a recent briefing by the Trust on proposals to re-locate an adult mental health wellbeing centre, which provides outpatient services such as social skills, anxiety and intervention group meetings. This centre predominantly provides services to the population of North East Hampshire

Members heard that the Trust had been exploring options for the re-location of this service following a request from the owner of the wellbeing centre's current location to vacate the site. It was planned that in line with the Joint Mental Health Strategy, the service be co-located with intervention teams in

future, in either Aldershot or Farnborough. The Trust would be undertaking an Equality Impact Assessment prior to moving this service.

In response to questions, Members heard:

- That the service would be relocated rather than redesigned. Patients would benefit from the service being co-located with the intervention teams.
- That a period of informal engagement was being undertaken with service users.
- That conversations were on-going with commissioners.
- That a postcode mapping exercise had been undertaken by the Trust to highlight which areas of North East Hampshire service users currently travelled from, and to highlight travel issues which would occur from a service re-location.

RESOLVED:

That:

1. Members are not able to come to a conclusion on the nature of the change until such time as the following information is made available by the Trust:
 - The final location of the 'Adult Mental Health wellbeing centre'.
 - The outcomes of the equality impact assessment.
 - An evaluation of travel times to the new location.
2. This item receives further consideration at the 24 September 2013 meeting.

Cllr Martin Tod left at this point in proceedings.

**Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust:
Oncology Inpatient Services – proposals to temporarily close**

The Chief Executive updated the Committee regarding a letter received from the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust regarding the temporary change in service for oncology inpatients (see Appendix 2 to Item 9 in the Minute Book). At the last meeting of the Committee, supplementary information was requested from the Trust to clarify staffing, timelines and engagement.

Members heard that further discussions would be undertaken with the Trust to understand further the work undertaken to provide a solution to staffing issues, and the timeline for completion of this work.

RESOLVED:

That:

1. The Chairman of the HOSC meet with Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to further understand the steps being taken to resolve the issues that have required this temporary closure in inpatient beds.
2. A further update on this temporary closure is reported to a future meeting of the Committee.

Southern Health NHS Foundation Trust: Romsey Community Hospital – proposals to temporarily close hospital

Representatives from Southern Health NHS Foundation Trust were in attendance to report on the proposal for the temporary closure of Romsey Community Hospital for six weeks in September and October 2013 (see additional item to Item 9 in the Minute Book). The closure of the hospital to inpatient admissions would enable urgent building works to be undertaken to remove asbestos which had been identified in the hospital's roof space and pipes. This work would be part of a wider programme of work due to commence in 2014.

Member heard that the closure of the hospital was necessary due to health and safety reasons regarding the removal of asbestos, but that other services would run intermittently throughout the six week period. The Committee noted that during the closure period, eight new beds would be commissioned and opened in Lymington hospital, and managed by Romsey hospital staff.

In response to questions, Members heard:

- That the Trust would provide bus transport from the Romsey hospital site to Lymington hospital for relatives who were without means of transport.

RESOLVED:

That:

1. Members support the temporary closure of Romsey Community Hospital for six weeks in September and October 2013.
2. Member request an additional item to be placed on the agenda once plans are available for the future works taking place at Romsey Community Hospital.

Chairman, 24 September 2013