

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 28 January 2014

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor David Keast

Councillors:

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

Co-opted Members:

Councillors:

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

Substitute Members:

Councillor Fiona Mather (Conservative substitute member)

In attendance at the invitation of the Chairman:

Councillor Liz Fairhurst, Executive Member for Adult Social Care and Public Health
Councillor Jonathan Glen, Chairman of Policy and Resources Select Committee
Councillor Patricia Stallard, Chairman of Safe and Healthy People Select Committee

23. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Ray Bolton, Jacqui England, Martin Lyon and Tim Southern. Councillor Fiona Mather, as the appointed conservative substitute member, attended in Councillor Bolton's place.

24. **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 Fiona Mather declared a non-pecuniary interest in Item 7, as she is a Winchester City Councillor.

Councillor Frank Rust declared a non-pecuniary interest in Item 7, as he is a member of the Wessex Clinical Senate.

Councillor Martin Tod declared a non-pecuniary interest in Items 7 and 8, as he is the Chief Executive of the Men's Health Forum, and a Winchester City Councillor.

25. **MINUTES**

The Minutes of the meeting of the Health Overview and Scrutiny Committee (HOSC) held on 26 November 2013 were confirmed as a correct record, and signed by the Chairman.

There was one matter arising in relation to the minutes:

- The Chairman informed the Committee that she had written to NHS England (Wessex) and the 'Hampshire 5' Clinical Commissioning Groups (CCGs) regarding 'choose well', and how commissioners are encouraging the public to access appropriate NHS services. The 'Hampshire 5' CCGs had provided a response, which had been circulated to the Committee, and the Chairman would chase NHS England (Wessex) for their view.

26. **DEPUTATIONS**

No deputations were received.

27. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Dr Foster Hospital Guide

Members recalled recent national news stories on Dr Foster's 'Hospital Guide 2013'. In the most recent list, Salisbury NHS Foundation Trust, a hospital used by patients in the west of Hampshire, featured as one of 13 hospitals in the Guide which had a higher than expected score on two or more different mortality indicators. The Chairman noted that colleagues in Wiltshire would take the lead on ensuring that high quality and clinically safe services were available to all who use the hospital, but wished the Committee to receive assurances from commissioners locally. West Hampshire CCG had therefore prepared a briefing for Members which had been circulated. Members were encouraged to inform the Chairman if they had any further concerns.

Bluebird House

Members heard that the Chairman and Vice-Chairman had recently visited Bluebird House in the New Forest, a specialist, secure mental health inpatient unit, providing assessment, treatment and care for young people. The Chairman and Vice-Chairman informed the Committee that they had been impressed with the standard of care and facilities, and also the dedication and enthusiasm of the staff. The Chairman informed Members that she had provided links to key departments at the County Council to initiate some informal discussions with staff at Bluebird House.

28. **REVENUE BUDGET FOR PUBLIC HEALTH FOR 2014/15**

The Director of Public Health and a representative of the Director of Corporate Resources attended before the Committee in order to present the revenue budget for Public Health for 2014/15 (see report and presentation, Item 6 in the Minute Book).

The presentation outlined the public health grant allocation in the context of the wider budget for the Council, and set out the presumption of a further freeze in the Council Tax precept, reduced government grants and the requirement to draw £25.4m from the Grant Equalisation Reserve.

In considering the more detailed information on the Public Health revenue budget, Members noted:

- That Cabinet had agreed a one-off allocation of £3.981m from the Public Health grant to support a range of activities in the Hampshire region for 2014/15 that would make a difference to the health of the population of the County, and enable the Council to deliver its new duty.
- That it was proposed that the remaining unallocated grant for 2013/14 be invested into one-off proposals, including services focused on health improvements and wellbeing, children aged 5-19, and substance misuse.
- That pressure against the sexual health budget was forecast for 2013/14 due to an increase in the use of services offered by one provider, but this was expected to be offset by lower activity by the main provider of these services.
- That the transfer of the Public Health budget to the Local Authority had enabled the Department to fully fund areas that weren't delivered across the whole of the County by the previous commissioners. For example, NHS Health Checks were now fully funded and accessible across Hampshire, as well as public health supporting services for domestic violence issues.
- That the focus for 2014/15, apart from the effective delivery of public health duties, would be the re-procurement of Public Health contracts. This was a necessary step to ensure that the right services are being commissioned for the people of Hampshire.

In response to questions, Members heard:

- That those County Council departments and external organisations receiving Public Health budget allocations, including the “core” public health duties would be measured and evaluated by their outcomes. Service evaluations were vital to ensuring that the Council provided value for money to the public and inform future decisions which may be necessary to continue to work within the budget, and a simple set of criteria were being developed to enable Public Health to collect and review this information.
- That all public health services are commissioned by outcome, rather than by delivery method or activity.
- That the Public Health grant was expected to be ring-fenced for 2015/16, but beyond this date assurances could not be provided.
- Spend in substance misuse included services aimed at individuals and groups using illegal drugs, ‘legal’ or ‘psychoactive’ highs, and misusing prescription medications. Although substance misuse services were not mandatory, the Council would continue to commission these important services through the Drugs and Alcohol Action Team (DAAT). Public Health would continue to develop their strategic approach to substance misuse, and the Deputy Director would be overseeing this work.
- That the specialist Public Health team had the second lowest staff numbers in the South of England, which meant there were some limitations to the work that could be progressed. However, it was expected that the three staff members that would be recruited on a temporary basis (3.5 years) to assist with re-procurement would enable specialists to focus on core work-streams.

Consideration was given to the phased re-procurement and letting of Public Health contracts in 2014/15. Members agreed that this was an area in which the Committee would wish to play an active role, and therefore added this to their work programme.

RESOLVED

That:

1. The Select Committee agree with the recommendation as set out in paragraph 9 of the revenue budget report.
2. The topic of ‘Public Health re-procurement’ is added to the work programme.

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

The Director of Policy and Governance presented a report on proposals to develop or vary health services in the area of the Committee (see Item 7 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 allowed the Committee to monitor outcomes from substantial changes, and items for noting which alerted the Committee to forthcoming proposals from the NHS to vary or change services.

Under items for action:

Hampshire Hospitals NHS Foundation Trust, NHS England (Wessex), NHS North Hampshire Clinical Commissioning Group, NHS West Hampshire Clinical Commissioning Group: fit for the future: maintaining high quality hospital services for the people of North and Mid Hampshire

The Committee welcomed the Chief Executive of Hampshire Hospitals NHS Foundation Trust, alongside representatives from NHS England (Wessex), NHS North Hampshire CCG, and NHS West Hampshire CCG, to speak to this item. Members noted that they had received a hard copy of the 'Engagement Report' as an addendum to the report (see Appendix 1 to Item 7 in the Minute Book).

The Trust and their Commissioners detailed to the Committee the work that had been undertaken by the organisations thus far, including a potted history of the hospitals in the North and Mid Hampshire area. It was outlined that there were multiple national drivers for change, underpinned by evidence, which was detailed in Appendix 1 to the report. The main local clinical driver for change was the need to move to 24/7 consultant rotas, providing medical cover in a safe and compliant way. The proposed centralisation of services was also driven by the desire to improve outcomes, and financial sustainability was also a key focus. Examples were provided of locally-centralised services that had led to improved outcomes for service users.

Early engagement with the public and work with key stakeholders had led to the development of proposals for the future of hospital services in North and Mid Hampshire. It was heard that two options had been identified as potentially viable to meet the future needs of service users. These were to:

- a) centralise critical care services on the site of Basingstoke and North Hampshire Hospital and invest in Royal Hampshire County Hospital in Winchester as a general hospital treating the majority of patients in the local community; or,
- b) build a new 300-bedded critical treatment hospital between Basingstoke and Winchester to treat the 15%-20% most sick patients or those at highest risk and invest in both the Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital as general hospitals treating the majority of patients in their respective communities.

Representatives stated that neither Royal Hampshire County Hospital nor Basingstoke and North Hampshire Hospital would close or be 'downgraded' as a result of the proposals. The aim was for both Hospitals to have an enhanced role, with Winchester in 'Option A' and both Hospitals in 'Option B' becoming community-facing units offering a range of specialties.

In relation to urgent care, analysis of the different options had shown that it wouldn't be geographically sensible to locate a critical care facility in Winchester, given its proximity to Southampton General Hospital, which had A&E services and was the regional major trauma centre.

It was noted that the future organisation of maternity services were known to be of particular concern to the people of Winchester. Through research, commissioners were aware that only 12% of expectant mothers nationally have a choice when deciding where to give birth. It was hoped that through the proposals Hampshire Hospitals would be able to provide four options: home birth, midwife-led units, co-located obstetric units and consultant-led obstetric units, leading to improved choice for those in the Winchester and surrounding area. Pathways were already in place for those mothers delivering babies away from obstetric units who experienced complications, and these would be applied to the proposals.

Representatives of the Trust and Commissioners set out next steps, which included a period of further engagement with stakeholders to ensure local residents are able to influence the development of options prior to consultation, which was proposed to be for a period of 12 weeks, based on Cabinet Office guidance. Work would also be ongoing to review the pathways of care under each proposal.

In discussion, Members asserted the importance of ensuring that the consultation contained the level of detail required to ensure that all stakeholders are able to make a fully informed contribution. Some Members of the Committee felt that the 'vision' for services across Mid and North Hampshire was not clear at this time. The Committee were assured by officers that clarity around the proposals would be provided in further engagement and the consultation, but requested the opportunity to comment on the additional information to be provided to stakeholders in the consultation document, prior to its release.

In response to questions, Members heard:

- That the NHS would weight feedback to ensure that the views of local people were taken into account during the consultation. The CCGs had a responsibility to listen to and represent the public, both through engagement and consultation, and through the involvement of GP membership.
- That the public would be provided with the information required to make a fully-informed contribution to the consultation. Consultants were being engaged by CCG representatives, and it was reported that clinical leaders were supportive of the new way of working under the proposals.
- That the status quo would not be an option in the consultation given that there was not adequate consultant cover to provide 24/7 working at both Hospital sites.
- That under both proposals Accident and Emergency (A&E) departments would continue to provide services 24/7, but would have limited consultant/junior doctor cover out-of-hours. The detail of this model was yet to be agreed, but pathways would be in place that would ensure that service users arriving at A&E requiring critical care would be urgently transported to the most appropriate site.
- That the key to reducing complications in maternity services was good patient selection. Regular ante-natal reviews highlighted which expectant mothers were likely to require obstetric care. The number of women transported during labour in Hampshire was relatively small

compared to total births – circa 200 out of 6,000. The Trust had pathways in place to account for maternity emergencies, but had undertaken recent work with maternity experts to launch 'Labour Line', a 24/7 helpline staffed by midwives to ensure that expectant mothers can always receive assistance when needed.

- That the implications of the 'Better Care Fund' (previously the Integration Transformation Fund) were still being worked through.
- That Commissioners would be informing the 11 February Health and Wellbeing Board of progress with the proposals.
- That governance structures were in place to aid the decision-making process for the reconfiguration. Oversight for the project would be provided from NHS England (Wessex).

The Committee were asked to determine whether the proposals as outlined constituted a substantial change in service, and whether they supported the next steps of the NHS organisations. The Committee resolved that the proposals constituted a substantial change in service, and that Members were satisfied with the plan for public consultation.

The NHS would now be expected to draw together and publish timescales which indicate the proposed date by which it is intended that a decision will be made. These timescales must also include the date by which the local authority will provide comments on the proposal.

RESOLVED

That:

1. The proposals constitute a substantial change in service.
2. The Committee are satisfied with the plan for public consultation.
3. The Trust and their Commissioners return to the HOSC once the outcomes of the consultation are known.
4. The Committee write to the Trust and their Commissioners with the further information required as outlined during the meeting.

Councillor Fiona Mather left the meeting at this point.

Under items for monitoring:

Southern Health NHS Foundation Trust: Adult Mental Health services – update on progress with model of care

The Committee had monitored the implementation of a new model of care for adult mental health services following a substantial change in service by Southern Health NHS Foundation Trust in May 2012. During this monitoring period Members had noted that demand for inpatient adult mental health beds had regularly exceeded availability of beds within the Trust. The Committee had previously received assurances from the Trust that beds have always been found for those that needed them (either through use of other

beds within the Trust, or purchasing bed days from private providers). The Trust had identified delayed discharges as the predominant reason for an increase in pressure, and provided assurance that improvement actions once embedded would decrease acute bed occupancy, and further progress community-based services.

The Committee welcomed an interim monitoring update from representatives of Southern Health on acute inpatient bed usage, recent Care Quality Commission inspections, and the future of the Woodhaven Unit in the New Forest (see Appendix 2 and 3 to Item 7 in the Minute Book).

Woodhaven was ready to be used as a low-secure acute mental health unit, but commissioners had not yet been able to organise the funding to be able to secure this service locally. It was hoped that a solution to this issue would be found within the 2014/15 financial year.

Members heard that a number of work-streams were ongoing, both within the Trust and with commissioners, which would address the issues experienced with delayed discharge. Analysis of bed occupancy had revealed that admissions to acute beds had remained stable, but the ability of the Trust to discharge service users in a safe and timely way had had an impact on those requiring admittance. The Trust were investing in crisis house provision and medical provision within inpatient and community teams, and it was expected that the Trust would be able to demonstrate significant improvements to acute bed capacity by the next update in April.

The Committee were concerned to hear the outcomes of recent Care Quality Commission inspections at two of Southern Health's acute inpatient units; Antelope House in Southampton and Melbury Lodge in Winchester. It was heard that a re-inspection had found Melbury Lodge to now be compliant with standards, but Antelope House to be non-compliant against three (on the themes of medicines management, care planning and physical healthcare), with enforcement action taken in relation to one. The Committee robustly challenged the Trust on actions being taken to remedy non-compliance, and received assurances that high quality services continued to be provided to service users, but the Trust were aware of the need to put mechanisms in place to ensure that the 'basic blocks' of care were provided at all facilities. Members were keen to receive a further update on this area at their April meeting.

In response to questions, Members heard:

- That the Trust shared benchmarking data and best practice with neighbouring mental health providers, who were reporting that demand for inpatient admission was increasing. This was not something being replicated in Hampshire.
- That an increase in referrals into community mental health teams had been recorded. Additional investment in staffing in community teams was ongoing, and some changes to consultant responsibilities were being progressed.
- The approach of the Trust to managing the physical healthcare needs of service users admitted to acute inpatient units was changing, given that a higher number of service users now had mental and physical

health co-morbidities. The Trust were seeking to improve the skill mix of staff working with service users, in order to ensure that physical health needs were planned for. A professional lead for nursing had also been recruited to lead strategically in this area.

- That smoking had previously been part of the 'culture' of mental health services. Service users were now encouraged to become 'smoke free', and inpatient units were now 'no smoking' areas, with the exception of shelters located outdoors. Smoking cessation teams had access to service users and care records took account of this area of physical health.
- The need to resolve issues with appropriate housing provision locally was urgent. The Trust was working with housing providers and commissioners to review what steps could be taken to improve this. The view of the Trust was that a culture change was needed in mental health funding to direct funds towards this often overlooked area. A possibility was the move towards direct payments for mental health service users.

RESOLVED

That:

1. The update provided by Southern Health NHS Foundation Trust on adult mental health services is noted.
2. A further progress report to the April meeting of the Committee is confirmed.

Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust: Inpatient Oncology services – update on temporary ward closure

Representatives from the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust presented to the Committee an update on the temporary closure of the inpatient oncology ward at the Royal Bournemouth Hospital, alongside an overview of their clinical services strategy post-merger decision (see presentation to Item 7 in the Minute Book).

The Committee were first informed of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust's (RBCH's) intention to temporarily close the inpatient oncology service at the Royal Bournemouth Hospital, and transfer patients to Poole Hospital, in November 2012. This was due to issues with recruiting sustainable levels of medical staff needed to look after patients who required complex oncology inpatient care on both sites, owing to a national shortage of suitably qualified staff. Since this time, the Trust had provided updates to the Committee, and agreed to provide a further progress report once the outcomes of the Competition Commission's consideration of their proposed merger with Poole were known.

It was heard that four beds at the inpatient oncology unit at the Royal Bournemouth Hospital had been temporarily closed since November 2012, and six had been opened at Poole Hospital. The position with clinical staffing previously described to the Committee was ongoing. The Trust had

reconsidered the service in light of the merger decision, and had determined that the inpatient oncology service should permanently close. It was expected that the next steps would be to engage with key stakeholders, including Commissioners, and then to seek to go out to a period of consultation.

The merger had been proposed as a means of achieving cost reduction and ensuring the clinical sustainability of health services in South East Dorset. As this proposal had been blocked by the Competition Commission, the Trust would be looking to bring about these benefits by different means, led by commissioners. The preferred way forward would be to move to a hot and cold site model, but this proposal was at an early stage. The delivery timescale for any reconfiguration would be likely to be between 3 – 5 years, but the Trust would be developing a 1 – 3 year standalone strategy, which would focus on service sustainability and staff development. It was heard that it was vital to retain, train and develop staff and maintain morale during and after any period of change.

Members heard that a recent Care Quality Commission inspection had found areas where RBCH needed to make improvements. These were covered by the themes of:

- dignity, respect and basic care needs met;
- reducing how busy the hospital is for urgent care patients;
- better ward staffing levels and skills;
- addressing patient needs;
- an open learning culture for quality improvement.

The Trust had developed an improvement action plan in response to the inspection, some of which had been implemented and had begun to deliver outcomes. It was expected that the Trust would be re-inspected within three months. The main focus going forward would be to improve urgent care services, including the front-door of the hospital (i.e. walk-in patients).

In response to questions, Members heard:

- That NHS Dorset CCG, as the primary commissioner of services, had been involved in discussions on the possible permanent closure of the inpatient oncology unit.

RESOLVED

That the Committee invite Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to return to the 29 April meeting of the Committee with detailed proposals for the future of the oncology service at Royal Bournemouth Hospital, to include evidence against the Secretary of States for Health's four tests of service change.

Councillors Chadd, Choudhary, Craig, Findlay, Harvey and Ringrow left the meeting at this point.

Under items for information:

NHS England (Wessex): specialised services – update on implementation of new service specifications

The Director of Commissioning from NHS England (Wessex) appeared before the Committee in order to present an update on specialised services (see presentation to Item 7 in the Minute Book).

The Chairman noted to Members that the Area Director for NHS England (Wessex), Mrs Debbie Fleming, had accepted the Chief Executive post at Poole Hospital NHS Foundation Trust, and would therefore be vacating her current post. Members joined the Chairman in wishing her well for the future.

The Chairman also raised with Members the recent letter received from Councillor Peter Eddis, Chairman of the Portsmouth Health Overview and Scrutiny Panel (HOSP), which sought to invite representatives of the Hampshire HOSC, alongside other selected County, District and Borough Councils on the South Coast, to an informal session to determine how a Joint HOSC on vascular services may work, and to agree a terms of reference for any review. Members were in agreement with the Chairman that in order for the Council to delegate its functions to a Joint HOSC on a substantial change that affects more than one local authority area, it must first receive proposals that it agrees to be a substantial change. Therefore it was agreed by the Committee that it would be premature for such discussions to take place, and concurred with the Chairman that the Committee would not at this stage send Member representation to this meeting. The Chairman agreed to respond to Councillor Eddis' letter to this end.

Members heard that the Committee had last received an update from NHS England (Wessex) in July 2013, specifically on vascular services, where it was heard that all NHS Trusts providing specialised services had been asked to assess themselves against new national service specifications. Once this self-assessment work had been completed, NHS England agreed to confirm the next steps and the timescales involved in ensuring compliance. Whilst all Trusts would be required to meet these new standards by 1 October 2013, NHS England noted that an extension may be agreed in certain circumstances – but only where there is a robust plan in place to enable the Trust to meet the specification within a specific, designated timescale.

Since this time, Members heard that approximately 80% of specialised services provided in the Wessex area were compliant with service specifications, with the remaining 20% requiring a derogation policy and closer working with commissioners. NHS England (Wessex) had not yet released information on derogation policies into the public domain, but there was a national commitment to doing so.

In relation to vascular services, Members heard that Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust had recently opened a new dialogue to consider creating a sustainable vascular network between the two Trusts. The model being discussed would be likely to involve all emergency work (as agreed by both Trusts) moving to Southampton, with the existing remaining high-volume vascular work at Portsmouth, although this was subject to agreement between providers and NHS England (Wessex) as the commissioner.

In response to questions, Members heard:

- That Portsmouth Hospitals Trust continued to have a derogation policy in place for the vascular service, and did not meet the service specifications as an independent centre. However, should they form a network with University Hospital Southampton, the network would be compliant with the specification.
- That NHS Health Checks and the Abdominal Aortic Aneurysm screening programme helped to reduce the number of individuals requiring non-elective vascular surgery.
- Data on the number of vascular cases undertaken by both Hospitals would be brought to any meeting where detailed proposals were to be considered.

RESOLVED

That the Committee invite NHS England (Wessex) to return to the 25 March meeting with detailed proposals for the future of vascular services at Portsmouth Hospitals NHS Trust and University Hospitals Southampton NHS Foundation Trust, in order for the Committee to determine if these constitute a substantial change in service.

29. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Director of Policy and Governance presented a report on enquiries received, the source of each enquiry and the action taken (see Item 6 in the Minute Book). The enquiries related to:-

NHS England (Wessex): Child and Adolescent Mental Health services – commissioning and provision of Tier 4 services for the Hampshire population

A representative of the Director of Policy and Governance informed Members that a response had been received from NHS England (Wessex) on Tier 4 Child and Adolescent Mental Health services, which had been requested following a previous item on the Committee's work programme (see Appendix 1 to Item 8 in the Minute Book).

Members were interested to hear of the national review being led by NHS England (Wessex) into Tier 4 service provision, and agreed to wait until the outcomes of this work are made available before agreeing whether to review this topic in further detail. The Committee noted the comments of NHS England (Wessex) on the relationship between changes in commissioning of Tier 2 and 3 services and an increase in pressure on Tier 4 services, and agreed to follow this up locally.

RESOLVED

That the Committee:

1. Review this topic once the outcomes of the national review led by NHS England into Tier 4 Child and Adolescent Mental Health services are known.

2. Request further information from Commissioners of Tier 2 and Tier 3 Child and Adolescent Mental Health services in order to understand whether monitoring is in place to ensure that changes made to these services do not impact upon Tier 4.

30. **HOSC WORK PROGRAMME**

The Director of Policy and Governance presented the Committee's work programme (see Item 9 in the Minute Book).

RESOLVED:

That the Committee's work programme be approved.

Chairman, 25 March 2014