

REPORT OF THE
Health Overview and Scrutiny Committee
PART II

70. PUBLIC HEALTH REVENUE BUDGET 2014/15

1. The Committee considered the first Public Health revenue budget on 28 January 2014 following the transfer of Public Health responsibilities to Hampshire County Council in April 2013, and had the opportunity to make recommendations on the budget to the Executive Member for Adult Social Care and Public Health.

2. Members noted the planned spend against service activity for 2014/15, and challenged how those County Council departments and external organisations receiving Public Health budget allocations would be measured and evaluated in terms of outcomes. Assurances were provided that service evaluations were vital to ensuring that the Council provided value for money to the public, and that a simple set of criteria were being developed to enable Public Health to collect and review this information.

3. 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 to this to their work programme.

4. The Committee resolved to support the recommendations being considered for decision by the Executive Member for Adult Social Care and Public Health on the revenue budget 2014/15.

71. 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 meetings on 26 November 2013 and 28 January 2014, consideration was given to the following items:

A. Hampshire Hospitals NHS Foundation Trust / NHS England (Wessex) / NHS North Hampshire Clinical Commissioning Group / NHS West Hampshire Clinical Commissioning Group

1. Members received on 28 January an item detailing proposals for the future of hospital services in North and Mid Hampshire from Hampshire Hospitals NHS Foundation Trust, in conjunction with NHS England (Wessex), NHS North Hampshire Clinical Commissioning Group and NHS West Hampshire Clinical Commissioning Group (all of whom commission services from the Foundation Trust). Members appreciated the opportunity to hear from health colleagues details of the work undertaken thus far, the two proposals for consideration, and future plans for engagement and consultation.

2. The Foundation Trust and its commissioners had identified two options as potentially viable to meet the needs of the population of North and Mid Hampshire. These were to either:

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.

3. NHS colleagues 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.

4. 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. 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. The Committee were assured by officers to this end, but requested the opportunity to comment on the additional information to be provided to stakeholders in the consultation document, prior to its release.

5. 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 are now 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, which will include whether the NHS has:

- a) Engaged and involved stakeholders in relation to changes; and,
- b) Evidenced that the changes are in the interest of the population served.

6. The Trust and their Commissioners were invited to return to the Committee once the outcomes of the consultation are known.

B. Southern Health NHS Foundation Trust: Adult Mental Health services

1. The Committee have 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.

2. During this monitoring period Members have noted that demand for inpatient adult mental health beds has regularly exceeded availability of beds within the Trust. The Committee has received assurance 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), and that work has been undertaken to identify why pressure on acute beds has increased.

3. The Chairman and Vice Chairman met with representatives from Southern Health in September 2013 in order to discuss adult mental health acute bed data and progress with the model of care overall. The Trust 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 Chairman reported the outcomes of this meeting to the Committee on 24 September 2013, where it was agreed that the Trust would next provide evidence for the monitoring of their service model in January 2014, with a full update in April/May 2014.

4. The Committee therefore welcomed an interim monitoring update from Southern Health on adult mental health services on 28 January 2014, with a report covering acute inpatient bed usage, recent Care Quality Commission inspections, and the future of the Woodhaven Unit in the New Forest. Members noted that Woodhaven was ready to be used as a low secure acute mental health unit, but that 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.

5. Members noted that a number of work-streams were ongoing, both within the Trust and with commissioners, which would address the issues experienced with delayed discharge. It was expected that the Trust would be able to demonstrate significant improvements to acute bed capacity by the next update in April.

6. The Committee were concerned to hear the outcomes of recent Care Quality Inspections at two of Southern Health's acute inpatients 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 all standards, but Antelope House to be non-compliant against three, with enforcement action taken in relation to one. The Committee robustly challenged the Trust on action being taken to remedy non-compliance, and requested a further update on this area to their April meeting.

C. NHS England (Wessex): Specialised Services

1. The Committee 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.

2. An update was therefore provided by NHS England (Wessex) on progress made with specialised services, including vascular services, to the 28 January meeting. 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.

3. 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 the commissioner.

4. The Committee resolved to 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 Hospital Southampton NHS Foundation Trust, in order for the Committee to determine if these constitute a substantial change in service.

D. South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital

1. A written update was received by the Committee on progress with the Chase Community Hospital project in Whitehill and Bordon, East Hampshire, at the 26 November meeting. Members were informed of the need to revise the project programme at Chase as a result of an issue with the approvals process from NHS Property Services, which must be completed before the building works at the Chase Hospital site can be approved.

2. The Committee heard that this process would add extra time requirements to the overall programme, although NHS Property Services were unable to confirm how long this would be. Members noted that the Clinical Commissioning Group was committed to providing the Committee with an updated programme timetable once available.

72. INQUIRIES RECEIVED AND ACTION TAKEN

The Committee continues to receive and respond to inquiries about NHS services from County Councillors and partners. At the meetings held on 26 November 2013 and 28 January 2014 the following key items were considered:

A. North East Hampshire and Farnham Clinical Commissioning Group: Possible Acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust by Frimley Park Hospitals NHS Foundation Trust

1. The Committee received an update from North East Hampshire and Farnham Clinical Commissioning Group on the possible acquisition of Heatherwood and Wexham Park Hospitals NHS Foundation Trust, in the Thames Valley region, by Frimley Park Hospitals NHS Foundation Trust, in Surrey. Frimley Park is a Hospitals Trust used by some of the population of North East Hampshire.

2. Members heard that discussions were still on-going regarding the benefits and disadvantages of the possible merger. The Trusts were committed to ensuring that patients would receive the best outcome as a result of any acquisition.

3. The Committee resolved to receive a further update on the possible acquisition from North East Hampshire and Farnham Clinical Commissioning Group and Frimley Park Hospitals NHS Foundation Trust once detailed proposals were available.

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

- Public Health revenue budget (search item reference 5553)
- Inquiries received and action taken (search item reference 5399 and 5517)
- Proposals to vary or develop NHS services (search item reference 5398 and 5518)

COUNCILLOR PAT WEST
Chairman