

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 25 March 2014

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor David Keast

Councillors:

p 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
p Jacqui England	p Bruce Tennent
p David Harrison	p Martin Tod

Co-opted Members:

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

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

31. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Tonia Craig and Councillor Martin Lyon.

32. **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 Jacqui England declared a non-pecuniary interest as she is the Chairman of the League of Friends at Lymington Hospital.

Councillor Frank Rust declared a non-pecuniary interest in Item 6, as he is a member of the Wessex Clinical Senate.

Councillor Martin Tod declared a non-pecuniary interest in Item 6, as he is the Chief Executive of the Men's Health Forum, which campaigned for Abdominal Aortic Aneurysm screening to be introduced.

33. **MINUTES**

The Minutes of the meeting of the Health Overview and Scrutiny Committee (HOSC) held on 28 January 2014 were confirmed as a correct record, and signed by the Chairman.

There were two matters arising in relation to the minutes:

- The Chairman informed the Committee that since the last HOSC meeting she had discussed a way forward with the Director of Public Health and the Executive Member for Adult Social Care and Public Health regarding scrutiny of the re-procurement of Public Health contracts. As a result of these discussions, it was agreed that a small member working group would be formed, which would receive an introduction to the services under Public Health, and provide input to this process as and when appropriate. The Chairman highlighted that it would be helpful to include Members of the Children and Young People Select Committee, who would also have a keen interest in this area. The Chairman invited interest from Members to be involved in this work.
- The Chairman informed the Committee that she had invited representatives from Hampshire Hospitals NHS Foundation Trust, together with commissioners, to attend the next meeting of the HOSC on the 29 April 2014. This would be to provide an update on progress made with the substantial change item, as stated on the Committee's work programme, as the Trust would now go through a Gateway Process of central government, which may affect the timescales of the project.

34. **DEPUTATIONS**

No deputations were received.

35. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made one announcement:

Romsey Community Hospital

Members noted that the Chairman had recently received an update from Southern Health NHS Foundation Trust, following their notification to the HOSC in July 2013 of their intention to temporarily close parts of the hospital for asbestos removal from the heating system.

Members heard that the Trust undertook building works at the hospital for a period of eight weeks between September and November 2013. The hospital was now fully operational with all wards re-opened by the end of November. Members were pleased to note that in addition to the asbestos removal, the Trust also took the opportunity to carry out improvements to the hospital environment. The Chairman congratulated the Trust for completing the work within the specified timeframe. It was noted that the Trust were currently considering whether any further building work was required to the plumbing and heating system, which if agreed, may take place later in the year.

36. **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 6 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:

NHS England (Wessex): Vascular Services - Proposals

The Committee welcomed the Director of Commissioning from NHS England (Wessex), and the Chair from the Wessex Clinical Senate, who spoke to the item alongside representatives from the two providers of vascular services in South Hampshire, Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust. In addition the Director of Public Health at Hampshire County Council and Clinical Director at West Hampshire Clinical Commissioning Group (CCG), were in attendance (see item 6, page 2 in the Minute Book). Members noted the letter to the Committee recently received from the Area Director of NHS England (Wessex) (see appendix 1 to Item 6 in the Minute Book), and the report recently received from NHS England (Wessex) on Options for the Provision of Vascular Surgery for Southern Hampshire (see appendix 2 to Item 6 in the Minute Book).

The Chairman emphasised that the Committee needed to be mindful that they would only be considering phase one of NHS England's (Wessex) preferred option four, and that the other phases would be considered by the Committee at a later date should NHS England (Wessex) approach the HOSC with detailed proposals.

The representative from NHS England (Wessex) set out to the Committee a short history of the vascular services review in South Hampshire, leading to the drivers for change which had shaped the proposed vascular model, as set

out in the report. The three key outcomes for the vascular service for NHS England (Wessex) would be to continue to improve vascular outcomes for the patient, to strive to ensure minimal traveling for patient's families and carers, and to ensure a sustainable service for the future. The four possible options identified for the future organisational arrangements for vascular services were highlighted as set out in the report. The preferred option four would follow a phased approach, with phase one implemented before the end of December 2014. Phase one would include:

- Establishing a single rota for emergency seven day vascular assessment and interventions and support for the major trauma and renal centres.
- All emergency AAA patients being operated on in Southampton.
- Ensuring that out-patient clinics, initial investigations, surgery for venous disease, re-ablement and rehabilitation would also be carried out as close to the patients home as possible.
- Establishing regular multidisciplinary teams and joint training opportunities.
- Considering the options and timescales for redirecting all non-emergency AAA patients, including those who have been picked up as part of the AAA screening programme, so that they are operated on in Southampton.

Clinical consensus would be required on the number of patients that would be transferred as 'emergency AAA patients', but in discussion it was thought that this would be circa 12 per year.

It was noted that there was a renewed dialogue between the two providers, with an agreement that the best way of working together was through a vascular network. In particular, it was heard by both Trusts that the shared training, research and cross-site multi-disciplinary meetings elements that could be achieved through a network were supported.

A representative from the Wessex Clinical Senate highlighted to Members the importance of providing the best clinical outcomes for patients. It was felt by the Senate that only a network model could meet the national service specifications. The Senate's opinion was that Southampton, as the South Hampshire major trauma and cardiac centre, would be better suited to become the single vascular surgery centre, with surgeons from Portsmouth and Southampton operating from there in a shared rota. The Senate highlighted concerns about not forming a network model, as surgeons operating in smaller centres such as Portsmouth, may have difficulty maintaining their surgical skills due to low patient numbers. Under the network model, medical evidence has shown that patients have an increased chance of a more successful recovery if their operations took place at centres which performed higher numbers of specialised vascular operations. Members heard that surgeon skills would remain at a safe level as a result of performing on a greater number of patients, which reinforced to Members that patient safety had to remain the primary consideration. The Committee were reassured that under the network model, surgeons would be on call 24/7, and a 1 in 6 rota would operate ensuring minimal delays in treatment and ensure surgeons were properly rested.

The Chairman asked representatives of other organisations present to inform Members of their view of the commissioner's preferred option:

- Portsmouth Hospitals Trust believed that conveying patients requiring emergency surgery for abdominal aortic aneurysms (AAA) from Portsmouth to Southampton could be detrimental to the clinical outcome of patients.
- Representatives from Portsmouth highlighted the low mortality rate at Portsmouth of 1% for vascular surgery, and emphasised to Members that existing patient clinical outcomes were high.
- Representatives from Southampton emphasised that moving to a network model based at one arterial centre would not be motivated by organisational glory, but believed that this would deliver the best clinical outcomes for the patient. It was noted that surgeons were also keen to work together in sharing surgical skills.
- The Director of Public Health informed the Committee that all of the Directors of Public Health (Hampshire, Isle of Wight, Portsmouth and Southampton) were in agreement that there was consistent evidence to suggest that patient outcomes were better if emergency care is centralised. The importance of encouraging people to maximise life spent in good health was noted and the importance of the AAA screening programme to help prevent the need for future complex vascular surgery emphasised. The Director also stressed the importance in ensuring that patients receive the optimum clinical service as this would have an affect on the demand of service at a local level, through Councils and CCGs.
- The Clinical Director at West Hampshire CCG highlighted that the Clinical Senate had concerns that surgeons operating in smaller facilities such as Portsmouth may lose existing skills as there would be a smaller number of surgeries to perform, and Portsmouth may not be able to maintain their admirable existing safety record. It was therefore thought that surgeons would need to operate at a major centre to maintain their skills at a safe level. Members heard that the CCG would debate this topic at the Clinical Senate in the near future.

It was noted that Royal Free Hospital and St George's Hospital in London currently operate on patients referred from Hampshire who require very complex AAA surgery. A move towards a network model gave clinicians hope that the new infrastructure would enable more complex procedures to be carried out at the single vascular centre.

In response to questions, the following points were raised:

- That conveying patients in need of emergency surgery to a central arterial centre would be in the patient's best clinical interest.
- That phase one discussions centred on very small numbers of patients.
- That an unofficial network was already in place in terms of transferring patients in need of specialist renal care between Portsmouth and Southampton. That formalising a network would ensure the best outcome for the patient.
- That patient choice in terms of patients needing emergency AAA surgery is not a consideration, as these patients would be blue-lighted to hospital under phase one proposals.

- That the national service specification of each arterial centre employing at least six vascular surgeons wouldn't necessarily mean that all six surgeons would perform all types of vascular surgery. Some would only focus on aneurysm repairs, for example.
- That clinicians believe that a secondary surgical site would not provide a feasible option as surgeons may be less familiar with operating features at different sites, and the potential for mistakes to occur may increase.
- That a "soft" approach to encourage public attendance at aortic aneurysm screening programmes had prevented patients feeling coerced to attend. Methods employed have included correspondence to homes, verbal reminders at routine GP appointments and also innovative branding of the programme.
- That a successful screening programme would also help to decrease the number of 'open' surgeries in the future. As a result of successful screening, the number of 'keyhole' style surgeries would be likely to increase.
- That at the request of Members, up-to-date data on the take-up rate of the AAA screening programme would be provided to the Committee.
- That up-to-date data on comparative performance of elective AAA repairs and carotid endarterectomies across both providers would be provided to the Committee.
- That the network should hold responsibility for constructing proposals for future network working, and the role of the Clinical Senate would be to provide on-going clinical advice to the network.
- That the Committee would wish to monitor and evaluate the implementation of phase one prior to their consideration of phases two and three.
- That NHS England (Wessex) would be committed to providing regular reports to the HOSC, and also emphasised the importance of standardising information.

The Committee were asked to determine whether the proposals detailed in Phase 1 of Option 4 constituted a substantial change. When taken to a vote, the following recommendations were agreed (12 for, three against, one abstained):

RESOLVED

That:

1. Phase 1 of Option 4 is not a substantial change in service for the population of Hampshire.
2. The Committee is not able determine the nature of the change for Phase 2 and 3 of Option 4, and therefore invites NHS England (Wessex) to return in future with further proposals under Option 4, in order for the Committee to determine if these constitute a substantial change in service.
3. The Committee are satisfied with the next steps proposed by NHS England (Wessex) in relation to plans for public consultation. That the

Committee respond to this consultation, and have the opportunity to feed into any draft consultation document proposed to be published in Hampshire.

4. The Committee, through the Chairman, write to NHS England (Wessex) to set out the resolutions agreed, and request a further item when timely.
5. Any vascular review undertaken by the Portsmouth Health Overview and Scrutiny Panel or a Joint HOSC is observed through Councillor Keast, who is a Member of the Portsmouth Health Overview and Scrutiny Panel.

Councillor Tony Hooke left the meeting at this point.

Under items for monitoring:

None received

Under items for information:

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

The update provided in the report (see Item 6, page 4 in the Minute Book) was noted.

RESOLVED

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

Hampshire HOSC: Section 136 Working Group Update

The Chairman of the Hampshire HOSC 'Adult Mental Health Section 136' working group updated the Committee on progress since the last Committee update (see Item 6, page 5 in the Minute Book).

Members heard that the working group will re-convene once the further evidence requested from key adult mental health witnesses has been received. Final recommendations will be made to the HOSC in due course.

RESOLVED

That the Committee note the update.

37. **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 7 in the Minute Book). The enquiries related to:-

Choose Well / Access to Appropriate Healthcare Services

A representative of the Director of Policy and Governance informed Members that following on from the January HOSC meeting where the Committee scrutinised winter resilience at acute trusts in Hampshire, correspondence had been sent from the Committee to NHS England (Wessex) and the five Hampshire CCG's Hampshire to investigate how commissioners are engaging with the public to 'choose well'. Members noted the responses that had been received (see Appendix 1 and Appendix 2 to Item 7 in the Minute Book).

Members raised queries about the accessibility of GP's and out of hours care for patients, and were interested to receive further information regarding patients accessing appropriate care.

RESOLVED

That the Committee send further correspondence to NHS England (Wessex) and the Hampshire 5 CCGs re 'choose well' and access to appropriate healthcare services, requesting:

- The success rate and evaluation process following a period of 'choose well' engagement with the public.
- Learning from other areas.

38. HOSC WORK PROGRAMME

The Director of Policy and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

Following discussions relating to the item on Fluoridation of Drinking Water in Southampton and South West Hampshire, Members heard:

- That legal advice is now being sought, as previous legal opinion had been given in support of fluoridation.
- That some confirmation of timescales will be sought, and circulated to the members once received.

RESOLVED:

That the Committee's work programme be approved.

Chairman, 29 April 2014