

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 27 March 2012.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

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| p Ray Bolton | p Peter Edgar |
| p Ann Buckley | p David Harrison |
| p Graham Burgess | p David Keast |
| p Rita Burgess | p Pam Mutton |
| p Roz Chadd | p Jenny Radley |
| p Brian Collin | p Angela Roling |
| p Phryn Dickens | p John Wall |

Co-opted Members:

Councillors:
p Alison Finlay
a Ray Love
p Tim Southern
p Dennis Wright

In attendance at the invitation of the Chairman:
Cllr Adam Carew, County Councillor for Bordon, Whitehill and Lindford
John Carr, Hythe Hospital League of Friends
Cllr Brian Dash, County Councillor for Dibden and Hythe
Cllr Felicity Hindson, Executive Member for Adult Social Care
Cllr Keith Mans, County Councillor for Lyndhurst
Frank Rust, Chairman of the Hampshire LINK

101. **APOLOGIES FOR ABSENCE**

Apologies were received on behalf of co-opted Member Cllr Ray Love.

102. **DECLARATIONS OF INTEREST**

Members were mindful that, where they believed that they had a personal or personal prejudicial interest in any matter to be considered at the meeting they should, normally at the time of the debate, declare their interest, and having regard to the circumstances described in paragraphs 9, 10, 11 and 12 of the County Council's Code of Conduct, consider whether to leave the meeting whilst the matter was discussed save for exercising any right to speak in accordance with Paragraph 12 of the Code.

The following members declared a personal interest:

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| Cllr Brian Collin | Wife employed by NHS |
| Cllr Phryn Dickens | Husband and son employed by NHS, son works at Queen Alexandra Hospital in Portsmouth |
| Cllr Peter Edgar | Shadow Governor of Queen Alexandra Hospital in Portsmouth, Health spokesperson for Gosport Borough Council and Co-opted Member of Portsmouth Health Overview and Scrutiny Panel |
| Cllr Alison Finlay | Met Dr Julian Lewis MP at an event held for her constituents |
| Cllr Pam Mutton | Daughter employed by NHS Member, League of Friends, Andover WMH and member of her GP patient reference group |
| Cllr Pat West | Daughter-in-law employed by NHS. Trustee of Countess of Brecknock Hospice. |
| Cllr Dennis Wright | Wife is a GP Practice Manager |

The following member declared a personal prejudicial interest:

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| Cllr David Harrison | Employee of Southern Health NHS Foundation Trust |
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103. **MINUTES**

The Minutes of the Meeting of the Committee held on 24 January 2012 were confirmed as a correct record, and signed by the Chairman.

104. **DEPUTATIONS**

The committee received the following deputations in relation to Item 8 on the agenda (Proposals to Develop or Vary Services – Southern Health NHS Foundation Trust: Adult Mental Health Services – update on implementation):

Dr Julian Lewis MP, Member of Parliament for New Forest East. The Chairman allowed the depute to circulate to Members of the committee two handouts to which he referred. The Chairman lifted standing orders to allow Members of the Committee to ask questions of the depute.

Mrs Barnicoat-Chongwe, a nurse practitioner in mental health, together with Mr Evans, a user of mental health services provided by Southern Health NHS Foundation Trust. The Chairman lifted standing orders to allow Members of the Committee to ask questions of the deputees.

Cllr Mrs Arnold, Chairman of Ashurst and Colbury Parish Council, together with Mrs Bryant, a carer for an adult mental health service

user. The Chairman lifted standing orders to allow Members of the Committee to ask questions of the deputees.

The Chairman proposed to take the Item to which the deputees had spoken out of order, to which the Committee agreed.

Cllr David Harrison withdrew from the meeting.

105. **PROPOSALS TO DEVELOP OR VARY NHS SERVICES**

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

Southern Health NHS Foundation Trust: Improving Outcomes for Hampshire's Adult Mental Health Services

The Chairman invited the Councillor for Lyndhurst, Cllr Keith Mans, to speak as the County Councillor for the constituency including the Woodhaven unit. He expressed concern regarding whether community services were adequately resourced to respond to additional demands.

The Chief Executive of Southern Health NHS Foundation Trust and colleagues gave a presentation providing an update on implementation of their proposals since the January meeting of the Health Overview and Scrutiny Committee, in addition to the written report provided (see Appendix 1 to Item 8). It was noted that the intensive support programme which was already in place in the Woodhaven area would be rolled out to all areas from April, and that staff had started transferring from the Meadows inpatient facility to form a Hospital at Home team for the East Area.

It was reported that based on the validated bed occupancy data retrieved at 9am each day, bed usage continued to be below bed availability in January and February across the Trust's total Adult Mental Health beds. It was noted that further reductions were planned, with 107 beds anticipated to remain once the transition to the new model was complete.

Regarding 'leave' or 'assigned' beds, it was explained that in some cases service users were granted long term leave, in which case the bed could be re-used for other service users. People detained under the mental health act could be granted 'section 17 leave' if considered clinically appropriate. Members were informed that bed alert emails, such as those leaked by a Member of Southern Health's staff and supplied to the Committee by Dr Julian Lewis MP, were a routine way of managing beds. Clinicians have historically had the flexibility to review patients for early discharge, in order to provide vacant beds, but would only approve someone for discharge if clinically appropriate.

Members heard that the Trust would be undertaking a 'before and after' evaluation on the transformation from a focus on acute inpatient care to a community model, in order to provide local assurance regarding the success of the implementation, and to add to the evidence base nationally regarding this approach. It was noted that rigorous academic principles would be applied to this piece of work, such as ensuring those considering the evidence were blind to which evidence was related to before and after the change, in order to exclude bias.

The Trust reported that it was planned to re-use the facility at Woodhaven for a different category of mental health patients – those detained under the Mental Health Act with complex needs or co-morbidities requiring a 'low secure' environment. Members learned that currently a number of Hampshire patients of this type were based at inpatient facilities outside of Hampshire due to the lack of suitable accommodation within the County.

Members asked questions to explore what they had heard, and responses included the following:

- The Trust was comfortable with working with a small margin of spare bed capacity, considering this to be efficient, and was confident of managing this safely and effectively.
- Availability of beds was not even across gender because evidence suggested demand was higher from males. However it was acknowledged that capacity to be flexible was beneficial.
- It was reiterated that an individual who had clinical need of an inpatient bed would never be turned away – should beds in the adult mental health directorate be full, the Trust would seek a bed from the remainder of their facilities if necessary (e.g. Older People's Mental Health beds), or another provider within Hampshire, or as a last resort, a placement outside of the County.
- That in the Trust's view, bed occupancy levels had reduced in recent months due to the additional community support in place, meaning that there were increasing opportunities to treat people in the community even when acutely unwell, in order to avoid the need for an inpatient stay. There had also been increased emphasis on discharge from the time of admission to encourage shorter lengths of stay, and workstreams focusing on reducing stay in intensive care units.
- That the 'before and after' evaluation conclusions would inform future service design. Should it be found that clinical demand for acute inpatient beds was greater than bed availability, the re-opening of inpatient beds would be considered.
- The Hospital at Home service would be accessible 24 hours a day, with a 'sleeping service' overnight. This initial service model would remain open to review; should it be found that a 24/7 'awake' service was needed, flexibilities could be built into the system to support this.
- In response to a statement in a deputation heard by the Committee, it was reported that an email had been sent to all

Parish Councils on 8 September 2011 regarding the adult mental health proposals.

- That recent media reports regarding delays in adult mental health assessments in 'places of safety' were due to a complex range of issues. This problem had been identified and work was ongoing to improve access out of hours to social workers.
- That work was ongoing with the emerging Clinical Commissioning Groups to heighten their awareness of the need for increased funding for adult mental health services in Hampshire.

Members, following what had been heard through the deputations received and the ensuing robust discussion, noted the continued questions and concerns that had been raised about the evidence supporting the proposed changes. Such concerns included:

- Levels of bed demand and bed management, how these were being managed during the transition, and how further reductions would be safely managed.
- What level of spare capacity was appropriate to enable operational management of peaks and troughs in demand during the year, including flexibility across gender-assigned beds.
- How remaining units meet service users needs and support recovery, including the availability of en-suite facilities.
- What support would be available 24/7 to support service users in the community who would previously have been treated as inpatients.

Following the raising of these concerns, the Committee requested that Southern Health NHS Foundation Trust consider a pause in the implementation of the changes to adult mental health services. The Trust was clear that such a delay would have an adverse impact on both staff and service users. As a result of this discussion, Members accepted that such a pause would not be in the best interests of the population affected.

Therefore the Committee agreed the following in relation to this agenda item:

RESOLVED:

1. Members continued to support the way forward proposed by Southern Health NHS Foundation Trust in relation to Adult Mental Health services, as agreed by the Committee in January 2012.
2. Members establish a small task and finish review group to discuss concerns raised during the course of the meeting. This group will comprise Members of the HOSC and will have independent membership from the Local Involvement Network. The group will consider the written evidence previously provided by the stakeholders present at the 27 March meeting.
3. Members requested that the 'before and after' evaluation of the service change be presented to the committee when available.

Following this item, the Chairman suspended the meeting for a ten minute comfort break.

106. **CHAIRMAN'S COMMUNICATION**

The Chairman reported that this was the last meeting being attended by Martin Combs, Scrutiny Officer. Members wished to record their thanks to Martin for his support to the Health Overview and Scrutiny Committee over the years.

107. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 6 in the Minute Book).

RESOLVED:

That the Committee's Work Programme be approved.

The Chairman proposed to take Item 7 – 'Chase Community Hospital Update' , followed by Item 7 - 'Hythe Hospital Update' out of order, to which the Committee agreed.

108. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Chief Executive presented a report on enquiries received, the source of each enquiry and the action taken (Item 7 in the Minute Book). The enquiries related to:-

SHIP PCT: Chase Community Hospital Update

Representatives from SHIP PCT Cluster gave a verbal update regarding the development of proposals for the future use of the Chase Community Hospital site. It was noted that the local population in the surrounding area was anticipated to increase significantly in future years, therefore it was important to 'future proof' the services to be provided, as far as possible.

The Chairman invited the local County Councillor for Bordon, Whitehill and Lindford, Cllr Adam Carew, to comment on the SHIP PCT Cluster's plans. Cllr Carew expressed concerns from local stakeholders regarding the under-utilisation of Chase, and stressed the importance of retaining services supported by the local community.

RESOLVED:

1. Members confirmed they were satisfied with progress made on the proposed model of care for Chase Community Hospital, and requested that the local Member continue to be engaged in the stakeholder group.

2. Members confirmed that they wished to invite SHIP PCT Cluster to the 22 May 2012 meeting in order to receive a written report detailing the proposals for the future of Chase Community Hospital.

SHIP PCT: Hythe Hospital Update

SHIP PCT Cluster and Hampshire County Council Adult Services representatives attended to present an update regarding Hythe Hospital (Item 7 Appendix 2 and 3). The partners and stakeholders were currently looking to finalise the mapping of likely patient activity through the site, and from this, which community services could be provided to the local community from Hythe Hospital. A planning options appraisal was currently subject to discussion in the steering group, with agreement that the latest building works would be completed by October 2015.

It was reported that it had been planned to commission 16 reablement beds in the local community, but at present only six were operational. Previously, ten beds had been commissioned from 'Forest Court', a nursing home provided by Hampshire County Council, but issues relating to the provision of these had resulted in them being de-commissioned. Feedback from local GPs had indicated provision of all the beds on one site was not their preference, therefore it was planned to re-commission the beds in small clusters across the local area.

The Chairman invited the County Councillor for Dibden and Hythe, Cllr Brian Dash, to comment on progress with the model of care. Cllr Dash reported that he was satisfied with the progress being made. The Chairman of the League of Friends echoed this sentiment, though regretful that in some areas progress had been slower than stakeholders would have liked.

RESOLVED:

1. Members confirmed they were satisfied with progress made on the proposed model of care for Hythe Hospital.
2. Members confirmed that they wished to receive an interim update from Hampshire County Council Adult Services when the ten reablement beds were re-commissioned.
3. Members requested that an update be provided on Hythe in a year's time.

The Chairman proposed to take Item 8 – 'Vascular Surgery' out of order, to which the Committee agreed.

109. **PROPOSALS TO DEVELOP OR VARY NHS SERVICES**

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

substantially change or vary NHS services, and items for information which alerted the Committee to forthcoming proposals from the NHS to vary or change services.

Under Items for action details were given on:

SHIP PCT: Vascular Surgery

SHIP PCT Cluster representatives gave a verbal update on the commissioning intentions for vascular surgical services in Hampshire (see Item 8 Appendices 3-6). It was reported that the PCT would be continuing to monitor vascular surgical services in Hampshire through a Clinical Governance monitoring framework, and it was anticipated that further data would be published in the summer of 2012. It was confirmed that the PCT, as the commissioner of vascular surgical services, would take action if there were concerns over the ability of a Trust to provide safe vascular services in the County.

Members and the LINK representative expressed disappointment that the Trusts located in Portsmouth and Southampton had not been able to agree on a vascular services network model. Members questioned whether Portsmouth Hospitals Trust would be able to meet the service specification set out by South Central Strategic Health Authority for vascular services, in particular the recommendation that Trusts providing such services operate a 1 in 6 rota, providing 24/7 vascular surgeon coverage, from April 2012. Members were assured that Portsmouth Hospitals Trust would be recruiting two additional vascular surgeons, but that these wouldn't be in post prior to 1 April 2012.

RESOLVED:

1. Members agreed to engage with their HOSC colleagues across Southampton, Isle of Wight and Portsmouth in order to explore the feasibility of a potential review, which would scrutinise the decision taken by the SHIP PCT Cluster to continue to commission the historical vascular service in Hampshire.
2. Members agreed to retain 'Vascular Services' on the HOSC work programme, in order that they may invite the SHIP PCT Cluster back at a date to be agreed to provide an update on this topic.

The Chairman proposed to return to the order of the Agenda, to which the Committee agreed.

110. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Chief Executive presented a report on enquiries received, the source of each enquiry and the action taken (Item 7 in the Minute Book). The enquiries related to:-

SHIP PCT: Oak Park Update

SHIP PCT Cluster and Hampshire County Council Adult Services representatives attended to present an update on the Oak Park development (Item 7 Appendix 1). It was noted that the Havant War Memorial Hospital had closed in October 2011, with the agreement that ten alternative reablement and intermediate care beds would be commissioned elsewhere in the community. However, at the present time only two beds were fully operational, following an inspection at the nursing home where the beds had been commissioned resulting in moderate concerns from the Care Quality Commission.

Following Member questions regarding the future commissioning intentions for the ten reablement/intermediate care beds, it was reported that relationships had been developed with the home selected and staff locally wished to continue with this provider. It was noted the provider had now completed the required improvement actions flagged by the Care Quality Commission.

It was also reported that there had been a positive level of sign-up to new unscheduled care pathways.

RESOLVED:

1. Members confirmed they were satisfied with progress made on the proposed model of care for Oak Park.
2. Members confirmed that they wished to receive an interim update from SHIP PCT Cluster when the contract for commissioned reablement/intermediate care beds at Edenvale Nursing Home had been implemented in full, or if an alternative provider were found.
3. Members requested that an update be provided on Oak Park in a year's time.

111. PROPOSALS TO DEVELOP OR VARY NHS SERVICES

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

Under Items for action details were given on:**Southern Health NHS Foundation Trust: Older People's Mental Health Services**

The Chief Executive of Southern Health NHS Foundation Trust and colleagues gave a presentation to summarise and expand on the key

areas identified in the report (see Item 8 Appendix 2 in the Minute Book). It was explained that the aim of the Trust was to support people to continue living fulfilling lives outside of a hospital setting. The Trust wished to consult on the next phase of their plans to move the focus of older people's mental health services away from inpatient beds. It was indicated that community support available had resulted in reduced demand for inpatient beds.

It was reported that pre-consultation engagement on the future older people's mental health service had been undertaken, and the Trust were working with service users regarding travel plans to alternative locations. The Trust had also worked with Hampshire County Council Adult Services regarding respite opportunities and early intervention.

One of the Trust's proposals suggested the closure of four inpatient units over the coming eighteen months in order to release funding for community services. It was argued that current levels of bed usage meant that these beds could be taken out without an adverse impact on bed availability, for example it was reported that 50 beds were vacant on the Friday prior to the meeting, across all Older People's Mental Health units.

It was indicated that the units highlighted for closure were Fernhurst at St James Hospital in Portsmouth, The Willows in Petersfield, Summervale in Sarisbury Green, and the Becton Centre in the New Forest. Both Summervale and the Becton Centre were felt not to have the suitable therapeutic environment for older people with mental health needs.

Members asked questions to explore what they had heard, and responses included the following:

- That an engagement plan was currently being drafted and would be shared with the Committee.
- That support had been gained for the direction of travel from West Hampshire Clinical Commissioning Group (CCG). The Trust were awaiting the opportunity to discuss the proposals with the South East Hampshire CCG.
- Local stakeholder groups had been established in the areas affected and their feedback would be invited throughout the process.
- Regarding the planned closure of Summervale, it was reported that the patients currently located at this facility could be transferred to alternative settings e.g. care homes.
- It was clarified that the 40-50 empty beds figure applied across the service, not specifically to the units in the areas under consideration in this phase
- An Adult Services representative confirmed that the direction of travel was for mental health service support to individuals being treated in mainstream settings, rather than having specific mental health inpatient beds
- That ten older people's mental health beds had been included in the original plans for the Oak Park site, but these would not now be

required. The Trust would however be expected to provide mental health input to general care home beds provided on the site.

RESOLVED:

1. Members requested the Trust's Engagement Plan for the Older People's Mental Health services consultation.
2. Members confirmed that Southern Health NHS Foundation Trust had undertaken appropriate stakeholder engagement in the development of the proposals for improving outcomes for older people's mental health services in Hampshire.
3. Members confirmed that whilst they supported the direction of travel outlined by the Trust in relation to Older People's Mental Health services, and their wish to go out to consultation on this, they were not in a position to agree the next steps proposed by the Trust without having an opportunity to see, and comment on, the draft consultation paper. It was recommended that the Trust work with the Chairman regarding the Draft consultation document, and that the document be circulated to Members of the Committee prior to the launch of the consultation.

Under items for information details were provided on:

SHIP PCT and HCC Children's Services : progress in relation to the provision of therapy for children with special educational needs

Commissioning representatives from SHIP PCT Cluster and Hampshire County Council Children's Services gave an update regarding progress with the review of the provision of therapy for children with Special Educational Needs (Item 8 Appendix 7). It was reported that a consultation on the Options outlined in the paper was planned to take place between April and June 2012. Feedback from the commissioning lead for the Clinical Commissioning Groups suggested that Option 4 (commissioning via individual CCGs) was not their preference. The Committee were invited to indicate their preference for Member feedback.

RESOLVED:

That Councillor Brian Collin and Councillor Pam Mutton are appointed to the project board considering the options for the future commissioning of therapy services on behalf of the Health Overview and Scrutiny Committee.

SHIP PCT: Falls Review Progress Update

A consultant in Public Health working jointly for the SHIP PCT Cluster and Hampshire County Council presented to the Committee highlights from the strategy (Item 8 Appendix 8). Members indicated their support for the paper provided. Members heard, in answer to a question, that Clinical Commissioning Groups would be responsible for commissioning fracture

liaison services in future, and therefore it was unlikely there would be one service for the whole of Hampshire as such Groups would commission according to local need.

From April 2012, three new indicators, based on NICE guidance on osteoporosis have been agreed to be added to Quality Outcome Frameworks for GP practices, encouraging GPs to create dialogue with secondary care providers on how to improve and monitor care for service users with this condition.

RESOLVED:

That Members commended the draft strategy.

National Specialist Commissioning Board: Children's Heart Surgery

The Chief Executive updated members regarding the national review of children's heart surgery services, the outcome of which remained on hold pending the outcome of the Joint Committee of PCT's (JCPCT) appeal of the Judicial Review decision that the consultation had been unlawful. It was reported that scrutiny committees had been given the opportunity to make further comments to the JCPCT as a result of the Judicial Review ruling, in relation to a report that had been published subsequent to the previous deadline for submissions. A proposed response had been drafted (see Item 8 Appendix 9).

RESOLVED:

Members agreed the response to be submitted to the JCPCT.

Chairman, 22 May 2012