

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 28 September 2010.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

p Ray Bolton	p David Harrison
p Ann Buckley	p David Keast
a Rita Burgess	p Roz Muschamp
p Keith Chapman	p Pam Mutton
p Brian Collin	p Angela Roling
p Phryn Dickens	p John Wall
p Peter Edgar	

Co-opted Members:

Councillors:

a Marion Kerley
a Ray Love
a John Marsh
p Dennis Wright

Also in attendance: Councillor Felicity Hindson, MBE, Executive Member for Adult Social Care and Tom Smith, Chairman, Hampshire LINK

At the invitation of the Chairman: Councillor Brian Dash

33. **DECLARATIONS OF INTEREST**

Members were mindful that, where they believed that they had a personal or personal prejudicial interest 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:

Cllr Brian Collin	Wife employed by NHS
Cllr Phryn Dickens	Husband and son employed by NHS
Cllr Peter Edgar	Does work for NHS
Cllr David Harrison	Employed by NHS
Cllr Pam Mutton	Daughter employed by NHS

Cllr Pat West	Member, League of Friends, Andover WMH
Cllr Dennis Wright	Daughter-in-law employed by NHS
	Wife is a GP Practice Manager

34. **MINUTES**

The Minutes of the Meeting of the Committee held on 27 July 2010 were confirmed as a correct record, and signed by the Chairman.

35. **CHAIRMAN'S COMMUNICATION**

a. **Apologies**

Councillors Rita Burgess, Marion Kerley, Ray Love and John Marsh tendered their apologies.

b. **Health highlights: July - September**

The Chairman attended a session on the White paper held by Andrew Lansley MP on the 26 August. There was limited time to raise questions but the issue relating to accountability of health to local members was highlighted.

The Chairman also attended the Healthy Accountability Forum held by the Centre for Public Scrutiny on the 20 September as the regional lead for HOSCs in South Central. An invitation was extended to the civil servants at the Department of Health to visit Hampshire to see member led scrutiny in action.

On the 27 July the Chairman was alerted to a proposal from Portsmouth Hospitals Trust to close ward G5, which provides end of life care. The hospital has stated that it intends to increase the number of people who can access this care by reallocating the skilled staff from this ward be a resource for all patients requiring end of life care admitted to Portsmouth Hospitals Trust. Confirmation was sought from NHS Hampshire about the appropriateness of this move, taking account of the Hampshire End of Life Strategy, and a response was received on the 9 September. This matter will be discussed in depth at the next HOSC meeting to ensure that appropriate support is being provided to all patients requiring end of life care. Members were asked to inform the Chairman of any specific issues that they wished to raise with Portsmouth Hospitals Trust in relation to these services.

The Chairman expressed sadness that Nick Yeo would be leaving his current role as Chief Executive at Hampshire Partnership NHS Foundation Trust in order to take up a leading role in implementing the outcome of the White paper. The Committee joined in wishing him well.

c. **Additional tabled items**

Further to the additional information requested the last HOSC the following had been circulated:

- Business case for integrating Hampshire Community Health Care with Hampshire Partnership NHS Foundation Trust
- 'Working together to build a bright future for Hythe Hospital'

d. **For Members' diaries**

Further discussions regarding urgent care at the previous HOSC meeting, a briefing and discussion with Dr Paynton had been arranged for with all HOSC members at 10am on Thursday 14 October. Portsmouth HOSC had kindly offered to host this meeting which takes place at their Civic Offices. Any member who wishing to attend should contact the Scrutiny Office.

36. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 4 in the Minute Book), together with a proposal to undertake a review of falls.

RESOLVED:

That the Committee's Work Programme be approved subject to the issues raised at this meeting.

That the proposal for the review of falls is agreed.

37. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Chief Executive presented a report on enquiries received, the source of each enquiry and the action taken (Item 5 in the Minute Book). The enquiries related to:-

a. **NHS Hampshire: Hampshire Community Health Services integration with Hampshire Partnership NHS Foundation Trust**

An update was given on the transforming community services programme to integrate Hampshire Community Health Care with Hampshire Partnership NHS Foundation Trust. Members were informed that the first draft of the business case had been received by South Central Strategic Health Authority (SHA), who had requested further details on the financial benefits expected from the merger. The second draft was expected to be submitted to the SHA in November 2010. Currently the integration timelines had not suffered slippage, and progress was being made against all actions. All risks were being mitigated.

Members broadly welcomed the proposals and noted that what was suggested is essentially an organisational merger. It is not anticipated that there will be any changes in services as a consequence of the merger.

The Committee sought assurances that there would be an emphasis on working across health and social care as the integration proceeds. Additional information was sought in relation to services for children, which were only briefly referred to in the document. It was confirmed that Hampshire Community Health Care would continue to forge a constructive working relationship with the HOSC throughout the time period of the merger and ensure that any changes to services were drawn the members attention in a timely way.

Members asked about the potential for estate efficiencies as a result of the merger. NHS Hampshire advised that although the two providers wished to include estates efficiencies within their plans, central government guidance restricted Trusts from transferring assets, advising them to instead retain all property.

Members were informed that a joint steering group had been formed between those leading the integration and the county council, with both the Director of Adult Services and the Director of Children's Services having places on the group. The request that members are kept equally apprised of progress with the integration was noted.

Clarification was requested on what was meant by the term 'social care offering' in the report.

RESOLVED:

That members are kept apprised of progress with the integration process and receive the additional information requested.

b. NHS Hampshire: Hythe Hospital

In May 2010 the inpatient facilities at Hythe War Memorial Hospital were temporarily closed, due to staffing difficulties and environmental factors. Since May patients have been relocated to Lymington New Forest Hospital, which has resulted in, on average, one extra patient a week from Waterside as a result of the temporary closure. Staff from Hythe's inpatient facility have been relocated to other sites or the community.

During the temporary closure Hampshire Community Health Care has been working up plans to reopen the beds which have included an inpatient upgrade study to address the below issues.

- The wards have difficulty meeting some infection control standards. In particular the location of the current sluice meant that staff had to carry waste material through/close to patient areas to be disposed of.
- Some of the wards do not comply with privacy and dignity, as many patients need to walk through other ward areas to access facilities such as toilets/showers etc.
- The majority of the wards currently contain too many beds to comply with certain building regulations regarding the amount of space required around each bed
- Bed movement around the hospital is not possible due to the width of current entrances to the wards and corridors

- There is only one nursing station, which means it is difficult to observe all of the wards to a satisfactory level
- Any intrusive building work would require a level three asbestos survey, which would require samples, air testing etc.

Given the likely extensive nature of refurbishment required, NHS Hampshire, Hampshire Community Health Care and local GPs have been in discussion about how to ensure that local people have access to a thriving local hospital site, while at the same time ensuring that inpatient care is of the highest standard and delivered in a suitable environment.

As a result, the inpatient beds will remain closed whilst local GPs, stakeholders and local people work on new plans for the Hythe Hospital site. Following this decision, further discussions have been held with staff and stakeholders.

Members were informed that a date has not yet been set for the reopening of in patient beds at Hythe Hospital. Concern was expressed that the original reason for taking temporary urgent action had now been resolved but there was no clear date for reopening the beds because of the problem of the siting of the sluice. Members were of the view that this was not an appropriate use of the grounds for taking temporary urgent action without consultation.

The elected member for Dibden and Hythe was invited by the Chairman to comment on this item. He expressed concern that although engagement was ongoing with some community leaders, elected County Councillors had not been as involved in discussions as expected. He wished to be assured of the deliverability of the plan for addressing the issues leading to the closure of inpatient beds at Hythe Hospital – he asked for confirmation from commissioners and providers about the reopening of the Hospital beds.

Members were assured that capital finance is in place to bring about the model of care aspired to.

RESOLVED:

That the HOSC writes to NHS Hampshire setting out members concerns about the change in the grounds for temporary urgent action to close inpatient beds at Hythe Hospital.

That a further update report is brought to the November HOSC as a matter of urgency.

c. **NHS Hampshire: Fordingbridge Hospital**

Earlier in the year, regular inspections of Fordingbridge Hospital revealed that there was a problem with high legionella counts in the water supply. To ensure that the hospital could remain open, an immediate, but interim, solution which entailed the instalment of filters to the water system and these have been working well since that time.

However, such an interim solution is both clinically and financially unsustainable.

Therefore it has been decided that in order to provide a safe and sustainable hot water system quickly point of source water heaters will be installed, which will result in the closure of inpatient services from the 4th October for four weeks to permit the works. This will allow time to increase capacity at Lymington New Forest Hospital and Romsey to accommodate patients and to also work with Salisbury to put in place robust arrangements for the 4 week period.

RESOLVED:

That an update is given to the Committee electronically when Fordingbridge Hospital inpatient service reopens.

d. **Winchester and Eastleigh Healthcare NHS Trust: Andover Birth Centre**

Winchester and Eastleigh Healthcare NHS Trust (WEHT) are proposing to temporarily close the inpatient beds at Andover Birth Centre (ABC) without consultation on the grounds that staff shortages could compromise patient safety. The Trust also propose to consult on the relocation of the inpatient beds currently provided at ABC to WEHT.

Currently WEHT is struggling to maintain a service at the ABC, and this has led to the decision to temporarily close inpatient beds. Staff shortages have meant that 20% of the workforce is currently unavailable across the maternity service, and 25% of this 20% are from the ABC. Usual practice in this situation is to migrate staff to where they are needed, but currently there is not capacity in the system for this. It is difficult to predict when these midwives and support staff will return to work.

WEHT also have a number of newly qualified midwives who are unable yet to practice independently. These clinicians should have gained the experience needed to work 1:2:1 with service users in Spring 2011.

Members robustly questioned the reasoning for closing the ABC without consultation. One of the points raised was the opportunity to use 'birthing assistants' in areas where 1:2:1 midwife care was not feasible. WEHT were aware of the use of such support workers, but remained committed to the clinical guidance which suggests a named midwife should always be present with a patient in labour.

Work was ongoing to plan for future workforce issues, and a Strategic Health Authority steering group had been established specifically to deal with this. WEHT had been actively trying to recruit midwives – going as far as Scotland to attract staff – but had been unsuccessful in finding long-term staff. WEHT, as well as both Portsmouth and Southampton Hospitals Trusts, had been exceptionally busy with the number of births in the area, and therefore staff were not able to be shared amongst these.

Local members shared the dissatisfaction felt by local residents about the sudden temporary closure of the ABC, and highlighted the need to ensure that local members were kept involved in the decision making going into the future.

The Hampshire LINK had written to WEHT requesting further information on the temporary closure at ABC.

RESOLVED:

That Members are satisfied with the case put forward for the temporary closure of the inpatient beds at Andover Birth Centre but requested confirmation of the date for reopening the beds.

That Members highlighted the additional information required prior to any consultation on the proposal to permanently close the inpatient beds at Andover Birth Centre and re-provide them at Winchester and Eastleigh Healthcare NHS Trust.

That should the proposal to permanently close the inpatient beds at ABC this would constitute a substantial service change

e. **Portsmouth Hospitals NHS Trust: Birth Centres at Petersfield and Gosport**

Portsmouth Hospitals NHS Trust (PHT) has advised the HOSC of the need for temporary urgent action to close two stand alone midwife led birth centres with effect from 25 September 2010 for approximately three months: it is proposed that these services will reopen on 9 January 2011.

The Maternity Department at PHT is expecting an increase in the number of births during the autumn months. Figures from 12-week scans show that this could be approximately 300 more births than usual between the end of September and January. The data collected shows a surge in births will happen during the period late September to early January.

The majority of the increases of expected births are likely to take place at Queen Alexandra Hospital in Cosham. To continue to safely and effectively manage the increase in expected activity, with 1:1 care in labour a priority, the Trust wishes to temporarily relocate some midwives and support staff from Blake Maternity Centre in Gosport and Grange Maternity Centre in Petersfield to Queen Alexandra Hospital in Cosham. This will mean expectant mothers will not be able to give birth or have postnatal 'inpatient' care at either Blake or Grange, and that no maternity staff will be at these centres between 8pm and 8am. Both Blake and Grange maternity centres will remain open for antenatal and postnatal clinics. The current provision for parent education classes and breastfeeding support will continue.

Queen Alexandra Hospital has the capacity to accommodate the additional births, and pregnant women will still have the choice of a midwife-led birth at Portsmouth Maternity Centre at St Mary's Hospital,

B5 co-located unit (Mary Rose) based at Queen Alexandra Hospital or at home.

The Committee heard that there has been an overall decline in expectant mothers choosing to have their babies in midwife-led birthing centres. Reason for this include choice, demography, lifestyle choices and the level of demand.

The South Central Strategic Health Authority examined the evidence put forward by Portsmouth Hospitals Trust to support the temporary closure of Blake and Grange midwife led units and were satisfied that the course of action suggested was dictated by patient safety.

Members were concerned that little consultation had taken place before the temporary closures, but understood that this was due to patient safety fears.

The Hampshire LINK had written to Portsmouth Hospitals NHS Trust requesting further information on the temporary closures.

RESOLVED:

That Members are satisfied with the case put forward for a temporary closure of the Petersfield and Gosport Birth Centres and these services would reopen on 9 January 2011.

f. Portsmouth Hospitals NHS Trust; Community Stroke Service

Members were provided with a briefing note from Portsmouth Hospitals Trust regarding the extension of community stroke services in south east Hampshire

RESOLVED:

That the extension of the community stroke service is noted.

38. 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 6 in the Minute Book). He presented the report in two parts which comprised items for information which alerted the Committee to forthcoming proposals from the NHS to vary or change services, and items for action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services.

Under Items for information he gave details on:-

a. South Central Strategic Health Authority: Consultation on Proposals to Fluoridate Drinking Water in Southampton and Southwest Hampshire

The Chief Executive reported that a date had been arranged for the judicial review hearing into the fluoridation of drinking water in Southampton and southwest Hampshire.

RESOLVED:

Members are advised of the outcome of the hearing in November 2010 and kept briefed on progress with the Judicial Review.

Under items requiring action he gave details on:

b. NHS Hampshire and Hampshire County Council: Joint Scrutiny of Services for Children with Special Needs

Responses are expected to the review recommendations at the end of September and will be circulated to members as soon as they are available. The HOSC will then be able to decide if it is satisfied with the responses provided, if further information is required and how it wants to monitor progress against the recommendations. The HOSC may wish to request the Children and Young People Select Committee to take forward any concerns members may have in relation to Children's Services.

RESOLVED:

That the HOSC agrees how it wishes to proceed once the responses from Children's Services and NHS Hampshire are received.

c. Hampshire Partnership NHS Foundation Trust: proposals to modernise adult mental health rehabilitation and psychiatric intensive care.

The Committee were presented at the July 2010 meetings with the themes from the formal consultation undertaken on the proposals to modernise adult mental health rehabilitation and psychiatric intensive care. Since this time, the Hampshire LINK had externally validated the results of the consultation. A final report containing the results of this will be forwarded to the Trust Board meeting at the end of September.

Key actions from the consultation had now been highlighted, and include:

- To continue the improvement of community services;
- To ensure care plans and risk analysis procedures are as robust as possible;
- To provide further support for carers and families;
- To engage and involve GPs in all service changes;
- To permanently close the mental health facilities located at Rivendell and Ellingham.

Members were assured that the significant issues raised by staff as part of the consultation process had been addressed, with the most vocal staff having been involved in the strategic planning for modernisation.

The Local Involvement Network informed the Committee that the consultation had been carried out in a professional manner. The LINK would be following up on aspects of aftercare.

RESOLVED:

That the 'Proposals to Modernise Adult Mental Health Rehabilitation and Psychiatric Intensive Care' consultation outcome report is forwarded to all members for comment and any additional information requested is presented at the HOSC on the 30 November 2010.

d. NHS Hampshire: proposals to cease the development of Oak Park Community Hospital

NHS Hampshire confirmed the support of the Board for the provision of innovative and viable options to the services originally planned at Oak Park Community Hospital. These did not exist when the decision was taken to cease the development of Oak Park Hospital.

Members warmly welcomed this development and expressed their support for the vision of a 'well being' campus that combines a range of services from health and social care, including of extra care housing. This represents an enhancement of the services originally planned for the community hospital. Proposals for local beds based on single rooms with specialist clinical 'in-reach' support and complemented by a range of diagnostic, therapy and outpatient services are very positive developments and strongly supported by the members.

Members congratulated officers for their work in finding a solution to providing Health and Wellbeing services at the Oak Park campus. Assurances were sought that the agreed timeline would be adhered to, and confirmation was received. Building work is scheduled to begin in April 2011, once the final business case has been signed off by NHS Hampshire.

Concern was shared by some members that the provision of out of hours minor injury care would not be taken up by all of the 14 local surgeries identified. It was agreed that this may be the case, but that the service would naturally evolve, and would fit well with the GP commissioning agenda.

RESOLVED:

Members confirmed they are satisfied:

- with the engagement and involvement activities undertaken by NHS Hampshire in identifying a way forward
- that viable alternatives to the services planned for Oak Park Community Hospital have been identified.
- that the way forward proposed by NHS is in the interests of the population affected.

Arrangements for engaging with NHS Hampshire as these proposals roll forward will be agreed.

e. **NHS Hampshire – proposal to develop integrated sexual health services for Hampshire**

The Committee noted that the new model for integrated sexual health provision consultation would be drawing to a close on 1 December 2010, and that the scrutiny officer wished to collate all comments from members by 19 November.

RESOLVED:

Any comments from members relating to the strategy would be sent to the scrutiny office by 19 November and forwarded to NHS Hampshire prior to the close of consultation.

f. **Draft response to NHS White Paper ‘Equity and Excellence’**

The HOSC response to the ‘Increasing Democratic Legitimacy in Health’ document, one of the suite of consultations released around the White Paper, focuses on the role of the elected member. The response sets out the need for the local NHS to be accountable not only to regulators but also service users, arguing that elected members are the natural representatives for local people. Support was expressed for the idea of a Health and Wellbeing Board, which would bring together under an executive function commissioners and decision makers across NHS and Local Authority services. However, the response strongly opposes the notion that such a Board would have a scrutiny as well as a decision making function. The case is put forward for this to be exercised by elected members who are not part of the Board.

RESOLVED:

That the HOSC response to the White Paper is agreed.

Chairman, 28 September 2010