

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 30 March 2010.

PRESENT

Chairman:
p Councillor Anna McNair Scott

Vice-Chairman:
p Councillor Pat West

Councillors:

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

Co-opted Members:

Councillors:

p Marion Kerley
p Ray Love
Peter Luffman
p John Marsh

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

27. **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:

Councillor Brian Collin – wife employed by NHS
Councillor Phryn Dickens – employed by NHS
Councillor Peter Edgar – does work for NHS
Councillor David Harrison – employed by NHS
Councillor Marian Kerley – Member of Andover War Memorial Hospital League of Friends

- Councillor Pam Mutton – daughter employed by NHS and Member of Andover War Memorial Hospital League of Friends
- Councillor Pat West – daughter-in law employed by NHS.

Councillor David Harrison declared a personal prejudicial interest in the items relating to Community Services – Future Arrangements for Provision and Hampshire Partnership NHS Foundation Trust – Proposals to Modernise Adult Mental Health Rehabilitation and left the meeting during consideration of those items.

28. **MINUTES**

The Minutes of the Meeting of the Committee held on 26 January 2010 were confirmed as a correct record, and signed by the Chairman.

29. **CHAIRMAN'S COMMUNICATION**

a. **Director of Public Health**

The Chairman reported that Dr. Ruth Milton had recently been appointed Director of Public Health for Hampshire and that she would take up her appointment on 1 June 2010. The appointment was a joint appointment across the County Council and NHS Hampshire.

b. **Quality Assurance Accounts**

The Chairman reported that the Care Quality Commission had changed the formal reporting process for Health Overview and Scrutiny Committees and other interested parties. It was now possible to submit views about NHS organisations as part of the annual quality account prepared by individual organisations- however it was also possible to submit comments directly to the Care Quality Commission at any point in the year. Rather than perpetuate what was a fairly bureaucratic process with the annual health checks she suggested that the Committee submitted reports relating to the NHS as required.

RESOLVED:

That, in future, reports relating to the NHS be submitted to the Quality Care Commission as required.

c. **Primary Angioplasty Services (PPCI)**

The Chairman reported that the Hampshire, Southampton, Portsmouth and Isle of Wight Health Scrutiny Joint Committee had considered the proposals for primary angioplasty taking account of the changes proposed by the NHS and was now satisfied with the proposed way forward. The services were now in the process of being introduced across Hampshire.

d. **Fareham Community Hospital**

The Chairman reported that Members had been circulated with details of times to visit the new Fareham Community Hospital and requested that those Members who were interested in attending should respond to NHS Hampshire stating their preferred date.

e. **David Pryke**

The Chairman reported that David was to retire shortly and that this would be his last Health Overview and Scrutiny Committee meeting. Members wished David all the very best in his retirement and thanked him for the excellent support he had given to them.

30. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 4 in the Minute Book).

RESOLVED:

That the Committee's Work Programme be approved subject to the issues raised at this meeting and the next meeting includes an update on Access to Services for Homeless People.

31. **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. **Andover Birth Centre – Temporary Closure**

Winchester and Eastleigh Healthcare NHS Trust gave details reopening of Andover Birth Centre on 26 April 2010 following its temporary closure. The temporary closure had enabled a thorough review of training needs and training needs across the service and enabled staff to begin working more flexible across Andover Hospital and Royal Hampshire County Hospital and in the community which was now a key feature in the Trust's maternity service. The Committee acknowledged the improved service and were keen to see Andover Birth Centre promoted to ensure regular, continuing and increasing use. Recruitment campaigns and training were in process to try and ensure continued midwifery cover and it was agreed that NHS Hampshire should report on strategic workforce planning in the NHS at a future meeting. Members complimented the Trust on the way in which communications about the closure had been handled and stressed the need for the reopening of the Birth Centre to be widely publicised on a range of media.

RESOLVED:

That:

- i. The reopening of Andover Birth Centre on 26 April 2010 be welcomed.
- ii. NHS Hampshire presents a report on strategic workforce planning in the NHS to a future meeting of the Committee.

b. Community Services – Future Arrangements for Provision

NHS Hampshire outlined the proposed future arrangements for services provided by Hampshire Community Health Care. It was proposed that Hampshire Community Health Care be integrated with a single acute or mental health organisation that currently had an existing significant service provision role within the Hampshire health system. In order to assess the potential of organisations to support this objective, the Primary Care Trust had sought proposals that could be worked up in detail to form the basis of a sustainable clinical and financial long-term solution for Hampshire Community Health Care. The Primary Care Trust had established a Provider Review Committee and was communicating with a wide range of stakeholders about this process, including the LINK, local community groups, local MPs, Local Authority Chief Executives, primary care practitioners, local Representative Committee members, Hampshire Community Health Care staff and staff side representatives. Following the recommendation to the Strategic Health, there would be a period of four months where more intensive engagement and involvement with stakeholders would take place with integration scheduled for 1 April 2011. The Committee was assured that this was an organisational change and there were no service changes planned. Members stressed the need for key stakeholders, such as Hampshire County Council Adult and Children's Services, to be closely involved as these arrangements moved forward. It was anticipated that the business plan would be available at the end of June and this would be shared with members.

RESOLVED:

That the Committee be kept updated on Hampshire Community Health Care organisational changes

c. Ambulance Provision in Rural Areas

Following the publication of findings of the Buckinghamshire, Hampshire and Oxfordshire joint review on the provision of ambulance provision in rural areas the Secretary of State for Health had replied to the Chairman, a copy of which was shown as Appendix 3 to the Chief Executive's report. Formal responses were still awaited from the South Central Ambulance Service and commissioners.

RESOLVED:

That the formal responses from the South Central Ambulance Service and commissioners be shared with the Committee.

d. Burns Centres - Designation

The Chief Executive presented the response from the Southwest Specialist Commissioning Group on the burns centres designation following the issues raised by the Committee shown as Appendix 4 to the report,

A Network work programme had been developed which would address many of the areas for further work which the Committee had raised. In response to the particular areas:

- Clarity about thresholds at which transfer was necessary: transfer thresholds from facilities to units and units to centres had now been agreed by all Burns services across the Network. An audit programme would be implemented to review transfers to ensure the system works effectively.
- Engagement of the Ambulance Services and associated training issues for emergency service staff: This would be a priority area, especially with the new transfer thresholds. The need for training in assessing burns was recognised and the Network Clinical Leads for Adults would be responsible for linking with Emergency Departments and responding to their training needs.
- Confirmation of the support available to meet travel and expenses of families: this issue has been raised by several Health Overview and Scrutiny Committees and by the public. There was some useful guidance of general support available, published by the Department of Health, and this would be made available by all the Burns services. They were also pleased that Morriston Hospital in Swansea offered free parking and free accommodation for relatives. They accepted that there was further to be done to ensure that there was greater consistency and awareness of the support available and our Network Manager will be taking this forward.
- Patients requiring palliative care: they would be carrying out a programme of reviewing all the clinical protocols across the Burns services over the next year to ensure greater consistency and would ensure that palliative care arrangements were among the first policies reviewed. Network Clinical Leads will be leading this programme.
- Patients with other conditions: this is not something we have yet picked up, but they acknowledged its importance. Clinical Leads would be asked to include this in their protocol review.
- Availability of outreach services and support for repatriation: they had established an outreach group which was reviewing the current arrangements for outreach across the Network and which would recommend a model to take this forward. This group has now met several times and this was one of the top priorities to

implement post designation. With regard to repatriation, work had commenced in reviewing the levels and types of therapy support that would be needed to enable patients with different degrees of complexity to be repatriated.

- Patient support groups: they acknowledge the valuable role which such groups play and would consider how they could develop and support these. Several attempts had been made to establish adult support groups across the Network but with much less success than paediatric groups. They would be looking to see if there were any lessons that could be learned from other Networks.

RESOLVED:

That support be given to the arrangements outlined by the Southwest Specialist Commissioning Group for the designation of Burns Centres.

32. **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. **Fluoridation of Drinking Water in Southampton and Southwest Hampshire**

The Chief Executive reported that the judicial review into the fluoridation of drinking water in Southampton and southwest Hampshire was still awaited. Southampton City Council had now requested the Strategic Health Authority to carry out a referendum to assess people's views on fluoridation prior to taking any action.

RESOLVED:

That:

- i. The Committee be briefed on the outcome of the judicial review.
- ii. The Chairman writes to the South Central Strategic Health Authority asking that, given that Southampton City Council now oppose the fluoridation of water, and the latest figures on children's dental health, it reconsiders its position before incurring further costs associated with the judicial review.

Under items requiring action he gave details on:-

b. **Hampshire Partnership NHS Foundation Trust – Proposals to Modernise Adult Mental Health Rehabilitation**

Hampshire Partnership NHS Foundation Trust presented the findings of an independent review into psychiatric intensive care services which was shown as Appendices 1 and 2 to the Chief Executive's report. The key findings on efficiency, effectiveness and fairness were highlighted and the key messages were the involvement and engagement of staff and stakeholders, to this end staff and public engagement events were in process. The Committee recognised the divisions and unhappiness described in the report as a result of the handling of temporary closure of Ellingham Ward and asked that engagement with staff should include reassurance as to core values. The Trust acknowledged that there were lessons to be learnt from this process and that there needed to be on-going involvement of key stakeholders, including staff as plans to modernise services were taken forward. An action plan had been devised and would be monitored by the Trust Executive and the Trust Service Development and Engagement Board. Further to this additional engagement the Trust proposed a four week consultation period. This would not take place until after the forthcoming general Election. Hampshire LINK confirmed that they supported this proposal.

RESOLVED:

That:

- i. The approach by Hampshire Partnership NHS Trust in agreeing the next steps to be taken for the modernisation of mental health rehabilitation be welcomed.
- ii. Agreement be given to the four week consultation in recognition of the extensive work with staff, patients and stakeholders that has already taken place.
- iii. An update on the action plan be presented to the next meeting of the Committee.

c. **NHS Hampshire – Proposals to Cease the Development of Oak Park Hospital, Havant**

Following the last meeting of the Committee the Chairman had written to NHS Hampshire detailing the Committee's concerns about the proposals to cease the development of Oak Park Hospital, Havant, a copy of the Chairman's letter was shown as Appendix 3 to the Chief Executive's report. The response from NHS Hampshire had responded and the response was shown as Appendix 4 to the Chief Executive's report.

The Director of Adult Services advised that the reference to 'the provision of a "teaching" nursing home be Hampshire Adult Services' in the Panel Report (Appendix 5 to the Chief Executive's report) needed

to be amended to more accurately reflect current discussions between the County Council and NHS Hampshire about the opportunities for alternative inpatient provision should the plans for the Oak Park Community Hospital not proceed. He stated that it would be more accurate to report that:

- The County Council may be able to consider some alternative provision of local beds on the Oak Park site- possibly in the form of step up and step down nursing care beds together with some extra care housing. Medical provision would not be included neither would in-patient OPMH beds.
- Discussions at this stage were very tentative and would not be able to be progressed unless NHS Hampshire agreed to release land for this purpose. HCC would work with an independent sector developer/provider to take this forward.
- This proposal was currently with NHS Hampshire and Adult Services were awaiting a response. There would be a considerable amount of work to do to bring this option to fruition. It was not possible to say how many beds could be provided at this stage and planning permission would be required.

Members noted that Hampshire Local Involvement Network was intending to do some work with local people.

Members remained very concerned about the lack of clarity about the options for alternative provision of the in-patient beds and urgent/unscheduled care to the population. If the ambitions to provide these facilities were to be realised then it would be essential that there was closer working with Hampshire County Council and other key stakeholders in the area. No alternatives for older people's mental health in-patient care had been suggested and there remained significant confusion about what services would and would not be provided in the area. It was recognised that this population had special needs and a strong business case had been made in the original plans to meet these needs. Key areas of work remained outstanding, as highlighted in the report of the Panel at Annexe Five of the Chief Executives report.

The Chief Executive outlined the various options open to the Committee which included referral to the Secretary of State for Health on the grounds that members were not satisfied with that the proposals were in the interest of the community affected. Members were clear that they were not satisfied that viable alternatives were emerging with regard to inpatients and minor injuries should Oak Park not proceed. Plans for re-providing outpatient services were clearer but still required considerable work. NHS Hampshire confirmed that further intensive work was taking place. Taking account of this point, and the additional contribution planned by the LINK members determined that NHS Hampshire should provide updates on the future planning process to each meeting of the Committee, and if required to the Oak Park Panel, prior to the presentation of the formal proposals in September 2010. The key further work identified under 'Next Steps' of the Panels report should also be progressed.

RESOLVED:

That:

- i. Referral to the Secretary of State for Health be deferred pending NHS Hampshire providing clarity on the provision of inpatient beds and emergency care and providing updates to each meeting of the Committee prior to the submission of formal proposals in September 2010.
- ii. The additional work outlined in the Panels report be taken forward by NHS Hampshire

d. **Children's Cardiac Surgery Services**

The Chief Executive reported that the Hampshire, Southampton, Portsmouth and Isle of Wight Health Scrutiny Joint Committee had received a presentation on proposals for Children's Cardiac Surgery Services in England. The principles being that the NHS must provide only the very highest standard of care for children and their families regardless of where they live or which hospital provides their care. Centres should provide care that was based around the needs of the child and the family which took account of the transition to adult services. All relevant treatment, other than surgery, should be provided as locally as possible to the family and clinical standards should be agreed and met by all centres. Details were given of the current 11 heart surgery centres in England, the nearest being Southampton, and the planned approach for change. Currently some centres could not provide safe 24 hour care. Enough surgeons were needed in each centre to meet day to day needs eg. Operating in theatre, on call for emergencies, ward rounds and outpatient clinics. It was necessary for surgeons to be learning from each other and to be able to work in centres to give them exposure to a large range of procedures. It was proposed that there should be four consultant paediatric surgeons in each centre with enough doctors and nurses to provide 24 hour care and a minimum of 400 paediatric procedures each year. The network model of care would be for tertiary paediatric centres, paediatric cardiology centres and paediatric cardiology periphery services. The benefits for children and families would be:

- Better access to 24 hour care
- Better access to surgical centres with expertise in complex procedures
- Better clinical outcomes (mortality and morbidity)
- An NHS workforce that is highly trained and expert
- Surgeons will mentor and learn from each other
- An effective network that improved planning, delivery and communication
- Strengthened Specialist Children's Liaison Teams
- A national network of surgical centres collaborating in the interests of patients.

The key milestones were that centres would submit initial proposals in March/April 2010; Evaluation of centres against designated criteria would take place in May/June 2010; Recommendations published and formal public consultation September – December 2010 and the post-consultation and designation decision January 2011. Details were given of the Expert Review Panel, the Public Consultation Process and Stakeholders. The centre for Public Scrutiny would be asking Health Overview and Scrutiny Committees with an interest to establish a National Joint Statutory Health Overview and Scrutiny Committee.

The Joint Committee resolved that the formal consultation on the proposals for Children's Cardiac Surgery be presented to the Joint Committee.

RESOLVED:

That the Committee be updated on the deliberations of the Joint Committee.

e. **Children's Neurosurgery Services**

The Chief Executive reported that the Hampshire, Southampton, Portsmouth and Isle of Wight Health Scrutiny Joint Committee had received a presentation on proposals for Children's Neurosurgery Services in England. A review of Children's Neurosurgery Services had been requested by some members of the British Paediatric Neurosurgeon's group which was part of the Society of British Neurological Surgeons. Details were given of the current centres and the need for change. Currently only three centres out of fifteen could provide a separate paediatric neurosurgical on-call rota and some children are seen in an adult setting. A steering group had been established. To date a national stakeholder event had been held in November 2009, a draft quality framework had been developed, a working group had been established to identify potential models of care and a patient/user group had been established. An Information gathering exercise would take place in March – May 2010, the models of care group would report in May 2010, assessment of centres would take place November – December 2010 and recommendations delivered for consultation during 2011.

The Joint Committee resolved that the formal consultation on the proposals for Children's Neurosurgery be presented to the Joint Committee

RESOLVED:

That the Committee be updated on the deliberations of the Joint Committee.