**Item 2**

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

## PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

**Councillors:**

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

**Co-opted Members:**

Councillors:
a Marion Kerley
p Ray Love
p Dennis Wright

At the invitation of the Chairman: Councillors Jenny Radley and David Drew

## 51. 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:

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| Cllr Brian Collin | Wife employed by NHS |
| Cllr Phryn Dickens | Husband and son employed by NHS |
| Cllr David Harrison | Employed by NHS |
| Cllr Pam Mutton | Daughter employed by NHS<br>Member, League of Friends, Andover WMH |
| Cllr Pat West | Daughter-in-law employed by NHS |
| Cllr Dennis Wright | Wife is a GP Practice Manager |

52. **MINUTES**

The Minutes of the Meeting of the Committee held on 28 September were confirmed as a correct record, and signed by the Chairman.

53. **CHAIRMAN'S COMMUNICATION**

a. **Apologies**

Councillor Keith Chapman gave his apologies as he was on other Hampshire County Council business. Cllrs Marion Kerley and Angela Roling also tendered their apologies.

b. **Health Issues Update**

HIOWLA nominations of co-opted members to the HOSC from District Councils. The Chairman expressed the gratitude of the Committee for the active role that Cllr John Marsh had played as a co-opted member. She also conveyed the Committee's sad regret that family illness had necessitated him stepping down. The Committee looks forward to welcoming Cllr Tim Southern from Hart District Council who had been nominated to this role by HIOWLA.

SHIP JHOSC meeting: The Southampton, Hampshire, Isle of Wight and Portsmouth HOSC Chairmen met on 14 October to be updated on progress with the Urgent and Unscheduled care work being taken forward by Dr David Paynton. HOSCs across the area will continue to assess progress with implementation as the new arrangements for the NHS develop in coming months.

South Central HOSC network: The network met on 16 November. Members were updated on progress with NHS reforms and the Health Bill by senior representatives of the SHA. It was agreed to monitor progress with the reconfiguration of children's cardiac surgery services. This has potential to significantly on impact services currently provided to the Hampshire population. More information is anticipated in the New Year.

The National Healthy Accountability Forum is meeting in London on 16 December to discuss the NHS reforms.

54. **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.

Additional items for the Work Programme proposed by members included:

- Access to NHS Dentistry in Hampshire
- Update on progress in Havant/Oak Park for January
- Update on maternity services in Andover for March

55. **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. Portsmouth Hospitals Trust: closure of G5, end of life care ward at Queen Alexandra Hospital, Cosham***

Members of the Portsmouth Hospitals Trust End of Life Care team presented the new model for end of life care at Queen Alexandra Hospital. They explained that previously G5 had supported approximately 25% of older patients requiring End of Life care; however 75% of deaths in the elderly occurred in other areas of the Trust. The new model was designed to address this imbalance and provide a consistent, high quality end of life care service to older people wherever they were located in the hospital. The advantages included the ability to provide a highly flexible and experienced team to both advise and provide specialist care at any location in the hospital. Although there was a financial dimension to the model this was secondary to the clinical benefits. The team acknowledged that there was still further improvement planned to provide a better experience for visiting family and carers.

Members commented that the presentation on the impact of the changes was very positive, whilst the local media had raised a number of concerns about the cessation of the use of G5 for end of life care. The team acknowledged that some reporting had been negative, but comments from relatives about their experience were in fact positive. It was recognised that communications with the HOSC should have been managed differently.

Members accepted the case put forward that these changes were intended to provide a consistent and improved service for people requiring end of life care as well as their relatives and carers.

*RESOLVED:*

- That the HOSC be provided with additional information on the experience of relatives and carers when this was available as well as an indication of improvements in staff confidence as a consequence of the changes.

- Members accepted the Trust had been able to demonstrate the improvements in services as a result of this change although there was further work to be done to roll the model out across the Trust.

- The HOSC would work with Portsmouth HOSP to agree any further action required once the report of the IRP was published.

***b. NHS Hampshire: Hythe Hospital – Hampshire Community Health Care – Review Panel***

Members heard that work on Hythe Hospital was ongoing and that the most effective way for the Committee to be kept apprised of developments would be through local monitoring. It was proposed that a Panel be established to monitor progress on behalf of the Committee.

The Member for Dibden and Hythe, a representative from New Forest District Council and other stakeholders met with NHS Hampshire to discuss matter on 24 November.

*RESOLVED:*

- That the Terms of Reference be endorsed and a local Panel established to monitor developments and progress at Hythe Hospital on behalf of the Committee, led by the County Council Member for Dibden and Hythe and to include Martin Cox from Hampshire LINk and John Carr, Chairman of the League of Friends.

***c. NHS Hampshire: Fordingbridge Hospital – confirmation of reopening***

Members were told that work on the heating system had been progressing as planned and that confirmation of re-opening of the inpatient facility has been received.

*RESOLVED:*

That NHS Hampshire confirmed the completion of this work and re-opening of beds at Fordingbridge Hospital.

***d. Winchester and Eastleigh Healthcare Trust: Andover Birth Centre – next steps***

The Chief Executive and Head of Midwifery at Winchester and Eastleigh Healthcare Trust (WEHT) provided a brief presentation to the Committee. It was acknowledged that the Birth Centre had only been open a matter of months following the previous closure. Currently the Trust was engaging with local people and key stakeholders about the use of the birthing centre in Andover with a view to understand why that was, and what potential users of the centre wanted. This work was due to finish in mid December and would inform further engagement and the development of potential options.

Members questioned if it was timely to be engaging with people given that WEHT would be merging with a Foundation Trust in coming months. The Trust considered that this work would support the wider discussion about future services provided by the Trust, including where appropriate, new ways of working that would be sustainable and would meet the needs of prospective patients. The Director of Public Health

commented that NHS Hampshire was reviewing maternity services in North and Mid Hampshire, therefore the work being undertaken by WEHT should help inform the review. The Trust stated that it wanted a solution that would provide greater stability and give prospective mothers confidence that they could expect consistent provision of care in Andover.

*RESOLVED:*

- That Members would be advised on the outcome of the further engagement planned by WEHT and on the next steps to be taken in terms of formal consultation.

- That the review of maternity services in north and mid Hampshire planned by NHS Hampshire informs any proposals put forward for consultation.

***e. NHS Hampshire: Odiham Cottage Hospital – Options for the future***

Members agreed it was helpful to be alerted to the intention of Hampshire Community Health Care to withdraw from the contract for providing inpatient care at Odiham Hospital. It was noted that the notice period was 5 months and should be 6 months. NHS Hampshire confirmed that discussions were taking place with HCHC to establish the scope for extending the notice period beyond this time.

The importance of local people and key stakeholders being fully engaged in exploring the options for providing services at Odiham Hospital was stressed by Members.

There were some gaps in the material presented and Members reported variable feedback from local stakeholders about the level of engagement that has taken place- this would need to be addressed quickly by NHS Hampshire.

The options developed through this process should be shared with the HOSC in order that the timing and content of any public consultation required can be agreed.

Throughout this process there would need to be clear and consistent communications across stakeholders and with the wider public. This must include regular feedback on progress to the HOSC and local elected members.

*RESOLVED:*

That the work be taken forward such that the HOSC would receive:

- Clarity about the health needs of the local population served by this hospital and the range of services that could be provided in its catchment population. The scope for veteran's services to be provided is a specific area to be considered as options for the future configuration of services are developed.

- Confirmation from the Trustees and Hampshire LINk that there has been full engagement and involvement in developing these proposals.
- The inclusion of all key stakeholders, including local GPs, Hampshire CC service providers and the voluntary sector in exploring the options open developing services- this should include combining estate and services to provide a more responsive model of care for this community. The scope for inpatient provision to be provided through another care provider needs to be fully tested
- The 'fit' of this work with other developments in the local NHS system- e.g. the merger of Winchester with an existing Foundation Trust.

***f. Portsmouth Hospitals Trust – Car parking charges***

Papers provided to the HOSC were shared with Members and it was noted that despite some misgivings about the increased car parking charges, it was within the prerogative of Carillion to set rates and concessions for car parking. The parking policy followed guidance provided by the NHS Confederation.

*RESOLVED:*

- That Members note the response of the Trust

***g. NHS Hampshire: GP Commissioning Consortia***

Members received a presentation outlining current GP Practice Based Commissioning arrangements in Hampshire and key dates and issues for the establishment of GP consortia. The PCT's role was one of facilitating the transitional process for commissioning and building an effective dialogue with GPs.

It was not possible to be certain about the optimum size for consortia or to know for certain what factors would be most significant in determining what would be best for Hampshire patients. Some areas were already interested in developing shadow consortia. Important issues included the need for GPs to develop a more detailed understand their areas and the health related demographics beyond their current practice boundaries. Relationships would also need to be developed with significant stakeholder partners including local members.

*RESOLVED:*

- That Members be kept apprised of development of the consortia by NHS Hampshire

- HOSC Members work with NHS Hampshire to identify opportunities for building constructive working relationships with GPs.

### *h. NHS Hampshire: East Hampshire – Community Hospital Services*

Members confirmed that it was helpful to see the proposals set out in the documents and to have confirmation of the support of GPs and local clinicians for this work.

There were some gaps in the material presented and feedback from local stakeholders about the level of engagement that has taken place was variable, as highlighted in the statement from the County Councillor for Whitehill, Bordon and Lindford circulated at the meeting (martin do we need to include this). These issues needed to be addressed quickly.

With regard to the Alton pilot Members indicated it would be helpful to have confirmation of the criteria that would be used to ascertain if the pilot were to achieve the benefits for patients implied in the document- these would need to be clearly articulated in terms of both quality and (if appropriate) productivity improvements. If these benefits were not delivered then further work would be required to refine the model of inpatient care.

Subject to these comments the HOSC supported the proposed initiation of wider stakeholder engagement to develop options for providing services at each of the hospitals, i.e. at Petersfield, Alton and Chase. The options developed through this process should be shared with the HOSC in order that the timing and content of any public consultation required could be agreed.

Throughout this process there would need to be clear and consistent communications across stakeholders and with the wider public. This must include regular feedback on progress to the HOSC and local elected members.

*RESOLVED:*

That in taking this work forward the HOSC would expect:

- Clarity about the health needs of the local populations served by these hospitals and the range of services that could be provided in their respective catchment populations
- Confirmation from the Alton stakeholder group, the Chase stakeholder group and Hampshire LINk that there has been full engagement and involvement in developing options for moving forward
- The inclusion of all key stakeholders, including Hampshire CC service providers and the voluntary sector in exploring the options open for each of the hospitals- this should include the scope for combining estate and services to provide more responsive models of care for communities
- The ‘fit’ of this work with other developments in the local NHS system- e.g. the south east sustainability plan and the merger of Winchester with an existing Foundation Trust.

### *i. NHS Southampton: Bitterne Walk-in Centre – consultation*

Members were referred to consultation documents on the NHS Southampton website where two consultation options were explained. Despite fears that the engagement was about closure of the centre, neither option proposed this – rather the PCT recognised that the centre was used most when GP practices tended to be closed. Users of the centre were therefore being asked to comment on what pattern of hours would be of more potential benefit to them.

*RESOLVED:*

That Members be advised about the outcome of the consultation.

## 56. 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 for a Judicial Review has again been delayed.

*RESOLVED:*

Members are kept briefed on progress.

b) **Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) HOSCs: Revised framework for assessing substantial service change.**

Members were provided with an revised version of this key framework that gives clarity and supports accountability around service change. The framework was developed with input from NHS and other stakeholders in Hampshire and has been updated to reflect recent legislative changes.

NHS Hampshire confirmed its support for the revised framework.

*RESOLVED:*

That Members supported the changes to the framework and this is now circulated to local NHS Trusts by NHS Hampshire.

***Under Items for action he gave details on:-***

c) **Hampshire County Council: Joint Scrutiny of Therapy Services for Children with Special Educational Needs**

The Deputy Director of Children's Services and the Director for Public Health stressed that the response of the Joint Child Health Commissioning Board to the Joint Review Panel represented the best intentions and commitment of both organisations in addressing the recommendations of the Panel's report which they accepted. They confirmed that the Board wants to progress the work identified in the response quickly so as to embed changes required to create an improved and sustainable model prior to the transition and potential uncertainties accompanying commissioning responsibilities in the NHS.

Members welcomed the positive and promising response to the review and looked forward to receiving an update on progress in March 2011.

*RESOLVED:*

That Members would receive an update on progress in March 2011.

d) **Hampshire Partnership NHS Foundation Trust (HPFT): Consultation on Older People's Mental Health Services in South Hampshire**

The Trust advised the Committee that the engagement process should be seen in the context of the National Dementia Strategy and how national policy guidance was taken forward by the Hampshire Joint Commissioning Strategy for Mental Health Services. HPFT identified its key priorities, including engaging with carers groups such as 'carers Together' and care homes. The consultation was considered crucial given the changing demographics as the proportion of older people in society continued to rise, and consequently the incidence of dementia in the population. Early diagnosis was considered imperative, and some figures suggest that up to 50% of the older people with this condition are undiagnosed. Therefore there was potentially much more to be done to either mitigate some of the challenges presented or to support carers in their management and care of those affected.

For this reason it is regarded appropriate by the Trust to revisit care pathways to ensure they meet the needs of those who use them in the most effective way. The new service would be more focused and more effective, providing the right kinds and levels of support at the right times.

Members welcomed the briefing, but noted with concern some of the statistics provided, for example that 60% of older people develop functional illnesses such as depression whilst in hospital. Members commented that in order for early intervention to occur, it would be important to ensure people get an early diagnosis.

The Deputy Director of Adult Services also welcomed the intention of the Trust to take this work forward.

*RESOLVED:*

- That Members would welcome a briefing on the signs and symptoms of the onset of organic mental illness in older people and on the resulting issues for care and carers.

- That the Trust shares the outcome of the engagement process and confirms next steps in taking this work forward in January.

e) **d. NHS Hampshire: the future of services at Winchester and Eastleigh Healthcare NHS Trust (WEHT)**

The Chief Executive of the Trust said that the context for the briefing was the need for it to provide to Government the case for the Trust to achieve Foundation status. He noted that questions existed around historical financial pressures. These might be significant in whether the Trust was of sufficient size to achieve independent clinical and financial sustainability, however he noted that other Trusts in Hampshire had similar issues.

The Trust confirmed that this process would be led by clinicians. No decision has been made regarding whether a merger with a Foundation Trust would be a suitable way forward and it was expected that clinical collaboration with other acute Trust would continue what that was in the interests of patients and services. The merger process itself related to organisational structure and would not directly impact on the provision of clinical services. Any changes resulting from the work of the clinicians would be shared with the HOSC in the normal way.

Considerable engagement would continue between clinical leads, and further engagement with GPs was ongoing around the development or determination of clinical models.

Engagement around non-clinical functions has also begun with other Trusts.

Members were told that the Trust wants a stable platform to develop clinical services and believes that through the exploration of future options better teamwork opportunities may become possible.

*RESOLVED:*

That the HOSC reinstates a Member Panel to oversee the development of these proposals and advise the HOSC:

- If any changes to services that emerge from this process could be considered substantial in nature
- On the timing and conduct of any formal consultation required
- If the options developed to support this process are in the interests of the population affected

f) **South East Hampshire Sustainability Review: Joint Overview and Scrutiny Arrangements**

The Chairman proposed that a Panel should be setup to monitor developments in Southeast Hampshire and that members from Hampshire HOSC would include Cllrs Phryn Dickens and Dennis Wright, chaired by the Chairman. Cllr Liz Fairhurst would be the Chairman's standing deputy for this Panel.

It was also proposed that in view of the major changes coming forward in relation to NHS community services across Hampshire that consideration might be given to establishing a Panels to oversee the emergence of these initiatives and ensure that changes did not happen in isolation. The importance of keeping good lines of communication with local members were also stressed and the value of HATs as a means of achieving this.

*RESOLVED:*

- That the Hampshire HOSC Members be appointed to a Joint HOSC to oversee developments in South East Hampshire: The JHOSC will look across the populations affected in order to ascertain
  - If proposals to vary services constitute a substantial service change
  - The content and timing of any formal consultation
  - If the changes proposed are in the interests of the population affected

- That the Chairman confirms Members to be appointed to a Panel to oversee changes to community services across Hampshire.

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Chairman, 25 January 2011