

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	22 May 2012
Report Title:	Proposals to Develop or Vary NHS Services
Report From:	Chief Executive

Katie Benton, Scrutiny Officer

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1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services agreed by the Hampshire, Isle of Wight, Portsmouth and Southampton Joint Committee in November 2010. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006 and takes account of key criteria for service reconfiguration identified by the Department of Health. The 'Framework' can be found on the website at <http://www3.hants.gov.uk/scrutinyfallsframework.pdf>
- 1.4. This Report is presented to the Committee in 2 parts:
 1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services.
 2. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with

an opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire and therefore support the delivery of the Corporate Strategy aim of maximising well being.

Items for Action

2. South Eastern Hampshire CCG: Chase Community Hospital – proposed option for service provision

- 2.1. The HOSC heard in March 2012 that South Eastern Hampshire CCG, in conjunction with SHIP PCT Cluster, were developing proposals for the future of the Chase Community Hospital site with local stakeholders, and would be in a position to report these to Members in May. The proposals are contained within the supporting paper ([Appendix One](#), p.7).
- 2.2. The report outlines the proposals in their general form, but concedes that these are not yet ready for detailed scrutiny. The CCG states that the consensus from all stakeholders is that definitive proposals for the future shape of service delivery from the Chase Community Hospital should now be drawn up.

Recommendations

- 2.3. Members confirm:
 - That the Committee are apprised of the detailed proposals for the future of Chase Community Hospital when these are available.
3. **Southern Health NHS Foundation Trust: Adult Mental Health services**
 - 3.1. The HOSC last received an update on Adult Mental Health service developments in Hampshire at the 27 March 2012 meeting, where Members heard deputations from members of the public, as well as an update presentation from Southern Health.
 - 3.2. The Committee agreed to continue to support the way forward proposed by Southern Health, as well as to establish a small task and finish working group to discuss concerns raised during the course of the meeting. It was agreed that this group would comprise Members of the HOSC, as well as independent membership from the Local Involvement Network, and independent advice from the Chief Executive of Solent Mind. The group would consider the written evidence previously provided by the stakeholders present at the 27 March meeting.
 - 3.3. The working group has met twice following the 27 March HOSC meeting, and has considered the wealth of evidence received by the Committee

between July 2011 and March 2012. The working group has made a number of recommendations for ratification by the HOSC in relation to the adult mental health service in Hampshire. A letter containing these recommendations, as well as the deliberations of the first meeting of the working group, is attached as [Appendix Two](#) (p. 10).

- 3.4 A paper will be tabled at the Committee meeting proper with any additional outcomes or recommendations following the second working group meeting, which will have met before 22 May 2012 in order to consider supplementary evidence requested from Southern Health.

Recommendations

- 3.5 Members consider the following recommendations agreed by the HOSC adult mental health working group:

- That the SHIP PCT Cluster, as the current commissioner of the adult mental health service in Hampshire, continues to manage the performance of Southern Health NHS Foundation Trust's bed data and outcomes.
- That the HOSC, in order to be assured that further bed reductions are being safely managed, are made aware by the commissioner and provider should future acute inpatient bed demand regularly exceed bed availability in the service.
- That the following additional information be included as part of any continued monitoring by the HOSC of this service change:
 - separate bed data graphs for male, female and 'swing' beds;
 - lines on such graphs indicating the date of 'key milestones', e.g. the date from which a unit has been closed to new inpatients, the date from which a hospital at home team is fully staffed, etc;
 - percentages of voluntary vs. detained inpatients; and
 - average length of stay for inpatients.
- That the HOSC receive assurance that should future demand for acute inpatient beds regularly exceed capacity in the service, independent of the progress of community support embedding, the Trust will consider with commissioners how the transformation of the service can be adapted to meet these needs. That the HOSC will be informed of the outcomes of any such considerations.
- That the Trust publishes information on its website regarding the facilities available at each adult mental health unit, to promote service user and carer choice.
- That the Trust publishes information which advises service users and carers on the support available to them 24/7.

- Any supplementary recommendations as tabled at the 22 May Committee meeting.

Items for Information

4. National Specialist Commissioning Board: Children's heart surgery

- 4.1. The Committee last received an update on this national review in March 2012, where it agreed to submit a response to the Joint Committee of Primary Care Trusts (JCPCT) following the publication of an independent report on family travel analysis. It was agreed that the Committee would receive a further update once the outcomes of the JCPCT's appeal of the judicial review brought by Royal Brompton & Harefield NHS Foundation Trust was known.
- 4.2. The attached report ([Appendix Three](#), p. 14) details the outcomes of the appeal by the JCPCT to the decision by Judicial Review that the consultation undertaken on the 'Safe and Sustainable' Review of Children's Congenital Cardiac service In England was flawed. The appeal by the JCPCT was successful, and the original judicial review decision quashed. This means that the JCPCT can now consider the responses to the consultation held, including that from the Hampshire HOSC, and make a final decision on the future of Children's Congenital Cardiac services.

Recommendations

4.3 Members confirm:

- That a further update be provided to the July 2012 HOSC meeting, at which time it is expected that a decision will have been taken on the future of Children's Congenital Cardiac Services.
- That the Chairman continue to monitor this process in the meantime, and undertake correspondence on behalf of the HOSC if necessary.

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

<i>A. Hampshire safer and more secure for all:</i>	yes
Corporate Improvement plan link number (if appropriate):	
<i>B. Maximising well-being:</i>	yes
Corporate Improvement plan link number (if appropriate):	
<i>C. Enhancing our quality of place:</i>	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

a) *No implications arising from this report*

2. Impact on Crime and Disorder:

a) *No implications arising from this report*

3. Climate Change:

- *How does what is being proposed impact on our carbon footprint / energy consumption?*

No implications arising from this report

- *How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?*

No implications arising from this report



HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE ON THE EAST HANTS COMMUNITY HOSPITALS PROJECT

22 MAY 2012

1. INTRODUCTION

- 1.1. This report provides the Hampshire Health Overview and Scrutiny Committee with an update on the progress that has been made concerning the future of the Chase Community Hospital which services the population of Whitehill and Bordon.
- 1.2. Whitehill and Bordon is the second biggest town in east Hampshire and is currently looking at developing as an eco-town. According to the Planning and Urban Design team for the Whitehill Bordon Opportunity Eco-town at East Hampshire District Council¹ this could see the population grow by 14,000 to approximately 25,000 by 2031.
- 1.3. Chase Community Hospital currently provides a range of outpatient and community services as well as inpatient care. However almost all elements of potential service delivery are currently under-utilised and have been for some time. For example, changes in patients' needs and the ways in which healthcare staff can support these needs in patients' own homes means the demand and use of inpatient beds at Chase Community Hospital has declined. The average use of beds over the last year is 7.5 occupied beds. This is inefficient, creates potential quality challenges and is unsustainable.
- 1.4. With similar patterns in provision / utilisation of diagnostic and outpatient activities, the future of the Hospital is uncertain unless action is taken to redesign the way that services are provided from the hospital and to ensure these services are wanted and meet the needs of the population of Whitehill and Bordon.

2. VISION

- 2.1. The vision for Chase Community Hospital is to ensure its future as a sustainable healthcare facility serving the local population by fully utilising the facility and delivering clinical and cost effective services. It will also be important to ensure that the services offered do not inadvertently destabilise other community facilities in the surrounding areas.

3. COMMUNICATIONS

- 3.1. There has been continual engagement with Chase Community Hospital stakeholders for the last three years to consider how the hospital could be used more intensively. Since the summer of 2011, this has included:
 - a six-week engagement period;
 - an online survey with more than 200 responses, nearly 80% of which were from Whitehill and Bordon residents;

- five drop-in sessions in the Whitehill and Bordon area;
- a workshop in October 2011 to identify options and agree criteria for evaluating options, information sharing and questions and answers;
- a workshop in January 2012 to report back on progress since the previous event to illustrate potential feasible options, to shape the options and to listen to people's views;
- a further workshop in March 2012 to report back on work undertaken since January, to present findings and outline proposals for new models of care and comment on the shape of the services.

4. DEVELOPING PROPOSALS FOR CHASE COMMUNITY HOSPITAL

4.1. Having considered a wide range of options and ideas over the course of the last 12 months, the consensus from all stakeholders at the most recent event in March 2012 was that definitive proposals for the future shape of service delivery from the Chase Community Hospital should now be drawn up and presented to both stakeholders and the local population.

4.2. In the light of this consensus, the Chase Community Hospital Project Board (led by the South Eastern Hampshire Clinical Commissioning Group) is currently developing these definitive proposals. Whilst not yet ready for detailed scrutiny, the proposals will include:

- the potential re-location of a GP practice into the body of the Hospital, enhancing the quality of environment for patients and enabling enhanced services (requiring the presence of a doctor) to be delivered at the Hospital;
- the relocation of the Elizabeth Dibben mental health and older people's mental health (OPMH) teams on to the Hospital site, ensuring greater collaboration and closer working with community nursing and therapy teams;
- enhancing the range of outpatient services available to local people with the commissioning of additional sexual health, substance misuse, pain and a wider range of acute specialities services;
- a minor injuries service could also be commissioned provided by primary care;
- a redesigned model of bed-based care for the local population which would see the current inpatient beds replaced by:
 - the virtual ward bed-model that enables the patient to remain at home and be supported by specialist community teams (including nursing, occupational therapy, physiotherapy, and social care support);
 - commissioned beds (including end-of-life beds) in a local nursing facility for patients who cannot or choose not to be treated at home. In the light of the limited availability of such a facility (the nearest nursing home is 5 miles from Chase Community Hospital) the Chase Community Hospital Project Board is investigating the potential for a new Nursing Home provision for the population of Whitehill and Bordon and are in discussion with developers;
 - continued access to bed based care in nearby Community Hospitals (including Petersfield).

Benefits

- 4.3. It is envisaged that the detailed proposal, when it is complete, will have the benefit of increasing the range of local services available, offering increased patient choice and flexibility with more care closer to home at the local hospital and less travel for more patients. There will also be an increase in care provided in patient's own homes. The relocation of adult mental health and OPMH health on site with community teams will enable better communication and integration for patients with multiple conditions, leading to more seamless care. This would also ensure more efficient utilisation of space and a higher quality facility, and put Chase Community Hospital on a firm and sustainable footing.

Potential Timescales

- New bed based model of care – 9 months
 - Develop outpatient services – 6 months *
 - Relocation of GP practice on site –9 months*
 - Relocation of Elizabeth Dibben on site – 9 months*
- (* - relies on new bed based model of care being in place)

- 4.4. Stakeholders have requested that the new model of bed based care should be fully implemented before beds close at the hospital including virtual wards and access to local nursing home beds.

5. PROGRAMME AND PROJECT MANAGEMENT ARRANGEMENTS

- 5.1. Programme and project management arrangements are provided through the Chase Community Hospital Project Board whose members will make recommendations for investment to the CCG and SHIP boards and will be accountable for the success of the project, commitment of resources and to resolve any conflicts.
- 5.2. A Steering Group has been set up and comprises of high level stakeholders to provide guidance on key issues affecting the project and to help shape future services.
- 5.3. Task and Finish groups have been established to develop the various aspects of the proposed option with key stakeholders and clinicians.
- 5.4. Tried and tested project management techniques will be employed including risk management to ensure the successful delivery of the project. Risks will be identified as a continuous activity throughout the project and will be tracked and mitigated as effectively as possible.

6. SUMMARY

- 6.1. This report provides the Hampshire Health Overview and Scrutiny Committee with an update on the progress that has been made concerning the future of the Chase Community Hospital which serves the population of Whitehill and Bordon.
- 6.2. Having considered a wide range of options and ideas over the course of the last 12 months, the consensus from all stakeholders is that definitive proposals for the future shape of service delivery from the Chase Community Hospital should now be drawn up and presented to both stakeholders and the local population.
- 6.3. In the light of this consensus, the Chase Community Hospital Project Board (led by the South Eastern Hampshire Clinical Commissioning Group) is currently developing these definitive proposals which will be shared with the HOSC in due course.



23 April 2012

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Dear Katrina

Adult Mental Health Services

Following my letter to you dated 29 March 2012, I am writing to inform you that the Health Overview and Scrutiny Committee (HOSC) Adult Mental Health working group have now held their initial meeting. The working group wished it to be noted that they did not, as a result of their considerations, have significant concerns regarding the ongoing implementation of Southern Health NHS Foundation Trust's adult mental health service proposals.

The working group considered the below concerns raised at the 27 March 2012 HOSC meeting, to which I attach a short summary of our discussions. The working group seeks your response to the requests for supplementary information letters 'a' to 'i' below.

(i) Bed demand and bed management – to establish the levels of bed demand and how this is being managed during the transition, and to provide assurance that further reductions can be safely managed.

Following discussions, the working group agreed :

- That the Trust has assured Members throughout their scrutiny of this service change that bed demand continues to be lower than bed capacity across the system, and that it is usual practice in the NHS to produce bed alerts and respond flexibly to these in order to release beds.
- That the Trust has repeatedly assured the HOSC that inpatient beds will always be available for those that clinically need them.
- That community services have not yet been fully implemented. At the 27 March HOSC meeting, staff from the Meadows were due to be transferred into Hospital at Home teams. That the Trust's own timelines show that they do not expect community services to be embedded fully until at least June 2012.
- That it is the role of the commissioner, rather than the HOSC, to performance manage the Trust's approach to bed management. The role of the HOSC should instead be to seek assurance that beds are being reduced safely.

The working group requested the following supplementary information:

- a. Details of the outcomes that the Trust will use to measure the performance of the new model for adult mental health services.

The working group resolved the following for consideration by the HOSC:

1. That the SHIP PCT Cluster, as the current commissioner of the adult mental health service in Hampshire, continues to manage the performance of Southern Health NHS Foundation Trust's bed data and outcomes.
2. That the HOSC, in order to be assured that further bed reductions are being safely managed, are made aware by the commissioner and provider should future acute inpatient bed demand regularly exceed bed availability in the service.
3. That the following additional information be included as part of any continued monitoring by the HOSC of this service change:
 - separate bed data graphs for male, female and 'swing' beds;
 - lines on such graphs indicating the date of 'key milestones', e.g. the date from which a unit has been closed to new inpatients, the date from which a hospital at home team is fully staffed, etc;
 - percentages of voluntary vs. detained inpatients; and
 - average length of stay for inpatients.

(ii) To establish what level of spare capacity is appropriate to enable operational management of peaks and troughs in demand during the year, including flexibility across gender-assigned beds. To establish on what evidence the remaining beds for Hampshire are considered sufficient for the population served.

Following discussions, the working group agreed :

- That the evidence provided to the HOSC shows that following the transition to the new model of care, the Trust expects to continue to operate within capacity. That this capacity will be 107 beds.
- That the Trust has informed the HOSC that community services, when fully implemented, will provide an alternative in some cases to inpatient admission, therefore reducing the need for acute beds across the service.
- That the Trust informed the HOSC that the 'Centre for Mental Health' had independently reviewed the evidence for the changes it was proposing and concluded they were necessary to meet the challenges the Trust faced. That as part of this independent review, a separate report had been written by 'Contact Consulting', which focused on inpatient bed numbers. This report referred to a separate report by 'Consilium Strategy Consulting', written in 2011, which explored inpatient capacity. That the HOSC's attention was brought to the fact that, following a request for the report from a stakeholder to the Trust, it was reported that 'the content and status of the Consilium report... is commercially sensitive and is therefore not available to share publicly.'

The working group requested the following supplementary information:

- b. The process that the Trust followed to establish that the right capacity to be built into the system for the population of Hampshire is 107 beds.
- c. How the Trust will measure and monitor the impact of the new model of care, including the reduction in inpatient beds, on other social care and mental health providers in Hampshire.
- d. The executive summary or the conclusions of the 'Consilium Strategy Consulting' report on inpatient capacity.

The working group resolved the following for consideration by the HOSC:

1. That the HOSC receive assurance that should future demand for acute inpatient beds regularly exceed capacity in the service, independent of the progress of community support embedding, the Trust will consider with commissioners how the transformation of the service can be adapted to meet these needs. That the HOSC will be informed of the outcomes of any such considerations.

(iii) How remaining units meet service users needs and support recovery, including the availability of en-suite facilities.

Following discussions, the working group agreed :

- That the HOSC had received evidence from a service user which suggested that en-suite facilities are highly desirable for a therapeutic environment that promotes the quick recovery of service users.
- That the future use of Woodhaven will make good use of the purpose-built therapeutic environment that this unit provides.
- That the HOSC had previously written to the Trust, asking what 'steps to ensure that all inpatient facilities are of a suitable therapeutic environment' it would be taking. The Trust responded to say that '[a]ll our inpatient units, in line with national guidance, provide service user rooms that are light, airy and promote a calm and therapeutic environment that fosters service user safety and recovery.' That this response did not mention en-suite facilities.
- That the Trust is investing in its older people's mental health inpatient units to ensure that they reflect best practice in therapeutic environments. The working group did not know if similar investment was planned for adult mental health units.

The working group requested the following supplementary information:

- e. How the Trust will ensure that the remaining adult mental health inpatient units are of a similar therapeutic environment to Woodhaven?
- f. Whether the Trust have a planned programme to improve the therapeutic environment of the remaining adult mental health units?
- g. How the Trust will involve service users, carers and staff in the planning and design of their inpatient environment, both presently and in the future?
- h. How the Trust will demonstrate that it is able to preserve the quality of such therapeutic environments for both voluntary and detained service users?

The working group resolved the following for consideration by the HOSC:

5. That the Trust publishes information on its website regarding the facilities available at each adult mental health unit, to promote service user and carer choice.

(iv) What support will be available 24/7 to support service users in the community who would previously have been treated as inpatients.

Following discussions, the working group agreed :

- That evidence provided by the Trust to the HOSC has shown that there is and will be a 24/7 single point of access for adult mental health service users and carers, from which support out-of-hours can be requested.
- That 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.

- That access and assessment teams for new referrals into the service are available 24 hours a day, 365 days a year. That details of delays in out-of-hours mental health assessments had been explored at the HOSC meeting, and an action plan for improvements to this service was being drawn up by the Trust and its partners.
- That the Trust has assured the HOSC that consideration of an individual's support within the community, including carer support, is taken into account during service user assessment.

The working group requested the following supplementary information:

- i. A plan setting out the actions that are being taken by the Trust and its partners to improve access to out-of-hours mental health assessments.

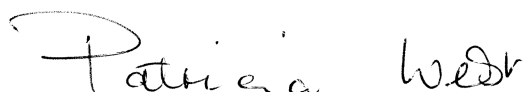
The working group resolved the following for consideration by the HOSC:

6. That the Trust publishes information which advises service users and carers on the support available to them 24/7.

The Members of the working group also discussed recent national news headlines on night discharging within acute hospitals. The working group wished for clarification from you as to whether night discharging occurred within the acute inpatient adult mental health units that you provide.

The working group hopes to meet a second time prior to the despatch (11 May) of papers for the 22 May HOSC, in order to consider the supplementary evidence it has requested. I and my colleagues on the group would therefore be most grateful if we could receive a response to our requests, as noted above, promptly.

Yours sincerely



Cllr Pat West
Chairman, Health Overview and Scrutiny Committee

cc.
HOSC Adult Mental Health working group

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date:	22 May 2012
Title:	'Safe and Sustainable' Review Of Children's Congenital Cardiac Services In England
Report From:	Chief Executive

Contact name: Katie Benton, Scrutiny Officer
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1. Purpose of Report

- 1.1. To update the Health Overview and Scrutiny Committee (HOSC) on the progress of the national 'Safe and Sustainable' Review of Children's Congenital Cardiac Services.

2. Background

- 2.1. During 2011 the HOSC followed and responded to the national 'Safe and Sustainable' review of congenital heart services for children in England and Wales. At the 22 March 2012 Committee meeting, it was reported that the process was on hold awaiting the outcome of the Joint Committee of Primary Care Trust's (JCPCT) appeal of the Judicial Review decision which had (in November 2011) concluded that the consultation had been unlawful.

3. Recent Developments

- 3.1. It was announced on 19 April 2012 that the JCPCT's appeal had been successful and the original Judicial Review decision quashed. Therefore responses to the consultation undertaken in 2011 (including the feedback provided by the Hampshire HOSC) can now be considered by the JCPCT. The JCPCT has indicated it's intention to take a decision regarding the future provision of children's congenital heart services, based on the feedback received during the consultation period, at a meeting to be held in public on 4 July 2012.
- 3.2. The HOSC will wish to continue to monitor this process as University Hospital Southampton Foundation Trust currently provides children's congenital heart surgery, and Southampton General Hospital's future as a surgical centre for this specialism is in doubt as the hospital currently only appears in one of the four options consulted upon for future configurations of services.

- 3.3. Further details can be found from the Safe and Sustainable website:
<http://www.specialisedservices.nhs.uk/safeandsustainable>

4. Recommendations

- 4.1. That a further update be provided to the July 2012 HOSC meeting, at which time it is expected that a decision will have been taken on the future of Children's Congenital Cardiac Services.
- 4.2. That the Chairman continue to monitor this process in the meantime, and undertake correspondence on behalf of the HOSC if necessary.