

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at the Ashburton Hall, The Castle, Winchester on Tuesday, 26 January 2010.

PRESENT

Chairman:
p Councillor Anna McNair Scott

Vice-Chairman:
p Councillor Pat West

Councillors:

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

Co-opted Members:

Councillors:

a Marion Kerley
p Ray Love
a Peter Luffman
p John Marsh

Also in attendance Tom Smith, Chairman, Hampshire LINK, Cllr Felicity Hindson – Executive Member for Adult Services

21. **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 declaration should be made at the time of the relevant debate.

The following members declared a personal interest:

Councillor Brian Collin – wife employed by the NHS
Councillor Peter Edgar – does work for the NHS
Councillor Phryn Dickens – employed by the NHS
Councillor Pam Mutton – daughter employed by NHS
Councillor Pat West – daughter-in-law employed by NHS

22. **MINUTES**

Amendment to the minutes Cllr. D Harrison was present at the 24 November 2009 meeting.

The Minutes of the Meeting of the Committee held on 24 November 2009 were confirmed as a correct record, and subject to the above amendment being made, were signed by the Chairman.

23. **CHAIRMAN'S COMMUNICATION**

a) **Rural ambulance report**

The Chairman advised the committee that the joint HOSC report on rural ambulances will be published in the next two weeks. All HOSC members will receive their own copy.

b) **Sexual Health Clinics**

The Chairman had received confirmation of changes to the location of some sexual health clinics in Southampton and that this will not directly impact on the services to Hampshire residents. Details of the changes are available from the scrutiny team.

c) **Introduction to the new Chief Executive of NHS Hampshire**

The Chairman of the committee introduced Debbie Fleming, who has recently taken up the appointment of Chief Executive of NHS Hampshire.

The Chief Executive of NHS Hampshire expressed her intention to work openly and constructively with the committee during further discussions of the problems facing health provision in Hampshire.

d) **Any other business**

The Chairman wanted to bring to the committee's attention the recent accident of David Pryke during the icy weather conditions earlier in the month.

The committee responded with a request to forward their best wishes for his quick recovery.

24. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 2 in the Minute Book).

RESOLVED:

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

25. **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 Unit**

Members were made aware of the temporary closure of the Andover birthing centre by Winchester & Eastleigh Healthcare Trust. The Chief Executive will update the committee on the status of the centre in March.

RESOLVED:

That Winchester & Eastleigh Healthcare Trust attend the HOSC meeting in March to provide the committee with an update about the status of the Andover Birth Unit.

b. **Hampshire County Council: Learning Disability Strategy**

The Executive Member for Adult Services asked for the Learning Disabilities Strategy to be brought to the attention of the HOSC. Members welcomed this development which was taken forward jointly by the NHS.

RESOLVED:

The Committee agreed that the strategy document was a very positive step forward.

26. **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 5 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 Chairman advised the committee that the proposals to Fluoridate drinking water in Southampton and Southwest Hampshire is still subject to judicial review proceedings but no further news had yet been received.

Under items requiring action he gave details on:-

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

The Medical Director and the Programme Director for Hampshire Partnership NHS Foundation Trust gave a presentation to the committee surrounding the plans to modernise Adult Mental Health Rehabilitation:

Members heard:

Engagement Plans for Service Change

That Hampshire Partnership NHS Foundation Trust have set up a programme board and project team which includes Primary Care Trust representatives.

That there are plans for engagement in February with carers, service users and staff concerning the Psychiatric Intensive Care Units (PICU) and rehabilitation services. This will be followed by wider public consultation in March.

That Hampshire Partnership NHS Foundation Trust have significant challenges ahead. They will have a much clearer idea as to how effective the planned engagement has been at the end of March.

Temporary Urgent Action

That 35 staff were redeployed successfully on a temporary basis.

That the vacancy levels for nurses and healthcare support workers have not reduced.

That there is active recruitment ongoing relating to specialist service workers.

Independent Review of PICU

That a panel has been established which includes an Independent Consultant Psychiatrist, a Director of Nursing and the Chair of the Hampshire LINK.

That panel members will interview staff / management.

That the staff are very professional and work equally well in different environments.

That the panel is to meet on 1 February 2010 and that a report from the panel will be completed by the end of February.

RESOLVED:

The Committee asked questions relating to the presentation, members heard:

That during the recruitment of priority staff there is the provision for relocation costs to be provided to enable the trust to attract staff.

That the 24 beds at St James are unaffected by the cessation of the Oak Park Community Hospital.

That there is not the same levels of social care staff vacancies as exists for nursing staff.

c. **NHS Hampshire – Proposals to cease the development of Oak Park Hospital, Havant**

The Director of Capital Planning gave a presentation on the Proposals to cease the development of Oak Park Hospital, Members heard:

That the cost of health provision is rising yearly by 1.4% and this coupled with the economic downturn has impacted heavily on schemes that previously would have been viable.

That standards are now higher than they were when the Oak Park hospital was first proposed and that some facilities originally intended for development could no longer be provided.

That clinicians have advised that a proposed Endoscopy clinic would provide 1,500 procedures per year (approx 30 per day), which equates to 1 day a week is not a viable solution.

That a Minor Injuries Unit that provides a service for 130 attendances per year would not provide value for money. A modern minor injuries unit would require a higher threshold of attendances to be financially viable.

That four buildings would need to close to enable sufficient capital to be released to continue with the Oak Park Community Hospital, these other sites are located in Emsworth and Havant.

That it is more efficient to use some of the un-used space inside the Children's Centre.

That with the economic downturn NHS Hampshire have had to take a more overall strategic look at the provision of health care in the South East and that means taking a second look at projects such as Oak Park to see if continuing with them would be productive, efficient and cost effective.

That NHS Hampshire have engaged with local residents to determine the depth of opinion concerning the Oak Park project.

That as a part of the engagement NHS Hampshire have:

- Sent information and a survey to 1300 people via the Havant Citizens Forum of which they have received 981 responses.
- Have held 16 in-depth interviews with seldom heard residents in the Leigh Park / Wecock Farm area.

- Have attended community meetings with approximately 130 attendees.

The Committee asked questions relating to the presentation, members heard:

That standards are higher now and that the Oak Park Hospital as originally planned was no longer viable.

That to enable the construction of Oak Park they would need to close down the Havant War Memorial Hospital, but at this time there is no business case which would allow this.

That work is underway to extend the opening hours of general practitioners.

RESOLVED:

That the Health Overview and Scrutiny Committee considers that considerable further work needs to be done before the Members and local people can be confident that there are viable alternatives to the Oak Park Community Hospital. Despite the work that has clearly gone into the options to be presented to the Board on 28 January 2010, the lack of coherence in the documentation gives a sense of fragmentation of local services across this community.

It is on these grounds that the HOSC came to the conclusion that:

- Should the plans to cease the development of Oak Park Hospital proceed this **would** constitute a substantial service change
- Members were **not** satisfied that any of the three options proposed will meet the health needs of this highly vulnerable population
- The lack of coherence in the presentation of the options means that the HOSC is **not** convinced that they are in the interests of the community affected.