

REPORT OF THE
Health Overview and Scrutiny Committee
PART II

89. PROPOSALS TO VARY OR DEVELOP NHS SERVICES

The Committee is continuing to receive proposals from the NHS that may substantially vary or change the provision of health services. At its meetings on 25 March 2014 and 29 April 2014 consideration was given to the following items:

A. NHS England (Wessex): Vascular Services

1. Members received on 25 March an item detailing initial proposals for the future of vascular services in South Hampshire from the commissioners of this service, NHS England (Wessex). Representatives from the two providers of vascular services in South Hampshire, Portsmouth Hospitals NHS Trust and University Hospital Southampton NHS Foundation Trust, were also present, in addition to the Director of Public Health for Hampshire and the Clinical Director of West Hampshire Clinical Commissioning Group.

2. Members heard that four possible options had been identified for the future arrangement of vascular services. The preferred option, option four, would follow a phased approach, with phase one proposed to be implemented before the end of December 2014. The Committee were mindful that they would only be considering phase one of NHS England's preferred option four, and that the other phases would be considered by the Committee at a later date should NHS England (Wessex) approach the HOSC with more detailed proposals. Phase one would include:

- a) Establishing a single rota for emergency seven day vascular assessment and interventions and support for the major trauma and renal centres;
- b) All emergency Abdominal Aortic Aneurysm (AAA) patients being operated on in Southampton;
- c) Ensuring that out-patient clinics, initial investigations, surgery for venous disease, re-ablement and rehabilitation would also be carried out as close to the patient's home as possible;
- d) Considering the options and timescales for redirecting all non-emergency AAA patients, including those who have been picked up as part of the AAA screening programme, so that they are operated on in Southampton.

Clinical consensus would be required on the number of patients that would be transferred as 'emergency AAA patients', but in discussion it was thought that this would be circa 12 per year.

3. It was noted that there was a renewed dialogue between the two providers, with an agreement that the best way of working together was through a vascular network. The Committee provided an opportunity for all NHS colleagues present to discuss their views of the proposals, which can be found in the Minute. Robust discussion was held by Members on the proposals as set out before them.

4. The Committee were asked to determine whether phase one of the proposal constituted a substantial change in service, and whether they supported the next steps of NHS England (Wessex). When taken to a vote, Members agreed that phase one of option four was not a substantial change in service for the population of Hampshire. The Committee were not able determine the nature of the change for

phases two and three of option four, and therefore invited NHS England (Wessex) to return in future with further proposals under this option, in order for the Committee to determine if these constitute a substantial change in service.

5. The Committee were satisfied with the next steps proposed by NHS England (Wessex) in relation to plans for public consultation. The Committee agreed to respond to this consultation once published, and to have the opportunity to feed into any draft consultation document proposed to be published in Hampshire.

B. The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust: Inpatient Oncology Services

1. The Committee received proposals on the future of the inpatient oncology unit at the Royal Bournemouth Hospital on 30 April, through a paper which detailed the intention of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust to make the temporary move of the oncology inpatient service to Poole Hospital permanent. The Trust originally presented to the Committee on their proposals to temporarily move the service in November 2012.

2. The Trust had previously reported that it had been difficult to recruit and provide enough medical staff needed to look after patients who required complex oncology inpatient care on both sites, owing to a national shortage of suitably qualified staff. It was felt that by moving the inpatient service to Poole, the two Trusts would be able to pool resources to increase the medical staff available and ensure patients have access to the best care possible. Members heard that the main commissioners of this service for Hampshire patients choosing to receive their oncology care from Royal Bournemouth Hospital were in support of the proposals.

3. Members challenged the Trust on the results of the patient survey which highlighted some difficulties experienced in accessing Poole Hospital. The Trust agreed to provide travel plans for patients, their families and carers, to the Committee.

4. The Committee were asked to determine whether the proposals constituted a substantial change in service, and whether they supported the next steps of the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. When taken to a vote, Members agreed that the proposals did not constitute a substantial change in service for the population of Hampshire.

C. Southern Health NHS Foundation Trust: Adult Mental Health services

1. The Committee have monitored the implementation of a new model of care for adult mental health services following a substantial change in service by Southern Health NHS Foundation Trust in May 2012.

2. During this monitoring period Members have noted that although demand for inpatient adult mental health beds has not increased, length of stay has and therefore the need for beds has regularly exceeded the availability of beds within the Trust. The Committee has received assurance from the Trust that beds have always been found for those that need them (either through the use of other beds within the Trust, or purchasing bed days from private providers), and that work has been undertaken to identify why pressure on acute beds has increased.

3. The Committee received a monitoring update from Southern Health on adult mental health services on 30 April, with a report covering acute inpatient bed

usage and the future of the Woodhaven Unit in the New Forest. Commissioners highlighted work ongoing with the Trust to encourage innovation and incentivise the return of out-of-County patients, but noted that issues were still being experienced with delayed discharge. It was felt that a multi-agency approach to step-down care for mental health service users was required, as the problem was wider than the Trust. Members agreed that housing and step-down care should be recommended to be considered by the Health and Wellbeing Board as part of their seminar on mental health provision.

4. The Committee were concerned to hear that funding had not yet been arranged by NHS England to allow for low-secure female service users to be treated at Woodhaven Unit. Members agreed to write to NHS England (Wessex) expressing the Committee's disappointment that finance had not yet been organised, and to request an update on progress.

D. South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital

1. A written update was received by the Committee on progress with the Chase Community Hospital project in Whitehill and Bordon, East Hampshire, at the 29 April meeting. Members were informed of the ongoing delay to the project programme as a result of an issue with the approvals process with the new tenants at Chase Community Hospital, which must be completed before the business plan for the Hospital site can be approved.

2. The Committee heard that this process would add extra time requirements to the overall programme, although the Clinical Commissioning Group was unable to confirm how long this would be. Members noted that the Clinical Commissioning Group was committed to providing the Committee with an updated programme timetable once available. The Committee agreed to continue monitoring this project.

90. INQUIRIES RECEIVED AND ACTION TAKEN

The Committee continues to receive and respond to inquiries about NHS services from County Councillors and partners. At the meetings held on 25 March 2014 and 29 April 2014 the following key items were considered:

A. Competition and Markets Authority: Possible Merger of Heatherwood and Wexham Park Hospitals NHS Foundation Trust with Frimley Park Hospitals NHS Foundation Trust

1. The Committee ratified a submission to the Competition and Markets Authority on the possible merger of Heatherwood and Wexham Park Hospitals NHS Foundation Trust, in the Thames Valley region, with Frimley Park Hospitals NHS Foundation Trust, in Surrey. Frimley Park is a Hospitals Trust used by some of the population of North East Hampshire.

2. Members agreed that the following concerns should be raised to the Competition and Markets Authority when considering this proposed merger:

a) The requirement for a clinical strategy across the two sites which clearly sets out how services will be structured in future, and the benefits and outcomes that will be realised for the patients of North East Hampshire.

b) The need for any merger to be financially sustainable.

c) Should the merger go ahead, assurance that services provided to the population of North East Hampshire through Frimley Park Hospital NHS Foundation Trust continue to operate at a high quality level, and adequate resource is embedded to ensure the future sustainability of services.

3. The Committee noted that a decision was expected from the Competition and Markets Authority by 29 May 2014.

Further details can be found at www.hants.gov.uk/councilmeetings.htm by typing in the relevant reference number:

- Proposals to vary or develop NHS services (search item reference 5735 and 5797)
- Inquiries received and action taken (search item reference 5736 and 5798)

COUNCILLOR PAT WEST
Chairman