

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	26 November 2013
Report Title:	Proposals to Develop or Vary NHS Services
Reference:	5398
Report From:	Director of Policy & Governance

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1. Summary and Purpose

- 1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services 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, last updated in April 2013. This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, 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/councilmeetings/advsearchmeetings/meetingsite/documents.htm?sta=&pref=Y&item_ID=4831&tab=2&co=&confidential=
- 1.4. This Report is presented to the Committee in 3 parts:
 1. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
 2. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.

3. *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

None

Items for Monitoring

2. **Southern Health NHS Foundation Trust: Adult Mental Health acute bed use – update letter**

Background

- 2.1 Proposals by Southern Health NHS Foundation Trust, the major provider of adult mental health service in the County, were first presented to the HOSC in July 2011 when the Committee were informed of their intention to change how services were provided in the east and west of Hampshire. These changes were treated as a substantial change in service.
- 2.2 Full proposals were submitted to the HOSC in November 2011. These proposals included reducing the number of available inpatient acute adult mental health beds across the east and west of the County, on the basis that a number of patients currently seen in an inpatient setting could be better supported by community-based services. The Committee agreed with the Trust at this meeting that further evidence would be required in order for the HOSC to agree to support the way forward outlined.
- 2.3 In January 2012 the HOSC received the evidence required to assure itself that the Trust had engaged and involved stakeholders in relation to the proposed changes, and that the changes proposed were in the interest of the population served.
- 2.4 Following deputations by Julian Lewis MP and others at the March 2012 meeting, the HOSC agreed to set up a working group to scrutinise the proposals in greater depth, and to examine the concerns raised by the deputies. This working group reported to the May 2012 meeting of the Committee, at which point the HOSC supported the conclusions of the working group that the plans could continue to go ahead (and would not therefore be referred to the Secretary of State). The working group requested a number of aspects be covered by the Trust in future reporting to the HOSC to provide further assurance.
- 2.5 The HOSC have monitored the implementation of the proposals since May 2012. Members have noted in this time that demand for inpatient beds has regularly exceeded availability of beds within the Trust. The HOSC has

received assurance from the Trust that that beds have always been found for those that needed them (either through use of other beds within the Trust or purchasing bed days from private providers).

- 2.6 The Chairman and Vice Chairman met with representatives from Southern Health NHS Foundation Trust in September 2013, in order to discuss adult mental health acute bed data and progress with the model of care overall. The Trust assured Members during this meeting that improvement actions once embedded would decrease acute bed occupancy, and further progress community-based services. The Chairman reported the outcomes of this meeting to the HOSC on 24 September 2013, where it was agreed that the Trust would next appear before the Committee with evidence for the monitoring of their service model on 28 January 2014.

Update

- 2.7 The Trust have written to the Committee (see [Appendix 1](#), page 8) in order to provide an interim update on the use of acute beds in Southern Health NHS Foundation Trust's adult mental health service. This letter outlines the 'occupied bed days' since April 2011, as well as informing Members of bedroom closures in Antelope House; one due to fire damage, and two because of an ongoing issue with severe damp.
- 2.8 A further interim update will be provided by the Trust later in the year once the impact of the bed closures described in paragraph 2.7 have been assessed, and actions have been taken to address these issues. As noted in paragraph 2.6, representatives of Southern Health will next attend before the Committee on 28 January 2014.

Recommendations

- 2.9 That Members note the update provided by Southern Health NHS Foundation Trust on the use of acute bed in adult mental health services.
- 2.10 That the Committee confirm if they require any further information prior to their monitoring of this item at the 28 January 2014 meeting.
- 3. South Eastern Hampshire Clinical Commissioning Group: Chase Community Hospital – update letter**

Background

- 3.1 South Eastern Hampshire Clinical Commissioning Group (SEH CCG) first presented outline proposals to the HOSC in September 2012 for the future of Chase Community Hospital. These were:
- To close the remaining eight inpatient beds and introduce a new bed-based model of care, which would include the introduction of a 'virtual ward' to the area, with the majority of patients being supported in their own home or a nursing home bed by community teams (if clinically appropriate).
 - To expand outpatient services and clinics provided from Chase, including the move of community-based teams into the hospital, following the reorganisation and refurbishment of existing ward space.

It was agreed at the September 2012 meeting that the Committee would form a working group to test the evidence for the proposals listed above.

- 3.2 It was reported at the 30 July 2013 meeting that SEH CCG would be working toward a target date for completion of all works at the Community Hospital of April 2015. Members were notified of possible risks associated with the project, given that the process by which the full business case would be approved had not yet been agreed nationally. However, discussions were on-going with NHS England and it was hoped that this process would not disrupt the overall completion date.
- 3.3 The CCG last provided an update to Members at their meeting on 24 September 2013, where it was noted that the four nursing home beds commissioned from Wenham Holt were operational, and the Integrated Community Team previously established in the area now had been fully resourced and were working extended hours. With these proposals implemented, the inpatient beds at Chase Community Hospital had now closed.

Update

- 3.4 The Committee previously resolved that SEH CCG next appear before the Committee in March 2014 for Members to monitor the implementation of the proposals.
- 3.5 SEH CCG have written to the Chairman in the interim in order to update the Committee on the need to revise the project programme in light of new processes that must be completed before NHS Property Services can approve the building works at the Chase Hospital site. The CCG have indicated that such processes are likely to add extra time to the overall programme, although NHS Property Services are not yet in a position to confirm how long this will be. The CCG have committed to providing an updated programme timetable to the HOSC once this is available.
- 3.6 The update letter, attached as [Appendix 2](#) (page 10), reconfirms SEH CCG's commitment that that services at the Chase will continue regardless of any change to the building programme.

Recommendation

- 3.7 That Members note the update from South Eastern Hampshire Clinical Commissioning Group on Chase Community Hospital.

Items for Information

- 4. Hampshire HOSC: Adult Mental Health Section 136 working group – update on work undertaken**

Background

- 4.1 The Adult Mental Health working group referred to in paragraph 2.4 discussed, as part of their 2012 review of the changes to adult mental health

services in Hampshire, Section 136 of the Mental Health Act 1983¹. In particular, the working group explored the number of 'places of safety' in Hampshire utilised as part of powers under Section 136 of the Mental Health Act, and the responsibilities of the NHS and other organisations in relation to this section of legislation.

- 4.2 The HOSC have previously considered supplementary information from relevant partner organisations on measures being taken to improve Section 136 mental health assessment processes, to utilise places of safety in preference to police cells, and to improve assessment times.
- 4.3 At a meeting of the HOSC on the 30 July 2013, it was resolved that the Committee would convene a working group to review progress being made to implement improvements to the Section 136 process in Hampshire.

Update

- 4.4 The working group recently held its initial meeting where, as requested by the group, representatives of the Section 136 multi-agency group in Hampshire (including Hampshire Constabulary, Hampshire County Council Adult Services, Southern Health NHS Foundation Trust and West Hampshire Clinical Commissioning Group (on behalf of all Commissioners of adult mental health services)) attended to present evidence on progress made against Royal College of Psychiatrists standards. The working group appreciated the opportunity to question key witnesses and, as a result of the discussions, further evidence was requested on a number of different topics relating to Section 136 processes.
- 4.5 Members have agreed to hold an additional working group meeting in the New Year to consider additional evidence received from key stakeholders, and expect final recommendations to be made to the HOSC in due course.

Recommendations

- 2.9 That Members note the update.

¹ <http://www.legislation.gov.uk/ukpga/1983/20/section/136>

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

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

Our Ref: LS083/sm

5 November 2013

Councillor West
Hampshire County Council
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SO23 8UJ

Mental Health Division

Sterne 7
Tatchbury Mount
Calmore
Southampton
SO40 2RZ

Tel: 023 8087 4309

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Dear Councillor West,

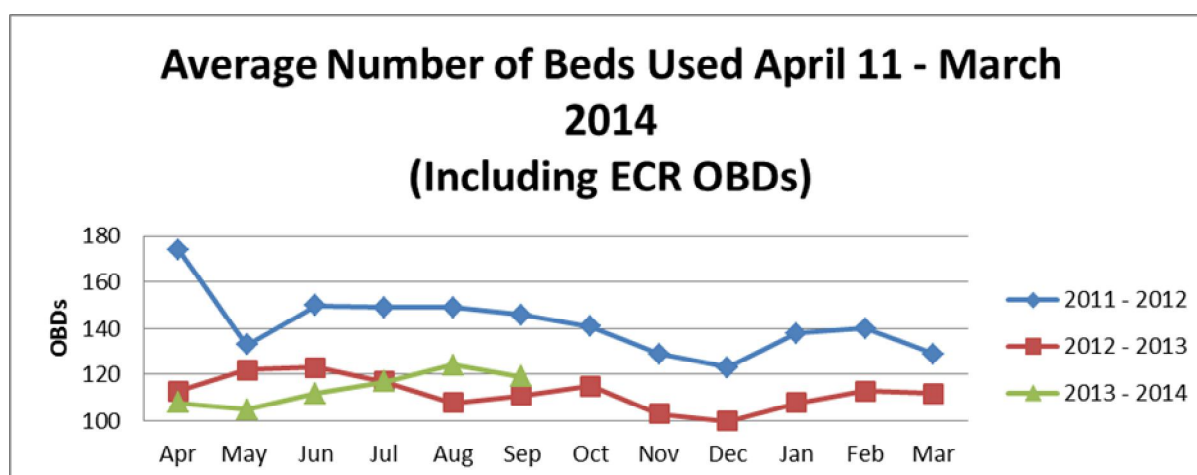
Re: Adult Mental Health acute bed use

As previously agreed I am writing to provide you with an update on the use of acute beds in Southern Health NHS Foundation Trust adult mental health services.

There was some reduction in the use of beds in September compared to the pressures on beds through August 2013. The table below contains information about 'occupied bed days (OBDs)' in Trust acute beds (including internal contingency beds), and OBDs in acute beds out of the Trust since April 2013.

	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Total
Acute OBDs in Trust	3202	3238	3340	3493	3484	3370	20127
Acute OBDs out of Trust	23	9	31	136	372	190	762
Total	3225	3247	3371	3629	3856	3560	20889
Average No. of beds used	108	105	112	117	124	119	6 month average 114

The chart below describes the average number of beds used each month since April 2011. This is calculated by adding the total number of 'occupied bed days' across the whole service (including those bed days occurring in contingency beds and in out of area placements) in a month, and dividing by the number of days in the month.



We are maintaining our focus on improving the acute care pathway:

- We have a small number of patients with long admissions. In general they have very severe illness with complex needs. We are implementing a new system that will support teams in assessing ongoing needs, and strengthen the system for providing second opinions to support decision making.
- We are making progress with our plans to extend the crisis house provision across all adult mental health services.

Over the course of October we have had to close one bedroom for a short time in Antelope House, Southampton, as a consequence of fire damage, and two rooms in the Psychiatric Intensive care Unit are currently closed due to severe damp. The latter issue is being actively addressed, although is proving to be challenging. I will be able to provide you with more detail about the impact of these bed closures on our use of beds when I write with a further update at the end of November.

I hope that the information provided meets your needs. Please let me know if you require any additional information or clarification.

Yours sincerely,

Dr. Lesley Stevens
Clinical Director, Mental Health Division

cc Pam Sorenson
Katie Benton



South Eastern Hampshire
Clinical Commissioning Group

11 November 2013

Commissioning House
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Fort Southwick
James Callaghan Drive
Fareham
Hampshire
PO17 6AR

Pat West
Chair of Hampshire HOSC
(Sent via email)

Tel: 023 9228 2063

Dear Pat

CHASE HOSPITAL REDEVELOPMENT

Following our meeting on 28th October, I am writing to update you on the latest position regarding the Chase Hospital Redevelopment project.

Planning application

The planning application was submitted to East Hants District Council on Friday 25th October and will be available on their website shortly. <http://planningpublicaccess.easthants.gov.uk/online-applications/> . We understand that the application may not be considered by the planning committee as officers have authority to make decisions in some situations, and this could fall into that category. We hope to have a decision within eight weeks.

Revised programme expected

We have been informed by our NHS Property Services colleagues of an issue which has the potential to cause a delay in the overall programme. It is important to note that services at the Chase will continue regardless of any change to the building programme. We and our local colleagues at NHSP are doing everything we can to resolve the issue and mitigate its effect, but unfortunately we do now think a delay of some kind is likely. Local NHS Property Services colleagues are reviewing the entire programme as a matter of urgency and have advised us to expect a revised programme within the next few weeks. We will, of course, update you further as more information comes to light.

South Eastern Hampshire Clinical Commissioning Group

The issue has arisen because nationally NHS Property Services has issued a new Land Transactions Approvals (LTA) process, which the local team dealing with the Chase project is required to follow. This LTA requires new tenants taking on new space in buildings owned by NHS Property Services to have agreed leases in place before NHS Property Services will approve the works. It is the process around this LTA that appears to add extra time requirements to the overall programme.

Please be assured that the CCG and our local NHS Property Services colleagues are doing all that we can to reduce the impact of this. The NHS Property Services team are exploring how any and all aspects of the programme might be shortened, such as the contractor procurement process, the programme sequencing, and the construction period as well as the LTA itself.

Richard Samuel and Dr Barbara Rushton have written to both local and regional offices of NHS Property Services to express our concern and pointing out the difficulties this process could cause to a project that is already has a long history and is much-needed and wanted by the CCG, by local people and by their representatives. The letters also seek assurance that this new process will not impact on the project timeline as well as signalling our intention to brief the project stakeholders on this development.

We have written today to the Chase Project Steering Group and Project Board members, and are also writing to our wider stakeholders such as Damian Hinds, MP, and leaders at the Town, District and County Councils. The next meeting of the Steering Group is on Friday 8th November and this will, of course, be an agenda item for full discussion.

We recognise that this will come as unwelcome news, but would like to assure you that the CCG remains committed to the redevelopment and will continue to keep you informed and involved in developments. If you have any questions or would like to discuss this further, please do not hesitate to contact me.

Yours sincerely



Sara Tiller
Chief Development Officer
South Eastern Hampshire Clinical Commissioning Group