AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 27 September 2011.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

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

Co-opted Members:

Councillors:

p Alison Finlay
p Ray Love
a Tim Southern
p Dennis Wright

In attendance at the invitation of the Chairman: Cllr Felicity Hindson, Executive Lead Member for Adult Services, Cllr Brian Dash, Member for Dibden and Hythe.

81. 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:

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 Member, League of Friends, Andover WMH
Cllr Pat West	Daughter-in-law employed by NHS

Cllr Dennis Wright Wife is a GP Practice Manager

82. **MINUTES**

The Minutes of the Meeting of the Committee held on 26 July 2011, subject to attendance error amendments, were confirmed as a correct record, and signed by the Chairman.

83. **CHAIRMAN'S COMMUNICATION**

a. **Apologies**

Councillors Graham Burgess, Rita Burgess, Angela Roling and Tim Southern tendered their apologies.

b. **Additional announcements**

Issues raised by the Care Quality Commission (CQC) concerning mental health services provided by Southern Health
Further to a report circulated to Members previously the Chairman invited any interested Members of the Committee to contact her if they were interested in participating in a joint review with Southampton City Council of the implications of the CQC report. It was suggested that the Trust be asked to attend a special meeting to explain what had gone wrong and what action was being taken. The ambition was for the meeting to be held in October to allow the Committee to be updated at the November meeting. The Committee endorsed the suggested approach.

Open day at Portsmouth Hospitals
Portsmouth Hospitals will hold an open day on Saturday 1 October

Helipad at Portsmouth Hospitals
The Committee had received confirmation of planning permission to extend the operating times for use of the helipad.

Map of Clinical Commissioning Groups in Hampshire
The Chairman drew the Committee's attention to a map and membership of GP Clinical Commissioning Groups being established in Hampshire.

84. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 5 in the Minute Book).

RESOLVED:

That the Committee's Work Programme be approved.

85. **INQUIRIES RECEIVED AND ACTION TAKEN**

The Chief Executive presented a report on enquiries received, the source of each enquiry and the action taken (Item 6 in the Minute Book). The enquiries related to:-

- **Basingstoke and North Hampshire Hospitals Foundation Trust: acquisition of Winchester and Eastleigh Healthcare Trust**

The Chief Executive of Basingstoke and North Hampshire Foundation Trust provided a presentation on the emerging thinking about the clinical model of care as the Trusts' progress towards acquisition. The Chief Executive emphasised there were two main reasons for integrating the two Trusts: one was to ensure local services could be retained for local people, and secondly so that local services could be developed. Neither Trust was of sufficient size and both lacked individual capacity for financial or clinical longer term sustainability. Therefore the merger offered a good opportunity to provide a single integrated service across three main hospital locations as well as providing some services closer to people's homes through GP surgeries and community hospitals.

Development of the proposed clinical model was grounded in extensive discussion and involvement with clinical staff across the hospitals and work had involved every specialty. A central core of specialist services would be based where the expertise currently existed: e.g. major trauma, complex surgery, invasive medicine and radiotherapy. General acute services would exist across both Trusts. The intention was to provide a strong and stable foundation on which to develop the Trusts' vision for the future that would include new facilities and innovative approaches. It was noted the new arrangements were due to 'go live' from 9 January 2012.

Members asked a number of questions about the presentation including:

Members understood that the Trusts' primary interests were in the provision and development of clinical services, however given the financial challenges faced at Winchester, the Chief Executive was asked how the merged Trust proposed to achieve financial balance and sustainability for the future. She acknowledged there was a financial challenge, however the merger meant that it would be possible to reduce duplication, particularly around 'back office' functions such as human resources and finance. The turnover of both Trusts was significant and would allow additional flexibility in this respect. In addition, the merged Trust would expect to achieve further benefits through greater participation in clinical networks and other initiatives such as the establishment of centres of excellence.

There were also opportunities to innovate and as an example she referred to the possibility of developing a specialist 24/7 emergency care hospital that would support improved patient outcomes and more efficient use of expertise in the Trust.

There was also an intention to review the estate held by both Trusts, but this would be a high priority only when the merger was agreed and finalised.

One Member was concerned to know whether one hospital or other was likely to bear the brunt of reductions in staff or services. In response, the Chief Executive indicated that possibly up to 100 posts would be lost in the system, however, this was being considered across the merged organisation, not on a hospital by hospital basis. The current vacancy freeze would mean the direct impact on actual jobs would be reduced. She said it was regrettable, but she felt that nevertheless 100 out of 5,000 posts was relatively few.

The Committee asked whether the plans to reduce duplication through back office post reductions and through remodelling of clinical services according to network principles carried any risk. She acknowledged that planning and implementation of the plans carried some risk, but failure to plan and implement the action required would carry more.

Another Member questioned how much engagement there had been with GPs in relation to the provision of minor injuries services. She indicated there had been good engagement with GPs about minor injuries and other services, but noted that this was an area where further work would be taking place to continue to develop good working relationships.

A Member representing Andover sought confirmation that the local hospital would continue to have a key role in future plans for the Trust following the merger. The Chief Executive confirmed that not only would the hospital continue to deliver valuable services to the Andover community, but that there appeared to be scope to increase the services provided from this site. The Member considered that was positive news.

The Chairman reported that a panel of HOSC Members continued to meet with the Chief Executive of Basingstoke and North Hampshire Foundation Trust to monitor progress. She thanked the Chief Executive for a clear presentation and commended the Trust for the steady progress it was making towards acquisition.

RESOLVED:

That the HOSC be provided with a further update at its meeting in March 2012.

- **Calleva Clinical Commissioning Group: Odiham Cottage Hospital – progress with development of model of care**

Philip Burgess, Unscheduled Care Programme Manager for Calleva summarised progress on developing a model of care for Odiham (as described in Appendix One to Item 6 in the Minute Book). He explained the five options for a 'hybrid' approach that had been considered.

Taking forward the development of the 'hybrid' model of care with the involvement of all key stakeholders had proved to be a more complex and time consuming task than originally thought, however a 'shared view' was now emerging and being progressed.

A 'tripartite' leadership team consisting of a lead GP, a social worker and community matron was in process of being formed.

Clarity around the scope and remit of the service to be commissioned and provided for the Odiham community was emerging, although further analysis by GPs of the needs of this population was still being undertaken.

Members questioned the financial viability of a hybrid model of care and about the longer term sustainability. Calleva stated it intended to commission a better service at lower cost for example through the avoidance of hospital admissions. Additional work would be undertaken to ensure that the CCG's plans were co-ordinated well with the expectations and practice of the relevant acute providers. Calleva also referred to the recent increase in community nursing resources in north Hampshire by Southern Health as a positive development.

The SHIP PCT confirmed that funding had been secured to support the work of Calleva in developing and implementing the emerging model of care. The total costs of providing the original service from Odiham Cottage Hospital was £450,000 per annum and this had been protected for 2012/13. In terms of this years' budget £175,000 had been provided to Southern Health to date to contribute to the additional services provided as a consequence of the closure of the inpatient beds at Odiham Hospital. This left £275, 000 protected to support the emerging model of care in the current year. Any under-spend would be available to support the new model in the future.

Odiham Trustees confirmed the additional work they were taking forward in relation to the development of new services at the Cottage Hospital. In response to a question from the Chairman there was general agreement across the stakeholders present that although there was disappointment that services were not yet being provided from the Cottage Hospital progress was being made and it was hoped that some services would be available from November.

RESOLVED:

That the Committee support the progress to date and next steps outlined.

Calleva presents final details of the 'hybrid' option and supporting business case at the November HOSC.

- **SHIP PCT: Hythe Community Hospital – progress with model of care**

The Committee received an update on progress with developing a model of care for Hythe Hospital from Cllr Brian Dash, the lead Member

supporting this work and John Carr, Chairman of Hythe Hospital League of Friends. They outlined the progress made in identifying suitable inpatient beds at a local nursing home that was close to Hythe Hospital. It was agreed that this would allow local stakeholders to concentrate on the development of the ambulatory services to be provided from the Hythe Hospital site. The SHIP PCT and GP Commissioners confirmed their commitment to progressing this work to ensure that the services provided from Hythe Community Hospital would be enhanced to allow this facility to be a vibrant hub for this community in the future.

Mr Carr noted that there had been some frustration amongst stakeholders during the period of time it had taken to arrive at an appropriate solution, partly because of the uncertainty faced by some staff at the hospital. The decision about inpatient provision should bring that uncertainty to an end.

Noting the range of services that could be provided from Hythe Hospital in the future Cllr Brian Dash commented that it was an exciting opportunity that needed to be taken forward with the full engagement of the local community.

Members questioned which organisation would be bearing the cost of the 6 inpatient beds provided in the Hythe community. Both SHIP PCT and the Deputy Director of Adult Services confirmed the beds would be NHS funded.

It was also questioned whether contingency plans existed should there be, for example, prolonged very cold weather that provoked a higher than normal level of demand for locally based beds. The Deputy Director indicated that sufficient capacity could be found in such an event.

The Chairman thanked Cllr Brian Dash for his very helpful role in representing the HOSC locally in the development of health services for Hythe and its hospital. She then asked Cllr Dash if he would be prepared to continue in this role as the work on ambulatory services progresses. In response he indicated he would be pleased to do so. He also commented that a clearer vision for health services that could and should be provided in Hythe was beginning to emerge now through the conscientious engagement of all key stakeholders.

RESOLVED:

Members confirmed that they were satisfied with the model of care presented including the planned provision of inpatient care in the Hythe area.

SHIP PCT agreed to report back to HOSC at its meeting in March 2012 to provide further detail of the emerging model of care for services in the area.

- **SHIP PCT: Any Qualified Provider pilot**

The Chief Executive summarised the ambition of the Department of Health to pilot its intention to open up the market to a greater range of providers in local areas commencing with a number of community services.

RESOLVED:

That Members notify the Chairman if there is any area that they feel would benefit from participating in this initiative.

- **SHIP PCT: Drug therapy for macular degeneration**

The Chief Executive explained the proposal for the drug Avastin to be recommended as policy by the SHIP PCT. Although not formally endorsed by NICE for this purpose there was considerable clinical evidence supporting the use of Avastin for this condition. The decision about the best drug to prescribe for individual patients would remain with the responsible clinician.

The SHIP PCT confirmed that this process would apply equally where there was evidence of a more expensive drug's effectiveness.

RESOLVED:

The Committee noted the proposed policy.

- **Hampshire HOSC: continuing care and fast track referrals seminar**

The Chairman drew attention to a workshop scheduled to be held on Monday 7 November on this critical aspect of end of life care. She indicated that the HOSC had decided to make this the subject of a seminar for Members due to concerns expressed to the HOSC by a number of clinicians and other professionals.

RESOLVED:

That SHIP PCT provide any further information requested by Members.

Members were requested to indicate by email to the Chairman their intention to attend the seminar in order to help identify how many spare spaces might be available for others.

- **HOSC Chairman: changes to local GP services**

The Chairman informed Members that the SHIP PCT was aware of a number of minor service variations being planned by GPs. She made clear that the normal remit of the HOSC was to consider issues that

would affect all or significant parts of Hampshire, and which involved issues of principle or a direction of travel that could affect large areas of the county. Therefore the Chairman indicated that where local changes were proposed by local GP practices, it was more appropriate that local Members be approached about these issues in the first instance. However she also confirmed that any Members would be welcome to seek advice from the HOSC if they were unable to resolve a particular health issue locally.

This formalises the process already in place across a number of service areas considered by the HOSC.

RESOLVED:

That Members endorsed the approach outlined.

86. **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 7 in the Minute Book). The report was presented 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 action details were given on:

a. **SHIP PCT:**

i. Review of Therapy Provision for children with special educational needs – update on progress against recommendations

The Director of Public Health and the Deputy Director of Children's Services for Children and Families represented the Hampshire Joint Child Health Commissioning Board which assumed responsibility for taking forward the recommendations in the report of the review. They reported that despite an initial delay in being able to appoint a Joint Commissioning Officer, the appointment had been made and progress was now evident in the scoping and researching to underpin development of a project plan with identified milestones and outcomes.

The project would be managed as two phases. The first phase deliverables were to be delivered by early 2012; these would inform the 2012/13 therapy commissioning strategy, therapy procurement and service specifications for 2012/13. The way forward also identified the need to develop a communication strategy and engagement plan with all stakeholders. The target date for this development was January 2012.

RESOLVED:

A further verbal update on progress be provided for the HOSC meeting in January 2012.

ii. Review of Falls provision for the over 65 population – update on progress against recommendations

SHIP PCT gave a presentation comprising an update on progress by the PCT and Adult Services. The presentation drew attention to key actions that had taken place, including the establishment of a task and finish group by the Adult Joint Strategic Board. Members were told that the task and finish group had begun to identify local needs and data requirements using the Department of Health Falls and Fractures Joint Strategic Needs Assessment template. A workshop had been held with providers; a draft strategy had been developed and work had started on a revised pathway and specifications. There had also been an enhancement of Tier 1 community based falls prevention services.

The Committee was also told of future actions to follow, including the establishment of a multi-agency steering group; consultation that would be required on the joint strategy including revised pathway; finalisation of the strategy through the Adult Joint Strategic Board / Health and Wellbeing Board; agreement on specifications in line with the strategy and pathway; joint commissioning of the pathway as agreed at the Health and Wellbeing Board. The timeline provided suggested that most of this work would be accomplished by the end of 2011/12, but it was unclear whether the work would inform commissioning for 2012/13.

In the discussion that followed the presentation the Chairman of Hampshire LINk suggested that local HealthWatch should be formally involved in taking the work forward. This suggestion was welcomed by the SHIP PCT representatives.

Members stressed the need for the discussion about taking forward falls and falls prevention now needed to move to a stage where there was clear action being taken and the resources that were being saved as a consequence of this.

RESOLVED:

That a more detailed update on progress and action initiated be provided to the HOSC at its meeting in March 2012.

b. **National Specialist Commissioning Board: Consultation on the Configuration of Children's Heart Surgery Services update**

The Chief Executive summarised key areas identified by the Panel looking at this work (as detailed in Appendix Three to Item 7 in the Minute Book). Following the HOSC's initial response during the consultation period, clear responses had been received to questions and these were being followed up. In particular it had been confirmed that Southampton had to be retained if the standards for Paediatric Intensive Care retrieval were to be met. It was noted that the results from the analysis of the public consultation indicated the weight of

professional support was for option B which included Southampton University Hospitals Trust. The HOSC was now making an additional response and was very specific about those changes it would not be prepared to support in any future reconfiguration of these services.

RESOLVED:

That the HOSC approve the response to the national PCT Committee.

That the Panel, working with other HOSCs as appropriate, continue to oversee the response of the national team to the questions raised by this Committee.

Under items for information details were provided on:

c. **South Central Strategic Health Authority: Proposal to Fluoridate Drinking Water in Southampton and South West Hampshire update**

Members noted the correspondence in relation to this matter (see Appendix 4 and 5 to Item 7 in the Minute Book).

RESOLVED:

That Members are apprised of the response of the SHA and Southern Water when these are available.

d. **SHIP PCT: Review of Stroke, Major Trauma and Vascular Services**

A presentation was provided by a SHIP PCT team that included a clinical lead from Oxford, a representative from the vascular network and the Director of Public Health. The presenters indicated that there had been extensive discussions with commissioners and clinicians and there was a will to develop an acceptable model for these services in the future. The presenters believed it would be helpful to know if the HOSC supported the general direction of travel set out in the 'engagement' document.

Members expressed considerable frustration at the content of the 'engagement' document and the way in which the discussions about these three services had been bundled together. The Chairman commented that the document conspicuously omitted to make use of strong clinical data that was readily available. Furthermore it made it difficult to consider each case on its own merits and it was not clear what links may exist between vascular, stroke and major trauma services.

It was not clear who had produced the document or what the next steps would be. The SHIP PCT had already taken steps to provide an assurance that the issue of vascular services, which had been subject

to a number of local concerns, would be subject to full public consultation.

The Committee noted that major trauma services had been considered by the South Central HOSC in July 2010 and the conclusion reached that the variation proposed did not constitute a substantial service change.

There was not sufficient information to come to a view about the nature of the proposed changes to stroke services.

The Director of Public Health commented that in the case of stroke the evidence showed that the role of paramedics in stabilising patients in situ greatly improved patient outcomes, and once stabilised patients could be taken to the most appropriate location for further treatment rather than simply the nearest. However the Chairman noted that it could not be relied upon that every ambulance sent to a call would have a paramedic on board. The Director of Public Health further commented that incidence of stroke appeared to be lowering, possibly due to general improvements in lifestyle and better information being available.

It was commented that feedback to individual Members from some clinicians suggested that some felt as though the 'engagement', document had come out of nowhere and that it was a surprise to them. The clinical network manager expressed concern at this feedback as there had been quite extensive clinical engagement, including the involvement of clinical leads from Portsmouth and Southampton.

The Chairman highlighted the importance for the SHIP PCT being free to take forward the next steps in relation to this work, based on the needs of the local population. The PCT confirmed its willingness to take this lead and agreed that the consultation document would contain all the relevant information needed for stakeholders to be able to evaluate the options properly including the impact of any proposed reconfiguration on other services.

RESOLVED:

- That the HOSC responds to the engagement document setting out its expectations in terms of additional information required and appropriate clinical leadership for each service are agreed within the SHIP cluster.

- That the HOSC is provided with clear information about the proposals for the configuration of vascular services, based on the available clinical evidence. This shall include information about the impact of any changes on other clinical services provided by the Trusts affected and will be aligned across SHA boundaries as appropriate. On receipt of this information the HOSC will be in a position to ascertain if the changes proposed in relation to vascular services are substantial in nature.

- The SHIP cluster confirms the process for taking forward the changes proposed in relation to stroke services and how this will affect current patient pathways. This will enable the HOSC to determine if the change is substantial in nature.

- The HOSC notes confirmation from the SHIP cluster that the configuration of Major Trauma services is as discussed at the joint South Central HOSC last July and supports the decision that this is not a substantial service change.

- The Committee works as appropriate with other HOSCs in responding to these proposals.

e. **SHIP PCT: Development of the Oak Park campus – update on progress**

The PCT presentation provided a summary of progress made together with indicative key milestones and timeframe. Key messages included:

- ***Oak Park Community Clinic***: expected to be fully operational in December 2012
- ***The co-location of locality children's teams in one place***: service leads are now viewing this as a success
- ***Oak Park Health and Wellbeing Campus*** – benefited from joint planning between the PCT and HCC for a 'nursing centre' and 'extra care housing' including:
    - A ***60 bed nursing centre*** would include 20 re-ablement / intermediate beds, 10 Older People's Mental Health beds and 30 general nursing home beds.
    - ***Land to replace Havant Health Centre***: sufficient land is being retained for this.
    - ***Extra care housing units***: there is an ambition to provide 50 units if and when the economic climate allows it.
    - ***Surplus land***: sufficient land would remain available for residential housing.
- ***Virtual wards***: three virtual teams consisting of GPs, community teams and PHT to help reduce unnecessary hospital admissions, reduce length of stay in hospital and to facilitate end of life care.
- ***Improved access to urgent care***:
    - The GP OOH service has now relocated to QA which has proven to be a successful move
    - Additional emergency nurse practitioners have been recruited
    - A Community Emergency Department team is now based at QA to facilitate supported discharges and avoid unnecessary admissions
    - 11 GP practices have signed up to provide minor injuries services.

Members welcomed the presentation and the progress made. The Chairman commented that achievements made in relation to the provision of NHS services for Havant and Oak Park demonstrated what

could happen when there was constructive involvement and dialogue between the HOSC, local Members and the NHS.

Members requested an assurance that GPs were fully involved in developments. The local 'lead' GP confirmed there had been a lot of engagement but that different GPs had different perspectives; historically some GPs had had access to beds at HWMH whilst others had not. Plans for the development of facilities on the Oak Park site would open up access to beds for all local GPs. A further complication to GP engagement had arisen because some GPs had a commissioning role whilst others saw themselves as providers. The details of this issue would be discussed outside the context of the HOSC as a local matter.

The PCT confirmed that the new model of care would begin in October through beds initially commissioned from a local independent care home provider. It was confirmed that these beds would be funded by the NHS, and there were no in-patients remaining at Oak Park that would need to transfer on the day the beds were due to be provided from the care home. Contracts had been signed off and the reported interim phase of development demonstrated that momentum of this project was being maintained towards bringing the full suite of services 'on stream'.

RESOLVED:

That SHIP PCT attends the HOSC in March 2012 to provide a further update on progress with this work.

HOSC Members to be apprised by email regarding which care home was selected to provide the beds from October 2011.

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Chairman, 29 November 2011