AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 29 November 2011.

## PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

**Councillors:**

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

**Co-opted Members:**

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

In attendance at the invitation of the Chairman: Cllr David Drew, Member for Andover South and Frank Rust, Chairman of the Hampshire LINk.

## 87. APOLOGIES FOR ABSENCE

Councillors Roz Chadd, Peter Edgar, John Wall and Ray Love tendered their apologies.

## 88. 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:

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| Cllr Brian Collin | Wife employed by NHS |
| Cllr Phryn Dickens | Husband and son employed by NHS, son works at Queen Alexandra Hospital in Portsmouth |
| Cllr David Harrison | Employed by NHS |
| Cllr Pam Mutton | Daughter employed by NHS<br>Member, League of Friends, Andover WMH and member of her GP patient reference group |
| Cllr Pat West | Daughter-in-law employed by NHS |
| Cllr Dennis Wright | Wife is a GP Practice Manager |

89. **MINUTES**

The Minutes of the Meeting of the Committee held on 27 September 2011, were confirmed as a correct record, and signed by the Chairman.

90. **CHAIRMAN'S COMMUNICATION**

The Chairman reported that Southern Health had asked the committee to note that their Older People's Mental Health Services would be seeking to engage and potentially consult with the HOSC regarding service change proposals in the near future. The Chairman was due to have an initial meeting with Southern Health in December 2011 and would advise members of next steps in due course.

91. **WORK PROGRAMME**

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

The Chairman drew Members attention to the letter to the Primary Care Trust Cluster (attached at Appendix 1) that contained recommendations arising out of information and discussion at the Fast Track Continuing Healthcare seminar held on 7 November. The Chairman commented on the opportunity the seminar had provided for Members to understand more fully issues raised by clinicians engaged in end of life care. Members were asked to consider the recommendations and whether they wished to endorse them.

*RESOLVED:*

- That the Committee's Work Programme be approved.

- That Members endorsed the following recommendations in relation to end of life care:

1) That the PCT, working with Adult Services, rolls out the Basingstoke pilot across Hampshire, taking account of the good practice identified in Southampton and Portsmouth. This should

be taken forward as soon as possible and the timetable for implementation shared with the HOSC in January.

2) That the HOSC is advised of the timeframe for conducting and completing the independent review of these services. The report should be shared with the HOSC with a supporting action plan.

3) With immediate effect – in the event of a dispute- the support recommended by the responsible clinician is put in place until the dispute is resolved. If the PCT is unable to respond to this request we would expect, as a minimum, that there is rigorous audit of the triage system that has been put in place. This should be shared with clinicians, Trusts and the HOSC. Individual clinicians will also be advised in written or electronic format of the reasons why any request for fast track referral is declined.

4) Referrals are routinely audited and feedback regularly provided to Trusts and clinicians about the appropriateness of the use of the fast track tool

5) Arrangements are put in hand to ensure that referrals from the community and other service areas are dealt with appropriately

6) Joint training arrangements are put in place to ensure that all care providers are aware of the purpose and application of the fast track tool

7) Joint operational protocols are agreed to support the delivery of the fast track policy, and all existing NHS Hampshire operational policies on Continuing Healthcare are updated to reflect these protocols.'

8) That Fast Track and Continuing Healthcare remain on the work programme, with a view to the HOSC undertaking a more in-depth review of the subject in the coming year. It was agreed that opportunity to sit on the Review Panel would be extended to Members of other scrutiny committee's as appropriate, and that the Primary Care Trust would be invited to nominate a PCT non executive director to act as an observer to the Review Panel.

92. **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:-

**PHT: Nurturing Maternity Service development in South East Hampshire**

The Head of Midwifery at Portsmouth Hospitals Trust summarised key points from the paper provided for the meeting (Appendix 1 to Item 6 in

the Minute Book). She stressed the importance of creating a climate of confidence for expectant mothers in the local population regarding the range of maternity provision in the area.

The maternity service had also prioritised the importance of integration and constructive working with related services and commissioners to strengthen an ethos of effective working through co-operation with other professionals for the benefit of patients. The Head of Midwifery was particularly keen to ensure that any additional resource would be used to support work with disadvantaged and vulnerable families.

She also commented on their commitment to reduce the incidence of infection rates by providing the safest possible environment for births, supported by best practice. In that regard she referred to recent research on safe births and birthing environments. Further information about birth place safety could be found at: http://www.nhs.uk/news/2011/11November/Pages/hospital-births-home-births-compared.aspx

It was reported that parts of the model had been implemented early due to the high demand experienced in recent months. An example was given that demonstrated the success of the new approach, that during one week in August 37% of mothers had their babies outside of a labour ward, and all were able to give birth in their choice of location. It was suggested the model was effective due to having a service model that focused on having midwives in the right place at the right time, supported by maternity support workers where appropriate and by consultant obstetricians in more complex cases. Early signs were that initial steps towards the new 'nurturing' model had shown an increase from 20% home births to over 35% in October.

Members, whilst appreciating the information provided, commented that there had been a history of difficult relationships between Portsmouth Hospitals and the Portsmouth City PCT. In response, it was affirmed that every effort had been made to ensure good working relationships were established with all relevant organisations, and Portsmouth City PCT was no exception. The relationship was positive and constructive, and the attending commissioner could attest to that.

A Member commented that whilst the early evaluation was positive, how would the service ensure expectant mothers knew about their birthing options. In response, it was said that every opportunity was taken to provide clear and simple information wherever young mothers and women were likely to visit, such as children's centres, but one of the most powerful ways was when the information was spread by word of mouth through a network of peers. An indication of this success could be the increasing numbers of women choosing home births.

Another Member observed that the new approach sounded promising, but that he would like the service to provide further information in six months in order to demonstrate it was achieving the success that early experience suggested. The Chairman agreed that an update in six

months time would provide an opportunity to learn how the approach was establishing itself.

Recent press reports had given Members the impression that NICE guidance was advocating easy access to caesarean sections for women; the Committee asked whether this could have implications for the service? In response, it was commented that NICE guidance was not as some press reports suggested, and that there were clear criteria for when such a decision might be appropriate. This should have little or no impact on the 'nurturing' model being employed.

The Chairman highlighted that there was strong evidence of support for the approach, for example from the Maternity Services Liaison Committee, birthing unit support groups and the Royal College of Midwives. Engagement had been extensive, thus in the view of the Committee it did not constitute a substantial change in service.

*RESOLVED:*

- That Members were very satisfied with the engagement and involvement activities in support of this work.

- That Members considered that in view of the thoroughness of engagement and support received, that the changes should not be considered substantial.

- That PHT be requested to attend the 22 May 2012 HOSC meeting to provide an update on the performance of the new model.

**WEHT: Andover Birth Centre – update to confirm outcomes of consultation**

The acting Chief Executive of the Winchester and Eastleigh Healthcare Trust and the Head of Midwifery reported on the outcome of the consultation on midwife-led birth services for mid Hampshire. The presenters summarised key points from the report provided for the meeting (see Appendix 2 to Item 6 in the Minute Book).

Of the three options consulted on, 84% of responses (132 /157 responses) supported the 3rd option to "maintain midwife-led births at the Royal Hampshire County Hospital and introduce Domino services at the Royal County Hospital and Andover Birth Centre". The presenters indicated the Trust would commit to taking forward this option, although it was pointed out there was some ambivalence amongst GPs in Andover as to whether the 2nd or 3rd option was preferred. The second option would centralise births at Winchester, but allow women to choose between hospital or community midwives to support them through the Domino service.

Regardless of the commitment expressed by the Trust to take forward the 3rd option, it was clear that it came with a major caveat since the

Trust would be merged with the Basingstoke and North Hampshire NHS Foundation Trust (BNHFT) in January 2012, and they could not therefore be certain how maternity services would be taken forward in that context. However BNHFT had been kept informed of developments with the consultation on midwife-led birth services and had indicated its support for the preferred option. Because of the impending merger, it was felt by the Trust that it would not be practicable to change the staffing model until there was management stability of the service following the merger.

Members asked whether the previously reported shortage of midwives was continuing to affect the service. It was reported that the problems with absence had been resolved, and that successful recruitment had resulted in them slightly exceeding their establishment of midwifery staff. A decision had been made not to consult staff on the changes that would be required to implement option 3 until after the merger had happened.

The presenters commented that whilst uncertainty in relation to the coming merger made it difficult to proceed immediately with implementing option 3, nevertheless the service had undertaken an outreach programme to engage with prospective mothers and that as a result home births were now three times the national average of 3%, however Members noted that even 9% represented only a fraction of the numbers experienced by the service in South East Hampshire.

The Chairman asked the presenters whether the 'use it or lose it' principle was likely to apply with respect to re-launching a birth option for mothers in Andover. The Chief Executive indicated that the sustainability principle always had to be considered when offering health services, but that if it were to become an issue for the Andover Birth Centre it would first be necessary to understand the reasons why and address them. The viability of the service would need to be closely monitored.

The Chairman also wanted to know what principles were of most importance for the new midwifery service. In response the Head of Midwifery said there were two main principles, these were that:

- The mother should have a named midwife
- There should be 1:1 care from the midwife in labour

Additionally, she said it was also very important for the service to audit the woman's perception of her care, because only when mothers were happy with their experience of care would they have confidence in the service and recommend it to others.

*RESOLVED:*

- That Members were satisfied there had been appropriate engagement and involvement of local people and key stakeholders in developing these proposals

- That Members were satisfied that the way forward was in the interests of the population affected

- That the Trust should continue to engage with local GPs and Clinical Commissioning Groups and that a further update on progress should be provided to the Committee for the 22 May 2012 HOSC meeting by which stage it expects greater clarity should exist about timescales for taking this matter forward.

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

Representatives of the Calleva Clinical Commissioning Group (CCCG) apprised the Committee of progress achieved with the Local Development Plan for Hart and Odiham to implement the hybrid model of care They reported good progress and summarised the key points in the report included in the papers (see Appendix 3 to Item 6 in the Minute Book).

Good progress was being achieved with the model of care being developed by the PCT with the involvement of GPs, local stakeholders, Odiham Cottage Hospital (OCH) trustees and volunteers. The discovery of the need for some building work had meant that facilities may not be fully in place until early in 2012, but the CCCG now had a business plan agreed in principle to initially work with three preferred partners:

- The Integrated Care Team
- St. Michael's Hospice
- Odiham Consolidated Charities

A letter of agreement had been signed between Southern Health and the OCH trustees, and more detailed plans were in the course of development.

Local stakeholders had expressed their support and satisfaction with the engagement process and the tangible evidence of progress being achieved. Clarity around defining the unique role that the hybrid model of care would provide was being developed carefully by the CCCG against the need profile of the Hart/Odiham area. As part of this clarification, for example, the CCCG was seeking additional information from a range of health specialists.

A local Member reported that at a recent stakeholder meeting there was very strong support for the work being taken forward and that the role of CCCG was greatly appreciated. The LINk Chairman concurred with the member's perception and indicated that he believed it reflected the general view.

The HOSC Chairman congratulated the CCCG representatives on the progress and their role in achieving it. She requested that the local Member, Cllr Jonathan Glen be fully engaged as a stakeholder in taking

work on the hybrid model forward. She also asked the CCCG representatives to update the Committee in May 2012 by which time it was anticipated that services would be in place.

*RESOLVED:*

- That Cllr Jonathan Glen, County Councillor for Odiham, be invited to be fully engaged as a stakeholder as further work on the development of the hybrid model progresses.

- That the CCCG representatives return to the HOSC meeting in May 2012 to update the Committee on progress

**South Central Ambulance Service: New performance regime and reporting**

The Chief Executive of the South Central Ambulance Service (SCAS) and colleagues gave a presentation on the new ambulance performance regime introduced by the Government (PowerPoint slides of the presentation can be found at http://www3.hants.gov.uk/councilmeetings/meetingsummary.htm?date_ID=696 ).

The Chief Executive explained that the most significant change in the new performance regime was that the service would now be judged not just on time targets, but more importantly on patient outcomes which included a range of indicators. The Trust had aligned its clinical strategy with how it was assessed which would not have been possible before.

To provide the necessary and expected level of care the Trust had invested over the previous two years in new technology, capacity and resilience in its control centres to improve the ability of the service to respond to incidents in the shortest times possible whilst also communicating with other clinical services to provide urgent care that may be specific to the patient. Additional investment had been made in upgrading its fleet to reduce dependence upon third party providers. In addition, in order to get full value from the workforce, management was 'delayering', bringing managers closer to front line teams. At the same time there was a timetable for training to raise the skill levels of its front line staff so that clinical grades (full paramedics) would become the norm.

The Chief Executive indicated that these investments were beginning to demonstrate their value as performance could be seen to be improving, although there was much progress to be made, and achieving the right balance of clinical staff would take time.

Members were able to consult the latest ambulance performance times for Hampshire, which although not yet able to provide information on

clinical outcomes, nevertheless showed general evidence to support the Chief Executive's assertion that performance was improving.

Members asked whether private ambulances were contracted by SCAS to attend emergencies. It was responded that this was the case, but that it was primarily due to difficulty in recruiting staff. As more staff were recruited and more training delivered, it was expected that current usage would decline.

Another Member noted that the performance report revealed a continuing problem on Hayling Island. In response it was acknowledged it was a challenging context, and that a solution for that area would need more investigation. The Chief Executive would give this attention. Another question arising from the performance report related to performance in Hart and Rushmoor. Again the Chief Executive agreed to look into it, although the explanation may lie in the fact that the South East Coast Ambulance Service is contracted by Hampshire PCT to provide services in the North East Corner of Hampshire (Hart and Rushmoor districts), but the relatively small number of incidents that showed up in the performance report attended by SCAS in Hart were in effect 'cross border'.

There followed a number of questions seeking clarification and information about points raised in the presentation. One member asked how many response units were available in Hampshire, another about the current skill mix of front line staff. Twenty one rapid response vehicles were used by paramedics or emergency care practitioners, sixty two ambulances and one air ambulance comprised the resources available to respond to emergency calls in Hampshire. The current skill mix was in a proportion of 70:30 where clinical grades (paramedic and above) were in the minority. The aim was to reverse the proportion in favour of clinically qualified front line staff, however it was the normal practice for ambulance crews to be staffed by at least one paramedic.

It was reported that if a control room was particularly busy, calls would get re-routed to another control centre to ensure the call could be answered quickly. A Member asked how control room staff in Oxfordshire would know which unit to deploy to an incident in south Hampshire if a 999 call were re-routed from the Hampshire control centre. It was noted that the systems used at the control rooms could link, and while a call may be triaged in Oxfordshire, the unit would still be sent by the nearest control centre.

The Chairman asked whether in the new performance regime there was discretion for some local negotiation. The response was that this was possible and would be agreed between commissioners and the service. She also asked whether special training was provided in relation to heart attacks and stroke incidents. It was affirmed that specific training was given on the management of patients and what the safest and best course of action was for the condition of the patient and the timeframe involved. This should determine for example whether a stroke patient

was taken straight to a stroke centre or possibly stabilised at a closer location first.

The Chief Executive extended an invitation to Members to visit the control centre to see how it operated, or to go out on a shift with an ambulance.

*RESOLVED:*

- That the Committee welcome the commitment given by the Chief Executive of South Central Ambulance Service to provide quarterly ambulance performance reports against red 8 and red 19 standards.

- That SCAS continues to provide the HOSC with quarterly figures detailing performance in rural areas.

93. **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 action required by the Committee to respond to proposals from the NHS to substantially change or vary NHS services, and items for information which alerted the Committee to forthcoming proposals from the NHS to vary or change services

***Under Items for action details were given on:***

**Southern Health NHS Foundation Trust: Improving Outcomes for Hampshire's Adult Mental Health Services**

The Chief Executive of Southern Health NHS Foundation Trust and colleagues gave a presentation to summarise and develop the key areas identified in the report provided in the papers (see Appendix 4 to Item 7 in the Minute Book).
http://www3.hants.gov.uk/councilmeetings/advsearchmeetings/meetingsitemdocuments.htm?sta=&pref=Y&item_ID=3536&tab=2

It was reported that the intention of the Trust was to provide Adult Mental Health Services that enabled personal choice, supported patients quality of life, encouraged independence rather than dependency, and acknowledged the difficult financial position. It was indicated that as it was planned to improve community support and re-ablement services, it was anticipated that the need for acute beds would reduce.

It was noted that feedback provided during the consultation had indicated broad support for the direction of travel, however a number of issues had been raised around the transition, and a desire was expressed to see evidence prior to the withdrawal of inpatient beds which supported the assertion that the community model would be

effective. Concerns had also been expressed regarding the impact on carers, for example in cases where they may need to travel further to visit patients if local hospital beds were reduced.

Members sought assurance from the Trust that whilst it proposed to change the services provided at Woodhaven in the New Forest, (specifically the use of the 'Winsor' ward, a 24 bed inpatient unit), the building would not be sold or 'mothballed'. Further information would be provided to the January meeting of the HOSC regarding proposals to re-use this facility for other aspects of mental health services. The Trust also confirmed that if patients were acutely unwell they would still be able to access the inpatient care they needed. It was noted that inpatient facilities were for treatment, not accommodation, and patients were expected to have their own living arrangements to go to once they were discharged.

It was reported that the intensive day care pilot provided the same services that would be available to inpatient service users and that this had already started to have an impact on acute bed demand. It was indicated that during the past month at least 20 beds had been vacant at any time. No patient had to be placed outside the Trust for inpatient care.

Regarding Copper Beeches, it was reported that all existing service users were due to move on by the end of January. The nature of the support required by patients requiring intensive rehabilitation can be more effectively provided in a home setting. The Trust therefore proposed to increase community support in order to meet these needs and cease inpatient admissions to Copper Beeches.

A Member asked whether the reduced inpatient beds would mean those detained under the Mental Health Act would constitute a larger proportion, resulting in less flexibility to accommodate other users. The Trust responded that their proposals for reducing inpatient demand would apply equally to those detained under the Mental Health Act, therefore this should not be an issue. Those detained under the Mental Health Act could be granted 'Section 17 leave' or given a Community Treatment Order, which meant they could be supported within the community.

*RESOLVED:*

- That Members support the proposal to close Copper Beeches to new patients in January 2012, subject to the following:

    1. all current inpatients would have moved on from the facility in line with their care plans.

    2. the £115,000 stated is reinvested in an additional three qualified community reablement workers, based in the local Hospital at Home service and part of the multidisciplinary team with effect from the point of closure.

3. the HOSC is provided with audit information demonstrating the additional support provided in the community for patients requiring acute mental health rehabilitation as a result of this closure and supported by service user/carer feedback as appropriate.

- With regard to the rest of the proposed model, Members agreed they could not give a view at this time, and would expect further information at the 24 January 2012 HOSC meeting in order to come to a view, to include the following:

    1. confirmation of the action taken to support the needs of carers;

    2. further detail of the impact of the intensive day care pilot on acute mental health admissions and the number of vacant beds resulting from this;

    3. how the Trust intends to roll-out alternatives to acute admission in a phased way and the performance monitoring that will support this. This should include specific assurances about the period of 'double running' that will be put in place to support the roll-out of this model of care, if it is agreed, and the monitoring arrangements to be put in hand to ensure that the impact of these changes are as planned;

    4. the action in hand to address the needs of carers who may be required to travel further;

    5. the options for the future use of Woodhaven; and,

    6. steps to ensure that all inpatient facilities are of a suitable therapeutic environment.

**Southern Health NHS Foundation Trust: Care Quality Commission (CQC) reports – local action plans**

The Chairman drew Members attention to Appendix 7, Item 7.

*RESOLVED:*

That the recommendations for follow up by the Trust are approved as follows:

(i) That a report on the progress of action plans under each of the following five workstreams be reported individually to the Hampshire and Southampton HOSCs:

a) Individual care plans.
b) Assessment of service users.
c) Inappropriate detainment of informal patients.

d) Recording of critical incidents and observations.
e) Staff access to training.

That the first of these reports be received in January 2012.

(ii) That a separate report is provided to both HOSCs on the impact of CQC reports on current plans for Adult Mental Health service re-design.

(iii) That the Hampshire and Southampton HOSCs write to the Care Quality Commission asking them to formally seek their views when following up on any inspections or reports filed on Southern Health Adult Mental Health facilities.

(iv) That the Hampshire and Southampton HOSCs receive any risk or equality impact assessments undertaken in relation to the adult mental health proposals currently subject to public consultation.

***Under items for information details were provided on:***

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

The Chief Executive gave a verbal update further to the information provided at Appendix 8 to Item 7 in the Minute Book. It was reported that the Joint Committee of Primary Care Trusts had now decided to appeal the Judicial Review Decision, therefore the outcome of this process would not now be known until 2012. If the appeal was unsuccessful it would be necessary to re-consult, which would further delay coming to a decision.

*RESOLVED:*

That the Panel that looked into this topic on behalf of the HOSC continue to oversee the response of the national team on this issue, working with other HOSCs as appropriate, reporting back to the full committee as appropriate.

**NHS SHIP Cluster: Review of Stroke, Major Trauma and Vascular Services**

A representative of the SHIP PCT Cluster was in attendance to provide an update on the current position (further to the information provided at Appendix 10 to Item 7 in the Minute Book). It was indicated that new proposals had been presented, including a Portsmouth standalone option, and their viability was due to be considered by the expert panel that had considered the existing proposed options.

It was reported that the expert panel would be looking into interdependent services to provide information on this aspect in the consultation materials. It was indicated that experts in renal and oncology had given a view that the proposed option for a network

between Portsmouth and Southampton would not adversely affect oncology and renal services at Portsmouth. Under this option, only complex and emergency surgery would move to Southampton, Portsmouth would retain other vascular surgery.

It was noted that the SHIP PCT Cluster wished to launch the public consultation in the New Year in order to address the significant local concerns about these services generated in the engagement phase. Members requested the opportunity to provide feedback on the consultation materials prior to launch, to assist with clarity of language and the information to be included.

*RESOLVED:*

- That details of the proposed consultation regarding Vascular Services are brought to the 24 January 2012 HOSC meeting.

- That the Trust respond to outstanding questions posed by the HOSC in relation to stroke services to enable the Committee to determine if these changes are substantial.

- The Trust agreed to ensure that local authority Members would be provided with opportunity to comment on proposals before drafting a consultation paper for publication.

- That should the Committee decide that changes to vascular services in the region are substantial, work would be undertaken with other HOSCs in responding to these proposals.

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Chairman, 24 January 2012