

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 18 May 2010.

PRESENT

Chairman:
p Councillor Anna McNair Scott

Vice-Chairman:
p Councillor Pat West

Councillors:

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

Co-opted Members:

Councillors:

p Marion Kerley
p Ray Love
p John Marsh

Also in attendance: Councillor Felicity Hindson, MBE, Executive Member for Adult Social Care and Tom Smith, Chairman, Hampshire LINK

27. **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 Peter Edgar	Does work for NHS
Cllr David Harrison	Employed by NHS
Cllr Marion Kerley	Member, League of Friends, Andover WMH
	Member, League of Friends, Romsey Hospital
	Trustee, Andover and District Medical Fund
	President, Romsey Hydrotherapy Arthritic Group

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

28. **MINUTES**

The Minutes of the Meeting of the Committee held on 30 March 2010 were confirmed as a correct record, and signed by the Chairman.

29. **CHAIRMAN'S COMMUNICATION**

a. **Apologies**

Councillors Peter Edgar and David Keast tendered their apologies.

b. **Council elections**

Councillor Peter Luffman had not been re-elected in the recent district council elections and is no longer eligible to be co-opted on to the committee.

RESOLVED:

That the apologies are recorded, and a replacement be nominated by HIOWLA.

30. **WORK PROGRAMME**

The Chief Executive presented the Committee's Work Programme (Item 4 in the Minute Book).

RESOLVED:

That the Committee's Work Programme be approved subject to the issues raised at this meeting. Members thanked the PCT for the opportunity to visit both Andover War Memorial Hospital and Fareham Community Hospital. Those members that attended found these visits very informative.

31. **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. **NHS draft operating plans for 2010/11 and update on future organisational form of Hampshire Community Healthcare**

NHS Hampshire provided an overview of the changing role and focus of the PCT, particularly with regard to using commissioning to encourage health providers to be more effective and efficient in delivering healthcare to the Hampshire population. Emphasis was placed on the

need to ensure the health system worked to the benefit of patients as well as closer working with Hampshire Adult Services to make the best use of the resources available. The PCT acknowledged that tensions had arisen in the past and the need for better working relationships to avoid this. It was confirmed that health inequalities remained a priority for the PCT.

Members highlighted the need for more effective engagement with the public and patients and raised questions about local issues, such as the temporary closure of Hythe Hospital to inpatients, the need to continue to support the 'prevention' programme, the availability of comprehensive screening programmes and management costs.

NHS Hampshire asserted that its management costs (which include the use of management consultants) are low (1.3%) when compared with most other PCTs.

Concern was expressed about the potential loss of services and hospital beds due to the challenging economic environment; however NHS Hampshire said that all commissioned work in the future must be based on evidence of need and of how those needs can best be met, in terms of outcomes and affordability. It was accepted, that the high level financial projection did not make clear costs associated with the 'prevention' agenda that had been identified as a priority for the PCT.

NHS Hampshire said that work had begun on the technical merger of Hampshire Community Healthcare with Hampshire Partnership NHS Foundation Trust. This was an organisational change the business case for which would be available by the end of June. NHS Hampshire agreed that any changes in community services would be shared with the Committee at the earliest opportunity.

Presentations provided to the Committee can be accessed at:
http://www3.hants.gov.uk/councilmeetings/meetingssummary.htm?sta=0¤tpage=1&tab=1&date_ID=440

RESOLVED:

Additional information be provided to the HOSC in relation to action to address health inequalities, health screening, the funding of 'prevention' programmes and non-evidence based procedures.

That the Committee be kept updated on Hampshire Community Health Care organisational changes

That further information on the financial challenges facing the NHS be provided to the Committee on 27 July.

b. Ambulance Provision in Rural Areas

The Chairman reminded Members that a meeting of the Joint Health Overview and Scrutiny of Buckinghamshire, Hampshire and Oxfordshire to review South Central Ambulance Service NHS Trust

performance in rural areas, was to be held the following week, 26 May 2010 at 11:00am.

RESOLVED:

That the Committee be advised of the outcome of the meeting on 26 May.

c. Access to services for homeless

The Chairman noted the postponement this item to the following meeting on 27 July.

RESOLVED:

That the Committee be provided with a presentation on 27 July.

d. Paediatric Rheumatology Services

The member for Dibden and Hythe feedback concerns about the provision of specialist paediatric rheumatology at SUHT and the extent to which current staffing levels were able to meet national standards. The Committee noted the additional information provided by SUHT included in the agenda at Item 5 d and requested clarification on the review of these services from specialist commissioners.

RESOLVED

That a formal letter be sent to the specialist commissioners requesting additional information about this service.

e. Hythe Hospital – decision to halt inpatient admissions

Hampshire Community Healthcare (HCHC) stated that this issue had not been accurately reported in the media and affirmed the closure was temporary on the grounds of clinical safety. The two issues of concern has been 1) the difficulty in recruiting registered nursing staff, leading to a reliance on agency nurses, and 2) the fact there have been three outbreaks of norovirus, the longest of which lasted 21 days. HCHC was confident that these pressures had not impacted on the high quality of patient care but the imminent retirement of a member of staff had led to the decision to temporarily close beds to inpatients.

6 recruitment campaigns had been run in the last year but had not been able to resolve the staffing pressures. Solutions were now being sought internally in conjunction with primary care and HCHC was confident that there would be a resolution to this matter by the end of June. The closure provided the opportunity to review the ward environment at Hythe with a view to addressing infection control concerns. HCHC anticipates the hospital will be ready to admit inpatients in approximately three months, meanwhile all other services provided at the hospital are continuing. It was acknowledged that Hythe

Hospital was the hub of the local community and that further work was necessary to ensure that the facility was used to greatest effect.

RESOLVED

That the reasons for the immediate temporary closure of the inpatient service at Hythe be accepted and Committee be provided with an update at the 27 September meeting.

32. **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 6 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. **Fluoridation of Drinking Water in Southampton and Southwest Hampshire**

The Chief Executive reported that the judicial review into the fluoridation of drinking water in Southampton and southwest Hampshire was still awaited. Further correspondence from the South Central Strategic Health Authority was provided to the Committee in response to the Chairman's letter included as Appendix 1 of the agenda papers.

The response from the SHA was tabled at the meeting. Members were not satisfied that sufficient information had been provided about the costs of implementing the scheme or the cost benefits to the population affected.

The South Central SHA response can be accessed at:
http://www3.hants.gov.uk/councilmeetings/meetingsummary.htm?sta=0¤tpage=1&tab=1&date_ID=440

RESOLVED:

That the SHA should provide this information and the concerns of the Committee be drawn to the attention of the Secretary of State for Health.

That the Committee be briefed on the outcome of the judicial review.

Under items requiring action he gave details on:-

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

Hampshire Partnership NHS Foundation Trust reported to the Committee on the public engagement undertaken by the Trust. Key messages from stakeholder and staff engagement were outlined, followed by key messages from engagement with service users and carers. It was anticipated that a formal public consultation lasting four weeks would take place in the summer. The Trust expects to update the Committee at the 27 July meeting prior to proposals being formally presented to the Trust Board and NHS Hampshire for approval in August.

The Trust also presented to the Committee their outline action plan for planning for and monitoring the provision of psychiatric intensive care.

The Hampshire Partnership NHS Foundation Trust presentation can be accessed at:

http://www3.hants.gov.uk/councilmeetings/meetingsummary.htm?sta=0¤tpage=1&tab=1&date_ID=440

RESOLVED:

That members were content with the further engagement and plans to proceed to formal consultation outlined by the Trust

That an update on the outcome of consultation and options considered be presented to the 27 July meeting of the Committee.

c. **NHS Hampshire – Proposals to Cease the Development of Oak Park Hospital, Havant**

NHS Hampshire provided an update on communication and engagement activity in the Havant area. In addition a local GP lead outlined some possible improvements and different models of care that might be appropriate to meet concerns about the need for step-up and step-down beds, and the need for accessible urgent unscheduled care.

Members acknowledged that the way in which NHS services are delivered continues to change, but stressed that consequently it is important to be very clear about outcomes and how these relate to evidence of need in communities. NHS Hampshire acknowledged that there was still further work to be done, particularly in relation to urgent care and inpatient provision. It was agreed that one model of service delivery used in Andover was not appropriate for this population even if the principles remain similar.

Four 'core' strands were identified by NHS Hampshire:

1. diagnostics and ambulatory care services – to be provided from the Oak Park 'campus'
2. Older people's and mental health care pathways which may link into the wider general services for older people

3. Older People's general inpatient services, such as those currently provided at Havant War Memorial Hospital (21 beds)
4. Urgent care – in response to local resident's strong expectation that urgent care services were required in the area.

Members welcomed the reference to the need to look at the spectrum of urgent care required by the Havant population rather than the emphasis in previous discussions on a MIU. There was still a considerable amount of work to do in relation to both urgent care and local beds with the deadline of September fast approaching. This remained a central concern to members as viable alternatives to these services had yet to emerge.

In response to an invitation from the Chairman the Director of Adult Services highlighted three areas of specific interest yet to be addressed:

- a. Older people's mental health care
- b. Older people's needs in terms of preventing admission, and hospital discharge
- c. Services to support the longer term care needs of older people

He commented there was yet a lot of work to be done, and that such services can only be delivered efficiently through good partnership working.

NHS Hampshire and Adult Services agreed that it is challenging to communicate such complex areas of care delivery in a way that is easily understood by the public.

The information tabled by the NHS Hampshire can be accessed at: http://www3.hants.gov.uk/councilmeetings/meetingssummary.htm?sta=0¤tpage=1&tab=1&date_ID=440

RESOLVED:

Members agreed the next steps proposed for taking this work forward set out by NHS Hampshire

On the basis of the information to date

- a possible option for re-providing ambulatory services was emerging but there remain challenges with the timelines for achieving this
- no viable alternatives for the planned inpatient and MIU services yet existed, although the emphasis on urgent care was welcomed

Taking these points into consideration members were not of the view that the changes proposed were yet in the interest of the community affected.

That the Committee be updated on progress at the 27 July meeting as a minimum the following information should be provided

- The service specification for urgent care
- Older people's mental health pathway, including inpatient provision
- Plans for meeting the general health needs of older people in the Havant area, including provision of local beds agreed with Hampshire Adult Services and inpatient provision to meet the more intensive health care needs of older people.