

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 24 January 2012.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

p Ray Bolton	a Peter Edgar
p Ann Buckley	a David Harrison
p Graham Burgess	p David Keast
p Rita Burgess	p Pam Mutton
a Roz Chadd	p Jenny Radley
p Brian Collin	a Angela Roling
p Phryn Dickens	p 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 Felicity Hindson, Executive Member for Adult Social Care and Frank Rust, Chairman of the Hampshire LINK.

94. **APOLOGIES FOR ABSENCE**

Councillors Roz Chadd, Peter Edgar, David Harrison and Ray Love tendered their apologies.

95. **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, son works at Queen Alexandra Hospital in Portsmouth

Cllr Pam Mutton	Daughter employed by NHS Member, League of Friends, Andover WMH and member of her GP patient reference group
Cllr Pat West	Daughter-in-law employed by NHS. Trustee of Countess of Brecknock Hospice.
Cllr Dennis Wright	Wife is a GP Practice Manager

96. **MINUTES**

The Minutes of the Meeting of the Committee held on 29 November 2011 were confirmed as a correct record, and signed by the Chairman.

97. **CHAIRMAN'S COMMUNICATION**

The Chairman reported that the committee was due to consider an item at the March 2012 meeting regarding the roll out of NHS 111 in the SHIP area. It was noted that the Ambulance Service had recently launched a campaign to highlight the increasing problem of inappropriate use of 999 calls. The Chairman proposed that as the two issues were related, the video for the 999 proper use campaign could be shown at the March meeting. Members agreed to arrive early, so this could be shown prior to the start of the meeting, so as not to detract from the time available for the main agenda for that meeting.

The Chairman also announced that Odiham Cottage Hospital was due to officially re-open the following Monday. This was welcome news given the committee's work on ensuring this valued site continued to provide services locally.

98. **WORK PROGRAMME**

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

The Chairman reported that Solent NHS Trust had requested to bring an Item to the committee regarding their Out of Hours/single point of access service, and wished to have dialogue regarding their aspirations for Foundation Trust status.

RESOLVED:

That the Committee's Work Programme be approved.

That an Item on Solent NHS Trust OOH/Single point of access be added to the work programme for the March 2012 meeting.

99. **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:-

SHIP PCT: Fast Track Continuing Health Care

The Director of HCC Adult Services and SHIP PCT colleagues summarised the progress made with Continuing Healthcare services since the HOSC seminar on the subject held in November 2011 (supporting papers provided at Appendices 1 and 2 to Item 6 in the Minute Book). It was reported that SHIP PCT and HCC Adult Services had jointly commissioned an independent review of Continuing Healthcare Services which had started in November 2011. The first phase had focused on Fast Track and the findings correlated with the outcomes of the HOSC seminar.

It was highlighted that an action plan had been established in order to consolidate the actions to be taken as a result of the recommendations of the HOSC and the independent review. The latest version of the action plan was tabled. It was noted that a number of changes had been implemented quickly to the Fast Track referral process as a result of the concerns raised. Some of the changes noted would take longer to implement, given the variety of services available on the ground in different areas.

Members asked questions to clarify points and responses included the following:

- That Clinical Commissioning Groups were being worked with closely for transitional purposes.
- It was hoped that a joint training programme would be resumed to communicate the revised processes to staff, and all GP practices would be written to and provided with a named contact for Continuing Healthcare.
- There was no cap on the funding available for end of life care, services were provided according to need.
- A pro forma was being developed to capture feedback from families regarding Continuing Healthcare services.
- The next phase of the Independent Review was due to be completed by the end of March 2012.

RESOLVED:

That Members were satisfied with SHIP PCT's response to the HOSC's recommendations.

That Members were satisfied with SHIP PCT's plans to take recommendations forward.

That SHIP PCT be asked to return to the July 2012 meeting of the HOSC to provide an update on the impact of the changes initiated, and the findings of the further phases of the Independent Review.

SHIP PCT: Fordingbridge Hospital Buildings

The SHIP PCT Director of Capital Planning and Estates, and Director of Development, gave a summary of the latest position regarding buildings at the Fordingbridge Hospital site (see Appendix 3 to Item 6 in the Minute Book). It was reported that as a result of a previously reported incident involving legionnaires in the water system, which had led to the temporary closure of inpatient beds at the hospital, it had been agreed that the best long term solution would be to replace the heating and water system that served the hospital buildings, at a cost of approximately £1m. It was noted that some of the expense of this decision could be spared if the PCT did not replace the infrastructure in some of the older buildings. Therefore plans were in place to re-locate the services currently in the older workhouse building to other parts of the site.

A local stakeholder group had been engaged on plans to reorganise the hospital site. Concerns were expressed regarding planning consents and future uses of listed buildings, but none were given that related to the move of services.

It was reported that once vacant the older buildings would be offered to the market. While it was acknowledged that the PCT would not make a profit on the sale in the current climate, it was suggested that divesting of the ongoing liability would be beneficial. However, Members were assured that the PCT wished to invest in the infrastructure for the other buildings as there were still important services provided from the site, and disposal of the whole site was not on the agenda.

Further to these discussions, it was highlighted that the future of the radiology service currently provided at Fordingbridge was under review, in order to consider it's sustainability for the future. It was indicated this review was due to be completed by the end of March 2012.

Some Members had technical questions regarding the reasoning behind replacing all the pipes on the site. The Chairman requested that as these were not service related they be picked up outside the meeting. The PCT agreed to ask an appropriate technical expert to provide a briefing.

RESOLVED:

That the local Member be asked to alert the HOSC if any concerns arise from the Fordingbridge community in relation to the proposed service moves.

That SHIP PCT be asked to attend the May 2012 meeting of the HOSC to report back on the preferred option for the future of the radiology service.

PHT: Diabetes Community Service Model

The Chairman highlighted to Members the information provided by Portsmouth Hospitals Trust regarding their new community service model for diabetes care launched in November 2011 (see Appendix 4 to Item 6 in the Minute Book).

RESOLVED:

That Members welcome the additional resource in place to strengthen the diabetes community service in the Portsmouth area.

100. **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, including a Fareham & Gosport CCG GP and service user group stakeholder, gave a presentation to summarise and expand on the key areas identified in the report (see Appendix 1 to Item 7 in the Minute Book). It was noted that the representative of the Princess Royal Trust for Carers was unable to attend the meeting, therefore the results of the audit of carer satisfaction with the Hospital at Home and Intensive Day Care services would be shared with the HOSC in future.

It was reported that the Centre for Mental Health had independently reviewed the evidence for the changes the Trust was proposing and concluded they were necessary to meet the challenges the Trust faced. The Trust offered to provide the full report to HOSC Members when available.

With regard to the data on bed demand, it was highlighted that between 20 and 30 beds had been vacant consistently over the past three months, and that this trend coincided with the introduction of new community services. Examples were given of potential service user pathways. The Trust referred to evidence which suggested that inpatient care did not always provide the best environment for managing some mental health conditions; thus it was preferable to provide the option of caring for those patients in the community as far as possible. It was also highlighted that where individuals posed a risk to themselves or others they would be admitted to inpatient care, and beds would remain available to cater for this.

The service user representative present reported to Members that the majority of service users did not wish to be treated in a hospital setting unless really necessary, and saw the benefits in the proposed model. It was suggested that individuals could re-integrate to the community much more quickly if support was provided to individuals in their own home.

Regarding the future of the site at Woodhaven, it was confirmed that a proposal was being developed to re-use the site as a low secure facility, which would enable service users in need of such beds to return to the County, as many were currently placed in other Authority areas due to the lack of service provision available in Hampshire.

It was confirmed to Members that inpatient beds would only be reduced when existing patients had been discharged, on a phased basis. Those requiring inpatient care in future would have access to beds at alternative locations in Hampshire. When inpatient services were reduced, resources could be re-allocated to community teams. The bed reductions would be undertaken on a phased basis, to ensure the community provision was built up in parallel. The timeline for bed reductions was flexible as the priority was ensuring a safe transition.

Members were assured that under the community model service users would have a single point of access for support services, with continuity of staff involved with their care. It was reported that concerns of service users and carers had been addressed through the two stakeholder groups e.g. establishing travel arrangements to alternative inpatient facilities and visiting other units in order to become familiarised with them and their location.

Members asked questions to clarify points and responses included the following:

- That it was important that experienced staff became the key players in new support services following the transition from inpatient beds to a 'hospitals at home' service. There had been issues with staff leaving following uncertainties about the way forward for adult mental health in Hampshire, but agreeing a robust plan of action should mean that there shouldn't be staffing issues going forwards.
- A single point of access for service users was incredibly important, and an issue that stakeholders had highlighted through their regular group meetings.
- The GP present noted that he had been engaged at an early stage by Southern Health, and reported that his colleagues were very supportive of the way forward proposed.
- That full use was expected to be made of the space left vacant by the closure of inpatient beds at Woodhaven. Plans were also being drawn up to use more of the Tatchbury Mount site, which may mean converting the Trust HQ buildings into clinical use sites.

RESOLVED:

That Members were satisfied with the actions of Southern Health Foundation Trust to address the concerns communicated at the 29 November 2011 HOSC meeting.

That Members continued to be satisfied with the direction of travel for Adult Mental Health services

That Members support the phased approach being adopted by Southern Health FT to reduce the numbers of vacant beds at the Meadows and Woodhaven.

That the Committee, having considered the changes, and having heard the testimony of the independent service user representative, concludes that the changes are in the interests of service users and their carers.

That Southern Health FT be invited to provide a full update to the July 2012 HOSC meeting (to include a written report, including the supporting business case for the future use of Woodhaven).

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

The Chief Executive of Southern Health NHS Foundation Trust reported that the Care Quality Commission had highlighted concerns with compliance in the Autumn of 2011. Remedial actions had been agreed and implemented, and development plans were in place to embed revised practices. CQC had revisited unannounced the sites in question on the last day that actions were to be implemented, and reported that the Trust was now compliant. It was anticipated that the final outstanding actions would gain sign off by the end of January 2012.

RESOLVED:

That Members were satisfied with the response of the Trust to the CQC findings.

Southern Health NHS Foundation Trust: Older People's Mental Health Services

The Older People's Clinical Director and Divisional Director from Southern Health NHS FT gave a presentation providing an update on the provision of Older People's Mental Health services. It was reported that, as with Adult Mental Health services, there was a drive to move to a community-based system, as national evidence suggested that service users fared better if supported in a non-inpatient setting. It was reported that it was important to educate broader health staff about treating people with dementia, and that liaison was being improved with acute hospitals, nursing and residential homes.

It was highlighted that a project that involved service users in planning their care had resulted in a number of positive outcomes including a reduction in incidents of violence, falls, use of antipsychotic medication,

and length of stay (at an inpatient facility). It was also reported that research, and work through the North Hampshire Dementia Partnership was looking into early intervention, and early indications showed this had the potential to save money in the health system whilst improving quality of life for service users.

It was noted that following the closure of wards at Moorgreen and the increase in community support, a number of indicators suggested the community care model was working e.g. 12300 more community contacts than the previous year, and 5286 additional out patient appointments. It was indicated that currently there were around 70 vacant beds across the service every week, so the Trust had initiated engagement with stakeholders (including service users and carers) regarding implementing the community focused model across the patch. The Memory Clinics operated by the Trust had also seen an increase in activity, with 8,480 contacts utilising their memory assessment service in the previous 9 months. Clinical staffing numbers had been increased to cope with this additional demand.

Members were informed that the Trust aspired to provide a service that didn't discriminate on the basis of age. This would enable a more efficient use of services and ultimately provide a seamless experience for service users.

Members asked questions to clarify points and responses included the following:

- That continuity of mental health care for older people needing acute admission for medical problems was not as good as it could be. Southern Health were working with acute Trusts in order to have an action plan in place to improve this situation. Measures included ensuring mental health assessments were available to all admissions if needed, staff were trained to identify those who may display mental health symptoms, and care was organised for service users before they were discharged back into their communities.
- Older People's Mental Health was an area where Southern Health and HCC Adult Service must work closely together.

RESOLVED:

That Members note the update.

That Southern Health NHS FT be invited to bring a report to a future meeting of the HOSC to provide an update on their proposals and early engagement undertaken.

That the Chairman confirm to the Trust what information the HOSC would expect to be covered as part of this update

SHIP PCT: Stroke Services

The Cardiovascular Programme Lead and colleagues from SHIP PCT summarised the SHIP PCT proposals for stroke care in Hampshire (see

Appendix 2 to Item 7 in the Minute Book). It was reported that as a result of the 2007 national stroke strategy, new clinical standards had been developed that would see stroke care arranged in three tiers of services. Hampshire hospitals had been invited to submit bids for what level of service they would provide. The only change to the current arrangements proposed was for all stroke patients in the north of Hampshire needing thrombolysis to be taken to Winchester Hospital initially, where clot busting drugs would be available 24/7. This would be an improvement to the current situation as Basingstoke Hospital could not provide this treatment 24/7. It was noted that after 72 hours patients would be transferred to Basingstoke if this hospital was closer to home, for their ongoing treatment.

As a result of Members questions it was confirmed that Queen Alexandra Hospital would remain a top tier stroke centre, and that clot busting drugs were also available 24 hours a day at Frimley hospital in Surrey which patients at the northern border of Hampshire may use. It was reported that transferring patients after 72 hours was a national standard and this approach was already used in other areas, and that patients would only be moved if they were medically fit to do so.

RESOLVED:

That Members are satisfied with the response from SHIP PCT to the queries previously raised by the HOSC.

That Members did not consider the changes to stroke provision to represent a significant service change, and agreed that the changes were in the interests of the population affected.

That the HOSC be kept informed of progress in relation to the implementation of the changes to stroke patient pathways.

SHIP PCT: Vascular Surgery Consultation

The SHIP PCT Director of Nursing, as the Lead for the Vascular Service review, together with the Director of Communications, provided an update regarding the latest position on the planned consultation on vascular surgery provision in Hampshire (see Appendix 3 to Item 7 in the Minute Book). It was reported that the Expert Panel had met in early January 2012 to consider the viability of the submission by PHT to offer vascular surgery as a standalone centre. The expert panel had concluded the proposal was borderline, but viable if PHT was successful in recruiting the relevant staff. The Panel had however expressed concerns regarding the future sustainability of this model due to the population coverage of the Queen Alexandra Hospital.

It was acknowledged that the PCT had planned to launch the public consultation on the proposals on 16 January 2012. However, due to ongoing discussions between PHT and UHS regarding the operation of the networked model, it had been decided to delay the launch.

The Chairman expressed concern that the process was being further extended, given that the two Consultant Vascular surgeons from St Richard's Hospital, Chichester that currently shared a rota with Queen Alexandra Hospital in Portsmouth would be withdrawing from that rota by April 2012 as both a result of a West Sussex decision to form a network between Chichester and Brighton, and retirement. It was confirmed that the Chief Executive of the SHIP PCT cluster would continue to keep HOSC members informed regarding developments, and that all parties were working quickly to achieve clarity regarding the proposals that would be available for consultation.

RESOLVED:

That the SHIP cluster alert the HOSC to a revised commencement date for the consultation as soon as possible, and provide a copy of the document for circulation to Members.

That Members could not come to a conclusion regarding whether the proposals for vascular surgery constituted a substantial change in services without seeing the final proposals.

Under items for information details were provided on:

SHIP PCT: progress in relation to the provision of therapy for children with special educational needs

Commissioning representatives from SHIP PCT cluster and HCC Children's Services gave a verbal update regarding progress with the provision of therapy for children with special educational needs. It was acknowledged that existing commissioning patterns were historical and no longer fit for purpose. It was reported that there was minimal national guidance, so input was being sought from national experts in the field. It was noted that it was important to provide an appropriate level of service and equitable access across Hampshire.

RESOLVED:

That Members note the update.

That Members confirm the expectation that a full written progress update be provided for the March 2012 HOSC meeting.

Chairman, 27 March 2012