

AT A MEETING of the HEALTH OVERVIEW AND SCRUTINY COMMITTEE of the COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 22 May 2012.

PRESENT

Chairman:
p Councillor Pat West

Vice-Chairman:
p Councillor Liz Fairhurst

Councillors:

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

Co-opted Members:

Councillors:
p Alison Finlay
p Tim Southern
p Dennis Wright

In attendance at the invitation of the Chairman:
Cllr Adam Carew, County Councillor for Bordon, Whitehill and Lindford
Cllr Felicity Hindson, Executive Member for Adult Social Care
Cllr Keith Mans, County Councillor for Lyndhurst
Frank Rust, Chairman of the Hampshire LINK

112. **APOLOGIES FOR ABSENCE**

Apologies were received on behalf of Councillor Jenny Radley.

113. **DECLARATIONS OF INTEREST**

Members were mindful that, where they believed that they had a personal or personal prejudicial interest in 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
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Cllr Phryn Dickens	Husband and son employed by NHS, son works at Queen Alexandra Hospital in Portsmouth
Cllr Peter Edgar	Shadow Governor of Queen Alexandra Hospital in Portsmouth, Health spokesperson for Gosport Borough Council and Co-opted Member of Portsmouth Health Overview and Scrutiny Panel
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

The following members declared a personal prejudicial interest:

Cllr David Harrison	Employed by Southern Health NHS Foundation Trust
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114. **MINUTES**

The Minutes of the Meeting of the Committee held on 27 March 2012 were confirmed as a correct record, and signed by the Chairman.

That Chairman raised one matter arising from Minute section 109, in relation to Vascular Surgical services. Members were informed that the SHIP PCT Cluster would be holding a seminar on the topic on Monday 11 June, and that the Chairman and Vice Chairman would attend as the nominated Joint Health meeting representatives. An update would be heard at the July 2012 HOSC meeting.

115. **CHAIRMAN'S COMMUNICATION**

The Chairman noted that Councillor Ray Love had stood down at the recent Winchester District Council local elections, and would therefore no longer be a HLOWLA co-opted representative on the Committee. The Committee would await a new co-opted representative from HLOWLA.

The Committee wished to note their thanks and appreciation to Councillor Love for his contribution to the work of the HOSC since 2006.

The Chairman also reported that due to her appointment as Vice Chairman of the County Council at the May County Council meeting, Cllr Pam Mutton would no longer be able to represent the HOSC at the project board considering the options for the future commissioning of therapy services. The Chairman invited interested Members to contact her so a replacement could be identified.

116. **WORK PROGRAMME**

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

The Chairman agreed to look into recent press reports concerning South Central Ambulance Service.

RESOLVED:

That the Committee's Work Programme and Annual Report be approved.

117. **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:-

Hampshire Hospitals NHS Foundation Trust: Update on Merger to form Hampshire Hospitals NHS Foundation Trust

The Chief Executive of Hampshire Hospitals Foundation Trust presented to the Committee an update on the merger of Basingstoke and North Hampshire Hospitals NHS Foundation Trust and Winchester and Eastleigh Healthcare NHS Trust to form Hampshire Hospitals NHS Foundation Trust.

The new Trust, Hampshire Hospitals NHS Foundation Trust, was formally established on 9 January 2012. The Trust covers three acute hospitals: Andover War Memorial, Basingstoke and North Hampshire and Royal Hampshire County. The Trust had now fully integrated its corporate or 'back office' functions, and had assigned clinical and operational leadership to three new divisions: 'medical services', 'surgical services' and 'family and clinical support services'.

The Trust had finished the 2011/12 financial year in a break-even position, with all performance measures met, minus the exception of the referral to treatment time target. In 2012/13, the Trust wished to continue developing local services where possible, including expanding the use of mobile MRI scanners and chemotherapy suites. The Trust would also be developing a critical care centre, in line with national best practice.

In response to questions on the 'Update on Merger to form Hampshire Hospitals NHS Foundation Trust', Members heard:

- That all of the Trust's services are expected to be fully integrated within the next 18 months, although some specialities may take longer to develop into wholly streamlined services.
- That the Trust were reviewing bed demand and allocation across all of the hospital sites, with a view to ring-fence beds required for specialties.
- That the centralisation of stroke and heart centres had been nationally driven, and generally affects small numbers of patients.

- That meetings have been held with local Borough and District Councils to find appropriate sites for the Trust to run local health services and clinics.
- That the Trust withdrew from the Hampshire and Isle of Wight Pathology Consortium Project in order to concentrate on the merger of the two historic Hospital Trusts. Should the Consortium Project show that tangible efficiencies can be achieved from the modernisation of pathology services, the Trust would be interested in re-entering this work.
- That the Trust had been working hard to reduce the backlog of patients waiting longer than 18 weeks under the Referral to Treatment target by holding extra clinics and working out-of-hours. It is predicted that the backlog would be cleared and the target met within the next quarter.

RESOLVED:

That:

1. The Committee were satisfied with the progress made with the merger.
2. The Committee receive a further update on the merger at the November 2012 meeting.

Hampshire Hospitals NHS Foundation Trust: Andover Birthing Centre – update on implementation of model of care

The Chief Executive and Associate Director of Midwifery and Women's Health of Hampshire Hospitals NHS Foundation Trust presented to the Committee an update on the implementation of the model of care at the Andover Birthing Centre.

The Andover Birthing Centre would be rebranded the Hampshire Hospitals Birthing Centre, and would open in September 2012. The service proposed would be the same as that previously considered by Winchester and Eastleigh Healthcare NHS Trust, using the DOMINO model. Measures were being taken to ensure the Birthing Centre would be a homely environment, and the first choice for expectant mothers across the Hampshire, Wiltshire and Berkshire area.

The Trust would be promoting the Hampshire Hospitals Birthing Centre as a service based on continuity, with mothers receiving care from the same team ante and post-natally.

The Trust were committed to expectant mothers being given the choice of birth venue throughout their pregnancy, unless there is a clinical reason to birth in an obstetric unit. South Central Ambulance Service would be working closely with the Trust to ensure that those with critical needs would be able to receive acute care quickly, should complications arise during a birth taking place outside an obstetric unit.

In response to questions on the 'Andover Birth Centre', Members heard:

- That the Trust was confident that it had the appropriate staffing levels required to support the delivery of the proposed maternity service model of care. Should staffing levels decrease due to long-term absence or vacancies, the Trust would be able to call on a bank of midwifery staff to support the service temporarily. The bank midwives were all generically skilled, and would be able to work across acute and community birth sites.
- That once the service was fully embedded, the Trust hope that the Hampshire Hospitals Birth Centre will deliver between 400 and 500 births annually.
- That the Trust are aware that the local community had previously lost faith in the Birth Centre in Andover, but hope that engaging with local stakeholders prior to its reopening will reassure service users that it will be available for those who wish to use it.
- That a piece of work has been undertaken on the mapping of local children's centres, so that possible sites for community service provision can be identified. The Trust wish to consolidate its community teams from 11 to five, in order that they can concentrate on the areas with the most need.
- That the Trust will be working to ensure that a high quality parent education programme is available throughout the region, concentrating on the antenatal period but with postnatal interventions if required. The Trust is currently meeting with possible providers and commissioners to discuss the future service.

RESOLVED:

That:

1. The Committee were satisfied with progress made on the implementation of the agreed model of care for the Andover (Hampshire Hospitals) Birth Centre.
2. The Committee receive a further update on the Andover (Hampshire Hospitals) Birth Centre to the March 2013 meeting.

Portsmouth Hospitals Trust: Maternity Services in the South East update on model of care

The Director of Midwifery at Portsmouth Hospitals NHS Trust presented the outcomes of the first year of the 'Nurturing Maternity Service Development' programme (Item 6, Appendix 1 in the Minute Book).

The first year of the two year 'Nurturing Maternity Service Development' programme had seen a rapid and complex change in the service, with positive results. The three birth centres in the south east - Blake, Grange and St Mary's – had been developed into busy local maternity centres, with additional community, antenatal and postnatal services available in addition to birthing suites.

The Trust had been undertaking a work stream focused on engaging potential users of the service, and building up the trust and confidence of the local community in the service.

The number of in utero transfers had increased by approximately 50% within the service, a likely result of the embedding of pathways to ensure service users are in the right place at the right time.

A formal evaluation of the service would take place in 2013. Currently, the data showed a positive trend, but did not yet show a statistically significant result.

In response to questions on 'Maternity Services in the South East', Members heard:

- That there were approximately 6,200 births in Portsmouth in 2011, 1,800 of which were delivered in maternity centres, birth centres or at home.
- That the Trust would like to see a continued increase in the number of births away from the acute obstetric unit at Queen Alexandra Hospital, but understand that work must be undertaken first to assure expectant mothers and future service users of the safety and high quality of community and home birth services.

RESOLVED:

1. That the Committee receive a further update in a years' time, following the second year of the Nurturing Maternity Service Development programme.

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

Representatives of Calleva Clinical Commissioning Group (CCG) presented an update on the progress of the model of care at Odiham Cottage Hospital.

The additional outpatient and community services were now operational at Odiham Cottage Hospital. Calleva CCG were working in partnership with Hampshire County Council Adult Services and Southern Health Foundation Trust, as well as various voluntary and community service providers, in order to provide joined up services at the site.

Future plans for services included a bereavement service, a dementia advisory service, a sensory clinic/equipment service and an expansion from a three to a four day week of clinics provided by the integrated NHS team. It is hoped that the Hospital will become an example of best practice to other Clinical Commissioning Groups looking to provide community and outpatient services from local hospital sites.

Calleva CCG plan to hold a stakeholder event in September in order to begin drafting a three year strategy plan for services in the North Hampshire area.

RESOLVED:

1. That the Committee were satisfied with the progress made on the proposed model of care for Odiham Cottage Hospital.

SHIP PCT Cluster: Fordingbridge Hospital update – radiology service

Representatives of SHIP PCT Cluster and Southern Health NHS Foundation Trust presented a paper on the building works at the Fordingbridge Hospital, alongside an update on the future of the radiology service currently provided by Salisbury NHS Foundation Trust (Item 6, Appendix 2 in the Minute Book).

The building works at the Fordingbridge site were progressing, with work due to finish by the end of October 2012. Services currently located in buildings highlighted for disposal would be moved and re-provided in the Ford Ward and former Laundry Block once works had been completed. The radiology service would remain at the Fordingbridge Hospital, with the agreement of the provider and local GPs, subject to an investment case being drawn up for the Arch Clinic, where the service would be re-provided from.

A partial closure of the Ford Ward, which contains 20 inpatient beds and outpatient and community facilities, would take place for 2 weeks, followed by a temporary closure of the whole facility for four weeks, and a further 2 weeks of partial closure, during August and September. It was reported that this time of year had been identified as a period of the lowest bed demand. It was intended the Ward would be fully operational as of 1 October 2012 in time for bed demand resulting from winter pressures.

In response to questions on the 'Fordingbridge Hospital update', Members heard:

- That during the temporary 4 week complete closure of the Ford Ward, staff will be redeployed to the surrounding acute hospitals in order to fulfil patient navigator roles, signposting patients to the most appropriate facility whilst the inpatient beds are not operational. Staff will also be redeployed to community teams, enabling patients to be able to reintegrate into their home life after leaving hospital, as an alternative to a 'step down' bed at a community hospital.

RESOLVED:

That:

1. The Committee receive an interim update once the outcomes of the investment case for the radiology service is known.
2. The Committee support the proposal to temporarily close the Ford Ward in Fordingbridge Hospital for four weeks.

3. The Committee receive a further update on Fordingbridge Hospital at the November 2012 meeting.

118. **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:

SHIP PCT Cluster: Chase Community Hospital – proposed option for service provision

SHIP PCT Cluster representatives, alongside a local GP, presented an update on the progress with developing options for the future of Chase Community Hospital (Item 7, Appendix One).

Engagement work with stakeholders had led to the formation of general proposals for the future of the Chase Community Hospital. It had been agreed by the Project Board that these proposals would be refined into detailed proposals, and this would be taken forward by a number of task and finish groups.

The Project Board were considering the potential for a new 60 bedded nursing home to be built in the locality, with some of these beds commissioned as a replacement for the current inpatient beds at the Chase. Evidence supporting the need for such a facility would need to be demonstrated, and a builder/provider found.

SHIP PCT Cluster reaffirmed their commitment to engaging with stakeholders throughout the process of refining the proposals, and would work closely with partners to shape possible services to be provided from the Hospital site.

The local GP highlighted that on average 7.5 beds were in use at Chase Hospital, with the majority of service users requiring rehabilitation, step up or end of life care. The Hospital had found it difficult to attract and retain staff, and the current skill mix of staff was limited. Local GPs were interested to see how this service could be provided differently, e.g. through virtual wards.

The County Councillor for Bordon, Whitehill and Lindford stated that the stakeholders in the local area were keen to work with commissioners to increase the utilisation of the Chase Hospital site. Stakeholders were awaiting detailed proposals following recent local needs assessments, as

well as the evidence on which these were based. Concerns had been expressed that current inpatient beds would be lost in the time it would take to build a new nursing home in the locality, and therefore local stakeholders were keen that any new model of bed based care should be fully implemented before beds close at the hospital.

In response to questions on 'Chase Community Hospital', Members heard:

- That South East Hampshire CCG were involved heavily in the work around the Chase Community Hospital.
- That the way that health and social care services are provided is transforming, and Chase Community Hospital can be at the forefront of new models of care.
- That the community Health Needs Assessment had been undertaken twice, and this, alongside stakeholder feedback, would contribute to the detailed proposals.
- That a 'Statement of Community Involvement' would be brought to the HOSC when available.

RESOLVED:

1. That the SHIP PCT Cluster be invited to return to a future meeting of the Committee once detailed proposals for Chase Community Hospital are available.

Councillor David Harrison left the meeting at this point, following his declaration of a personal, prejudicial interest.

Southern Health NHS Foundation Trust: Adult Mental Health Services – to consider findings of Working Group

The Chief Executive updated Members of the Committee on the governance and outcomes of the Health Overview and Scrutiny Committee Adult Mental Health Working Group (Item 7, Appendix 2 in the Minute Book). Papers were tabled that comprised additional information supplied by Southern Health Foundation Trust following the initial meeting of the working group, and the letter sent from the Chairman to Southern Health Foundation Trust following the second meeting of the working group.

Following the resolution of the 27 March 2012 Committee meeting, the terms of reference of the working group were drafted and agreed by the Policy and Resources Select Committee, in accordance with the constitution. The Membership of the working group was agreed to be Councillor Brian Collin, Councillor Phryn Dickens, Councillor Liz Fairhurst and Councillor Pat West, with independent representation from the Chairman of the Hampshire LINK, and independent advice from the Chief Executive of Solent Mind.

The working group met twice between 27 March and 22 May. The working group focused on four specific concerns that had been raised during the 27 March Committee meeting. These were:

- Bed demand and bed management – to establish the levels of bed demand and how this is being managed during the transition, and to provide assurance that further reductions can be safely managed.
- To establish what level of spare capacity is appropriate to enable operational management of peaks and troughs in demand during the year, including flexibility across gender-assigned beds. To establish on what evidence the remaining beds for Hampshire are considered sufficient for the population served.
- How remaining units meet service users needs and support recovery, including the availability of en-suite facilities.
- What support would be available 24/7 to support service users in the community who would previously have been treated as inpatients.

The working group examined all of the evidence received by the HOSC between July 2011 and March 2012 relating to the adult mental health service change, which included information received from Southern Health NHS Foundation Trust, as well as external stakeholders, such as those who made a deputation to the 27 March 2012 HOSC. The working group decided not to invite further evidence from other stakeholders to their meetings, but did have this option available to them.

The working group agreed at both sessions that it did not have serious or significant concerns regarding the ongoing implementation of the Trust's adult mental health proposals. In addition to the recommendations submitted to the HOSC for approval, the working group also highlighted further supplementary information to be brought to the 24 July 2012 meeting of the HOSC, when the Trust was next scheduled to provide an update on implementation.

The Members of the working group spoke to the paper. They informed the Committee that the process undertaken had been robust, thorough and rewarding. The independent input from the Hampshire LINK alongside the advice from Solent Mind had been helpful, and they wished their thanks to be minuted.

RESOLVED:

That:

1. The SHIP PCT Cluster, as the current commissioner of the adult mental health service in Hampshire, continues to manage the performance of Southern Health NHS Foundation Trust's bed data and outcomes.
2. The HOSC, in order to be assured that further bed reductions are being safely managed, are made aware by the commissioner and provider should future acute inpatient bed demand regularly exceed bed availability in the service.
3. The following additional information be included as part of any continued monitoring by the HOSC of this service change:

- separate bed data graphs for male, female and 'swing' beds;
 - lines on such graphs indicating the date of 'key milestones', e.g. the date from which a unit has been closed to new inpatients, the date from which a hospital at home team is fully staffed, etc;
 - percentages of voluntary vs. detained inpatients; and
 - average length of stay for inpatients.
4. The HOSC receive assurance that should future demand for acute inpatient beds regularly exceed capacity in the service, independent of the progress of community support embedding, the Trust will consider with commissioners how the transformation of the service can be adapted to meet these needs. That the HOSC will be informed of the outcomes of any such considerations.
 5. The Trust publishes information on its website regarding the facilities available at each adult mental health unit, to promote service user and carer choice.
 6. The Trust publishes information which advises service users and carers on the support available to them 24/7.
 7. The additional information highlighted in the letter dated 15 May 2012 be included as part of the update expected from Southern Health at the July 2012 Committee meeting.

Under items for information details were provided on:

National Specialist Commissioning Board: Children's Heart Surgery

The Chief Executive updated members regarding the Joint Committee of Primary Care Trust's (JCPCT) appeal of the Judicial Review decision that the national consultation had been unlawful (Item 7 Appendix Three). It was reported that the appeal had been successful, and the JCPCT would now be able to consider the consultation responses received, including the numerous responses from the Hampshire HOSC.

The JCPCT would be taking a decision on the future configuration of Children's Congenital Heart Surgery services on 4 July 2012, in a meeting due to be held in public and webcast.

RESOLVED:

That:

1. A further update be provided to the July 2012 Committee meeting, at which time it is expected that a decision will have been taken on the future of Children's Congenital Cardiac Services.
2. The Chairman continue to monitor this process in the meantime, and undertake correspondence on behalf of the HOSC if necessary.

Chairman, 24 July 2012